

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

WORKING GROUP

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held in Cincinnati, Ohio, on Aug. 21, 2008.

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C O N T E N T S

Aug. 21, 2008

OPENING REMARKS DR. LEWIS WADE, DFO	6
INTRODUCTION BY CHAIR MS. WANDA MUNN	9
TRACKING SYSTEM REPORT AND CONVERSION TO SQL STATUS SC&A/ ADAMS	12
DATABASE UPDATE: 29 PROC 0090 ISSUES MARSCHKE	24
13 TBD 6000, APP BB - NIOSH RESPONSE TO ELECTRON ENERGY VALUE DIFFERENCES OTIB-0008, 010, 0023	52
OTIB 0052: NEW CLARIFYING STATEMENTS AND ELECTRON DATA REVIEW HINNEFELD	82
OTIB 0070: STATUS (SC&A REPORT EXPECTED BY 8/31 FOR NIOSH RE-REVIEW) BEHLING	123
INDIVIDUAL ITEM REVIEW - 2 <sup>ND</sup> SET	148
COURT REPORTER'S CERTIFICATE	298

### TRANSCRIPT LEGEND

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-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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## P R O C E E D I N G S

AUGUST 21, 2008

(9:30 a.m.)

OPENING REMARKS

**DR. WADE:** Good morning. This is the workgroup conference room. We're just about ready to begin, so bear with us just another minute or two.

(Pause)

Ray, when you're ready.

**THE COURT REPORTER:** I'm ready, sir.

**DR. WADE:** You're ready? Wanda, you're ready? Good morning. This is Lew Wade, and I'm acting as Designated Federal Official for this meeting of the subcommittee on procedures review. That -- workgroup, excuse me, workgroup on procedures review. That workgroup is ably chaired by Wanda Munn; members Gibson, Griffon, Ziemer, with alternate Presley. Munn, Gibson, Griffon and Ziemer are all present here in the room.

Let me ask if there are any Board members who are participating by telephone in this workgroup call. Are there any Board members who are on this workgroup call by telephone?

1 (No response)

2 Okay, good. We don't have a quorum of the  
3 Board, and that's appropriate for a workgroup  
4 meeting.

5 What we'll do is go around the table here and  
6 do our introductions, then we'll go out into  
7 telephone land and do our introductions. We'll  
8 have a little bit of a discussion of telephone  
9 etiquette, and then we'll begin the workgroup  
10 meeting.

11 So again, this is Lew Wade. I'm acting as  
12 Designated Federal Official, and I work for  
13 NIOSH.

14 **MR. RAFKE:** Michael Rafke, HHS, OGC.

15 **MR. GRIFFON:** Mark Griffon, Advisory Board  
16 member.

17 **MR. MARSCHKE:** Steve Marschke with Sanford  
18 Cohen & Associates.

19 **MR. GIBSON:** Mike Gibson, Advisory Board  
20 member.

21 **DR. MAURO:** John Mauro, SC&A.

22 **MS. MUNN:** Wanda Munn, Advisory Board member  
23 and chair of this commi-- working group.

24 **DR. ZIEMER:** Paul Ziemer, Advisory Board  
25 member.



1 call?

2 (No responses)

3 Is there anyone else who'd like to be  
4 identified for the record as being on this  
5 call?

6 (No responses)

7 Anyone at all?

8 (No responses)

9 Okay. Well, again, by way of phone etiquette,  
10 we could be all much more productive if you  
11 speak into a handset and not a speaker phone  
12 when you're participating. Mute the instrument  
13 that -- that you're using when you're not  
14 actively engaged. And if you don't have a mute  
15 button, star-6 will mute the instrument and  
16 then star-6 will unmute the instrument, if  
17 that's an English word, and we'll do well at  
18 the meeting.

19 Wanda?

20 **INTRODUCTION BY CHAIR**

21 **MS. MUNN:** Good morning, and thank you all for  
22 being here today. We're going to try to move  
23 through the procedure workgroup agenda items  
24 which I sent out by mail over the weekend, but  
25 not particularly constrained by any specific

1 order. We'll move around as we need to.  
2 I'm hoping that this will be one of the first  
3 meetings where we will all be working primarily  
4 from the ABRWH procedures issues tracking on  
5 our -- on our respective laptops rather than  
6 from printed data that we've had in the past.  
7 It's my personal goal to try to have this be  
8 the first meeting where we undertake our  
9 efforts to move through each of these items in  
10 the fashion that we had agreed earlier, which  
11 was -- once having gone through the first set  
12 thoroughly, which we completed with our last  
13 meeting -- we would address the second set.  
14 And then, as time allowed, address the third  
15 set, going through each one in order, rather  
16 than moving around and selecting priority  
17 fashion, as we've done in the past.  
18 Is that amenable to all the folks here, and  
19 have I misstated our objective? Are we all  
20 okay with that?

21 Yes, John.

22 **DR. MAURO:** Yeah, I'd just like to say that I -  
23 - I did not bring my remote connection computer  
24 so I'm going to look over your shoulder. And  
25 the other thing I had thought of that might



1           manipulation is slower, so no matter how slow  
2           it is, Stu, yours will be better. I'm sure of  
3           it.

4           TRACKING SYSTEM REPORT AND CONVERSION TO SQL STATUS

5           Before we actually get into that, let's take as  
6           our first item of discussion the procedures  
7           action -- procedures issues tracking system.  
8           As we have been working on it in the past,  
9           especially with respect to the conversion to  
10          SQL, at our last meeting we were well along  
11          with that and I have no feel for what's  
12          transpired since that time. So I'm hoping that  
13          two things can occur. I hope that Steve  
14          Marschke and Nancy Adams can give us respective  
15          information with -- concerning where their  
16          groups are with our tracking system and how  
17          we're doing. Which of you needs to go first?

18          **MS. ADAMS:** Well --

19          **MS. MUNN:** Nancy?

20          **MS. ADAMS:** -- in the conversion -- in the  
21          process of the conversion, we've got the  
22          numbers square from both SC&A's side of the  
23          house as well as NIOSH's.

24          **MS. MUNN:** Excellent.

25          **MS. ADAMS:** I met with Leroy on Tuesday

1           afternoon, who is the head of the programming  
2           group at OCAS, and they're working on the final  
3           part of the system to get it up and distributed  
4           internally within NIOSH so that people can test  
5           it and play around with it. I talked to him  
6           about some enhancements in terms of the  
7           reporting functions which he has. But in terms  
8           of the data, yesterday I dropped off a copy of  
9           the data and I can -- we can e-mail this  
10          around. Of the first set, the first 182  
11          findings, there are none that are in the,  
12          quote/unquote, open status. There are 131 that  
13          are closed. There are 44 in abeyance. There  
14          are 44 labeled "addressed in findings." And  
15          there are three that were transferred.

16         **MS. MUNN:** Forty-four or four "addressed in  
17          findings?"

18         **MS. ADAMS:** Four.

19         **MS. MUNN:** Four. Thank you.

20         **MS. ADAMS:** And 44 in abeyance.

21         **MS. MUNN:** Correct.

22         **MS. ADAMS:** Right.

23         **MS. MUNN:** Thank you.

24         **MS. ADAMS:** Set two, there's 112 for the total  
25          number of original findings; 37 are open, three

1 are in progress, five in abeyance, four are  
2 addressed in findings, ten were transferred and  
3 53 are closed.

4 **MR. GRIFFON:** Now I know I'm going to kick  
5 myself for asking this, but what's the  
6 difference between open and in progress?

7 **MS. ADAMS:** Open's definition is no meeting  
8 discussion has occurred concerning --

9 **MR. GRIFFON:** Okay, so --

10 **MS. ADAMS:** -- this finding.

11 **MR. GRIFFON:** -- in progress would be there has  
12 been --

13 **MS. ADAMS:** Right.

14 **MR. GRIFFON:** -- discussion.

15 **MS. MUNN:** Uh-huh.

16 **MS. ADAMS:** Do you want me to go on with the  
17 rest of them?

18 **MS. MUNN:** Yes, please.

19 **MS. ADAMS:** Okay. The third set, there were 16  
20 findings. None are open, six are in progress,  
21 one is in abeyance, one is addressed in  
22 findings, two are transferred and six are  
23 closed.

24 **MR. HINNEFELD:** That was chronologically the  
25 third report, but I don't think that was the

1 third set.

2 OTIB-52, that's OTIB-52.

3 **MS. MUNN:** Yes, yes, the --

4 **MS. ADAMS:** That's the July 30th.

5 **MS. MUNN:** Chronologically we understand that  
6 we have some additional priority items that  
7 were inserted, just --

8 **MR. HINNEFELD:** There -- there are three big  
9 sets. There are first, second and third sets.

10 **MS. MUNN:** Correct.

11 **MR. HINNEFELD:** There are several other like  
12 single documents --

13 **MS. MUNN:** Exactly, exactly --

14 **MR. HINNEFELD:** -- that are on --

15 **MS. MUNN:** -- yes, we understand that. We  
16 understand that the third set, as we will use  
17 that term later, is the 10/29/2007 group.  
18 That's the set. But chronologically, we're --  
19 we're maintaining this table chronologically.  
20 So thanks, Nancy, go -- go ahead.

21 **MS. ADAMS:** The findings submitted on September  
22 20th --

23 **MS. MUNN:** Uh-huh.

24 **MS. ADAMS:** -- 2007, there were eight findings.  
25 None are open, one is in progress, two are in

1 abeyance, five are addressed in findings.

2 The October 29th, 2007 finding dates -- this is  
3 what you're referring to as the third set?

4 **MS. MUNN:** Third set, correct. Uh-huh.

5 **MS. ADAMS:** There are 145 findings, and all 145  
6 are open.

7 The November 9th, 2007 findings, there were  
8 nine total findings and nine are open.

9 And the April 21st, 2008 set of findings, there  
10 were 13, and the 13 have all been transferred.

11 So that gives us totals of 485 total findings  
12 for all of those submission dates; 191 of those  
13 are open, ten are in progress, 52 are in  
14 abeyance, 14 are addressed in findings, 28 are  
15 transferred, and 190 are closed.

16 **MS. MUNN:** So Steve, your numbers agree. Is  
17 that right?

18 **MR. MARSCHKE:** My numbers agree, yeah. The  
19 only thing I would -- I have put together, and  
20 I guess we can kind of show these -- a little  
21 graph which kind of shows the history over the  
22 last four months of -- of the -- of the  
23 statuses and how we've been making some  
24 progress in moving the issues from the open  
25 column to the closed column. I'm also sending

1           you basically the -- the -- the copy of -- the  
2           second sheet is also really what Nancy has been  
3           reading from.

4           **MS. MUNN:** No changes -- no differences there.

5           **MR. MARSCHKE:** And there's no differences. But  
6           you can see on this -- on this little bar chart  
7           -- I think you see from May, June, July and  
8           August and how the -- the -- the issues on the  
9           bottom are the ones that have closed, and you  
10          can see we've progress from about 30 percent of  
11          the issues being closed in May to about 39  
12          percent, almost 40 percent being closed in --  
13          in August.

14          The open issues have decreased. If you look at  
15          the top -- the darker color on the top of the  
16          chart, there were about 50 percent of the  
17          issues were open in -- in May, and right now we  
18          have about 39 percent of the issues open in  
19          August, so we are making some progress in -- in  
20          whittling down the number of open issues and --  
21          and working our way through this -- this --

22          **DR. MAURO:** Steve, I've got a question. The --  
23          so the -- the bar chart is a percent number and  
24          that's the percent of the 485?

25          **MR. MARSCHKE:** Well, the percentage -- it -- it

1 kind of -- the number kind of changes. There  
2 was some addition -- for example, I'm not sure  
3 that the first of May chart, for example,  
4 includes the 13 -- it may have started out that  
5 there were -- that -- the absolute number may  
6 change from chart -- from month to month.

7 **MS. MUNN:** Especially as we get transfers in.

8 **MR. MARSCHKE:** If we get transfers in, yeah.  
9 For example, the -- the 13 that came on on  
10 April 21st, I'm not sure that they were  
11 included in the May column on here, so it may  
12 have only been 473 in -- in pure numbers, but -  
13 - so that's kind of one reason why I put it in  
14 percentages, because in numbers it would -- the  
15 numbers would differ.

16 **MS. MUNN:** Excellent. The bar chart's helpful.  
17 It gives me, personally, a good feel.

18 **MR. MARSCHKE:** The other thing I'd like to say  
19 is we've been kind of updating and keeping --  
20 keeping the data in the database. I've been  
21 trying to keep that current as much as  
22 possible, but I have not been making any  
23 enhancements to the Access version of the  
24 database because it's a short-timer, is my  
25 understanding, and so basically it would have

1           been just kind of a waste of effort. I know  
2           one of the things that we wanted to do and  
3           Wanda and we had talked about doing was -- was  
4           putting a identifier next to each one of these  
5           finding dates so that we would know that the  
6           7/30/2007 date was associated with OTIB-52.

7           **MS. MUNN:** Uh-huh.

8           **MR. MARSCHKE:** I had -- I didn't have Don  
9           Loomis do that because I figured it's going to  
10          be lost in the transfer anyways, and so I  
11          really stopped -- basically stopped work on  
12          making enhancements to the database and just  
13          really keep the -- focused on keeping the data  
14          up-to-date as much as possible.

15          **MS. MUNN:** I think that's appropriate, Steve,  
16          especially in view of the fact that we have the  
17          same date identifiers on our tracking base, and  
18          if we -- if I really need to know what 9/20/07  
19          is, all I have to do is go to my database and  
20          pull it up. And it's -- it will tell me what  
21          9/20/07 is. I was going to show myself how  
22          easy that was, and since I had them listed --

23          **MR. GRIFFON:** Timed out.

24          **MS. MUNN:** Well, yes, I've sorted by alphabet  
25          rather than by -- than by date, so I'm doing it

1 to myself. But in any case, all we have to do  
2 is check our database and we can -- can see  
3 that. So I -- I think you're assuming  
4 appropriately that --

5 **MR. MARSCHKE:** Okay.

6 **MS. MUNN:** -- there's no need to continue with  
7 that type of change and addition.

8 We are where we need to be with the SQL, I'm  
9 assuming --

10 **MS. ADAMS:** Yes.

11 **MS. MUNN:** -- since last month.

12 **MS. ADAMS:** There is also a report that does  
13 give you the breakout. We can get out of the -  
14 - the NIOSH version of the database now -- that  
15 tells you what the procedure is and whether --  
16 how many findings associated with it and  
17 whether it's got findings that are closed,  
18 open, in abeyance, transferred, et cetera.  
19 So...

20 **MR. GRIFFON:** Is the SQL version on the O  
21 drive? I'm still --

22 **MS. ADAMS:** Not yet.

23 **MR. GRIFFON:** I just e-mailed for a password  
24 'cause I -- I don't want to log in three times  
25 --

1           **MR. HINNEFELD:** Right.

2           **MR. GRIFFON:** -- and get --

3           **MR. HINNEFELD:** No, we have a -- there is  
4 actually a -- a sample version that --

5           **MR. GRIFFON:** Okay.

6           **MR. HINNEFELD:** -- we can see in our office,  
7 but I don't know that it was actually -- it  
8 wasn't fully loaded. It hasn't even been  
9 rolled out for OCAS use yet.

10          **MS. MUNN:** But you're close. Right?

11          **MR. HINNEFELD:** I believe we're fairly close.

12          **MS. MUNN:** Excuse me, I'm groping for some  
13 notes that I had with respect to that, among  
14 other things.

15          You had originally said that it should be up  
16 and running by September, internally. Do you  
17 still anticipate that to be the case?

18          **MR. HINNEFELD:** I believe that's the case.

19          **MS. ADAMS:** Yeah, when I talked to Leroy, he  
20 said that -- that that was still their hope.  
21 That -- I mean they're still -- they've got a  
22 lot of data still to load because they're --  
23 they're creating relationships so that with --  
24 with any one of these documents you'll be able  
25 to see how many claims are affected. You'll

1 also be able to know how man-- which sites they  
2 affect, whether they're overarching or whether  
3 they're site-specific. So -- so it'll be --  
4 there'll be a lot more stuff associated with --  
5 with each -- each record that will relate  
6 information that's important to the Board and  
7 to the working group.

8 **MS. MUNN:** Good, we will -- is there any  
9 possibility that -- that we can have a very  
10 quick, five-minute update at our next meeting,  
11 or is that too close? Will there be any  
12 additional work done on it by that time, you  
13 think?

14 **MR. HINNEFELD:** I don't know. That's...

15 **MS. MUNN:** Well, I'll probably ask at that  
16 time.

17 **MR. HINNEFELD:** I'll -- I'll try to figure out  
18 if I can (unintelligible). I'll talk to Leroy  
19 about it.

20 **MS. MUNN:** I just -- we don't have -- we don't  
21 --

22 **MR. HINNEFELD:** See, I'll be out of pocket --

23 **MS. MUNN:** -- have a feel for how much effort -  
24 -

25 **MR. HINNEFELD:** I'll call him.

1           **MS. MUNN:** -- is available to be --

2           **DR. ZIEMER:** It's only two weeks off.

3           **MS. MUNN:** I know, it's only --

4           **MR. HINNEFELD:** Yeah, I mean that's only --  
5           that's --

6           **MS. MUNN:** It's only two weeks off, but I don't  
7           know how much time is available for the people  
8           who are actually doing this particular work, so  
9           -- I'll just ask for it --

10          **MR. HINNEFELD:** That would be awful close.

11          **MS. MUNN:** Yeah, I would think so.

12          **MR. HINNEFELD:** I'll let you know on the day, I  
13          suppose, what we --

14          **MS. MUNN:** Oh, that's -- that's fine. If  
15          there's --

16          **MR. HINNEFELD:** I mean I'll be --

17          **MS. MUNN:** -- something to report, that's good.  
18          If there isn't, fine.

19          **MR. HINNEFELD:** I'll be a terrific rookie at  
20          it.

21          **MS. MUNN:** Well, we -- we have to do --

22          **MR. HINNEFELD:** Which is normally what I am  
23          anyway, so I'll -- I'll look kind of familiar.

24          **DR. WADE:** You're terrific.

25          **MS. MUNN:** Yeah. We want it to be done right



1           **MR. MARSCHKE:** Yeah, that's why I'm passing out  
2           -- that's why when you started going -- you  
3           know, which ones -- the first four were closed,  
4           that's -- this handout that I just gave -- I  
5           only brought ten copies, so --

6           **MS. MUNN:** Uh-huh, that's fine. That's fine.  
7           The PROC-90 is in its appropriate alphabetic --  
8           yeah, PROC-90, yeah.

9           **DR. MAURO:** There was a whole sheet, though.  
10          Did you -- did you hold onto one of those?

11          **MS. MUNN:** Yeah.

12          **DR. MAURO:** You got that. PROC-90.

13          **DR. ZIEMER:** Did you get that?

14          **MS. MUNN:** Yes, I did --

15          **MR. GRIFFON:** Are we lo-- are we --

16          **MS. MUNN:** I did.

17          **MR. GRIFFON:** -- on line up there? Can you  
18          pull these up, PROC-90?

19          **MR. HINNEFELD:** You want all status --

20          **MR. GRIFFON:** I'm still waiting for my  
21          password. I hope (unintelligible) in the  
22          office.

23          **MS. MUNN:** I probably (unintelligible) mine  
24          out.

25          **MR. GRIFFON:** I just e-mailed him.

1           **MS. MUNN:** Does anyone have a copy of that,  
2           which I thought I had in my hand but I seem to  
3           have --

4           **DR. ZIEMER:** Here it is.

5           **MS. MUNN:** -- handed it away.

6           **DR. ZIEMER:** Here it is.

7           **MS. MUNN:** Ah, thank you. Thank goodness other  
8           people are able to help me here. That's why I  
9           passed it on, 'cause I knew I had one.  
10          Was item two transferred to PROC-92? Has that  
11          actually occurred?

12          **MR. MARSCHKE:** The -- I have updated the  
13          database to reflect these new statuses.

14          **MS. MUNN:** Good. So anything that's shown on  
15          your sheet you handed us here has in fact  
16          transpired. It's already on the database.

17          **MR. MARSCHKE:** It's on -- yeah, the database is  
18          -- this is a current reflection of the  
19          database.

20          **MS. MUNN:** So we won't have to go shopping to  
21          see that.

22          **MR. MARSCHKE:** And this is my understanding of  
23          what was agreed upon at the July 21st meeting.

24          **MS. MUNN:** Uh-huh, meeting.

25          **MR. MARSCHKE:** And I did circulate -- before I

1 did the update, I did circulate to Stu and  
2 Wanda and Arjun, I think were the three parties  
3 most interested in PROC-90 and -- and solicited  
4 their input.

5 **MR. HINNEFELD:** I'm trying to get that status  
6 on that third sort on.

7 **MS. MUNN:** Well, we should be okay because, as  
8 Steve says, this has already gone on -- it's  
9 already --

10 **MR. GRIFFON:** But are we planning on discussing  
11 these findings or just the status of the -- in  
12 abeyance or how they've shifted and moved in  
13 the database?

14 **MS. MUNN:** What --

15 **MR. GRIFFON:** I mean --

16 **MS. MUNN:** -- what my preference would be is to  
17 review the status of those that are in  
18 abeyance.

19 **MR. HINNEFELD:** Oh, okay. Well, then I would  
20 sort on by... I've got them now.

21 **MS. MUNN:** They should have.

22 **MR. HINNEFELD:** I'm just -- I could sort them  
23 on -- if you want to wait another few minutes,  
24 I can sort them --

25 **MS. MUNN:** No, that's quite all right. I think

1 we can tick them off as they're here.

2 **MR. HINNEFELD:** Okay.

3 **MS. MUNN:** The first one is 07, no procedure or  
4 requirement for coworker interview or  
5 explanation.

6 **MR. HINNEFELD:** Right. Well, the ones that are  
7 in abey-- are in abeyance because the  
8 procedure's in revision. It's taking into  
9 account these -- these findings is the driver -  
10 - certainly one of the drivers for the  
11 revision.

12 **MS. MUNN:** Uh-huh.

13 **MR. HINNEFELD:** I don't know that I have a  
14 resolution for the specific findings yet, you  
15 know, and how the resolution will be presented  
16 in the procedure revision, some schedules of  
17 it.

18 **MS. MUNN:** Well, Stu, I don't want to put you  
19 on the spot. Perhaps it would be more  
20 beneficial and expedient for all of us if you  
21 were aware of changes that had occurred in the  
22 "in abeyance" group that we have here, which is  
23 --

24 **MR. HINNEFELD:** Well, I can't tell you any  
25 specific changes that have been made.

1           **MS. MUNN:** Okay.

2           **MR. HINNEFELD:** The revision to the procedure -  
3           - to any procedure is schedule to be -- start  
4           internal review in ORAU in September.

5           **MS. MUNN:** Oh, good.

6           **MR. HINNEFELD:** Early September.

7           **MS. MUNN:** All right. That's good information  
8           in itself.

9           **MR. GRIFFON:** Do we know that -- can someone  
10          read to me the full finding? I mean I think  
11          it's coworker interviews. What else does it  
12          say? It's sort of -- it's cut off there,  
13          but...

14          **MR. HINNEFELD:** Should be able to get that.

15          **MR. GRIFFON:** I'm sorry --

16          **MS. MUNN:** It's 07.

17          **MR. GRIFFON:** -- a few minutes.

18          **MR. HINNEFELD:** No procedure or requirement for  
19          coworker interviews -- can you read that now?

20          **MS. MUNN:** Yes.

21          **MR. HINNEFELD:** -- or explanation of if  
22          coworkers are not interviewed.

23          **MS. MUNN:** Right. And this -- without even  
24          going to the other "in abeyance" items, this  
25          brings up one of the issues that we discussed

1 at considerable length at our last meeting,  
2 which is the use of the word "coworker." Has  
3 any discussion taken place inside the agency  
4 with respect to what kind of change we could  
5 make to the too-common use of that word that  
6 would be more beneficial?

7 **MR. HINNEFELD:** Not in -- not in particular, I  
8 suppose. I remember we talked about coworkers  
9 were used in several different --

10 **MS. MUNN:** Uh-huh.

11 **MR. HINNEFELD:** -- you know, used in different  
12 ways --

13 **MS. MUNN:** Yes.

14 **MR. HINNEFELD:** -- around the -- in -- in and  
15 around the -- the program and -- and maybe  
16 rather than calling everything "coworker,"  
17 having specific usage for coworker in a  
18 specific -- you know, something else meaning  
19 something else. And no, there's not really  
20 been much discussion about that.

21 **MS. MUNN:** Is there going to be an opportunity  
22 for us to have any additional intelligence on  
23 that by our September meeting or not?

24 **MR. HINNEFELD:** Possibly. You know, there's  
25 not -- there are not many work days unti-- you

1 know, between now and that meeting. And --

2 **MS. MUNN:** No, there aren't. It just was an  
3 item to which we devoted a significant amount  
4 of time, and apparently has been of concern  
5 pretty much across the board.

6 **MR. HINNEFELD:** Well, I think if we -- we might  
7 be able to at least list various ways in which  
8 the word "coworker" is used and come up with  
9 some suggested alternatives.

10 **MS. MUNN:** That would be really helpful.

11 **MR. HINNEFELD:** You know, maybe we can do that.

12 **MS. MUNN:** If there's a possibility that we  
13 could do that --

14 **MR. HINNEFELD:** Now I don't know -- see --

15 **MS. MUNN:** -- that would be a good start.

16 **MR. HINNEFELD:** I don't know what the impact of  
17 that change is.

18 **MS. MUNN:** Well --

19 **MR. HINNEFELD:** When you make a change like  
20 that, you may end up with a lot of work --

21 **MS. MUNN:** I know that's --

22 **MR. HINNEFELD:** -- to get that implemented  
23 because it's used in a variety of places.

24 **MS. MUNN:** That's true. With any luck at all,  
25 we'll be enough -- we'll have enough additional

1 information that we can identify where it's  
2 used in each case and select the appropriate  
3 alternative, not necessarily change in all  
4 places but in some.

5 **MR. HINNEFELD:** We -- I think perhaps for this  
6 we might have an opinion about CATI and is that  
7 the correct term to use in that portion of the  
8 CATI.

9 **MS. MUNN:** That seemed to be the primary  
10 concern.

11 **MR. HINNEFELD:** Yeah, maybe that would be the  
12 right which seems to be sort of a -- the common  
13 vernacular. You know, the co-- my coworker is  
14 the person who I worked with.

15 **MS. MUNN:** Yes.

16 **MR. GRIFFON:** Right.

17 **MR. HINNEFELD:** As opposed to a coworker  
18 dataset, which is really a coworking dataset.  
19 You know, that stuff is sort of the population  
20 --

21 **MR. GRIFFON:** Well, the way you've been using  
22 it --

23 **MR. HINNEFELD:** -- the way it's being done is  
24 the population dataset.

25 **MR. GRIFFON:** -- in this program has been site-

1 wide.

2 **MS. MUNN:** Yes, it has.

3 **MR. HINNEFELD:** It's been a population dataset,  
4 so --

5 **MR. GRIFFON:** And that's confusing maybe to --

6 **DR. NETON:** Well, that's -- that's an artifact  
7 of -- we didn't know what we were really going  
8 to do when we started the program.

9 **MS. MUNN:** Yeah.

10 **DR. ZIEMER:** Well, just a comment.

11 **MR. GRIFFON:** Yeah.

12 **DR. ZIEMER:** It seems to me that if -- if we're  
13 going to try to mandate going back to all  
14 documents and putting in new words, that's not  
15 going to be useful.

16 **MR. GRIFFON:** Right.

17 **DR. ZIEMER:** So the main thrust will be going  
18 forward, I think, and how it's used with the  
19 interview process. And if we can clarify the  
20 terminology and make sure that in the interview  
21 process, as we go forward, that it's used in  
22 whatever new way we determine -- as far as old  
23 documents are concerned, we would just have to  
24 --

25 **MR. GRIFFON:** Oh, yeah, I -- I --

1 DR. ZIEMER: -- (unintelligible) those.

2 MR. GRIFFON: -- I wasn't --

3 DR. ZIEMER: And maybe when they're revised,  
4 suggest that the new terminology then be used.  
5 But to go back and revise everything would not  
6 (unintelligible) --

7 MR. GRIFFON: But I think more -- more of the  
8 issue comes into play when people --

9 DR. ZIEMER: Right.

10 MR. GRIFFON: -- are told you -- you did my  
11 dose reconstruction with a coworker model --

12 DR. NETON: Exactly.

13 MR. GRIFFON: -- and they say I talked to my  
14 coworkers and you didn't do any --

15 DR. ZIEMER: You didn't call them at all.

16 MR. GRIFFON: -- you didn't call them, right.  
17 So that's the --

18 DR. NETON: I think an explanation --

19 MR. GRIFFON: Yeah, an explanation of --

20 DR. NETON: -- this process --

21 MR. GRIFFON: I don't think you have to go  
22 through and edit --

23 DR. NETON: Exactly.

24 MR. GRIFFON: -- or change the terms. I think  
25 --

1           **DR. ZIEMER:** Exactly.

2           **MS. MUNN:** Well, this is, after all, the CATI  
3 procedure that we're talking about, and that's  
4 where that interface with the claimant and with  
5 the general public seems to be the roughest  
6 spot. And we -- we had suggested last time the  
7 possibility of "fellow worker" as opposed to  
8 "coworker," which is a slightly different  
9 thing. It's a person who was there --

10          **MR. HINNEFELD:** I think if we would be a little  
11 more explanatory in conducting the interview on  
12 what we're asking about --

13          **MS. MUNN:** Yeah.

14          **MR. HINNEFELD:** -- rather than worry about the  
15 actual term --

16          **DR. ZIEMER:** Right.

17          **MR. HINNEFELD:** -- because right now when we  
18 ask for coworkers we get, you know, people who  
19 were in the same car pool --

20          **DR. ZIEMER:** Yeah.

21          **MR. HINNEFELD:** -- you know, who never saw each  
22 other except in the car pool.

23          **MS. MUNN:** Right.

24          **MR. HINNEFELD:** So maybe a little bit more  
25 explanatory about what we're asking for in the

1 interview might be what we're interested in  
2 here, which really should be captured in the  
3 form anyway, as -- as we're going in this  
4 revision.

5 **MS. MUNN:** Yeah. We'll see if we -- if we have  
6 something to report next time, we'll talk about  
7 it next time.

8 **MR. GRIFFON:** Can I ask -- I think I asked this  
9 at the Board meeting, but as -- to follow up on  
10 Wanda's request for intelligence, so to speak,  
11 I think I asked last time -- I -- and this is  
12 more implementation than the procedure, but how  
13 many -- is it easy for NIOSH to pull the  
14 numbers -- how many coworkers have been  
15 contacted out of the total CATIs completed and  
16 how many coworkers have been called? I'd just  
17 like to see that number.

18 **MR. HINNEFELD:** I'll try to find it.

19 **MR. GRIFFON:** Is that --

20 **MR. HINNEFELD:** I don't know if it's easy or  
21 not.

22 **MR. GRIFFON:** I don't know how easy that is to  
23 --

24 **MR. HINNEFELD:** I don't know if it's easy.

25 **MR. GRIFFON:** -- pull out of the database or

1           what.

2           **DR. NETON:** I can tell you the number's pretty  
3           low -- very, very low.

4           **MR. GRIFFON:** Right.

5           **DR. NETON:** The reality is once -- once we  
6           adopted that coworker approach where we use  
7           population distributions, there really is a  
8           claimant's advantage for us to use that -- the  
9           95th percentile or whatever --

10          **MS. MUNN:** Right.

11          **DR. NETON:** -- as opposed to trying to track  
12          down someone who stood next to him at work.

13          **MR. GRIFFON:** I'm not -- I'm not --

14          **DR. NETON:** Where -- where we just --

15          **MR. GRIFFON:** -- it either way, I just want to  
16          know the numbers in...

17          **DR. NETON:** I think where we've used it is  
18          situations where a person would -- would allege  
19          a certain work environment that just didn't  
20          make sense, like huge exposure rates, 100 R  
21          fields or something like that, and then we  
22          would -- or existence of certain sources that  
23          didn't make sense, what we knew about the site  
24          inventory, and we would go and contact people  
25          and verify -- does this make sense to you.

1           **DR. MAKHIJANI:** Jim, this is Arjun. One -- one  
2           of the original concerns I remember when --  
3           when we -- when I interviewed Denise and  
4           prepared the report was -- was not just a  
5           question of coworker interviews and somebody  
6           standing next to a coworker. It was a question  
7           of is there a level playing field between  
8           employee claimants and survivor claimants. And  
9           you know, you can't level that playing field  
10          completely, of course, you know, but the spirit  
11          of the recommendation was that interviewing  
12          somebody that stood next to them might reveal  
13          those kinds of conditions, whereas an employee  
14          could tell you themselves and then you can make  
15          a judgment. In the case of a survivor  
16          claimant, if you don't interview the coworker  
17          you'll never know.

18          **DR. NETON:** Okay. I hear what you're saying.  
19          That's a little different than I was thinking  
20          about it, but yeah, that makes some sense.

21          **DR. MAKHIJANI:** But that -- that was the main  
22          thrust of the recommendation. It -- it isn't  
23          that, you know, NIOSH would always interview a  
24          coworker that's been named -- you know, in the  
25          case of an employee that, you know, has

1 reasonable memory and good health or, you know,  
2 or at least reasonable memory, which seems to  
3 be the case in the vast majority of --

4 **DR. NETON:** That -- that doesn't come across in  
5 the way that finding is written, to me.

6 **MS. MUNN:** No, I think --

7 **MR. HINNEFELD:** I think it's written elsewhere.

8 **DR. NETON:** Okay, maybe that's another finding,  
9 but the finding that I'm seeing here really  
10 talks about people being concerned when they  
11 get their dose reconstruction and we didn't  
12 contact coworkers that they named during their  
13 interview and they -- they said why didn't you;  
14 you asked me for names, I gave them to you and  
15 you blew them off. That's --

16 **DR. MAKHIJANI:** Maybe I'm looking at the wrong  
17 one. Whi-- which -- which one are we in?

18 **MR. GRIFFON:** Number seven.

19 **MS. MUNN:** We're looking at PROC-90, item  
20 seven.

21 **DR. MAKHIJANI:** Item seven.

22 **DR. ZIEMER:** Finding seven -- issue seven.

23 **MR. GRIFFON:** Sometimes these -- these  
24 summaries in the matrix or database doesn't  
25 reflect the entire -- as you know, so I don't

1 know if it was in a subtext or...

2 **DR. MAKHIJANI:** I'm in the tracking system.

3 I'm not finding an issue number in that.

4 **MS. MUNN:** You don't find PROC-90?

5 **DR. MAKHIJANI:** I have PROC-90 -- oh, yes, here

6 it is. Okay, I see it. All right. All right.

7 Okay.

8 **MS. MUNN:** So we'll do the best we can with it.

9 That's as far as we're going to go with it

10 right now.

11 The next item --

12 **MR. HINNEFELD:** I think -- I think, for

13 everybody's -- I think Arjun's comment relates

14 to number 17.

15 **MS. MUNN:** Uh-huh.

16 **DR. MAKHIJANI:** Number 17 --

17 **MS. MUNN:** Which is addressed in number eight.

18 **DR. NETON:** It's a different finding.

19 **DR. MAKHIJANI:** Yes, I -- I agree. Sorry, my  
20 mistake.

21 **MS. MUNN:** Which is addressed in number eight,  
22 so -- which is procedure's lacking sufficient  
23 information to assist the recipient, and we can  
24 look at these item by item to see the ones that  
25 are outstanding, but unless someone here feels

1                   differently there is no purpose in discussing  
2                   any of the others since we haven't had an  
3                   opportunity to move forward with them in any  
4                   great detail inside the agency.

5                   Still outstanding is number eight, procedure is  
6                   lacking sufficient information to assist the  
7                   recipient, and item 14, interview contains  
8                   numerous gaps.

9                   **DR. ZIEMER:** These are all going to be  
10                  addressed by the revisions, I guess, is that  
11                  the --

12                 **MR. HINNEFELD:** Yeah, because there's still --  
13                 there's --

14                 **DR. ZIEMER:** -- revision I guess --

15                 **MR. HINNEFELD:** -- there's revision to the  
16                 procedure and revision to the CATI script --  
17                 are both underway.

18                 **MR. GRIFFON:** And the revision of the CATI  
19                 script, I was going to ask, is that -- is that  
20                 something the Advisory Board is going to have a  
21                 chance to comment wi-- I think we discussed  
22                 this a little bit --

23                 **MS. MUNN:** We had agreed last time that --

24                 **MR. GRIFFON:** -- prior to OMB -- prior to your  
25                 -- to your submittal to OMB or...

1           **MS. MUNN:** We agreed last time that this body  
2 would do that.

3           **MR. HINNEFELD:** I don't know if I can say -- I  
4 don't know if I can speak to that or not.

5           **MS. MUNN:** No, no, we agreed last time that  
6 this group --

7           **MR. GRIFFON:** Procedures, right.

8           **MS. MUNN:** -- would look at it. We would not  
9 take it to the Board, but that --

10          **MR. GRIFFON:** Well, this goes to the Board, but  
11 anyway -- yeah, yeah, okay. So do -- I mean  
12 what's the timing on that, Stu, do you know?  
13 Is it similar to the --

14          **MR. HINNEFELD:** By the -- by the end of -- by  
15 the end of the year we would expect to submit  
16 our -- it's a renewal package that we have to  
17 submit OMB, and it's a -- so it's a lot -- I  
18 mean we can revise it other times as well, but  
19 this is a lot, so we'll -- we'll have the  
20 submittal by the end of the year. So there's -  
21 - there's -- I think there (unintelligible)  
22 content in there for (unintelligible).

23          **MS. MUNN:** Item 14 is in abeyance, the numerous  
24 gaps.

25          **DR. ZIEMER:** Same issues.

1           **MS. MUNN:** Same thing. Same thing. Number  
2           16's been transferred to 92; 17 is addressed in  
3           08. Item 21 is still in abeyance, definition  
4           and scope of key terms like completeness and  
5           technical.

6           (Unintelligible) definition and scope of key  
7           terms, completeness and technical content.

8           **DR. MAKHIJANI:** Excuse me, I'm -- I'm sorry, I  
9           didn't understand what -- what happened with  
10          17?

11          **MS. MUNN:** Seventeen is addressed in PROC-90,  
12          item eight, the one we were just --

13          **DR. MAKHIJANI:** Oh, yeah.

14          **MS. MUNN:** -- discussing earlier.

15          **DR. MAKHIJANI:** All right.

16          **MS. MUNN:** And the only other three left --  
17          this is 21, two left -- item 23 is --

18          **DR. ZIEMER:** Is 21 part of the same thing?

19          **MS. MUNN:** No, it isn't. No, that's this --

20          **MR. HINNEFELD:** 21 had to do with certain types  
21          of activities that are done during the review  
22          of the CATI. It's reviewed -- it's sent -- you  
23          know, for completeness and technical content.

24          **DR. ZIEMER:** But what does that mean?

25          **MR. HINNEFELD:** And what does that mean.

1           **DR. ZIEMER:** Yeah.

2           **MR. HINNEFELD:** Because the -- the reviewer  
3           certainly had a different expectation based on  
4           the -- the words there, they had a different  
5           expectation of what that activity would be  
6           compared to what it actually was. And so  
7           that's what this is about.

8           **MS. MUNN:** So item 21 then is there but  
9           separate. I keep one -- one very good thing  
10          about having a remote connection from my laptop  
11          to the O drive is that it's a very secure  
12          system which logs me off about every two  
13          minutes, so --

14          **DR. ZIEMER:** Whether you want to or not.

15          **MS. MUNN:** Whether I want to or not, right, so  
16          --

17          **DR. ZIEMER:** They keep working on it very  
18          (unintelligible) --

19          **MS. MUNN:** Yeah, either you're moving or you're  
20          not going to stay on line.

21          Item 23?

22          **DR. ZIEMER:** Well, let me ask, if I might,  
23          first --

24          **MS. MUNN:** Yes.

25          **DR. ZIEMER:** -- on 21 then, when the CATI is

1 all revised and so on -- or the interview  
2 process, you're going to define what you mean  
3 by completeness and --

4 **MR. HINNEFELD:** Well --

5 **DR. ZIEMER:** -- technical content --

6 **MR. HINNEFELD:** -- right --

7 **DR. ZIEMER:** -- (unintelligible)?

8 **MR. HINNEFELD:** -- rather than just leave that  
9 completeness and technical content, it'll  
10 better describe what --

11 **DR. ZIEMER:** What that means.

12 **MR. HINNEFELD:** -- that review -- what that  
13 review is.

14 **MS. MUNN:** So 23 is no explicit connection to  
15 review of information in closing interview.  
16 That will be covered by the same -- by the same  
17 effort. Correct?

18 **MR. HINNEFELD:** I'm trying to remember this  
19 one. This one seems to me like this might be  
20 a...

21 (Pause)

22 **DR. MAKHIJANI:** Well, I -- I believe this item  
23 is actually connected with our review of the  
24 closeout interview process.

25 **MS. MUNN:** Yes, it -- it -- it specifically

1 states closing interview, Arjun.

2 **DR. MAKHIJANI:** Yeah, and then we had -- you  
3 know, we had -- the reason I say that, Wanda,  
4 is we had made a number of comments about this  
5 in -- in the other review of that procedure.

6 **MS. MUNN:** Yes.

7 **DR. MAKHIJANI:** I don't know if NIOSH is doing  
8 something under that or -- I don't remember.

9 **DR. ZIEMER:** Either the CATI or PROC-90 it says  
10 under the NIOSH.

11 **MR. HINNEFELD:** I believe this is -- might be a  
12 transfer to PROC-92.

13 **UNIDENTIFIED:** It's in 92, it seems like.

14 **MR. HINNEFELD:** Because it's -- the closeout  
15 interview procedure is PROC-92, and I believe  
16 the finding was that people would tell us  
17 things in the CATI and it was never related  
18 back to them the information from the CATI, and  
19 so -- but that occurs at the closeout interview  
20 --

21 **MR. GRIFFON:** Closeout.

22 **MR. HINNEFELD:** -- not at the CATI, and so this  
23 might be a transfer to --

24 **MR. GRIFFON:** 92.

25 **MR. HINNEFELD:** -- 92, where it would be in

1 abeyance till PROC-92 is revised.

2 **DR. MAKHIJANI:** Well, presumably during -- in  
3 the revision of the closeout interview process  
4 you would -- you would have some portion of it  
5 where you explain to the claimant what was done  
6 with the CATI.

7 **MR. HINNEFELD:** That would be the time to do  
8 it. I mean when you're -- when you're doing  
9 the CATI interview you have no opportunity to  
10 tell the claimant --

11 **DR. MAKHIJANI:** Yeah.

12 **MR. HINNEFELD:** -- what the ultimate use of the  
13 information was --

14 **DR. ZIEMER:** You won't know it at that point.

15 **MR. HINNEFELD:** -- and the next structured  
16 conversation or, you know, sort of, you know,  
17 conversation essentially with the claimant is  
18 at the closeout interview. So that would be  
19 essentially the opportunity to describe to them  
20 how the information provided in the CATI was  
21 used in the dose reconstruction.

22 **DR. MAKHIJANI:** Yeah, I -- I think that would  
23 be good, you know, just in my view -- opinion,  
24 of course, having participated in the -- in the  
25 review of both these procedures, that -- I

1           agree with Stu that, you know, if you -- if you  
2           amend Procedure 92 to include that  
3           conversation, then -- then this -- this thing  
4           could -- could be fixed and it could be  
5           transferred to the amendment of 92. I -- so I  
6           -- I agree with Stu. I don't know what the  
7           working group wants -- would want to do.

8           **MS. MUNN:** Agreed? Any problem with that?

9           **MR. GRIFFON:** Let's -- let's transfer it.

10          **MS. MUNN:** Transfer it to PROC-92. All right,  
11          one last one in abeyance, item 25.  
12          Qualifications are not specified in the  
13          procedure.

14          **MR. HINNEFELD:** The -- the issue here is were  
15          these supposed to be health physics reviews or  
16          not.

17          **MS. MUNN:** Right.

18          **MR. HINNEFELD:** And the qualifications  
19          (unintelligible).

20          **MS. MUNN:** Right. We have -- have we come to  
21          any agreement with respect to that? I know  
22          we've had discussions about it.

23          **MR. MARSCHKE:** (Off microphone) Issue was we  
24          (unintelligible) clarify the procedure  
25          (unintelligible) who is the interviewer.

1           **MR. GRIFFON:** You've got to speak up.

2           **MR. MARSCHKE:** It was -- basically it was we  
3           agreed last time we would change the wording in  
4           PROC-90 to clarify who was the interviewer, and  
5           that the interviewer was not necessarily a  
6           health physicist.

7           **DR. MAKHIJANI:** Well, generally an interviewer  
8           is not a health physicist.

9           **MS. MUNN:** No, that's -- that's understood.  
10          But it appears that this falls under the same  
11          blanket as all of the other current "in  
12          abeyance" activities, namely it'll be addressed  
13          in the rewrite of the procedure. Correct?

14          **DR. ZIEMER:** In PROC-90 in this case. Right?

15          **MS. MUNN:** Yeah.

16          **MR. HINNEFELD:** Yeah, it -- it should be  
17          addressed in the re-- it's not (unintelligible)  
18          to me this is strictly a qualification 'cause  
19          there's also --

20          **MR. GRIFFON:** Yeah.

21          **MR. HINNEFELD:** -- some suggestions here for  
22          preparation for the interview.

23          **MR. GRIFFON:** Right.

24          **MS. MUNN:** Correct.

25          **MR. HINNEFELD:** It's not strictly the

1                   qualification --

2                   **MS. MUNN:** No.

3                   **MR. HINNEFELD:** -- of the interviewer and the  
4                   qualification of the reviewer --

5                   **MS. MUNN:** No.

6                   **MR. HINNEFELD:** -- but it is what is the  
7                   appropriate preparation for the interview.

8                   **MS. MUNN:** Yes.

9                   **MR. HINNEFELD:** So there a -- a need for that.

10                  **MS. MUNN:** Very good. We know where we are now  
11                  with PROC-90, I think. Thank you for -- thank  
12                  you, Steve, for getting that -- the updates  
13                  done and for helping us through the tracking  
14                  here.

15                  **MR. MARSCHKE:** Wanda, I have a question on  
16                  database protocol, I guess it would be.

17                  **MS. MUNN:** Yes?

18                  **MR. MARSCHKE:** For example, the -- the -- we  
19                  just -- we just agreed to transfer PROC-90  
20                  issue 23 to PROC-92.

21                  **MS. MUNN:** Correct.

22                  **MR. MARSCHKE:** Now I can go into the -- and  
23                  change the -- and do that transfer on -- on  
24                  PROC-90 23. Now do you also want me at the  
25                  same time to go into -- to add a new issue to

1 PROC-92, which is basically, you know, the  
2 issue received?

3 **MS. MUNN:** Yes, that would be the logic that I  
4 would expect almost everyone to follow. If you  
5 have a transferred in item, then --

6 **DR. ZIEMER:** If it's transferred out, it's got  
7 to go in somewhere.

8 **MS. MUNN:** Yeah, right. Yeah.

9 **MR. MARSCHKE:** Well, we haven't been doing  
10 that, so we'll have to start -- we'll have --  
11 I'll have to go back and make sure that that is  
12 done, where appropriate.

13 **MS. MUNN:** I think that's --

14 **MR. MARSCHKE:** That may increase the number of  
15 issues.

16 **DR. ZIEMER:** How do you identify it? It'll  
17 have the new issue number that's not in the  
18 original matrix.

19 **MR. MARSCHKE:** It'll have a new sequential --  
20 sequential number -- like PROC-90 -- this'll be  
21 PROC-92, whatever the next number is in the  
22 sequence, and it will -- then we'll have in  
23 parentheses formerly -- or transferred from  
24 PROC-90, issue 23.

25 **MS. ADAMS:** And a transfer date.

1           **MS. MUNN:** Yes.

2           **MR. MARSCHKE:** And the -- yes, the transfer  
3           date will -- should -- should show up  
4           someplace.

5           **MR. GRIFFON:** Imported status then?

6           **MR. MARSCHKE:** Impor-- yeah, there is a field  
7           in there someplace. Yeah, imported -- yeah.

8           **MS. MUNN:** Yeah, we agreed that we would have a  
9           export/import --

10          **MR. MARSCHKE:** Yeah, right.

11          **MS. MUNN:** -- designation.

12          **MR. MARSCHKE:** Okay.

**13 TBD 6000, APP BB - NIOSH RESPONSE TO ELECTRON**

**13 ENERGY VALUE DIFFERENCES OTIB-0008, 010, 0023**

14          **MS. MUNN:** All right, good. Thank you. The  
15          next item that I had on database update was  
16          TBD-6000, Appendix BB. We may be able to save  
17          ourselves the grief of looking at that by just  
18          inquiring where we are in terms of the new  
19          workgroup.

20          **DR. ZIEMER:** Well, the new workgroup has been  
21          established and we're trying to find a meeting  
22          date which we can -- where we can legally meet.  
23          We're waiting to hear whether we can meet in  
24          October or not. We've set out eight possible  
25          meeting dates for the group and gotten the

1 matrix available when. But now I've learned  
2 within the last couple of days, based on the  
3 efforts by the -- I think it's the Fernald  
4 workgroup (unintelligible) establish a date,  
5 that there's some restrictions on when we can  
6 meet in October based on some budgetary issues,  
7 I guess on the continuing budget.

8 **MS. MUNN:** We hadn't heard that before.

9 **DR. WADE:** You'll have a clarification.

10 **DR. ZIEMER:** We -- we were awaiting a  
11 clarification. In any event, all I'm saying is  
12 we're trying to establish a work-- workgroup  
13 and the priority of the workgroup initially  
14 will be to address Appendix BB and...

15 **MS. MUNN:** There's not any pressing need for us  
16 in this workgroup to take any action on the  
17 outstanding items --

18 **DR. ZIEMER:** No, I think -- I think they belong  
19 to the new workgroup now.

20 **MR. HINNEFELD:** I mean to -- to -- and also,  
21 just so everybody's clear on this, the NIOSH  
22 responses to those findings were largely a  
23 promissory note --

24 **MS. MUNN:** Uh-huh.

25 **MR. HINNEFELD:** -- that we're going to provide

1 the technical response with, you know, the  
2 analysis of the -- by -- of the film badge  
3 (unintelligible).

4 **MS. MUNN:** Uh-huh.

5 **MR. HINNEFELD:** So you know, there's -- until  
6 that's really available, I don't know there's a  
7 lot of point for the -- for that workgroup  
8 (unintelligible).

9 **MS. ADAMS:** The official response here now is  
10 for October you need to schedule as late in  
11 October as possible, but preferably the first  
12 week of November would be better.

13 **DR. ZIEMER:** Oh, okay.

14 **MS. ADAMS:** Travel cannot be approved until '09  
15 numbers are released and you actually have  
16 them, and there's no way of telling when that's  
17 going to be.

18 **MR. GRIFFON:** Hmm, well, that's different than  
19 what Christine sent us before.

20 **MS. MUNN:** Yeah, it is.

21 **MR. GRIFFON:** She said October 1st.

22 **MS. MUNN:** Yeah.

23 **MS. ADAMS:** Well, that's the start of the new  
24 fiscal year.

25 **MR. GRIFFON:** Right.

1           **MS. MUNN:** Yeah.

2           **MS. ADAMS:** But until they figure out what's  
3 going to happen -- I'm guessing with the  
4 continuing resolution and where the numbers are  
5 going to lie and (unintelligible).

6           **MR. HINNEFELD:** There is an additional  
7 complication this year on the continuing  
8 resolution because Fiscal '09 -- the money for  
9 this program was supposed to be coming to HHS,  
10 whereas previously it was done through  
11 Department of Labor. But under a continuing  
12 resolution, I don't know anybody knows what  
13 happens if we start '09 on a continuing  
14 resolution -- where does the money come from  
15 because a continuing resolution means we're  
16 going to continue last year's lev-- level.

17           **MS. MUNN:** Uh-huh.

18           **MR. GRIFFON:** Right.

19           **MR. HINNEFELD:** And so I think the people are  
20 involved in this don't even know how last month  
21 (unintelligible). I mean RFMO and Labor  
22 doesn't.

23           **DR. ZIEMER:** So we have that issue, and then we  
24 have -- you're awaiting what, Stu, something  
25 from Landauer?

1           **MR. HINNEFELD:** No.

2           **DR. ZIEMER:** What is --

3           **MR. HINNEFELD:** Our staff has -- is preparing  
4           for an analysis of film badge data, so it's --  
5           you're waiting for us to provide that from them  
6           that supports our findings.

7           **DR. WADE:** Now remember, the message that was  
8           read said as late in the month as possible. If  
9           you have a critical need to meet, then you  
10          should surface that need. It could be --

11          **DR. ZIEMER:** If we don't -- if we don't have  
12          that analysis, then --

13          **DR. WADE:** -- back to Mark's (unintelligible).

14          **DR. ZIEMER:** -- that may become a moot point  
15          then.

16          **DR. WADE:** (Unintelligible) to Mark's --

17          **MR. GRIFFON:** Thinking about some of the newer  
18          -- you know, Fernald, Mound, some of the SEC  
19          ones.

20          **DR. WADE:** Yeah, I would be clear and say it's  
21          important that we meet, it's critical that we  
22          meet, it's convenient that we meet -- whatever  
23          it is -- and give that data, then see what the  
24          system sends back to you.

25          **THE COURT REPORTER:** Excuse me, Wanda?

1           **MS. MUNN:** Yes.

2           **THE COURT REPORTER:** When we're not using that  
3 screen can we turn off the projector? It gives  
4 a huge white noise into my feed. Are y'all  
5 about to use it for the next --

6           **MS. MUNN:** Yeah.

7           **THE COURT REPORTER:** Are you?

8           **MS. MUNN:** This will create a problem, simply  
9 because --

10          **THE COURT REPORTER:** Yeah, it is a problem.

11          **MS. MUNN:** -- we anticipate using it a lot --

12          **THE COURT REPORTER:** I know, I don't know what  
13 to do.

14          **MS. MUNN:** -- and it was my thought that we  
15 would continue to use it in future meetings --

16          **THE COURT REPORTER:** I know.

17          **MS. MUNN:** -- so that this isn't a one-time  
18 thing.

19          **MR. GRIFFON:** Is it -- is it feedback or is it  
20 --

21          **THE COURT REPORTER:** It's the fan in it, yeah.

22          **MR. GRIFFON:** Can we move the mike away from  
23 the -- I don't know.

24          **DR. ZIEMER:** Which mike is picking up that?

25          **THE COURT REPORTER:** Well, probably that one,

1           yeah.  If you could move that --

2           **UNIDENTIFIED:**  This one?

3           **THE COURT REPORTER:**  -- toward me maybe, Stu,  
4           get it away from that --

5           **DR. ZIEMER:**  What about the little one there?

6           **MS. MUNN:**  I think the floor one.

7           **DR. NETON:**  That's just the speaker phone.

8           **THE COURT REPORTER:**  Right, that's that  
9           speaker.  That may help.

10          **MS. MUNN:**  See what happens.

11          **THE COURT REPORTER:**  It's still bad.  I mean --  
12          you know, like this mike could probably be  
13          picking it up.  It's something I'll have to  
14          figure out before the next meeting, but it  
15          truly -- it's like an ocean wave and hearing it  
16          miked.

17          **MR. GRIFFON:**  Yeah, that is loud.

18          **MS. MUNN:**  It's not good.

19          **THE COURT REPORTER:**  Yeah, I know.  And I know  
20          it's that machine because any time it's turned  
21          -- let's see what that does, Nancy.

22          **DR. ZIEMER:**  Put a sound barrier.

23          **MS. MUNN:**  Yeah --

24          **THE COURT REPORTER:**  It didn't help.

25          **MS. MUNN:**  It didn't help?

1           **THE COURT REPORTER:** Thanks. Well, I'll figure  
2           it out. I mean we'll get through and I'll  
3           figure something out.

4           **DR. MAURO:** Are there on/off switch on each of  
5           the mikes that we could see if we start turning  
6           one or two off, see which ones help?

7           **DR. NETON:** They're on on/off switches, but I'm  
8           just wondering if it's just that fan or there's  
9           a lot of laptop fans going around --

10          **DR. MAURO:** That's true, too.

11          **MR. GRIFFON:** But you didn't have this  
12          yesterday.

13          **THE COURT REPORTER:** Right.

14          **MR. GRIFFON:** It was fine yesterday.

15          **DR. NETON:** It's on the top of the mikes.

16          **THE COURT REPORTER:** I mean there's always  
17          ambient noise with Blackberries and laptops on,  
18          and those -- but I've got to have the mikes on.

19          **DR. ZIEMER:** Does that -- does that make a  
20          difference?

21          **THE COURT REPORTER:** No.

22          **DR. MAURO:** Maybe it's something else.

23          **DR. ZIEMER:** So it's not the mike then.

24          **MS. MUNN:** It's -- it's just too much --

25          **DR. ZIEMER:** I can't even hear that fan. I

1 wonder if it's --

2 **THE COURT REPORTER:** Oh, I know y'all don't  
3 hear it. But it's coming into my feed.

4 **MR. GIBSON:** Could we turn it off for a minute  
5 and see if it quits?

6 **THE COURT REPORTER:** It -- it is that machine,  
7 because we didn't use it yesterday and  
8 everything was fine.

9 **MR. GRIFFON:** Yeah, that's --

10 **THE COURT REPORTER:** And we've had projectors  
11 in other rooms and whenever they're on it's a  
12 big ambient problem.

13 **DR. NETON:** The fan's going to stay on.

14 **MR. HINNEFELD:** The fan'll stay on if we turn  
15 it off 'cause the fan stays on to cool the bulb  
16 after you turn it off.

17 **THE COURT REPORTER:** Let's -- let's not delay  
18 any further. It'll -- I'll figure something  
19 out before the next meeting. I'm sorry.

20 **MR. GRIFFON:** Really it is --

21 **THE COURT REPORTER:** I'm sorry to delay  
22 everything.

23 **MR. GRIFFON:** -- it's loud in his ear.

24 **MS. MUNN:** Yeah, that's pretty bad, but -- and  
25 it's strange, because the fan itself -- in

1 ambient noise -- does not produce that much of  
2 a problem. We'll just have to figure out what  
3 to do electronically to help that out.

4 The other items that I had listed that I sent  
5 to you were also items that we discussed at  
6 great length last -- at our last meeting,  
7 didn't want to leave them high and dry -- OTIB-  
8 8, 10 and 23, and the items that we have...

9 **MR. MARSCHKE:** What we did on 8, 10 and 23, I  
10 think we -- I think we briefly talked about  
11 these at the last meeting, but you know, we  
12 also talked about these at the June -- the  
13 meeting in June in St. Louis.

14 **MS. MUNN:** Yes.

15 **MR. MARSCHKE:** And what I'm handing out now is  
16 -- is e-mails which were -- went back and forth  
17 between Stu, myself and Kathy Behling, which --  
18 if you look at the second page, there's an e-  
19 mail we received from Stu on June 16th,  
20 basically requesting us to -- to -- or  
21 notifying us that these OTIBs had been revised  
22 and requesting us to see whether or not we --  
23 we think the revisions address the issues. And  
24 if you look at the first page, then my -- I --  
25 I forwarded Stu's e-mail to -- to Hans Behling

1 and asked him to perform the review because he  
2 did the original review of those three OTIBs.  
3 And then the top -- the e-mail at the top  
4 coming back from Kathy Behling indicates, if  
5 you just read the first paragraph, she  
6 indicates that they both looked at the three  
7 OTIBs in question and concluded that they --  
8 all the findings were addressed and could be  
9 closed. And I believe at the June meeting in  
10 St. Louis we received instructions from the  
11 workgroup to -- to close those issues. And so  
12 now they are indicated in the -- in the -- in  
13 the database as being closed. And I think -- I  
14 believe there were 16 of those issues.

15 **MS. MUNN:** Everything I see on 8 and 10 and 9  
16 are closed, and --

17 **MR. GRIFFON:** This -- this -- this makes me --  
18 I don't know if it makes anybody else uneasy,  
19 but this makes me a little uneasy that we --  
20 you know, as we go forward, we should think  
21 about this because, you know, we've said many a  
22 times that SC&A's our contractor and, you know,  
23 this note here says, you know, Hans and Kathy  
24 think everything looks good and they can be  
25 closed. The workgroup never even looked at

1           them and we're just closing them, you know.

2           **MS. MUNN:** Well, we did look at them.

3           **MR. GRIFFON:** Well, we looked at the initial  
4           ones and we said let's transfer it 'cause it's  
5           being revised, and we never looked at the  
6           revised procedure. Or I haven't. So I -- you  
7           know, and -- and then it's going away, and I'm  
8           -- I'm not even saying that there's any problem  
9           with the revisions. They're probably fine.

10          But I just think we -- we need to --

11          **DR. ZIEMER:** Yeah, I think --

12          **MR. GRIFFON:** -- to watch this --

13          **DR. ZIEMER:** -- what you're saying --

14          **MR. GRIFFON:** -- (unintelligible) this work.

15          **DR. ZIEMER:** -- in principle is a good point,  
16          that --

17          **MR. GRIFFON:** Yeah.

18          **DR. ZIEMER:** -- it's not -- it's not sufficient  
19          -- it -- it's good that NIOSH and the  
20          contractor agree --

21          **MR. GRIFFON:** Right.

22          **DR. ZIEMER:** -- but that does not inherently --

23          **MR. GRIFFON:** We should at least have a --

24          **DR. ZIEMER:** -- doesn't follow that we  
25          necessarily agree with both of them --

1           **MR. GRIFFON:** Or should at least have a chance  
2           to question it. I mean and make sure we're --  
3           we're --

4           **MR. MARSCHKE:** We did not close these issues  
5           until we received approval from the working  
6           group at the June meeting. These -- these were  
7           not closed until after the -- after they were -  
8           -

9           **MR. GRIFFON:** But again, the -- the way it was  
10          brought back in June I believe -- and maybe I'm  
11          wrong -- is -- is the sa-- sort of the same  
12          way, that you've reviewed it -- you know, we  
13          didn't go through the -- we didn't go back to  
14          the findings and say, you know, this was  
15          rewritten the other way and --

16          **DR. ZIEMER:** (Unintelligible) you saw --

17          **MR. GRIFFON:** -- addresses this finding --  
18          yeah, yeah.

19          **DR. ZIEMER:** Did we see what you saw when --  
20          did we see what the contractor saw when they  
21          came to agreement. Is that -- that's what that  
22          Mark --

23          **MR. GRIFFON:** Yeah, yeah.

24          **MS. MUNN:** We did. We discussed them.

25          **DR. ZIEMER:** Did we?

1           **MS. MUNN:** Yes --

2           **DR. ZIEMER:** Okay, that was a --

3           **MS. MUNN:** -- we discussed them.

4           **DR. ZIEMER:** -- question --

5           **MR. GRIFFON:** I must have missed that meeting.

6           I remember a database discussion, but I don't  
7           remember that, so...

8           **MS. MUNN:** We discussed each of them. I  
9           believe we can -- I believe you can see that in  
10          the transcript.

11          **DR. ZIEMER:** Well, that should show up here.

12          **MR. HINNEFELD:** There's -- there's a resolution  
13          on these findings --

14          **MS. MUNN:** Let's --

15          **MR. HINNEFELD:** -- that what we agreed to do.  
16          It may -- maybe it's not specific enough, but I  
17          don't...

18          **MS. MUNN:** But let's --

19          **MR. GRIFFON:** It could -- I'm just saying --  
20          I'm not even talking about necessarily 8 and  
21          10, I'm just saying let's keep our eye on this  
22          'cause a lot of things when we -- when we're  
23          transferring them and we're saying, you know,  
24          this -- this is being considered or -- or  
25          handled or addressed in the revision of this

1 TIB, if -- if we nev-- if the workgroup never  
2 looks at the TIB again --

3 **DR. NETON:** Well, I guess I have --

4 **MR. GRIFFON:** -- you know, we're counting on --

5 **DR. NETON:** -- a question on what "in abeyance"  
6 really means. If "in abeyance" means that a  
7 resolution has been reached with the Boar--  
8 with the working group and SC&A on how to  
9 address that issue, and it only means that SC&A  
10 is going back to see that they actually  
11 captured that in the write-up, that's a little  
12 different than saying we're just going to  
13 address it, and then SC&A looks at it and the  
14 Board has never really --

15 **MR. GRIFFON:** Yeah.

16 **DR. NETON:** -- considered the resolution of the  
17 finding.

18 **MR. GRIFFON:** I mean I just want to ma-- and if  
19 Wanda's correct, that's fine. I just want to -  
20 -

21 **DR. NETON:** But if you want to go back and  
22 review every document again, then that would be  
23 a lot of extra work.

24 **MR. GRIFFON:** No, I'm not even saying that.

25 **DR. NETON:** Well, that's what I'm saying. But

1 if you agreed to the resolution, the comment  
2 resolution, here's the technical approach that  
3 needs to be added to the TIB --

4 **MR. GRIFFON:** But you never tell us the  
5 technical approach. That's what I'm saying.

6 **DR. NETON:** That's what I'm saying, what does  
7 "in abeyance" mean?

8 **MR. GRIFFON:** Yeah.

9 **DR. NETON:** If "in abeyance" --

10 **MR. GRIFFON:** We never get the technical  
11 approach. We say "a revision's underway."

12 **DR. NETON:** Well, I'm not sure --

13 **MR. GRIFFON:** And -- and --

14 **DR. NETON:** -- that's true in all cases.

15 **MR. GRIFFON:** Well, not all cases, but a lot of  
16 them. A lot of them.

17 **DR. NETON:** Well, then that's --

18 **DR. MAURO:** Well, one of the things that we did  
19 agree is SC&A would not convert something that  
20 is "in abeyance" to "closed" unless we are so  
21 ordered to do so by the working group.

22 **MS. MUNN:** That we did agree to. We did --

23 **MS. BEHLING:** Excuse me, this is Kathy Behling.  
24 I apologize, I joined a little bit late and you  
25 may not have known I was on, but if you would

1           like I can provide something a little bit more  
2           explanatory than just that e-mail and give you  
3           reasons as to why we accepted all of those  
4           findings and we found those findings to be  
5           resolved. I could provide more detail on all  
6           three of those procedures if you'd like.

7           **MS. MUNN:** It might be --

8           **MS. BEHLING:** If that would resolve this issue.

9           **MS. MUNN:** Since there's some concern being  
10          expressed at the table, Kathy, it might be a  
11          good idea for us to go through these items one  
12          at a time, each of these items that has now  
13          been closed -- which my memory tells me we  
14          agreed to, but nevertheless, it would be  
15          helpful perhaps if you would go through those  
16          one at a time for the benefit of anyone who  
17          might not have been present or who, for some  
18          reason, hasn't -- has a memory like mine and is  
19          not clear on each of the items.

20          **MS. BEHLING:** Can I ask to do this? Can I put  
21          -- put this in writing and I'll explain as to  
22          why each one of the items we felt was closed,  
23          and even if -- you know, maybe cite new  
24          information from the revised document? Because  
25          I know in 8 and --

1           **MR. GRIFFON:** That's what -- yeah.

2           **MS. BEHLING:** -- 10, those -- those were  
3           completely rewritten, and so some of the  
4           initial findings that we had -- some of the  
5           tables are not even there anymore and so the  
6           confusion no longer exists. And there may be a  
7           new paragraph that precisely describes what the  
8           dose reconstructor can do -- or should do, and  
9           so if you -- 'cause it would be a little bit  
10          easier for me if I could put that in writing  
11          and send that to you for each --

12          **MR. GRIFFON:** I think that's --

13          **MS. BEHLING:** -- one of those items.

14          **MR. GRIFFON:** -- that's sort of what I'm  
15          looking for as a general rule, instead of an e-  
16          mail saying we've looked at it and it looks  
17          fine and close it. I think maybe just to go  
18          back through -- you know, have a little -- and  
19          I'm not saying --

20          **MS. BEHLING:** I agree.

21          **MR. GRIFFON:** -- a big report --

22          **MS. BEHLING:** I agree.

23          **MR. GRIFFON:** -- just a little update we -- we  
24          reviewed the revision, these old findings; you  
25          know, this one's no longer applicable, the

1 table's been dropped; this one -- you know,  
2 handled by doing this. You know, how did they  
3 technically handle each finding and --

4 **MS. BEHLING:** Agree, and then that can be put  
5 into the database, also.

6 **DR. MAURO:** That's (unintelligible).

7 **MS. BEHLING:** So I agree with that. I'll  
8 certainly put together something regarding  
9 those 16 findings.

10 **MR. GRIFFON:** Is that okay, Wanda? I'm -- I'm  
11 not sure --

12 **MS. MUNN:** Well, in light -- in light of this  
13 discussion -- now this brings a concern to my  
14 mind with respect to how our database is going  
15 to fulfill one of the original purposes that we  
16 established, which is that of archive. If the  
17 information that is contained on this sheet of  
18 paper is not adequate for us, then we need to  
19 address that now. So it appears to me that, in  
20 light of the concern that's being expressed, it  
21 would be wise for us to go through each of  
22 these sheets and agree here in this group that  
23 what is shown on that sheet is adequate for  
24 archive purposes. If it is not, then what we  
25 are saying is after we have closed a set of

1 issues like this we still need yet an  
2 additional report to qualify these sheets and  
3 pull them together --

4 **MR. GRIFFON:** Well, I'm just saying --

5 **MS. MUNN:** -- in some way.

6 **MR. GRIFFON:** -- that probably shouldn't have  
7 been closed until we got that official report.  
8 I mean I -- and we probably did discuss -- I'm  
9 not -- you know, your memory's probably better  
10 than mine on this. We probably did say SC&A  
11 looked at it and we're fine and we agreed as a  
12 workgroup. I'm not -- you know, that could  
13 have happened. I mean I don't remember it, but  
14 it could have happened. But I'm saying that --  
15 that we probably should get a little -- I think  
16 John said a white paper to say -- you know, not  
17 a -- a full review again, but to say here's our  
18 original findings; they wrote a new procedure  
19 and, you know, like Kathy said, if this one's  
20 no longer applicable 'cause the table isn't in  
21 the update, this one is addressed in paragraph  
22 three on page two, they've handled it this way  
23 -- and then we as a workgroup can say yeah,  
24 these all look reasonable, let's close them.  
25 'Cause the workgroup's closing them. It's not

1 SC&A closing them, it's the workgroup closing  
2 them. Right?

3 **MS. MUNN:** That's true, but the --

4 **MR. GRIFFON:** Right.

5 **MS. MUNN:** -- but the workgroup closed them --

6 **MR. GRIFFON:** Did close them, I guess, yeah.

7 **MS. MUNN:** -- did close them, yeah, and that's  
8 why -- and wanting to see what's on the sheet.  
9 Yes, Paul?

10 **DR. ZIEMER:** I'm not sure we need a white paper  
11 or a report. It seems to me that the only  
12 thing we need is the -- if you can scroll down  
13 there --

14 **MR. GRIFFON:** SC&A -- another SC&A follow-up --

15 **DR. ZIEMER:** -- just an entry -- it may be a  
16 couple of sentences, because there -- there's a  
17 -- there's a fol-- which one is this?

18 **MS. MUNN:** This is OTIB-10.

19 **MR. GRIFFON:** Just another SC&A follow-up  
20 maybe, with a new date.

21 **DR. ZIEMER:** I'm looking for -- okay, recommend  
22 the proce-- what happened there?

23 **MR. HINNEFELD:** I (unintelligible) that down.  
24 I'm sorry. I thought you were  
25 (unintelligible). I'm sorry.

1           **DR. MAKHIJANI:** This -- this is Arjun. I'm a  
2           little bit confused also --

3           **DR. ZIEMER:** There's a workgroup directive now,  
4           an SC&A follow-up. There was something that  
5           you did that doesn't show up here. That's what  
6           I'm saying.

7           **DR. MAURO:** I agree.

8           **MR. GRIFFON:** Abso-- yeah, that could go --

9           **DR. MAURO:** I agree.

10          **DR. ZIEMER:** And if we had that, that SC&A  
11          reviewed this and they -- and here's what they  
12          found, and we could look at that and we could  
13          say well, let me see that or okay, if you found  
14          that, let's close it.

15          **MR. GRIFFON:** Something --

16          **DR. ZIEMER:** That's all you're --

17          **MR. GRIFFON:** -- something more than SC&A  
18          review--

19          **DR. MAURO:** Says yes --

20          **MR. GRIFFON:** -- something more than an e-mail  
21          that says SC&A reviewed it and we like it,  
22          yeah.

23          **DR. ZIEMER:** It needs to show up right there.

24          **MR. MARSCHKE:** Actually it shows up on the ne--  
25          if --

1           **MR. HINNEFELD:** Yeah, if you go to the bottom.

2           **MR. MARSCHKE:** -- goes to the next one, it  
3 shows up there.

4           **MR. HINNEFELD:** (Unintelligible) answer is  
5 (unintelligible).

6           **MR. MARSCHKE:** On the 17th we made this, and  
7 then it was -- on the 24th it was the -- the --

8           **MS. MUNN:** SC&A --

9           **MR. GRIFFON:** What does that say? I can't --

10          **MS. MUNN:** SC&A reviewed --

11          **DR. ZIEMER:** It adequately addresses the  
12 concern --

13 (Whereupon, multiple participants spoke  
14 simultaneously.)

15          **MR. GRIFFON:** The same idea, it can go in that  
16 field, yeah.

17          **DR. ZIEMER:** Right.

18          **DR. MAURO:** There's a rationale there.

19          **DR. ZIEMER:** Maybe just a couple sentences that  
20 the --

21          **MR. GRIFFON:** Yeah.

22          **DR. ZIEMER:** -- paragraph so-and-so --

23          **MR. GRIFFON:** Exactly.

24          **DR. ZIEMER:** -- states this and that adequately  
25 --

1           **MS. BEHLING:** (Unintelligible) intended to do,  
2           just one or two sentences that can be put into  
3           the database because I thought, too, that's --  
4           was supposed to be included into the database.  
5           I -- I haven't been following the procedures as  
6           closely as I used to, but I can certainly  
7           provide that to you.

8           **MR. GRIFFON:** I think that's what we need, just  
9           to know that we technically closed it out and  
10          the workgroup's comfortable with it, as well as  
11          SC&A, yeah.

12          **DR. ZIEMER:** I'm just concerned about asking  
13          them to write white papers and --

14          **MR. GRIFFON:** No -- yeah, I agree. If there's  
15          a place for it, yeah, that's fine.

16          **DR. ZIEMER:** Just clarify what that means.

17          **MS. BEHLING:** It's going to be -- it'll take me  
18          a few minutes. It's not going to be a huge  
19          paper or anything, it'll just be an explanation  
20          for each of those findings --

21          **DR. ZIEMER:** And it can go into the field --

22          **MS. BEHLING:** -- resolved.

23          **DR. ZIEMER:** -- and we're done.

24          **DR. WADE:** Arjun, do you have any -- you had a  
25          point, Arjun?

1 (No responses)

2 Arjun, are you with us?

3 **DR. MAKHIJANI:** Yeah, I'm here. Can you hear  
4 me?

5 **DR. WADE:** Yes.

6 **DR. MAKHIJANI:** I -- I'm a little confused.  
7 I'm looking at, for instance, that one closed  
8 finding, Procedure 23, number 8. And -- and  
9 then the -- there's an SC&A and NIOSH follow-up  
10 and it says all issues were resolved in a  
11 conference call. Normally we make minutes of  
12 those conference calls and give them to the  
13 working group, but it doesn't indicate here  
14 that that was done, and the minutes usually  
15 provide the -- provide the substance of -- of  
16 the discussion to the working group and, you  
17 know, it allows things to proceed smoothly and  
18 the working group -- group has a pretty good  
19 record of what happened so they can make a  
20 decision. And I'm wondering, (a), was that  
21 done, and (b), where -- where in this database  
22 does something like that show up so there's  
23 actually a rec-- substantive record of what  
24 happened.

25 **MS. MUNN:** Well, that's essentially what we

1           were just discussing, Arjun, is the fact that  
2           the database that we have needs to reflect when  
3           and where the substance of these closures was  
4           agreed to. And we're -- we're looking at 23  
5           right now, which --

6           **DR. MAKHIJANI:** Yeah, it does do that. I mean  
7           if you look at number 8, it says when and where  
8           it was resolved, but it doesn't have any -- any  
9           technical detail --

10          **DR. ZIEMER:** Doesn't have the documentation.

11          **DR. MAKHIJANI:** -- on the resolution.

12          **MS. BEHLING:** In this particular case, it was  
13          just -- we did not take notes or -- I -- I mean  
14          we did not provide the Board with any follow-up  
15          on our technical call. It was Stu Hinnefeld,  
16          and I'm not sure if there were any other NIOSH  
17          or ORAU people, and Hans and myself on that  
18          phone call. But no, we did not provide follow-  
19          up on that.

20          **MS. MUNN:** The discussion says conference calls  
21          held on November 5th. NIOSH has agreed with  
22          all of SC&A's findings and will introduce  
23          appropriate changes in a -- what -- future --

24          **MR. HINNEFELD:** Looks like future revision of  
25          the (unintelligible).

1           **MS. MUNN:** -- revision of the --

2           **MR. HINNEFELD:** Looks like procedure.

3           **MS. MUNN:** -- procedure.

4           **MR. HINNEFELD:** Or something (unintelligible).

5           **MS. MUNN:** Yeah. And we do not -- I guess the  
6 issue here is -- is the procedure available?

7 Has the workgroup seen the procedure?

8           **MR. HINNEFELD:** (Off microphone)

9 (Unintelligible)

10          **MS. MUNN:** And what's the -- and the new  
11 procedure is or is not out.

12          **MR. GRIFFON:** And found to adequately address  
13 this concern. So again we don't have the meat.  
14 We don't have the substance, that's the point.

15          **MR. HINNEFELD:** Yeah, I think -- well, I think  
16 Nancy offered up all three of these procedures  
17 that she reviewed.

18          **MS. MUNN:** Uh-huh.

19          **MR. HINNEFELD:** Or Kathy -- Kathy.

20          **MS. MUNN:** Yeah.

21          **MR. GRIFFON:** Right, so that's fine. That's  
22 fine, I think we know what to do.

23          **MS. MUNN:** You have your marching orders,  
24 Nancy?

25          **MR. GRIFFON:** Kathy.

1           **DR. ZIEMER:** Kathy.

2           **MS. MUNN:** We've got to stop this.

3           **MS. BEHLING:** See what happens when you don't  
4 show up at the meeting? They forget your name.

5           **MS. MUNN:** No.

6           **MS. BEHLING:** Yes, I have my marching orders.

7           **MS. MUNN:** All right. So you feel this won't  
8 be a lengthy matter.

9           **MS. BEHLING:** No, not at all. I'll get it out  
10 to you within a few days --

11          **MS. MUNN:** Good.

12          **MS. BEHLING:** -- day or two.

13          **MS. MUNN:** If Kathy's going to be able to do  
14 that for us within a few days, then all three  
15 of these issues will be on our slate for our  
16 follow-up meeting at Redondo Beach, and we will  
17 at that time have information back and  
18 hopefully -- Steve, will you have an  
19 opportunity to populate the database by then?

20          **MR. MARSCHKE:** I'm kind of hoping that Kathy  
21 might even do this directly in the database.

22          **MS. MUNN:** What do you think, Kathy? Is that a  
23 possibility?

24          **MS. BEHLING:** Sure -- certainly, yes, I can do  
25 that.

1           **MS. MUNN:** Good. All right.

2           **DR. MAURO:** So as a ground rule, this last step  
3           -- something I guess we really haven't talked  
4           about was when we get to the point where the  
5           OTIB has been revised and, in the mind of S--  
6           of NIOSH, yes, we -- we have responded to all  
7           of the issues, SC&A is asked please review to  
8           see yes, in fact it is fully responsive to your  
9           concerns.

10          **MS. MUNN:** Uh-huh.

11          **DR. MAURO:** We have that last step is when we  
12          get back and say -- just happens yes -- this is  
13          -- this is your rehearsal now.

14          **MS. MUNN:** Uh-huh.

15          **DR. MAURO:** When we say yes, it is fully  
16          responsive and here's --

17          **MS. MUNN:** And this is why.

18          **DR. MAURO:** -- why -- here's why --

19          **MS. MUNN:** And this is why.

20          **DR. MAURO:** -- is why, that's got to be  
21          captured.

22          **MS. MUNN:** What we're missing here is this is  
23          why.

24          **DR. ZIEMER:** Yeah.

25          **DR. WADE:** And then the -- the workgroup or the

1 Board needs to say --

2 **DR. ZIEMER:** We'll have a basis.

3 **DR. WADE:** -- yes, we agree.

4 **MS. MUNN:** Yes.

5 **DR. MAURO:** We accept that --

6 **MS. MUNN:** Yes, that's fine.

7 **DR. MAURO:** -- and then -- and then you tell us  
8 to close or not.

9 **MS. MUNN:** Yeah.

10 **DR. MAURO:** So it stays in abeyance until --  
11 until you read our rationale and --

12 **MS. MUNN:** Yes.

13 **DR. MAURO:** -- agree you accept that rationale.

14 **MS. MUNN:** Absolutely, yes. That --

15 **DR. MAURO:** Make sure we got it right.

16 **MS. MUNN:** That gives us the archives that we  
17 need, and a concept of having to issue an  
18 additional document of some sort is what we  
19 were trying to avoid with this.

20 **MR. GRIFFON:** Yeah, that's fine. That's fine.

21 **MS. MUNN:** All right. We have our -- our  
22 marching orders in terms of the next meeting's  
23 agenda.

24 OTIB-- let's take just a 10-minute break here,  
25 give everybody a chance to catch their breath a



1 anybody.

2 **MR. SIEBERT:** Yes -- yes, we can.

3 **DR. WADE:** Okay, thank you.

4 **MS. HOMOKI-TITUS:** We can hear you.

5 **DR. WADE:** Okay, thank you. Okay.

6 **MS. MUNN:** All right. We have several  
7 editorial changes to -- oh, are we all right,  
8 Mr. Green?

9 **THE COURT REPORTER:** Yes, ma'am.

10 **MS. MUNN:** All right. Thank you. I have a  
11 report just handed to me, a draft of proposed  
12 changes to OTIB-52.

13 **DR. NETON:** Wanda, I might be able to explain -  
14 -

15 **MS. MUNN:** That would be helpful, Jim, if you'd  
16 like to take the lead on this, please do.

17 **DR. NETON:** Yeah, I would. I apologize for  
18 this getting out --

19 **MS. MUNN:** No, that's quite all right.

20 **DR. NETON:** -- a little late, but it's done,  
21 and Stu also this morning forwarded this to the  
22 working group electronically.

23 **MS. MUNN:** Oh, good. So you have it by e-mail  
24 if you don't have it otherwise.

25 **DR. NETON:** I'd also say that the title saying

1 "ORAU Proposed Changes" you can assume that  
2 that also means NIOSH (unintelligible) we've  
3 reviewed (unintelligible) also say "NIOSH  
4 Proposed Changes."

5 If you remember at the last working group  
6 meeting, which I guess was about a month ago,  
7 there were six items out of 16 that were still  
8 listed as "in progress" --

9 **MS. MUNN:** Uh-huh.

10 **DR. NETON:** -- and the document that you have  
11 now is our proposed edits to TIB-52 based on  
12 the discussions we had at that working meeting  
13 to try to reach closure on those six items that  
14 are listed in progress. I realize these came  
15 through too late to have any real substantial  
16 discussion of what we're saying here. I would  
17 propose or would like to propose that after  
18 SC&A's had a chance, and the working group, to  
19 review it, that we hold a technical call to  
20 work out the details of -- of what we've  
21 proposed here and see if they are appropriate  
22 or additional information is needed.

23 **MS. MUNN:** Sounds like a reasonable course of  
24 action. John Mauro has just stepped out for a  
25 moment but he's returning to us right now.

1           We're -- John, we've just been handed -- and  
2           you all will have it in hand very shortly --  
3           this -- these proposed changes to OTIB-52. And  
4           Jim has proposed that we have a call once we  
5           have an opportunity to take a look at this and  
6           see if there are any additional issues that  
7           come out of that or if this is going to be in a  
8           position to be implemented following that.

9           **DR. NETON:** In anticipation of your next  
10          question, I don't know that we can accomplish  
11          this in time for the -- for the procedures  
12          working group meeting at the Board that's going  
13          to happen in Redondo Beach, only because --

14          **MS. MUNN:** Jim's psychic.

15          **DR. NETON:** Yeah, that's fine. I don't want to  
16          jump -- I don't want to put words in your  
17          mouth, either, but the problem is this just  
18          came out and the same people that are working  
19          on this are also working on the Santa Susana  
20          closure document, which is also going to meet  
21          Tuesday of next week. And so it'd be very  
22          difficult for us to convene any -- any  
23          substantive discussions or conduct any  
24          substantive discussions before next -- before  
25          the Board meeting.

1           **MR. HINNEFELD:** Next week is our last week  
2 before (unintelligible).

3           **DR. NETON:** And we sort of get in a feverish  
4 pitch within our offices, you can imagine, just  
5 before a Board meeting. But shortly  
6 thereafter, or whatever is convenient for SC&A  
7 and the members of the working group that might  
8 want to participate, we'd be happy to sit down  
9 and discuss these responses to see if they're  
10 satisfactory or what we might need to do --

11          **DR. MAURO:** So we'll try to schedule a -- a  
12 technical conference call --

13          **DR. NETON:** A call --

14          **DR. MAURO:** -- at an appropriate time. We'll -  
15 - we'll get back to you and we'll work that  
16 schedule out.

17          **DR. NETON:** I think that'll work well because  
18 we -- we just don't want to get in the weeds on  
19 the wording here. That'll give us a chance to  
20 sort of, you know, bounce it off each other and  
21 then come back to the full working group with -  
22 - with where we're at.

23          **MS. MUNN:** Could I request that SC&A have an  
24 opportunity to look at this proposal and, if  
25 you have any clear outstanding concerns, that

1           you be able to at least comment on those -- no  
2           report, just comment on them at our September  
3           meeting so that both you and the agency will  
4           have some understanding of what the course of  
5           the telephone conversation's likely to be.  
6           Does anyone mind if we take just a couple of  
7           minutes for those of us who have a copy of this  
8           to scan it quickly?

9           **MR. GRIFFON:** That's okay.

10          **MS. MUNN:** Thank you.

11          **DR. MAKHIJANI:** Does anybody have it in e-  
12          mailable form that can e-mail it to me, please?

13          **DR. ZIEMER:** Stu has.

14          **DR. NETON:** Stu has.

15          **MR. HINNEFELD:** Let me see what I can do here.  
16          See, I'm -- I'm at --

17          **DR. MAKHIJANI:** To arjun at ieer.org. Thank  
18          you.

19          **DR. ZIEMER:** How many items were...

20          **DR. NETON:** Well, there were six open, but  
21          there's some ones addressed in here that are in  
22          addition to the six because they were listed as  
23          in abeyance --

24          **MS. MUNN:** Uh-huh.

25          **DR. NETON:** -- as well, which meant that we

1           were going to provide something in that... I  
2           think one that could be addressed fairly  
3           quickly -- there was an issue with numbers 9  
4           and 10 that had to do with an interpretation of  
5           the INEEL -- NIOSH's -- NIOSH had published an  
6           epi review of the INEEL data, and Steve  
7           Marschke did an analysis comparing the INEEL  
8           data versus what we used from the -- I forget  
9           the name of the database over there now at  
10          INEEL. They didn't compare, and we explained  
11          that part of it was that the Naval Reactor  
12          facility data was included in the NIOSH study  
13          and not in our data analysis, and everyone  
14          seemed to be in general agreement that that was  
15          -- that was an acceptable -- those -- explained  
16          away the dif-- discrepancy. And that is listed  
17          under -- on the top of the second page, the --  
18          under the italic response -- responses to  
19          findings 9 and 10, the bullet. You could put  
20          that da-- that couple sentences in there to  
21          address those two findings.

22          **MR. GRIFFON:** So the -- just -- just to -- I'm  
23          refreshing myself on this procedure in general  
24          while people are reading, but the -- the reason  
25          INL and Hanford weren't used is it was only

1 annual summaries available and you had the  
2 other five that you focused on -- Savannah  
3 River, Rocky, Y-12, K-25, ORNL?

4 **DR. NETON:** We did use Hanford and INL.

5 **MR. GRIFFON:** You did?

6 **MS. MUNN:** Yeah.

7 **MR. GRIFFON:** Then why does it say --

8 **DR. NETON:** I think --

9 **MR. GRIFFON:** -- five says a comparison -- it  
10 says five major DOE sites. This section it  
11 says --

12 **DR. NETON:** Hang on --

13 **MR. GRIFFON:** Well, anyway -- yeah.

14 **DR. NETON:** Hanford was definitely mo-- was --  
15 was (unintelligible).

16 **MR. GRIFFON:** I should read it through before I  
17 ask more questions like that. So you think you  
18 used them all, though, is --

19 **DR. NETON:** Well, there was an issue with INEEL  
20 for internal exposures that we didn't do  
21 because we did not have electronic data  
22 available. But Hanford was one of the few that  
23 had a correction factor, if I remember  
24 correctly.

25 **MS. MUNN:** Yeah.

1           **DR. NETON:** I really think it'd be best if we -  
2           - we all re-- we refreshed our memories.

3           **MR. GRIFFON:** Yeah, yeah, yeah.

4           **DR. NETON:** It would be difficult for me --

5           **DR. MAURO:** By way -- by way of protocol --

6           **MR. GRIFFON:** That's fine.

7           **DR. MAURO:** -- we effectively have a white  
8           paper here for --

9           **MR. GRIFFON:** Yeah.

10          **DR. MAURO:** -- for want of a better term. Does  
11          this -- is this loaded and cli-- and clickable  
12          in our database now? Other words --

13          **MR. MARSCHKE:** Not right now.

14          **DR. MAURO:** Not right now.

15          **MR. MARSCHKE:** What I -- what I would propose  
16          to do is basically take each one of the  
17          responses and put it in the appropriate section  
18          where we have -- we have -- in the database --  
19          you don't have to put everything in as a white  
20          paper. In the database we have --

21          **DR. MAURO:** Okay.

22          **MR. MARSCHKE:** -- spots for NIOSH's response,  
23          and this is NIOSH's response, and it would go  
24          in with the date associated with it of 8/22 as  
25          a NIOSH response for -- to, you know, our

1 finding-- our comments on the findings, and it  
2 would -- it would go in there, but not as a  
3 single --

4 **DR. MAURO:** Gotcha.

5 **MR. MARSCHKE:** -- white paper.

6 **DR. MAURO:** It's better that way.

7 **MR. MARSCHKE:** It'll go in --

8 **DR. MAURO:** By issue.

9 **MR. MARSCHKE:** -- by issue.

10 **DR. NETON:** And I would -- all the responses  
11 are actually -- these are supposed to go into  
12 the TIB-52 itself.

13 **DR. MAURO:** Proposed changes.

14 **MR. MARSCHKE:** Proposed changes to the --

15 **MS. MUNN:** This is -- this is the rewrite, uh-  
16 huh.

17 **MR. MARSCHKE:** So I would -- I would try to  
18 capture that -- well, I -- I'll take an action  
19 item or I'll take an action item to take what's  
20 on this document that Jim has handed out and  
21 load this into the database --

22 **MS. MUNN:** Uh-huh.

23 **MR. MARSCHKE:** -- so that it will be up there  
24 definitely in time for the September 4th  
25 meeting, probably -- and probably by the end of

1           -- of next week. And -- and -- and then we can  
2           basically -- you know, there is, again, a spot  
3           in the database where we will -- we -- SC&A  
4           will -- we will provide a response or reaction  
5           to the NIOSH's proposed changes here, and then  
6           the final thing will be direction from the  
7           working group.

8           **MS. MUNN:** Correct. However --

9           **DR. MAURO:** In between that conference call.

10          **MS. MUNN:** Right.

11          **DR. MAURO:** Other words, before we load our  
12          response --

13          **MS. MUNN:** Uh-huh.

14          **DR. MAURO:** -- we have a conference call with  
15          Jim.

16          **MS. MUNN:** Correct.

17          **DR. MAURO:** So that we make sure that our  
18          perspective and our response -- this is an  
19          important part of the program --

20          **MS. MUNN:** That's correct.

21          **DR. MAURO:** -- seems to be -- ought to be a  
22          reasonable thing to do.

23          **MS. MUNN:** Yes.

24          **DR. MAURO:** Before we load our answer, let's  
25          make sure you have a little dialogue.

1           **MS. MUNN:** Correct.

2           **DR. MAURO:** Okay.

3           **MS. MUNN:** And Steve, this -- my interpretation  
4           would be you will not load this entire  
5           response. You will capture the thought here  
6           and indicate that this appears in Section 3.1 -  
7           - will appear in Section 3.1 of the new  
8           procedure, the corrections that appear in  
9           Section 3.1 will meet the requirements of item  
10          five of OTIB-52. Rather than have the entire -  
11          -

12          **MR. MARSCHKE:** If --

13          **MS. MUNN:** -- paragraph.

14          **MR. MARSCHKE:** -- if you prefer it that way,  
15          then we -- then we -- then we can do that. I  
16          mean --

17          **MS. MUNN:** I believe that's what we really and  
18          truly need. We don't need to have the entire  
19          list of changes. The -- in many cases the  
20          changes that go in are going to be  
21          excruciatingly long, so what we really and  
22          truly want is assurance that we can go to the  
23          new document and find the wording that we've  
24          approved. That's what --

25          **MR. MARSCHKE:** Then -- then I would agree that

1           -- then I think we should basically attach this  
2           as a -- as a white paper. We do have the  
3           capability of attaching files in -- into the  
4           database, and so I think that we should put  
5           this in as a file that is captured in the  
6           database as -- and -- and -- and so that we  
7           don't --

8           **DR. MAURO:** Lose it.

9           **MR. MARSCHKE:** -- lose it.

10          **MS. MUNN:** I disagree. You're going to have  
11          this -- this paper tells you what wording is  
12          going to go into this item. And you and NIOSH  
13          are going to discuss your reaction to that --

14          **MR. MARSCHKE:** Okay.

15          **MS. MUNN:** -- after you've read it. And there  
16          may be -- in the first place, there may be  
17          changes to this. It may go in verbatim. But  
18          in either case, your response is going to be  
19          predicated on the exchange that takes place in  
20          that technical call. Then, only then, will you  
21          make your response. And at the time you make  
22          your response, it may be no, we do not agree  
23          with that wording. And there's no point in  
24          changing what we've already populated on the  
25          database. The database tells us that we had a

1 response, you looked at the response, you  
2 either did or did not approve it, and the  
3 notation tells us where to find it in the new  
4 revision of the OTIB. Then we have our go-to  
5 information, if you capture the sense of what  
6 is here.

7 **DR. MAURO:** I -- I would just like to point  
8 out, though, that if you recall, one of the  
9 main purposes of this database is an archive --

10 **MS. MUNN:** Yes.

11 **DR. MAURO:** -- so that we don't lose any of the  
12 granularity -- as best we can, we gra-- we hold  
13 and capture the granularity of the process.

14 **MS. MUNN:** Exactly.

15 **DR. MAURO:** Now this seems to be a very  
16 important part of the process. In other words,  
17 at this meeting a white paper was issued and  
18 there was information about -- if we don't  
19 capture this, I think we do le-- we do leave a  
20 hole in the archive that I think we need to  
21 capture. It's one way -- I mean I'm sor-- I  
22 guess I'm disagreeing with you, Wanda.

23 **MS. MUNN:** Well -- well, but you see, if thi--  
24 if we do this, then the whole purpose in having  
25 a concise summary and a final disposition on

1           this single sheet gets lost.

2           **DR. MAURO:** Well, it's clickable. See, that  
3           was the idea of the white paper. That is, in -  
4           - in there -- in the sheet there will be this  
5           issue was addressed during this meeting, and a  
6           white paper was presented by NIOSH to the  
7           workgroup, and you click and you go to a  
8           different -- somepl-- I mean tell me if I got  
9           this wrong or not, it's --

10          **MR. MARSCHKE:** Stu -- Stu, could you click on  
11          the details of any one of those?

12          **MR. GRIFFON:** I'm going to -- you know, as -- I  
13          mean I think -- I -- I can't agree with both of  
14          you on this, but in this case I think Wanda's  
15          correct 'cause this isn't really a white paper.  
16          These are excerpts from the revised procedure  
17          that address each finding.

18          **MS. MUNN:** Uh-huh.

19          **MR. GRIFFON:** So I think if you said -- like  
20          for TIB-52, finding 13, finding 14 --

21          **DR. NETON:** NIOSH response is --

22          **MR. GRIFFON:** -- the second paragraph -- second  
23          paragraph of Section 4 of Procedure 52 has been  
24          modified, and then you can -- you can click to  
25          the procedure. You don't have to go to a white

1 -- this is not really a --

2 **DR. MAURO:** Okay.

3 **MR. GRIFFON:** -- white paper. It's like a --  
4 excerpts from the procedure itself.

5 **DR. NETON:** This is a little different than a -  
6 -

7 **MR. GRIFFON:** Yeah, it's a little different  
8 than --

9 **DR. NETON:** -- typical NIOSH response.

10 **MR. GRIFFON:** -- a white paper, so I would say  
11 in this case Wanda's probably -- it's probably  
12 fine to keep it more streamlined and go to  
13 that.

14 **DR. MAURO:** So -- so the way to look at this,  
15 then really this is your draft revisions that  
16 you plan --

17 **MS. MUNN:** Yeah.

18 **DR. MAURO:** -- to put into your document, which  
19 is a little different than a white paper.

20 **DR. NETON:** That's the language --

21 **MR. GRIFFON:** That's what I'm saying.

22 **DR. NETON:** -- suggested language to modify --  
23 which would be -- most of our discussions at  
24 the last meeting were about clarification and  
25 expansion of -- of what we were -- you know,

1                   what it was and what it -- what was and wasn't.

2                   **MR. GRIFFON:** Now I -- I would say that in some  
3                   cases a white paper might be different and we  
4                   might want to link it --

5                   **MS. MUNN:** It may be.

6                   **MR. GRIFFON:** -- and attach it.

7                   **MS. MUNN:** It may be.

8                   **MR. GRIFFON:** Yeah. But this is different,  
9                   yeah.

10                  **MS. MUNN:** But not -- not in this case.

11                  **MR. GRIFFON:** In my eyes, anyway -- yeah.  
12                  So...

13                  **MR. MARSCHKE:** I -- I come back to the  
14                  discussion we had earlier this morning about,  
15                  you know, what it's going to end up doing in  
16                  the -- and then what the discussion's going to  
17                  be is that NIOSH provided suggested changes,  
18                  SC&A reviewed the changes and agreed with them  
19                  -- or, you know -- and then is not -- you're  
20                  not going to be able to --

21                  **MR. GRIFFON:** No, you'll see the -- I just  
22                  described the granularity. You say for -- for  
23                  this finding, response to finding -- TIB-52-13,  
24                  NIOSH modified the second paragraph of Section  
25                  4 of that procedure --

1           **DR. MAURO:** That's what goes in there.

2           **MR. GRIFFON:** -- right.

3           **DR. MAURO:** Okay.

4           **MR. GRIFFON:** And then SC&A reviewed the  
5 paragraph, discussed in a technical group; the  
6 workgroup agrees that it -- so people know --

7           **MR. MARSCHKE:** Okay.

8           **MR. GRIFFON:** -- know the details of what was  
9 modified to address -- and we can agree or  
10 disagree, but that's the discussion we can  
11 have, but --

12          **MR. HINNEFELD:** Are we saying --  
13 (unintelligible) extend this, but are we saying  
14 that -- that our -- the action is to clip and  
15 insert into the NIOSH follow-up action  
16 (unintelligible) --

17          **MS. MUNN:** *Au contraire*, we're saying --

18          **MR. GRIFFON:** Right.

19          **MS. MUNN:** -- not --

20          **MR. GRIFFON:** Not to do that, right.

21          **MS. MUNN:** The action is to capture the sense  
22 of this here and say where it's been --

23          **MR. HINNEFELD:** Okay.

24          **MS. MUNN:** -- it's going into -- where it has  
25 been inserted in the new --

1           **DR. ZIEMER:** Yeah, like the second paragraph of  
2           Section 4 --

3           **MR. GRIFFON:** Yeah.

4           **DR. ZIEMER:** -- has been revised.

5           **MS. MUNN:** Uh-huh.

6           **MR. GRIFFON:** Exactly.

7           **DR. ZIEMER:** And if you want to see the  
8           revision, you would go to that document.

9           **MR. GRIFFON:** Right.

10          **MS. MUNN:** Correct.

11          **MR. MARSCHKE:** If you -- now as an option -- I  
12          just thought of another option as we're talking  
13          here, but there is a field up there called  
14          "related link," if you see the -- the -- the  
15          "related link" field, it's on the left-hand  
16          side, right there. You can basically take this  
17          whole document, put it in as a -- as a stand-  
18          alone document, and say basically put in here  
19          and -- and give it a title, "NIOSH Proposed  
20          Changes to OTIB-52," and this whole document  
21          then would be -- be brought up. I mean...

22          **DR. ZIEMER:** Comment --

23          **MS. MUNN:** Yes -- yes, well --

24          **DR. ZIEMER:** -- well, there -- there is a point  
25          --

1           **MR. MARSCHKE:** If that's over-- if you think  
2           that's overkill --

3           **DR. ZIEMER:** These are proposed changes, so  
4           there is not a revised document to go to at  
5           this point --

6           **MR. GRIFFON:** Right.

7           **DR. ZIEMER:** -- so I think it makes sense to  
8           have som-- something. This proposed wording  
9           doesn't show up anywhere else right now.

10          **MR. GRIFFON:** That's -- that's true.

11          **MS. MUNN:** Yeah, but we all have it.

12          **DR. ZIEMER:** Yeah -- yeah, but --

13          **MS. MUNN:** Everybody here has it, NIOSH has it,  
14          SC&A has it --

15          **MR. MARSCHKE:** Well, we might not have it six  
16          months from now.

17          **MS. MUNN:** Well, you may not want it six months  
18          from now. It will already have been  
19          incorporated into the -- it's -- it's not going  
20          to --

21          **MR. GRIFFON:** But it may -- it may change, is  
22          what --

23          **MS. MUNN:** None of this is going to go away.  
24          We all are going to have this in our file until  
25          it's incorporated. When it's incorporated it's

1 not going to be closed until this has been  
2 done. When this has been done, yeah, it's in  
3 the procedure. The procedure's issued now, and  
4 we're done, and it's okay.

5 **MR. HINNEFELD:** But don't you have  
6 (unintelligible) to be archived if you --

7 **MR. GRIFFON:** Yeah.

8 **MR. HINNEFELD:** -- put this document in a -- in  
9 here as a link?

10 **MS. MUNN:** Why do you want a duplicate archive?

11 **MR. HINNEFELD:** I -- because --

12 **MS. MUNN:** If -- if he puts it --

13 **MR. HINNEFELD:** -- it may not be a duplicate  
14 because --

15 **DR. ZIEMER:** This -- this --

16 **MR. HINNEFELD:** -- the final --

17 **DR. ZIEMER:** -- this doesn't exist anywhere.

18 **MR. HINNEFELD:** -- the (unintelligible) of the  
19 product may be different.

20 **MR. GRIFFON:** May change after discussions,  
21 right.

22 **MR. HINNEFELD:** And there's going to be  
23 discussions after this. See, suppose there's  
24 disagreement, and SC&A says no, that doesn't  
25 fix it --

1           **MR. GRIFFON:** Yeah.

2           **MR. HINNEFELD:** -- and that comes out in a  
3           technical conversation and there's adjustments  
4           to be made. You have then this technical  
5           conversation about something that you don't  
6           know what it was. You don't have an archive of  
7           what they were talking about that they had the  
8           disagreement about. You understand what I'm  
9           saying?

10          **MR. GRIFFON:** I -- I think it makes sense.

11          **MR. MARSCHKE:** I mean it's -- it's not a hard  
12          thing to do, it's basically to put a link on  
13          there --

14          **MR. GRIFFON:** Yeah.

15          **MR. MARSCHKE:** -- throw the document into the -  
16          - into a -- a --

17          **MR. GRIFFON:** And it doesn't make the screen  
18          any busier.

19          **MR. MARSCHKE:** It doesn't make the screen any  
20          busier.

21          **MR. GRIFFON:** It's just a link, it's not taking  
22          text -- it's not a lot of text on the screen.

23          **MR. MARSCHKE:** Right.

24          **MS. MUNN:** So how do you --

25          **MR. GRIFFON:** I think it's fine, yeah.

1           **MS. MUNN:** -- where do you put this related  
2 link? Where do I go to?  
3 (Whereupon, Mr. Griffon and Mr. Marschke spoke  
4 simultaneously.)

5           **MS. MUNN:** No, no, no, I -- I know you're  
6 putting your reference there. What am I  
7 referring?

8           **MR. MARSCHKE:** You -- you click on that --

9           **MS. MUNN:** What am I --

10          **MR. MARSCHKE:** When you want to look at that  
11 related link, you just --

12          **MR. GRIFFON:** (Unintelligible) --

13          **MR. MARSCHKE:** -- box and you click on it.

14          **MS. MUNN:** And where have you put it?

15          **MR. MARSCHKE:** To the -- it'll be in a --

16          **MR. GRIFFON:** On the O drive --

17          **MR. MARSCHKE:** -- subdirectory on the O drive -  
18 -

19          **MR. GRIFFON:** -- (unintelligible), right.

20          **MR. MARSCHKE:** -- which, when you click on  
21 that, it'll automatically bring it up and  
22 display it as a PDF file.

23          **DR. ZIEMER:** And it'll be called NIOSH/ORAU  
24 proposed changes -- draft of a certain date, I  
25 guess. Right?

1           **DR. NETON:** Yeah, 8/22.

2           **DR. ZIEMER:** 'Cause these are still proposed,  
3           are they not?

4           **DR. NETON:** They're draft changes that we  
5           propose.

6           **MS. MUNN:** All right. If we're doing that any  
7           time that you propose more than one change,  
8           then are we doing that at every change that we  
9           have requested? Is every single one of those -  
10          - because the normal routine, to this point,  
11          has been one item at a time, and we have not  
12          placed all of the discussions, and I never had  
13          any -- personally never had any intention of  
14          placing all of the discussions --

15          **DR. ZIEMER:** Well, it seems to me the other  
16          option would be to put in the proposed wording  
17          for each item there, then --

18          **MR. GRIFFON:** Then it gets too busy, yeah.

19          **DR. ZIEMER:** Then this becomes pretty busy, but  
20          NIOSH proposes the following word changes.

21          **MR. HINNEFELD:** So you -- that's what I was  
22          saying, you would clip out --

23          **DR. ZIEMER:** And then you would clip this --

24          **MR. HINNEFELD:** -- you would clip the five, you  
25          would clip that out and you'd put it in your

1 NIOSH follow-up so you have that text in there,  
2 and then that provides the basis for what is  
3 discussed in the conversation.

4 **DR. ZIEMER:** Seems to me you could do it either  
5 way.

6 **MR. HINNEFELD:** So you could use it this way --

7 **MR. GRIFFON:** Either way.

8 **MR. HINNEFELD:** -- or attaching this, it seems  
9 like they both accomplish the same thing, which  
10 is to capture the archive of the discussion,  
11 'cause if you don't capture it somehow, when  
12 there's a disagreement down here you don't have  
13 an archive of what you disagreed about.

14 **MR. GRIFFON:** My feeling is when you get into a  
15 longer text, you want the link. When you get -  
16 - if it's a short response, you want it right  
17 in the field, you know? Just from a user  
18 standpoint.

19 **DR. ZIEMER:** Well, an example would be this one  
20 on the bottom of the second page, revision of  
21 Section 6.1 for finding 12, they've got a whole  
22 -- little more than a page of text there.

23 **MR. GRIFFON:** Yeah.

24 **DR. ZIEMER:** So do you want that in this  
25 document or do you want to just be able to

1 click on it?

2 **MS. MUNN:** Or do you want a summary of the fact  
3 that it's there and an indication where it can  
4 be found? That's what I --

5 **MR. GRIFFON:** It can't be found anywhere.

6 **DR. ZIEMER:** It can't be found anywhere because  
7 it doesn't exist.

8 **MS. MUNN:** It ex--

9 **MR. GRIFFON:** The difference I have now is that  
10 -- that -- that Stu or -- I mean it's proposed  
11 language, you're right. It's not -- it's not a  
12 -- it's not a rev that exists out there as a  
13 existing revision of the procedure.

14 **MR. HINNEFELD:** Right.

15 **MR. GRIFFON:** So it's proposed language so I  
16 take back what I said. If it was an existing  
17 document, then I would say yeah, use the small  
18 excerpt and reference to it, don't include this  
19 as a separate document. But it's proposed, so  
20 it's on the table. We're discussing it. Have  
21 the link to it, then we can -- it may change by  
22 the time they publish a -- a revision of the  
23 procedure.

24 **MS. MUNN:** So it is actually the desire of the  
25 workgroup and the Board to have this reflect

1 all of the wording that was proposed,  
2 regardless of whether or not it is ever  
3 incorporated, somewhere in this archive? We  
4 want every comment that's made and every  
5 suggested change, regardless of whether it's  
6 incorporated? It was my intention that we  
7 would -- when it was incorporated, it would  
8 appear here, or the direct reference to where  
9 it is would be --

10 **MR. GRIFFON:** Well, it's -- it's got to have  
11 some -- some meat on the bone. I mean you  
12 can't -- this thing, at the end of the day, is  
13 just going to say we reviewed everything and  
14 everything was appro-- you know, revised and  
15 approved and --

16 **MS. MUNN:** No, it isn't. It's going to say  
17 where -- it's going to say where the change was  
18 so that you can go to it. So if --

19 **MR. GRIFFON:** But --

20 **MS. MUNN:** -- if we want all of our -- all of  
21 the machinations --

22 **MR. GRIFFON:** But it -- this is only -- it's  
23 not only an archive. You're telling us that  
24 we're going to use this real time in our  
25 meetings, so if I want to come into a meeting

1 and I want to be able to discuss a certain  
2 finding, if I -- if I just pull up and it says  
3 that NIOSH and SC&A had a technical phone call  
4 about this and they both agreed that it's okay,  
5 if I don't ha-- if I don't have some of that --  
6 that detail or links to that detail, then you  
7 know, how do I know what -- what I'm okaying?

8 **MS. MUNN:** Because it was sent to you --

9 **MR. GRIFFON:** I go to the --

10 **MS. MUNN:** -- by e-mail.

11 **MR. GRIFFON:** -- final version of the publi--

12 **MS. MUNN:** No, you go to your e-mail.

13 **MR. GRIFFON:** Oh, you go ba-- oh, so now we're  
14 going back to --

15 **MS. MUNN:** No --

16 **MR. GRIFFON:** -- a matrix we're going to send  
17 around by --

18 **DR. ZIEMER:** E-mails are --

19 **MS. MUNN:** No, we aren't. No --

20 **DR. ZIEMER:** -- unofficial documents, I -- I  
21 think this is not different than -- you -- if  
22 you go back to the very first finding, there's  
23 a NIOSH response. Now there can be another  
24 response to the response, and so on. This --  
25 this is a -- this -- each of these is a

1 response.

2 **MR. GRIFFON:** A response, yeah.

3 **DR. WADE:** Wanda posed the right question. You  
4 just need to answer the question. Do you want  
5 to keep track of all steps along the way?

6 **DR. ZIEMER:** Well, that's what we're doing  
7 here.

8 **MR. GRIFFON:** We've been doing, yeah.

9 **DR. WADE:** So I think the answer to Wanda's  
10 question is yes. The question is, at what  
11 cost? It doesn't seem to me the cost is  
12 particularly high.

13 **DR. ZIEMER:** Or at what level of detail.

14 **MS. MUNN:** At what level of detail, because we  
15 have a list of what has transpired, but what we  
16 have done in the past is capture the sense of  
17 the item. We have not repeated verbatim the  
18 item that was before us.

19 **DR. ZIEMER:** Yeah, and I think the difference  
20 here is in the past NIOSH has said we plan to  
21 revise the document, and so then it's sort of -  
22 - it goes into abeyance and we're sort of  
23 awaiting that to occur. And that's sort of  
24 where we are here, except now you've come back  
25 and said here's how we plan to revise it.

1           **MR. GRIFFON:** Propose -- right.

2           **DR. ZIEMER:** And we haven't always had that  
3 detail. So you're right, it's a little  
4 different kind of step, 'cause we usually don't  
5 have detail on the proposed revision. You  
6 would revise it, and we may or may not see it  
7 before it's revised, at which point it would  
8 get looked at again. Right?

9           **DR. NETON:** We could do it that way, too, if  
10 you'd be happy with that, but --

11           **DR. WADE:** It seems to me this document  
12 contains intellectual information. I don't  
13 think you want to lose it. Whether or not you  
14 excerpt from it and put it there, or you link  
15 to it, I think one or the other would be  
16 appropriate.

17           **MS. MUNN:** If we're going to do that, then I  
18 propose that we be very cautious in the  
19 language of the titles of this kind of material  
20 that we put up, and I would suggest that we  
21 very clearly -- that the first word in the  
22 title be "draft" -- "draft of proposed NIOSH  
23 changes to" -- and the date, as a part of the  
24 title.

25           **DR. WADE:** Thank you.

1           **DR. NETON:** I -- I suspect that there are going  
2           to be some changes here. There's going to be a  
3           little give and take. We put our best shot  
4           here, but I -- my sense is that there may be  
5           some suggestions by SC&A that are going to be  
6           made to change this wording. I mean that's one  
7           of the reasons --

8           **MR. GRIFFON:** Well, I know that's one of the  
9           reasons you put it out as a proposed change --  
10          right? -- instead of a final revision.

11          **DR. NETON:** It wasn't so -- it wasn't as clear-  
12          cut last meeting -- oh, yeah, we will modify  
13          this sentence and say that. These are more  
14          sort of qualitative arguments that we presented  
15          that, in principle, everyone agreed to. But I  
16          thought it'd be best if we put them on the  
17          table. Are they sufficiently robust, I guess -  
18          -

19          **DR. ZIEMER:** Is this a little different from --  
20          for you where, in the past, you would develop a  
21          procedure and it's -- goes through your  
22          internal process, it's reviewed, approved,  
23          comes out, then we and our contractor look at  
24          it. Versus here we're sort of given an  
25          opportunity to input it as you're developing

1           it.

2           **DR. NETON:** Yeah.

3           **DR. ZIEMER:** Is that better for you or worse  
4           for you?

5           **DR. NETON:** No, it's -- actually we would  
6           prefer to stay out of that issue then, but in  
7           this particular case I think these were more  
8           qualitative issues. They were -- they were --  
9           there's nothing quantitative here. These are  
10          qualitative descriptions of why we did what we  
11          did, and I just sensed that it was better in  
12          this particular instance --

13          **DR. ZIEMER:** In this case, so this is --

14          **DR. NETON:** I wouldn't make it a practice.

15          **DR. ZIEMER:** -- a little different than normal  
16          practice anyway.

17          **DR. WADE:** But the good news is you have the  
18          flexibility in your tool to do this. Wanda's  
19          suggestion of draft and date in the title -- it  
20          seems to me that's what we do when we move  
21          forward.

22          **MS. MUNN:** Then we're going to have to  
23          therefore build what we have heretofore not  
24          had, another file bin that we can link to.

25          **MR. MARSCHKE:** It's available --

1           **MR. GRIFFON:** It exists.

2           **MS. MUNN:** Uh-huh.

3           **MR. MARSCHKE:** The -- the user of the tracking  
4 system won't -- won't need -- that'll be all  
5 transparent to the use of the tracking system.

6           **DR. WADE:** If it's agreeable to you, Wanda, I'd  
7 say we modify the title, we put it there, and  
8 we -- we track this and we think about it. And  
9 if it becomes unworkable in the future, so be  
10 it. It seems to me, at least for now, that's a  
11 reasonable --

12          **DR. ZIEMER:** But you can link to any number of  
13 documents easily -- right?

14          **MS. MUNN:** Yes.

15          **DR. ZIEMER:** I mean you just have a --

16          **MR. MARSCHKE:** Only one document per --

17          **DR. ZIEMER:** No, no --

18          **MR. MARSCHKE:** -- issue.

19          **DR. ZIEMER:** -- no, no.

20          **MR. MARSCHKE:** Right.

21          **DR. ZIEMER:** No, no, but I mean --

22          **MS. ADAMS:** In the future you'll be able to  
23 link --

24          **DR. ZIEMER:** -- there's all kinds of documents  
25 you could link to.

1           **MS. MUNN:** Uh-huh, definitely. We just have  
2 not done this type of draft --

3           **DR. ZIEMER:** Right.

4           **MS. MUNN:** -- or preliminary document.

5           **DR. WADE:** Well, that's because, in part, NIOSH  
6 normally doesn't --

7           **MR. GRIFFON:** Right.

8           **DR. WADE:** -- come forward this way.

9           **MS. MUNN:** All right, we'll build the new bin.  
10 We don't know what its name is -- at least I  
11 don't know what its name is, but we'll build a  
12 new bin. We'll re-title this document and --

13           **DR. ZIEMER:** Well, do -- do we need to know  
14 what the bin is? All we need to know is --

15           **MR. GRIFFON:** No, there's nothing there -- it's  
16 right there, related document.

17           **DR. ZIEMER:** -- a link will have the -- will  
18 have "draft, NIOSH proposed changes" -- right?  
19 That's the --

20           **MR. MARSCHKE:** The title will come right up in  
21 the -- in the link there and you just click on  
22 it and it'll come up as a -- you know, as a PDF  
23 file in -- in Acrobat and you'll be able to  
24 read it.

25           **MR. GRIFFON:** Right.

1           **MR. MARSCHKE:** And it'll be transparent to the  
2           -- to the use of the tracking system.

3           **DR. WADE:** Let's make sure the title reflects  
4           the changes that --

5           **MR. MARSCHKE:** Yes.

6           **DR. WADE:** -- Wanda has specified.

7           **MR. MARSCHKE:** Yes.

8           **DR. ZIEMER:** Just move this information.

9           **MS. MUNN:** So done.

10          **DR. WADE:** That's right. That's what you  
11          really need is that lower left-hand corner at  
12          the (unintelligible). That'd be good practice  
13          all the time, as a matter of fact.

14          **MS. MUNN:** Very good. We'll still get a  
15          preliminary report from SC&A --

16          **DR. MAURO:** Oh, I would --

17          **MS. MUNN:** -- that --

18          **DR. MAURO:** That -- that begs the question,  
19          okay, we are going to respond.

20          **MS. MUNN:** Yes.

21          **DR. MAURO:** And we're going to -- response, I'm  
22          presuming, is going to be loaded into the  
23          system.

24          **DR. ZIEMER:** Well, are you going to have your  
25          detailed responses by then or is this just an

1           early --

2           **MR. GRIFFON:** Technical call --

3           **DR. ZIEMER:** -- feel for --

4           **DR. MAURO:** Well, that's a good -- let's talk  
5           about -- yeah, I --

6           **DR. ZIEMER:** It wasn't -- it wasn't clear to me  
7           that we were tasking you or just to get an  
8           early feel. What -- I mean you only have less  
9           than two weeks to prepare anything.

10          **MS. MUNN:** Yeah, all we've asked for is just  
11          their acknowledgement of how -- their progress  
12          and --

13          **DR. ZIEMER:** Oh, oh, not -- not the initial  
14          respon--

15          **MS. MUNN:** The technical call is not going to  
16          take place until after --

17          **MR. GRIFFON:** Yeah.

18          **MS. MUNN:** -- that -- that tentative  
19          (unintelligible).

20          **DR. MAURO:** Well, let -- tell by the logi--  
21          okay, certainly SC&A is going to carefully  
22          review this. We have a group of individuals --  
23          Arjun and Steve are probably the two principal  
24          authors of the original review. They will  
25          review it. I don't know how long that'll take.

1 We will call, schedule a conference call. We  
2 will take minutes, as we always do for all of  
3 these technical conference calls, and then  
4 there will -- then we will have that. So we'll  
5 have some -- we'll have, in writing, SC&A's  
6 opinion or position regarding each of these  
7 issues, the results of the dialogue that took  
8 place written up as minutes of the conference  
9 call. Now, what do we do with that?

10 **MS. MUNN:** It'll go on a link, apparently.

11 **DR. MAURO:** It goes on a link?

12 **MR. MARSCHKE:** No, it goes -- well, it either  
13 goes on a link or it goes in the --

14 **MR. GRIFFON:** Each field.

15 **MR. MARSCHKE:** -- each field. You know, you  
16 have to -- I think, depending upon the -- the -  
17 - the volume of it -- I mean -- and how wordy  
18 we want to get. You know, if we get -- if we  
19 get a white paper and we want to put it -- you  
20 know, or -- or ten pages of -- of discussion,  
21 we want to put it in the link. If we get a  
22 sentence or two --

23 **MR. GRIFFON:** Then it's in --

24 **MR. MARSCHKE:** -- then we just want to put it  
25 in the field.

1           **MR. GRIFFON:** Right.

2           **MR. MARSCHKE:** I think -- you know --

3           **MR. GRIFFON:** Easy enough.

4           **MR. MARSCHKE:** -- we have to be flexible. The  
5 other thing is -- you know, the question is --  
6 I mean you -- you set up the -- the -- the  
7 outline of how to do it. The question is when  
8 we do it, and I don't -- like Wanda said, I  
9 don't think we're going to get it done by the  
10 next meeting --

11          **MS. MUNN:** No --

12          **MR. MARSCHKE:** -- unless Arjun and I --

13          **MS. MUNN:** -- it won't be done.

14          **MR. MARSCHKE:** -- look at these and say yeah,  
15 we agree with everything here; there's nothing  
16 for us -- further for us to add. Then I -- you  
17 know, in that -- in that case, then we may be  
18 able to, you know -- we may be able to, at the  
19 -- at the September 4th meeting, say, you know,  
20 we recommend that, you know, these changes be  
21 made and these issues be closed. But --

22          **MS. MUNN:** That would be nice, but I don't  
23 anticipate it. I -- all I'm expecting --

24          **MR. GRIFFON:** And -- and this is my problem --  
25 I mean the technical call's fine --

1           **MS. MUNN:** It doesn't happen --

2           **MR. GRIFFON:** -- but I would also ask that the  
3           technical call -- you -- you're going to notify  
4           workgroup members. Right?

5           **DR. WADE:** As always.

6           **MR. GRIFFON:** (Unintelligible) a call.

7           **MS. MUNN:** It's not going to happen until after  
8           September anyway.

9           **MR. GRIFFON:** Right, right, right.

10          **MS. MUNN:** So...

11          **MR. GRIFFON:** But I mean --

12          (Whereupon, Mr. Griffon and Dr. Wade spoke  
13          simultaneously.)

14          **DR. NETON:** Workgroup members are always  
15          invited --

16          **MR. GRIFFON:** Yeah. Right, right.

17          **DR. MAURO:** The only thing that's different --  
18          we're doing everything the way we've always  
19          done it in the old way --

20          **MR. GRIFFON:** Yeah.

21          **DR. MAURO:** -- except now we're trying to put  
22          it into a database that is accessible and  
23          forever available for the world to see at some  
24          time in the future. That's the only thing  
25          that's changed, as opposed to a piece of paper

1 in a file cabinet.

2 **DR. NETON:** It's not that different from how we  
3 approached Bethlehem Steel. I keep going back  
4 to that one, but we went back and forth on --  
5 on what we're going to do over here, and SC&A  
6 in fact never did review the final document --  
7 the final approved document, but we sort of  
8 bartered -- not bartered, but went back and  
9 forth on all the technical pieces that we were  
10 --

11 **DR. MAURO:** See, to me, the --

12 **DR. NETON:** -- that we were at.

13 **DR. MAURO:** -- there's nothing really different  
14 that we're doing right now except we're making  
15 it a more accessible record for posterity.

16 **MS. MUNN:** Uh-huh.

17 **DR. MAURO:** So at any time anyone who wants to  
18 know what did we talk about on this day during  
19 that meeting, and here's what we did. And I  
20 think it's very valuable to have that.

21 **MS. MUNN:** Yes, I think the only place in which  
22 we may differ at little is our -- is our view  
23 of the level of detail that's required here.

24 **DR. MAURO:** That's true.

25 **DR. WADE:** That's what we're arguing about,

1           what's reported. But I would say take a --  
2           take a read of the document. If you find  
3           complete concurrence, then let the workgroup  
4           chair know. If not, then schedule your  
5           technical call.

6           **DR. MAURO:** If you recall, one of the things we  
7           talked about was ultimately the rock we're  
8           standing on is a transcript. But everyone --  
9           but the transcript is enormous, so really all  
10          we're really -- I mean we could always say, you  
11          know, it's in the transcript. If you want to  
12          find out the history of how we got to where we  
13          got --

14          **DR. ZIEMER:** Go to the transcript.

15          **DR. MAURO:** -- read the transcript, but that's  
16          thousands of pages.

17          **DR. ZIEMER:** But this isn't in the transcript  
18          even.

19          **DR. MAURO:** But that would not be in the  
20          transcript, that's -- that's true.

21          **DR. WADE:** Unless we read it in.

22          **DR. MAURO:** That's correct.

23          **DR. ZIEMER:** Unless you read it in.

24          **DR. WADE:** This is a good plan.

25          **MS. MUNN:** Uh-huh, we're fine. I think we know

1           what we're doing. At least I have some idea of  
2           what I think we're doing. We'll see how close  
3           I come.

4           Let's see, we did close nine and ten so we  
5           don't have to worry about that. And thank you  
6           very much for having that ready.

7           **OTIB 0070: STATUS (SC&A REPORT EXPECTED BY 8/31 FOR**  
8           **NIOSH RE-REVIEW)**

9           The next item that we're going to talk about is  
10          OTIB-70. We had said earlier that SC&A was  
11          working on the report, and Hans I think was  
12          going to be putting it together and that should  
13          be ready for re-review before the end of this  
14          month. So the question is where are we, how  
15          close are we, is the date good or what do we  
16          have to look forward to. Hans, are you on?

17          **DR. BEHLING:** Yes, I am. Can you hear me?

18          **MS. MUNN:** I can.

19          **DR. BEHLING:** Okay.

20          **MS. MUNN:** You're good.

21          **DR. BEHLING:** I wasn't sure exactly, Wanda, as  
22          to what I was supposed to have sent you today,  
23          other than what you just mentioned as a  
24          confirmatory date for a draft deliverable. I'm  
25          also prepared to give you a brief overview as  
            to what I am at this very moment preparing to

1 put down in the draft report.

2 **MS. MUNN:** That would be appreciated very much  
3 if you would.

4 **DR. BEHLING:** Okay. Let me just give you, for  
5 those who are at this point going to be looking  
6 at this but may not remember fully all the  
7 details, OTIB-70 used to be used for AWEs that  
8 were engaged in some uranium and thorium  
9 activities for a period of time, but for these  
10 facilities that data may not be available with  
11 regard to internal exposures in the form of the  
12 conventional bioassays. And the principal  
13 concern is for those AWE facilities where there  
14 may have been residual contamination in the  
15 workplace and the AWE may have continued to  
16 operate for some period of time thereafter, but  
17 not in a capacity that supported the Manhattan  
18 Engineering District or the AEC. For -- for --  
19 just for reference purposes, the Dow Chemical  
20 Company would apply -- would -- would  
21 potentially be assessed by OTIB-70, and perhaps  
22 in retrospect even Bethlehem Steel would be,  
23 because they were rolling steel and then for a  
24 period of a few years they were engaged in  
25 rolling uranium. So OTIB-70 would apply to

1           those AWEs engaged in uranium and thorium  
2           activities, but it would apply to those AWEs  
3           where there is very little data in terms of  
4           dose reconstruction from the internalization of  
5           either uranium and thorium.  
6           So having said that, the OTIB-70 then proceeds  
7           to provide you with a series of methods by  
8           which this particular dose reconstruction may  
9           proceed. And I think for the -- for the sake  
10          of simplicity, those methods are summarized in  
11          Table 4-1 of -- of the OTIB, which is on page  
12          16, so those who may have access to that it  
13          would be easy to really look at that table, and  
14          I'll just briefly go over it.  
15          What, in essence, OTIB-70 tries to do is to  
16          give you seven different methods by which a  
17          dose reconstruction can take place that focuses  
18          on the internalization of uranium and thorium.  
19          And so for those of you who may have access to  
20          Table 4-1, the methods include the following.  
21          There are a total of three methods, and they  
22          are really in descending hierarchy. The first  
23          method you will see on that table would be  
24          considered -- the top would be the -- the most  
25          desirable, on the assumption that these data

1           are available. So the Table 4-1 really  
2           provides you with a series of X's in the  
3           various columns that says, for method number  
4           one, what we have available to us for dose  
5           reconstruction are operational air sample data  
6           -- meaning we have picocuries or becquerels or  
7           dpm per cubic meter during the period of that  
8           facility's operation that is of concern, that -  
9           - namely that period when they were supporting  
10          the Manhattan Engineering District or the AEC  
11          involving uranium or thorium. And in -- in the  
12          first one we have, in addition to operational  
13          air sampling data, we have post operational.  
14          And there the dose reconstruction would really  
15          rely on really two sets of -- of air sample  
16          data; namely operational and post-operational.  
17          And obviously the assumption is that once you  
18          stop processing or refining or working with  
19          either uranium or thorium, the -- the source  
20          term would go down and, at some point in the  
21          post-operational period, you would only be  
22          dealing with the residual contamination as a  
23          source term for airborne material. And -- but  
24          the use of operational to -- post-operational,  
25          you would then develop a decay factor or source

1 term reduction factor, Lander\* -- much like the  
2 Lander we -- we use when we decay-correct for -  
3 - for a given isotope. And so that's method  
4 number one, and there's really very little to  
5 be said about it other than obviously the fact  
6 that in all of these cases you're still far  
7 removed from the most desirable approach to  
8 dose reconstruction for internal, namely  
9 urinalysis, whole body counts, chest counting,  
10 and those kinds of bioassay, either *in vivo* or  
11 *in vitro*. But the first method that is defined  
12 in Table 4-1 is probably the most reliable one  
13 because it really relies on empirical air  
14 sampling data. And there's very little to be  
15 said other than to recognize the limitation of  
16 using air sampling data as a way of doing  
17 bioassay -- as a way of substituting for other  
18 bioassay data that might be the most  
19 preferable.

20 In -- in method two, which the available data  
21 consists of is strictly operational, and at  
22 that point you obviously have to determine what  
23 is the post-operational air sampling data. And  
24 of course that raises the question as to how  
25 you would go about doing this. And if you look

1 at -- in Table 4-1, the -- the preferred method  
2 there is to basically estimate the post-  
3 operational air sampling data by decaying the  
4 operational air sampling data using a decay  
5 factor of one percent per day. And of course  
6 that is a number that was derived in OTIB --  
7 and I do have some serious questions about it  
8 because I do believe it's likely to be a value  
9 that is perhaps not supportable. The -- the  
10 value of one percent per day as a removal rate  
11 for source term removal rate was derived by a  
12 formula that was identified in the TIB, and  
13 that formula makes use of ventilation rate,  
14 meaning that if a building is assumed to have a  
15 ventilation rate of one change-out per hour,  
16 and it also is based on an assumed resuspension  
17 factor which turns out to be considerably  
18 different from the one that's ultimately  
19 employed. And so I have several issues with  
20 the use of a one percent per day removal factor  
21 as is required for dose reconstruction using  
22 method two.

23 Also the issue -- and I'll just briefly go into  
24 it. I won't obviously try to completely  
25 document the various issues that I have raised

1           in my draft report, but the ventilation rate is  
2           certainly one that has to be looked at very  
3           carefully in terms of what it implies with  
4           regard to source term removal. Obviously we  
5           know that facilities in the '50s, '60s, '70s  
6           and '80s may have had a different ventilation  
7           system that we are used to today, and it's also  
8           important to note that perhaps these AWEs were  
9           never really intended to be radiological  
10          facilities, meaning that we're not looking at  
11          facilities as we might design today using  
12          engineering controls, ventilation systems,  
13          sealing all surfaces that would minimize the  
14          buildup of contamination, so we have to take  
15          all this in consideration and realize that  
16          perhaps some of the assumptions with regard to  
17          resuspension that are used here, and also  
18          ventilation, may not apply here. In other  
19          words, the -- the source term removal rate of  
20          one percent is really predicated on the notion  
21          that when a certain volume of air has been  
22          removed containing resuspended airborne  
23          particulates, that those airborne particulates  
24          are now permanently removed. That would be the  
25          case if we had a very highly efficient HEPA

1 filter system. In days past, perhaps in  
2 facilities that may not have been operated as a  
3 radiological facility, the use of HEPA filters  
4 may or may not even (unintelligible) issue.  
5 Secondly, the -- the -- there would be a  
6 gradient for airborne contamination. If the  
7 floor surface, for instance, were to be the  
8 source term for the contamination that gives  
9 rise to resuspension, we all do know that the --  
10 -- the rate of resuspension from loose  
11 contamination will be affected by the particle  
12 diameter, and of course the redeposition is  
13 also affected by the particle diameter, which  
14 means that when we talk about the -- the  
15 airborne contamination levels that may reach up  
16 to a five-meter-high ceiling where perhaps the  
17 return vent is located, you will see a gradient  
18 that will obviously have been maximized -- or  
19 will be maximal at the surface of the floor,  
20 but thereafter gradually decrease. And there's  
21 data that I've looked at that suggests that the  
22 air that's subject to ventilation may be a  
23 factor of five lower in terms of airborne  
24 concentration than at the breathing zone at  
25 approximately five foot. So these are all

1 variables that I talk about in terms of perhaps  
2 looking at this removal rate of one percent  
3 which is used in other -- not just in method  
4 two but in several other methods as you go  
5 through that table. And -- and I do believe  
6 that when you look at that, it is possibly a  
7 factor of ten, or even more, higher than it  
8 should be.

9 Let me just briefly go on to the third level.  
10 Again, the first three all are based on air  
11 sampling data, which, on the hierarchy of  
12 measurable empirical data, would be much higher  
13 than the -- the subsequent ones which -- which  
14 will rely on surface contamination. But for  
15 method number three, again, we have -- we have  
16 the available data to us is post-operational,  
17 and then we have to really identify what is the  
18 operational air sampling concentration for  
19 which we have no data. And according to TIB-  
20 70, here we are looking at, for instance, O--  
21 ORAUT-206, which really is the Battelle team  
22 TBD 2000 -- 6000 for uranium and 6001 for  
23 thorium as a reference facility that says okay,  
24 we don't have, for this particular AWE in  
25 question, specific information on this

1 operational air concentration, but we will use  
2 surrogate data that is derived from the  
3 Battelle TBD 6000 for uranium and 6001 for --  
4 for thorium. And there, too, we have potential  
5 questions, and those questions are really  
6 conditional questions or findings because those  
7 particular documents have been reviewed by SC&A  
8 and we had conditional findings that, as far as  
9 I'm concerned -- or I know, and you may want to  
10 correct me, John, or somebody else whether or  
11 not that review of Battelle TBD 6000 and 6001  
12 have been fully resolved, but there are some  
13 issues that would potentially affect their use  
14 here in TIB-70 as is indicated in this  
15 particular protocol.

16 In method four we have a switch-over where the  
17 available data sources are not necessarily  
18 going to be available from air contamination,  
19 which is obviously the more direct approach to  
20 assessing what may be inhaled, but we now have  
21 to rely on surface contamination. In other  
22 words, dpm per 100 centimeters square, which we  
23 can translate into a square meter, and then we  
24 have to then take another leap of faith forward  
25 in saying well, what does surface contamination

1 really relate to in terms of air contamination,  
2 because that's what we're inhaling, and that  
3 would be obviously our principal exposure  
4 pathway.

5 And starting in -- in method four, we have  
6 operational and post-operational surface  
7 contamination, and so the recommended approach  
8 here is to now say we have two empirical sets  
9 of measurements, operational and post-  
10 operational surface contamination expressed  
11 usually in dpm per 100 centimeter square,  
12 either as removable or total. And then we have  
13 to supply -- or apply a resuspension factor in  
14 order to determine how to convert surface  
15 contamination into airborne contamination. And  
16 the choice defined by TIB-70 is the use of a  
17 resuspension factor of one times ten to the  
18 minus six.

19 Now that potentially raises some significant  
20 questions because we -- we don't really have  
21 empirical data that is frequently available for  
22 facilities such as the AWEs and -- and what we  
23 are at this point required to do here is to  
24 essentially take literature data and see how  
25 typical that is to the partic-- potential AWE

1           that we need to look at. And the TIB-70  
2           defines or identifies certain measurements in -  
3           - in table form. And I looked at those, and I  
4           have to say they are obviously documented  
5           values of -- of resuspension factors from  
6           literature that for a facility that has a high  
7           level of activity, as would be expected if an  
8           AWE that was at this point rolling uranium or  
9           thorium but then ceases to do so and goes back,  
10          in the case of Dow Chemical or Bethlehem Steel  
11          resumes rolling steel or doing something else  
12          that was not linked to -- to the AEC or the  
13          Manhattan Engineering District people.  
14          Obviously under those conditions you would have  
15          a substantial amount of -- of foot traffic, of  
16          other activities, of grinding, of ventilation  
17          and so forth, which would make the values that  
18          I see in the literature much more applicable  
19          than the ultimate value that was defined in --  
20          in TIB-70 as the appropriate value, which they  
21          derived from the NUREG 1720. And looking at  
22          NUREG 1720, the value of one times ten to the  
23          minus six is documented there, but NUREG 1720  
24          is really a document that is used for D&D of  
25          licensed facility awaiting license termination.

1           And what really I believe is -- is a serious  
2           flaw here in this assumption of applying a one  
3           to the minus six resuspension factor is the  
4           fact that that value is really derived for a  
5           facility that has undergone extensive  
6           decontamination in anticipation of license  
7           termination. And extensive decontamination  
8           usually focuses on the one component in -- in  
9           airborne activity that is most important and  
10          that is removable or loose or suspendable.  
11          When a facility is subject to D&D for license  
12          termination and to ensure compliance with 10  
13          CFR 20 that says after -- after license  
14          termination, unrestricted use, light  
15          industrial, the exposure is limited 25 millirem  
16          TEDE/PEDE\* in any given year, and of course  
17          what you would normally focus on obviously is  
18          the easiest thing and that is to clean up any  
19          removable contamination that is subject to  
20          resuspension. And so the value that is defined  
21          in 1720 as (unintelligible) minus six, while it  
22          may be an appropriate resuspension value for a  
23          facility that has already undergone extensive  
24          decontamination and is awaiting license  
25          termination, I would be hard pressed to apply

1           that particular value to -- to the facility  
2           such as Bethlehem Steel or Dow Chemical that  
3           for a period of time was subject to -- to a --  
4           experiencing radiological work activities and  
5           then resumes normal activities without the  
6           extensive D&D that you would normally expect  
7           that would apply to NUREG 1720.

8           And so I have some concerns about the -- the  
9           loss of source term, namely the reduction of  
10          the source term of one percent per day. That's  
11          a key issue. I also have some serious con--  
12          concern about the use of a resuspension factor  
13          that is a default value defined in 70 -- TIB-70  
14          at (unintelligible) minus six. And there are  
15          other issues that I have problems with I won't  
16          go into because I think it's not something that  
17          I want to get into in this brief period today  
18          that I have, but you will see in my draft  
19          report that talks about appen-- attachment B,  
20          which is another default approach that makes  
21          use of empirical data from three facilities for  
22          the thorium facility, but I won't go into that.  
23          Method five and six are -- are again facsimiles  
24          of method four, but in method five you don't  
25          have operational surface contamination and so

1           you have to at some point in time decide how to  
2           devise some post-operational surface  
3           contamination. And again, this makes use of  
4           the one percent per -- per day as a reduction  
5           factor or source term reduction factor that  
6           I've already mention.  
7           And the same thing with method six, which is  
8           the reverse where you have post-operational  
9           surface contamination but you don't have pre-  
10          operational surface contamination. And -- and  
11          again, here we use what I've already mentioned,  
12          the Battelle TBD-6000 and 6001 or the -- the  
13          Attachment B values that (unintelligible)  
14          empirical dataset from -- from the literature.  
15          Again I won't really go into it, but I do have  
16          a fairly extensive and exhaustive analysis of  
17          those particular references that are cited as  
18          usable for -- for TIB-70.  
19          The last one is method seven, and that is  
20          obviously at the bottom of the hierarchy.  
21          Method seven says we don't really have any air  
22          sampling data, operational, post-operational,  
23          nor do we have any surface contamination data  
24          available for the operational/post-operational  
25          period, and -- and we may not even really have

1 a source term. To me, source term for -- for  
2 method number seven would really be defined by  
3 the residual contamination. And for method  
4 seven, TIB-70 tells you to -- to use NUREG  
5 1400, and I looked at NUREG 1400 and says how  
6 is NUREG 1400 related to this particular  
7 approach. And NUREG 1400 is really -- the  
8 title of NUREG 1400 is "Air Sampling in the  
9 Workplace" and it's really intended for a  
10 facility that has a very modest amount of  
11 radioactive material. And the -- the question  
12 -- it may be an NRC licensee, but the potential  
13 for radioactivity in the air is nominal and  
14 therefore the intent of NUREG 1400 is to give  
15 the licensee the option of saying do I need to  
16 monitor my employees for the internalization  
17 from airborne radioactivity. And it is  
18 basically defined by a simple protocol that  
19 says you -- you are bound by federal  
20 regulations defined in 10 CFR 20 to monitor any  
21 worker who may be exposed to airborne  
22 contamination in excess of ten percent of an  
23 ALI in a year, and therefore this is your  
24 criteria. How do I determine whether or not  
25 any potential worker may be exposed to in

1 excess of ten percent ALI and there -- and they  
2 provide you with a protocol. So this whole  
3 NUREG is really designed not to serve as a  
4 substitute for monitoring an individual, either  
5 to airborne air sampling -- by means of air  
6 sampling and/or by -- by actually -- but  
7 determine whether or not the whole issue of the  
8 sampling program is even necessary. And in  
9 that particular situation they provide you with  
10 a formula of potential intake that is  
11 reproduced in NUREG 70 that is based on a host  
12 of -- of variables that includes the value Q,  
13 which is really defined as the total quantity  
14 of unencapsulated material processed in a year  
15 at the facility and a host of other variables  
16 that include the release factor, the  
17 confinement factor, and dispersibility of the  
18 material. I won't go into the detail, but what  
19 is really a -- a conflict here is that for the  
20 use of this particular formula that involves  
21 potential inhalation that is Q times R times C  
22 times E, you need to have a value of Q, which  
23 is really the source term. And as I've already  
24 stated out, the -- the method number seven  
25 basically says I don't know any -- I don't have

1 any of that data. So it's almost a paradox  
2 that you would be asked to look at NUREG 1400  
3 which, among other things, requires a -- an  
4 assignment of a value for Q, meaning the source  
5 term, which in this case would not be something  
6 that -- you work in the facility but in -- in  
7 TIB-70 the source term would be defined by the  
8 -- the total amount of surface contamination,  
9 but it's also -- based on Table 4-1, you're  
10 told that you won't have any -- any values that  
11 involves operational and/or the -- the post-  
12 operational surface contamination. So I'm not  
13 sure how that particular NUREG would apply, and  
14 -- and I raise that as an issue that would  
15 limit the use of NUREG 1400 as a viable option  
16 as part of method seven.

17 In addition there's the issue of ingestion,  
18 which basically defaults to one of the OCAS  
19 TIBs and -- and I have some comments about  
20 that. And that pretty much is a summary of  
21 what I intend to provide you with in a draft  
22 report that I will try to get into your hands  
23 on or before the last day of -- of this month.

24 **MS. MUNN:** That would be greatly appreciated.  
25 You clearly have done your usual

1           extraordinarily fine detailed review, and we're  
2           looking forward to seeing it, Hans. Do you  
3           think that we will in fact have it in  
4           electronic form before we all leave to go to  
5           Redondo Beach? I guess --

6           **DR. BEHLING:** Yes, you will.

7           **MS. MUNN:** I'm really wondering whether we'll  
8           have an opportunity to even bring it up on our  
9           agenda when we meet at -- following that --  
10          that Redondo Beach.

11          **DR. BEHLING:** I will try to have the electronic  
12          version of this draft report in your hands on  
13          or before the end of this month, which would  
14          then give you approximately several days or  
15          almost a week, perhaps, to review its content  
16          and -- and to get familiar with the  
17          information. As I said, this -- this -- in my  
18          write-up I'm going to be including a lot of  
19          exhibits because this particular OTIB makes use  
20          of a lot of secondary documentation, including  
21          I mentioned the Battelle TBD-6000 and 6001,  
22          certain other reports for -- for surrogate data  
23          involving other facilities that had processed  
24          thorium in the past, so I'm trying to minimize  
25          the amount of effort that the Board members

1 will have to engage in in trying to really  
2 understand what are the issues by -- by which  
3 these other documents have been incorporated as  
4 a default approach for TIB-70. So you're going  
5 to see a lot of exhibits in my write-up so that  
6 it precludes the need to look at the other  
7 OTIBs or Battelle TBDs or other references  
8 (unintelligible) --

9 **MS. MUNN:** We do appreciate that. It will make  
10 it certainly much simpler for the workgroup  
11 members. I'm sure as NIOSH reviews it they're  
12 familiar enough with those other documents that  
13 it wouldn't be necessary for them, but I'm sure  
14 we'll certainly appreciate it. Understandably  
15 NIOSH won't have an opportunity to look at that  
16 before the next meeting, but speaking for  
17 myself -- and I think probably most of the  
18 other workgroup members -- we will appreciate  
19 having an opportunity to have a look at that at  
20 the same time that NIOSH begins their review.

21 **DR. BEHLING:** Yeah, if there's any problem, I  
22 will certainly inform the Board. But as it --  
23 as it stands right now, I'm -- I'm pretty much  
24 -- I would say 95 percent done. I just need to  
25 sort of clean up a few things, but I hope

1           actually within the next two or three days to  
2           have -- have a rough draft available for in-  
3           house review, that may include Steve and John  
4           and others, and then hopefully a few days later  
5           you'll get your draft copy of that report.

6           **MS. MUNN:** That will be greatly appreciated.  
7           Thank you very much.

8           **DR. BEHLING:** You're welcome.

9           **MS. MUNN:** And now, without objection -- yes?

10          **MR. GRIFFON:** Before we break for lunch, can I  
11          just ask -- I think this is from NIOSH, really  
12          -- do we know -- I'm looking through TIB-70 --  
13          which sites this is applicable to, or you  
14          didn't really list them in the -- in the TIB.  
15          Is it -- is it left open because you're not --

16          **MR. HINNEFELD:** Well, it's supposed to be --  
17          it's not supposed to be specific to certain  
18          sites. I mean it -- it gives -- as I  
19          understand it, there are several situations  
20          described -- you know, various --

21          **MR. GRIFFON:** Right, right.

22          **MR. HINNEFELD:** -- types that Hans talked  
23          about, and so it's intended to be broadly  
24          applicable. And then you could use, depending  
25          upon what data you have for the site you're

1 interested in, you choose the section that  
2 you'd be doing, so it's supposed to be broadly  
3 -- broadly applicable.

4 **DR. MAURO:** In -- in general --

5 **MR. GRIFFON:** Yeah.

6 **DR. MAURO:** -- you have an AWE site that's --  
7 its AWE operations have terminated --

8 **MR. GRIFFON:** Right.

9 **DR. MAURO:** -- but you are concerned about the  
10 post-AEC operation residual activity, and  
11 there's a need to somehow predict what the  
12 exposures would be to workers who still work  
13 there, but it --

14 **MR. GRIFFON:** Yeah, yeah, I understand the  
15 issue, I understand the issue, I just --

16 **DR. MAURO:** Oh, okay, and it did come up with,  
17 for example --

18 **MR. GRIFFON:** Yeah.

19 **DR. MAURO:** -- Dow. Dow is -- there's this  
20 post-1960 -- the Dow --

21 **MR. GRIFFON:** Yeah, and tha-- that's what I'm  
22 getting at is -- I think the -- the key -- the  
23 -- that's more review of implementation of  
24 this, I guess, because how this works on  
25 certain sites is not really part of this TIB,

1 be-- you know, 'cause I think -- I think --

2 **DR. BEHLING:** Can -- can I interrupt, Mark --

3 **MR. GRIFFON:** -- well, I think there's some big  
4 questions about how much data -- you know --

5 **MR. HINNEFELD:** How much is enough --

6 **MR. GRIFFON:** -- oftentimes this data in the  
7 non-operational period is -- you know, I mean  
8 we can all -- we all know that from 1990 to '92  
9 ORAU did a lot of surveys for -- you know, for  
10 decommission and stuff --

11 **MR. HINNEFELD:** FUSRAP, yeah.

12 **MR. GRIFFON:** -- right, for FUSRAP, so you have  
13 a gap of 40 years --

14 **DR. MAURO:** Right.

15 **MR. GRIFFON:** -- and you have four -- you know,  
16 you have a -- a fair -- some weight data in the  
17 '90s, and the question of representativeness of  
18 that --

19 **DR. MAURO:** Need to fill it in.

20 **MR. GRIFFON:** That big gap, yeah.

21 **DR. BEHLING:** Can -- can I comment --

22 **MR. GRIFFON:** That's going to vary  
23 (unintelligible) sites --

24 **DR. BEHLING:** -- Mark? For instance, as John  
25 already mentioned, the Dow Chemical was

1           assessed using method one, meaning that they  
2           felt they had air sampling data during the  
3           operational period when -- when that facility  
4           processed material that is subject to OTIB-70  
5           concerns, and then they had data that they felt  
6           was legitimately representative of a post-  
7           operational. And then what you do is you  
8           actually look at the two and you determine what  
9           lambda is, and then calculate your air  
10          concentration based on -- on the decay that is  
11          derived empirically from those two values for  
12          any year in between. And -- and I think if you  
13          look at the Dow Chemical document, the SEC  
14          petition for Dow Chemical or the evaluation for  
15          the SEC, you will see that approach.  
16          Now the question is that -- and I'm sure that  
17          we will probably go into that with respect to  
18          how legitimate was the post-operational air  
19          sampling data, which for Dow Chemical occurred  
20          in 2006, and I won't go into details but at  
21          that time they had already undergone two D&D  
22          efforts. But they also, to -- to further  
23          complicate the issue, they continued to pro--  
24          cess thorium after that brief period when  
25          thorium was actually involved with the AEC, so

1           there are two complicating factors, the --  
2           **MR. GRIFFON:** I mean the -- the other thing I  
3           think we at -- as the Board, the workgroup need  
4           to keep in mind -- and this'll be more site-  
5           specific considerations I think, but you know,  
6           the ac-- the activities of -- during the post-  
7           operational period. I mean I think -- you  
8           know, I'm just -- I'm just paying close  
9           attention to that 'cause I'm not sure that  
10          that's really accounted -- it's accounted for  
11          in a generic sense, but you know, I -- I --  
12          having some experience in cleaning up several  
13          of these sites, I -- I know that those  
14          questions were raised to me by former employees  
15          that, you know, we've been working there for 30  
16          years doing XYZ, and now you're in there with  
17          respirators on doing -- you know, I mean -- so  
18          that kind of thing, you know, we're almost  
19          assuming sort of non-intrusive activities went  
20          on in this interim period, and that's not  
21          always the case. In some sites they -- you  
22          know, so tha-- and then you-- then you have  
23          this question of are we really modeling the  
24          source term correctly, you know, so -- anyway -  
25          -

1           **DR. WADE:** Uh-huh, this will be discussed.

2           **MR. GRIFFON:** -- put that on the table.

3           **DR. WADE:** Miss Wanda?

4           **MS. MUNN:** Yes?

5           **DR. WADE:** Ready to go to lunch?

6           **MS. MUNN:** We are ready to go to lunch, yes.

7           **DR. WADE:** Want to take an hour?

8           **MS. MUNN:** We'll take a full hour. We'll be  
9 back here at 1:10.

10          **DR. WADE:** We're going to break the line.  
11 We'll dial back in about 1:05. Thank you all.  
12 (Whereupon, a recess was taken from 12:07 to  
13 1:09.)

14          **DR. WADE:** Hello, this is the workgroup  
15 conference room and we're just about ready to  
16 begin. Ray, are you ready?

17          **THE COURT REPORTER:** Yes, sir.

18          **DR. WADE:** Ms. Munn?

19          **INDIVIDUAL ITEM REVIEW - 2<sup>ND</sup> SET**

20          **MS. MUNN:** It's our expectation this afternoon  
21 to try to do what I have heretofore found to be  
22 the impossible, which is track what we're doing  
23 from the second set. And if we have any  
24 opportunity at all to do so, we will take a  
25 look at the third set.

1           The second set of procedures that we had has  
2           been dated 6/8, I believe. Is that correct?  
3           There were originally 112 of them -- findings,  
4           that is. We have 37 open. So if what I have  
5           on my screen is anywhere near correct, that  
6           would start us with OTIB-12 or not?

7           **MR. HINNEFELD:** Yeah, I am waiting for my  
8           computer.

9           **MS. MUNN:** All right. It's very helpful that  
10          Stu can illuminate that end of the room with  
11          this data, rather than relying on --

12          **MR. HINNEFELD:** You're saying we're starting  
13          with OTIB-12?

14          **MS. MUNN:** Well, no, we're -- we're starting  
15          with the second set, and that would be dated  
16          6/8/2006. And my first -- although I was  
17          supposed to have been sorted by date here, it  
18          didn't work out that way. My -- it appears  
19          that the first 6/8 that I have is OTIB-17.

20          **MR. HINNEFELD:** How are you sorting?

21          **MS. MUNN:** By date -- sorting by date.

22          **MR. HINNEFELD:** Procedure number?

23          **MS. MUNN:** Start by date, then by procedure  
24          number.

25          **MR. HINNEFELD:** Well, I just got thrown off.

1           **MS. MUNN:** Uh-huh, the date is 6/8/06, because  
2           that was when the second set was first provided  
3           to us. We're giving the -- the process a  
4           workout here.

5           **MR. GRIFFON:** What is TIB-17?

6           **DR. MAURO:** Non-penetrating?

7           **MR. HINNEFELD:** Shallow dose thing?

8           **DR. MAURO:** Is that non-pene-- non-penetrating  
9           radiation?

10          **MS. MUNN:** Do you have these all in your head,  
11          John?

12          **DR. MAURO:** That one I do.

13          **MS. MUNN:** I'll be interested to see if Stu's  
14          sort is more effective than mine. Kathy, if  
15          you're on, you and Steve, we're giving your --  
16          I am personally giving your hard work a workout  
17          here. This is the crucial test. If Wanda can  
18          do it, anyone can do it. I don't quite  
19          understand why I am not getting the date sort  
20          that I asked for.

21          **MR. GRIFFON:** I don't think it's --

22          **MS. MUNN:** I'm going to go back and do that one  
23          more time.

24          **MR. GRIFFON:** Can you just sort by second set?  
25          I thought there was, you know, a little --

1           **MR. MARSCHKE:** You can sort by finding date or  
2           you have to put the -- you have to put it in  
3           twice. If you go --  
4           **MS. MUNN:** I did put the --  
5           **MR. MARSCHKE:** You have to put --  
6           **MS. MUNN:** -- finding date --  
7           **MR. MARSCHKE:** -- you have to put the date in.  
8           You have to tell it -- oh, okay. 6/8/2000 --  
9           you probably have to put it in over on two, as  
10          well. And then you have to do a sort on it.  
11          **MS. MUNN:** Yeah, I did the sort. Originally I  
12          had the date and --  
13          **MR. MARSCHKE:** (Unintelligible) --  
14          **MS. MUNN:** -- the first one --  
15          **MR. MARSCHKE:** -- that's not...  
16          **MS. MUNN:** Okay. And originally I sorted by  
17          finding date --  
18          **MR. GRIFFON:** It doesn't look too good up  
19          there. Oh --  
20          **MR. HINNEFELD:** Oh, well --  
21          **MR. GRIFFON:** -- oh, you haven't --  
22          **MR. HINNEFELD:** I want to get it up there  
23          before I turn (unintelligible).  
24          **MS. MUNN:** And the second one was the procedure  
25          number, and the third one -- it shouldn't

1 matter that much. So if I put the date in, it  
2 works. If I don't put the date in, it doesn't  
3 work.

4 **MR. MARSCHKE:** Yeah.

5 **MS. MUNN:** Therefore the tracking system some  
6 (unintelligible) that we have becomes even more  
7 valuable and necessary. We have -- correction,  
8 now what comes up for me is PR-5 -- there it  
9 is.

10 **MR. HINNEFELD:** Well, I don't know why, but it  
11 came up for me, too.

12 **MS. MUNN:** Sure enough. Now with -- with a  
13 little help from my friends here, maybe I can  
14 get through this. There are --

15 **MR. HINNEFELD:** (Off microphone)  
16 (Unintelligible) one last screen  
17 (unintelligible).

18 **MS. MUNN:** It says Section 3 references do not  
19 contain any citations.  
20 Steve is helping us here.

21 **MR. MARSCHKE:** (Unintelligible) helping her.

22 **MS. MUNN:** No, it's very helpful to know why  
23 I'm not getting what I'm getting.

24 **MR. MARSCHKE:** What did you want to get?

25 **MS. MUNN:** Oh, I got -- what we got.

1           **MR. MARSCHKE:** Okay.

2           **MS. MUNN:** Now what I need to do is take a look  
3 at -- what we need to look at is PR-5 to see --  
4 no, I don't want to do that. That wasn't what  
5 I wanted to do. Oh, now I'm back where I  
6 started from. So if we sort by the finding  
7 date, which is 6/8 -- it gets me what I want.  
8 But then when I want to view PR-5, if I print  
9 new reports, it doesn't give me what I want. I  
10 click here --

11           **MR. MARSCHKE:** For some reason you're not  
12 showing the view details. Your -- for some  
13 reason your screen is not showing the details -  
14 -

15           **MS. MUNN:** No --

16           **MR. MARSCHKE:** -- and I don't know why what's -  
17 - what's -- see where -- where Stu's arrow is  
18 up there?

19           **MS. MUNN:** Uh-huh, right.

20           **MR. MARSCHKE:** For some reason that doesn't  
21 show up on your screen.

22           **MS. MUNN:** No, it doesn't show on my screen,  
23 and I don't know why.

24           **MR. MARSCHKE:** Maybe if you hit the -- expand  
25 the -- hit that -- yeah, that -- there you go.

1 Now hit the detail screen right in there.

2 **MS. MUNN:** Ah, there it is. I wonder why it  
3 didn't come up.

4 **DR. MAURO:** You didn't have the full screen.  
5 What you -- you -- in other words, the full  
6 screen.

7 **MR. MARSCHKE:** There you go.

8 **MS. MUNN:** Okay.

9 **MR. GRIFFON:** The form wasn't showing up, yeah.

10 **MS. MUNN:** So now we have OCAS PR-5 and what do  
11 we have open? Section 3 doesn't contain any  
12 citations, although it's unlikely this  
13 procedure is -- oh, my goodness.

14 **DR. MAURO:** That's Steve Ostrow.

15 **MS. MUNN:** Holy cow, this procedure... there  
16 were no references, so is there --

17 **MR. HINNEFELD:** This procedure is not dose  
18 reconstruction procedure or anything like that.  
19 This is --

20 **DR. MAURO:** Was this a -- oh, is this one of  
21 these quality assurance ones? Steve Ostrow did  
22 all the reviews of the quality assurance ones,  
23 and I recognize Steve's --

24 **MS. MUNN:** The terminology.

25 **DR. MAURO:** The terminology.

1           **MR. MARSCHKE:** The -- the handout that I gave,  
2           basically what I did was, based upon the last  
3           workgroup meeting, I took the initiative to  
4           review the 37 -- or I thought I was given the  
5           direction to review the 37 open --

6           **MS. MUNN:** We tasked you to look at them.

7           **MR. MARSCHKE:** Right, the 37 open issues, and  
8           to look at the responses that NIOSH had given  
9           and see whether we agreed, disagreed or -- or -  
10          - or what, and that's the handout that I gave  
11          is basically the results of that review of  
12          those 37 open set two issues.

13          **MS. MUNN:** So what Steve has given us here show  
14          that the first four issues from PR-005 can be  
15          closed since the author of the finding agrees  
16          with the NIOSH response.

17          **UNIDENTIFIED:** That goes back to your comment.

18          **MR. GRIFFON:** That goes back to my point, yeah.  
19          Tho-- SC&A's not closing these so I think we  
20          need to --

21          **MS. MUNN:** No, that's right, we need to take a  
22          look at --

23          **MR. GRIFFON:** And it does say recommended,  
24          yeah.

25          **MR. MARSCHKE:** Place to start.





1           Item two, the next one would be -- no, can't do  
2           that, so that's...

3           **MR. GRIFFON:** So the-- there are no  
4           qualifications required for doing an assessment  
5           -- that's what this says, right? -- in the  
6           NIOSH response? And when -- when we're talking  
7           assessments, you're talking -- I -- just to  
8           refresh my memory, all these are --

9           **MR. HINNEFELD:** (Off microphone) We'll  
10          (unintelligible) -- they're assessments of the  
11          contract-- usually they're --

12          **MR. GRIFFON:** Oh, okay.

13          **MR. HINNEFELD:** -- assessments of the  
14          contractor.

15          **MR. GRIFFON:** Right.

16          **MR. HINNEFELD:** Some aspect of what the  
17          contractor is doing, whether -- you know, just  
18          as an arbitrary case, the filing of the hard  
19          copies, written responses from DOE or  
20          something, you know, is that being done  
21          appropriately or something like that. And I  
22          just made that up, I don't know --

23          **MR. GRIFFON:** Yeah.

24          **MR. HINNEFELD:** -- (unintelligible) ever did  
25          that or not. Or -- I -- I can't even think of

1 very many examples, but it would be --

2 **MR. GRIFFON:** Okay, that's --

3 **MR. HINNEFELD:** -- (unintelligible) could  
4 assess -- I don't know if they did this, but  
5 the implementation of the software, quality  
6 aspects for dose reconstruction  
7 (unintelligible) or something like that. So  
8 the assignment -- I mean personnel are selected  
9 and assigned based on their abilities, rather  
10 than just say well, anybody can go do any  
11 assessment. That -- that's not what we're  
12 saying here.

13 **MR. GRIFFON:** Right.

14 **MR. HINNEFELD:** You know, the assignments are  
15 made based on the abilities of the assessors,  
16 who are -- these are mainly done by health  
17 physicists, although sometimes we will have  
18 somebody else --

19 **MR. GRIFFON:** I like that response --

20 **MR. HINNEFELD:** -- (unintelligible) --

21 **MR. GRIFFON:** -- better than the one you've got  
22 in the database, quite frankly.

23 **MR. HINNEFELD:** Yeah.

24 **MR. GRIFFON:** It makes me feel better, you  
25 know.

1           **MS. MUNN:** Perhaps the wording is --

2           **MR. HINNEFELD:** Well, I can reword that.

3           **MR. GRIFFON:** Yeah.

4           **MR. HINNEFELD:** Because they're -- you know,  
5           the assignments to the teams --

6           **MR. GRIFFON:** Yeah.

7           **MR. HINNEFELD:** -- are made based on the  
8           abilities --

9           **MR. GRIFFON:** Obviously you're not going to  
10          have someone assess the database implementation  
11          that doesn't have experience in --

12          **MR. HINNEFELD:** (Off microphone)  
13          (Unintelligible)

14          **MR. GRIFFON:** Right, right.

15          **MR. HINNEFELD:** Right.

16          **MS. MUNN:** Can we just add the word "qualified"  
17          after "any" -- "any qualified OCAS staff" --

18          **MR. HINNEFELD:** I could -- well, I can put in  
19          the words about, you know, assignments are made  
20          based on the abilities and qualifications of  
21          the individual, you know -- or assignments to -  
22          -

23          **MR. GRIFFON:** That's fine.

24          **MR. HINNEFELD:** -- are made on that.

25          **MS. MUNN:** All right. Will that meet the

1 concerns of proper language?

2 **MR. GRIFFON:** Yeah.

3 **DR. MAURO:** These -- these are related to the  
4 quality assurance procedures, which I -- am I  
5 correct, we're in a different realm now. We're  
6 not talking about any kind of technical  
7 assessment.

8 **MS. MUNN:** No.

9 **DR. MAURO:** We're making sure -- this is almost  
10 like an audit, an internal audit to make sure  
11 that the procedures are being followed? I  
12 recall -- see, I recall the series of  
13 procedures that Steve Ostrow reviewed, and --  
14 and I remember they're dealing primarily with  
15 what you would call quality -- quality  
16 assurance audits. And there was -- there were  
17 a number of them. We're not really what I  
18 would call -- they were to make sure the  
19 procedures were being followed, so -- am I cor-  
20 - am I -- am I correct about what these are, as  
21 opposed to being a sci-- a scientific  
22 procedure, how do you go about doing a dose  
23 calculation. It's a procedure of -- to make  
24 sure that the dose calculations were being done  
25 in accordance with your procedures.

1           **MS. MUNN:** These are administrative.

2           **DR. MAURO:** Administrative -- these are  
3 administrative.

4           **MS. MUNN:** -- rather than technical  
5 assessments.

6           **MR. HINNEFELD:** Yes, these -- these tend to be  
7 administrative.

8           **MS. MUNN:** Yes. So we have an action that  
9 NIOSH will revise the wording and so do we want  
10 to see this again or not? Can we just accept  
11 it as closed?

12          **DR. ZIEMER:** He told us what the new wording  
13 would be.

14          **MS. MUNN:** Closed? Closed.

15          **MR. HINNEFELD:** (Off microphone) Then will the  
16 rewording go in there where we put our initial  
17 response? (Unintelligible) put that in or...

18          **MS. MUNN:** No.

19          **DR. ZIEMER:** No.

20          **MS. MUNN:** No, those --

21          **DR. ZIEMER:** (Unintelligible) your initial  
22 response.

23          **MR. HINNEFELD:** In other words, down in a NIOSH  
24 follow-up or something?

25          **MS. MUNN:** It goes down under NIOSH follow-up,

1           yeah, at the instruction of the workgroup,  
2           wording's changed to -- as it is.

3           Okay, very good. We'll see you in Redondo  
4           Beach.

5           Next item, item three, checklists are optional.  
6           They're referred to in the text as examples and  
7           terms such as may be used are included. Steve  
8           has accepted that and listed it as closed. Is  
9           there any objection?

10                                 (No responses)

11           If not, item three is closed.

12           Next, item four, which Ostrow has also  
13           accepted, shows the checklists provided are  
14           examples, as labeled. The assessor has the  
15           freedom to develop a checklist, if used, that  
16           best suits the needs of the assessment. Any  
17           problem with that response or with the  
18           agreement of SC&A?

19                                 (No responses)

20           It can be marked closed.

21           Our next item is PR-7, dose reconstruction  
22           review, item one.

23           **MR. HINNEFELD:** This procedure is the -- what  
24           is done by the OCAS health physicists when a  
25           draft dose reconstruction comes in from

1 (unintelligible). That's -- this is the review  
2 that's done by OCAS (unintelligible) it's the  
3 procedure for that review.

4 **MS. MUNN:** And our last instruction that I can  
5 see is to have SC&A review the modified TIB-8.  
6 I'm assuming that has been done. Is that the  
7 last -- I'm not -- I'm not getting down to the  
8 -- look -- look here.

9 **MR. HINNEFELD:** Okay, you're on seven.

10 **MS. MUNN:** Someone who is more conversant with  
11 this than I --

12 **MR. HINNEFELD:** Okay, we sent this one response  
13 at one point.

14 **MS. MUNN:** Yes.

15 **MR. HINNEFELD:** There were three TIBs, 6, 7 and  
16 8 --

17 **MS. MUNN:** Yes.

18 **MR. HINNEFELD:** -- all which we said we would  
19 revise, and so only -- only part seven -- only  
20 7 pertains to this and then SC&A will review  
21 the modified -- this should actually be seven.  
22 Okay.

23 **MS. MUNN:** Yeah.

24 **DR. ZIEMER:** Six or 7.

25 **MS. MUNN:** Says in either 6 or 7, and so my

1 question then is I'm assuming that -- has that  
2 been done? That -- that's been done.

3 **MR. MARSCHKE:** Steve reviewed the -- yeah, if  
4 you look, he -- he reviewed the changes made to  
5 revision two.

6 **MS. MUNN:** And has accepted them, and it's now  
7 marked closed. Any objections to that?

8 **DR. ZIEMER:** The original finding was they need  
9 to clarify the -- the authority under which the  
10 --

11 **MR. HINNEFELD:** The auth-- the authority that  
12 established the frequency of -- originally  
13 there were three types of reviews of -- of  
14 these dose reconstructions.

15 **DR. ZIEMER:** Right.

16 **MR. HINNEFELD:** (Off microphone) The basic  
17 review is what's -- it's sort of the default  
18 (unintelligible) over, you do it -- you do that  
19 and you do your review, and you approve it or  
20 make comments on it. The second level review  
21 is a documented checklist -- you know, the  
22 checklist items from the procedure, you have to  
23 complete the checklist when you do the review,  
24 and that -- the -- our -- NOCTS, our computer  
25 system that controls -- I mean the movement of

1 a case through the case process, and so we do  
2 all of our interactions with the case in NOCTS,  
3 so one of the things we do is either review it  
4 and then either approve it or return it. So  
5 five percent of the time when a health  
6 physicist opens up a case to review -- or is  
7 ready to approve it, he's presented -- he's  
8 presented with a form, a checklist -- I guess  
9 it's either way, whether he returns it or not,  
10 approves it, the -- the system automatically  
11 presents him with a checklist that he has to  
12 complete in order for -- to move the case on.  
13 So five percent of -- so there's no -- you  
14 know, so that -- that is the authority of what  
15 -- I guess the frequency of the various types  
16 in the first procedure was -- you know, wasn't  
17 so -- who's going to tell you how many times to  
18 fill out the checklist. The third category, by  
19 the way, which blind reviews which we don't do.  
20 (Unintelligible) a blind review -- in other  
21 words, completely duplicating the dose  
22 reconstruction, we don't do that. So this --  
23 there are only two now, and the computer  
24 automatically pops up so that's essentially in  
25 the computer program in this way, where the

1 authority is (unintelligible) but the frequency  
2 -- or it's programmed -- the five percent is  
3 programmed into the computer program.

4 **MS. MUNN:** Yeah.

5 **DR. ZIEMER:** What were you asking in the  
6 finding? By whose authority do you decide  
7 what's to be reviewed or what -- what's --

8 **MR. HINNEFELD:** Well --

9 **DR. ZIEMER:** -- what's the finding?

10 **MR. HINNEFELD:** The finding was -- we list  
11 these three levels of review but we don't say  
12 how often we're going to do a basic or how  
13 often we're going to use the intermediate level  
14 or how -- how often we're going to use the  
15 blind, how many of those you're going to use,  
16 that's (unintelligible) --

17 **DR. ZIEMER:** That's not clear from the finding  
18 that they're challenging the frequency so much  
19 as who -- who made the decision --

20 **MR. HINNEFELD:** (Off microphone)

21 (Unintelligible) wanted to say there was no one  
22 specified to decide who that -- what that was.

23 **DR. ZIEMER:** Oh, I see --

24 **MR. HINNEFELD:** The procedure doesn't specify  
25 who decides.

1           **DR. ZIEMER:** Okay. And now you don't need --

2           **MR. HINNEFELD:** (Off microphone) And now you  
3 don't -- the procedure in a -- in a subsequent  
4 programming of the computer (unintelligible) --

5           **DR. ZIEMER:** So now it's a policy of  
6 (unintelligible) --

7           **DR. MAURO:** So -- so is it automated?

8           **MR. HINNEFELD:** Uh-huh.

9           **DR. MAURO:** I understand.

10          **DR. ZIEMER:** So the decision has already been  
11 made --

12          **MR. HINNEFELD:** The decision has already been  
13 made --

14          **DR. ZIEMER:** -- (unintelligible) there's a  
15 policy, this is --

16          **MR. HINNEFELD:** Yeah.

17          **DR. ZIEMER:** -- how it's done procedurally, so  
18 nobody has to -- like we don't have to say that  
19 Stuart Hinnefeld will decide --

20          **MR. HINNEFELD:** Yeah, I don't have to see how  
21 many we've reviewed and say gee, we reviewed  
22 80; we need another -- we need four -- we need  
23 four higher level, you know, documents.

24          **DR. ZIEMER:** Computer select these at random?

25          **MR. HINNEFELD:** As far as I know. They -- the

1 computer guys tell me it's random, but I -- you  
2 know how that works.

3 **MS. MUNN:** Uh-huh.

4 **MR. HINNEFELD:** As far as I know, it's randomly  
5 selected.

6 **DR. ZIEMER:** There -- there were so many that  
7 came up at --

8 **MR. HINNEFELD:** Yeah, yeah, every 20 or  
9 whatever, however often -- however it selects.  
10 I don't even know -- I don't know if it's every  
11 20th one or it has some other selection.

12 **MS. MUNN:** Is -- is the problem we're  
13 discussing right now our failure to capture the  
14 -- the real thought of the finding correctly?

15 **MR. HINNEFELD:** Well --

16 **MS. MUNN:** 'Cause remember we -- we populated  
17 these as quickly as we could and -- and the  
18 whole idea was to be brief but to catch the  
19 sense of it. Was authority the incorrect word  
20 here? Perhaps it --

21 **MR. HINNEFELD:** No, as -- as I recall, the  
22 finding was -- as I recall the finding, it was  
23 you don't specify who decides how often to do  
24 the various levels of review.

25 **DR. ZIEMER:** Yeah, is it the person that's

1           doing the review, is it Larry or --

2           **MR. HINNEFELD:** Is it the HP or is it Larry or  
3           -- or who is it? You don't specify who is it  
4           who decides how often.

5           **MS. MUNN:** So authority is adequate or correct.

6           **MR. HINNEFELD:** Yeah, I believe it's captured  
7           okay.

8           **MS. MUNN:** All right. Fine. Then we can  
9           accept the assessment of the -- of the original  
10          finder that the response is adequate and it's  
11          closed?

12          **DR. ZIEMER:** I'm okay with it.

13          **MS. MUNN:** Okay, 7-01 is closed. Next is 7-02,  
14          the role of the contract oversight team leader  
15          should be delineated in Section 4.

16          **MR. HINNEFELD:** (Off microphone) I believe that  
17          was a (unintelligible) like a responsibilities  
18          section or something? I suppose the contract  
19          oversight team leader was mentioned in the  
20          procedure in some fashion, but he wasn't  
21          mentioned in the procedures -- in the  
22          responsibilities section. I think that's what  
23          (unintelligible).

24          **MR. MARSCHKE:** It's the other way around,  
25          probably.

1           **MR. HINNEFELD:** Or maybe it's the other way  
2 around.

3           **MR. MARSCHKE:** Or maybe -- no, I think you're  
4 right actually.

5           **MR. HINNEFELD:** Anyway, the revi-- the revision  
6 of that kind of took that out, the -- it --  
7 it's -- dose reconstruction review is assigned  
8 to all the health physicists as a -- and they  
9 fit it into the rest of their work -- into  
10 their work time. Certain health physicists  
11 have a lot of -- do a lot of work on SEC  
12 petitions, evaluation reports and things like  
13 that, so they don't do very many dose  
14 reconstructions. Some health physicists  
15 primarily do dose reconstruction. So -- and  
16 everybody understands that they are to get dose  
17 reconstructions out of the -- what's called the  
18 un-- the unassigned queue in -- in NOCTS and  
19 put them in their queue and do the revisions as  
20 they can get to them. And certain guys have  
21 that high on their -- high on their list  
22 because they don't have other tasks competing  
23 so much. Other guys have it a little lower on  
24 the (unintelligible) 'cause they have competing  
25 activities.

1           **DR. ZIEMER:** Okay, but in the original --  
2           before you revised, this -- this document  
3           mentioned the contract oversight team leader  
4           but didn't say what their responsibility was,  
5           that's --

6           **MR. HINNEFELD:** (Off microphone) I believe  
7           that's what the finding (unintelligible).

8           **DR. ZIEMER:** The new revision doesn't even --

9           **MR. HINNEFELD:** (Off microphone) Doesn't even  
10          (unintelligible), right.

11          **DR. ZIEMER:** -- include that because that  
12          person has no responsibility. Is that your --

13          **MR. HINNEFELD:** That's my under-- that's my  
14          understanding. There is no specific  
15          responsibility for dose reconstruction review  
16          assignment.

17          **DR. ZIEMER:** There is a person called that.

18          **MR. HINNEFELD:** I don't -- I don't know -- I  
19          guess I don't really know how that fa-- I'm not  
20          famil-- that part of the procedure, sitting  
21          right here, but there is a person called that.  
22          But the -- but in terms of his specific  
23          responsibilities with dose reconstruction  
24          review, I don't know if they're spelled out in  
25          this procedure or not 'cause the procedure more

1 describes what is a health physicist supposed  
2 to look at when they do a dose reconstruction.

3 **DR. ZIEMER:** And what's the last -- S-- SC&A  
4 said what?

5 **MS. MUNN:** SC&A said that they were told to  
6 review the modified OTIB-8, and either 6 or 7,  
7 if those documents are determined to be  
8 documents reviewed as the result of this  
9 review, or await workgroup instruction if  
10 either 6 or 7 are to be considered new  
11 documents.

12 **MR. HINNEFELD:** Those are the same for all the  
13 DR (unintelligible).

14 **MS. MUNN:** Yeah, for all the -- of this entire  
15 procedure, so SC&A apparently has looked at  
16 this and Ostrow is accepting of the fact that  
17 there are no specific responsibilities that are  
18 necessary.

19 **DR. ZIEMER:** Or that this person's even  
20 involved in the --

21 **DR. MAURO:** Exactly --

22 **DR. ZIEMER:** -- process.

23 **DR. MAURO:** -- he's out of the picture -- he's  
24 out of the picture now.

25 **DR. ZIEMER:** Yeah. So it's a moot point.

1           **MS. MUNN:** Okay, closed. Next issue, number  
2           three, the procedure is not clear on how the  
3           cases are chosen for review. NIOSH says the  
4           document was revised. Every DR is reviewed  
5           according to the requirements of Section 5.1.1.  
6           Five percent of all DR reviews are selected at  
7           random automatically by NOCTS.

8           **MR. HINNEFELD:** (Off microphone)  
9           (Unintelligible)

10          **MS. MUNN:** And that's been accepted without  
11          issue.

12          **MR. HINNEFELD:** See, there's no real selection  
13          --

14          **MS. MUNN:** Right, huh-uh.

15          **MR. HINNEFELD:** -- because they all get  
16          reviewed.

17          **MS. MUNN:** Right.

18          **MR. MARSCHKE:** And five percent get the --

19          **DR. ZIEMER:** Five percent --

20          **MR. MARSCHKE:** -- get the random review.

21          **MR. HINNEFELD:** (Off microphone) Five percent  
22          (unintelligible) checklist (unintelligible).

23          **MS. MUNN:** Okay, closed. Next issue, item  
24          number four. The procedure mentions training  
25          for health physics personnel reviewers, but

1 does not reference the procedure covering their  
2 training process. Both NIOSH and SC&A have  
3 looked at this and -- prior to the response of  
4 NIOSH that says the document was reviewed --  
5 was revised and there are no training  
6 requirements.

7 **MR. HINNEFELD:** Okay, now there are  
8 qualification requirements to be hired.

9 **MS. MUNN:** Uh-huh.

10 **MR. HINNEFELD:** Once we have a health  
11 physicist, then the process is sort of a --  
12 work under the direction of a more senior  
13 person until you're in -- and demonstrate the  
14 ability to -- to do the work on --  
15 independently, and then you're allowed to do  
16 the work independent -- that's essentially the  
17 process by which people are brought up to  
18 speed. And we -- we rarely hire -- I think we  
19 have hired a few people in the last year, but  
20 (unintelligible) couple in the past year, but  
21 it's not like we're hiring and having  
22 (unintelligible) turnover and a lot of new --  
23 new people coming in and doing dose  
24 reconstruction, but the process is not so much  
25 that -- here's your training manual, do this

1 training and then you're -- then you can go do  
2 dose reconstruction reviews. The -- it is here  
3 -- here, start with this one, but you don't  
4 approve it; you tell me what you would -- what  
5 would you write on it (unintelligible) you pass  
6 this on a particular finding and someone else  
7 (unintelligible) kind of a (unintelligible).

8 **DR. MAURO:** We do it the same way.

9 **MS. MUNN:** So Stu, if there are no training  
10 requirements in this document --

11 **MR. HINNEFELD:** Right.

12 **MS. MUNN:** -- do they appear elsewhere?

13 **MR. HINNEFELD:** Well, they're in the  
14 qualification requirements for the position.

15 **MS. MUNN:** Qualification requirements should be  
16 adequate for the job.

17 **DR. ZIEMER:** Okay, but why does the procedure  
18 mention training? Why does the procedure  
19 mention it?

20 **MR. HINNEFELD:** I don't think it does.

21 **DR. ZIEMER:** Well, it says the procedure  
22 mentions training.

23 **MR. HINNEFELD:** It did originally.

24 **DR. ZIEMER:** Oh, it doesn't anymore?

25 **MS. MUNN:** It says the document was revised;

1 and that may have been the revision, I don't  
2 know.

3 **DR. ZIEMER:** SC&A know the answer to that, is -  
4 - was --

5 **DR. MAURO:** I'm assuming the fact that Steve  
6 agreed, he checked item --

7 **MR. MARSCHKE:** Steve --

8 **DR. MAURO:** -- Steve Ostrow.

9 **MR. MARSCHKE:** -- Steve -- yeah, he was given  
10 the revision, too, and I'm assuming that he  
11 checked as well. I should have -- I should  
12 have asked Steve Ostrow to be on the phone for  
13 this meeting and I forgot -- slipped my mind.

14 **DR. MAURO:** I can give him a call.

15 **MR. MARSCHKE:** I might have the phone number,  
16 John.

17 **DR. MAURO:** I take it --

18 **MS. MUNN:** Do we have the ability to pull up  
19 the document?

20 **DR. ZIEMER:** So let -- well --

21 **MR. MARSCHKE:** Yeah.

22 **DR. ZIEMER:** -- I -- I'm okay with it, I --

23 **MR. MARSCHKE:** We do have the ability to pull  
24 up the document.

25 **DR. ZIEMER:** If the document's --

1           **MR. MARSCHKE:** Yeah, we got a few more. We're  
2 up to -- we have four or five more.

3           **DR. ZIEMER:** What we're saying is the document  
4 doesn't re-- mention or require training.

5           **MR. HINNEFELD:** Yeah, it originally talked  
6 about training for the health physics  
7 personnel.

8           **DR. ZIEMER:** Right.

9           **MR. HINNEFELD:** And I believe that was written  
10 before we did any.

11          **DR. ZIEMER:** And you also were telling us  
12 actually there is some training that's not  
13 formalized in this document --

14          **MR. HINNEFELD:** Right.

15          **DR. ZIEMER:** -- so --

16          **MR. HINNEFELD:** And in fact it is a -- it's --  
17 you know, sort of construction as they, you  
18 know, work under the observation or, you know,  
19 the guidance of somebody until you can  
20 demonstrate the ability to do it, and they you  
21 -- then you're allowed to do it on your own, so  
22 that's the -- that's the process. I think the  
23 original version -- the version of the  
24 procedure that was reviewed was probably  
25 written as things were starting --

1           **MS. MUNN:** Uh-huh.

2           **MR. HINNEFELD:** -- before I was even there --

3           **MS. MUNN:** I think this was very early on.

4           **MR. HINNEFELD:** -- and they said well -- and so  
5 they put these things together, envisioning  
6 that -- what would happen, and then as people --  
7 -- as they -- 'cause there were -- they started  
8 with what, maybe three health physicists, so as  
9 they started adding staff to review these dose  
10 reconstructions that were, they adopted a  
11 different practice that -- rather than a formal  
12 training package, so...

13          **DR. ZIEMER:** Is there a final SC&A response?

14          **MR. MARSCHKE:** It hasn't been added at this  
15 point. What we would do is --

16          **DR. ZIEMER:** In other words, would they say yes  
17 --

18          **MR. MARSCHKE:** What -- what -- what --

19          **DR. ZIEMER:** -- we have reviewed this and we --

20          **MR. MARSCHKE:** -- what you have on the -- on  
21 the -- on the page, we can basically take it  
22 and stand upon this or -- or -- or we have not  
23 added --

24          **DR. ZIEMER:** Well, I'm wondering if there  
25 should be a sentence similar to what we talked

1 about in that other document --

2 **MR. HINNEFELD:** Right.

3 **DR. ZIEMER:** -- where SC&A says we have  
4 reviewed this and we agree that the procedure  
5 no longer mentions --

6 **MR. MARSCHKE:** You need a little bit more  
7 explanation as to why we agree.

8 **DR. ZIEMER:** Yeah, that's what I'm asking.

9 **MR. MARSCHKE:** Yes, I would --

10 **DR. ZIEMER:** Something like a sentence similar  
11 to what we talked about in that earlier --

12 **MR. MARSCHKE:** Yes.

13 **DR. ZIEMER:** -- what -- why did you agree.

14 **MS. MUNN:** Right.

15 **MR. MARSCHKE:** Right.

16 **DR. ZIEMER:** We agreed because either -- either  
17 it no longer mentions, if it did originally,  
18 training --

19 **MR. MARSCHKE:** Training --

20 **DR. ZIEMER:** -- or if it does, Stu just  
21 described what the training is. There -- there  
22 is some training, but maybe it's not mentioned  
23 here.

24 **MR. MARSCHKE:** Yes.

25 **MS. MUNN:** But the SC&A follow-up area down

1           there is probably the appropriate place to  
2           close it out. Right?

3           **MR. MARSCHKE:** Yeah, we can put it in there.

4           **DR. MAURO:** I think as -- again, as a ground  
5           rule, what we've been doing is sending the  
6           response to our folks that originally had the  
7           comments, saying what do you think, and they  
8           said oh, it looks okay --

9           **DR. ZIEMER:** Yeah.

10          **DR. MAURO:** -- but what we need is more than  
11          that. We need it looks okay because.

12          **DR. ZIEMER:** Yes.

13          **MS. MUNN:** Exactly.

14          **DR. ZIEMER:** I mean I'm -- I'm, again,  
15          agreeable to closing it, but the basis for the  
16          closure is -- is not delineated.

17          **MR. MARSCHKE:** I believe --

18          **DR. ZIEMER:** And I think that would be --

19          **DR. MAURO:** Steve is calling in right now.

20          **MR. MARSCHKE:** Steve Ostrow is just calling in  
21          so we'd be able to get his input as to why he  
22          agreed.

23          **DR. MAURO:** But still I think we still have to  
24          fill in -- fill in --

25          **MR. MARSCHKE:** We have to -- yeah, we have to -

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**DR. MAURO:** -- fill in the record, essentially.

**MR. MARSCHKE:** Yeah.

**MS. MUNN:** Yeah, it will.

**DR. ZIEMER:** Good.

**MS. MUNN:** Is this the kind of thing that we can have another report on in September when we're at Redondo Beach, or is it going to take a little more --

**MR. MARSCHKE:** Oh, I don't think --

**DR. ZIEMER:** I'm satisfied that we -- if we know how to close it, as long -- as long as they agree to put the reason in the --

**DR. MAURO:** Uh-huh.

**DR. ZIEMER:** -- I mean if it's what he just described.

**MS. MUNN:** Yeah. And I -- I'm saying that it would be wise for us to take a look at their resolution --

**DR. ZIEMER:** Make sure that it's --

**MS. MUNN:** -- to see that the wording does indeed fulfill our desires.

**MR. MARSCHKE:** So I'll hold off making any closing of these 37 until after the September 4th meeting?



1 (No responses)

2 Closed.

3 **DR. ZIEMER:** Just for my understanding, what  
4 would SC&A's statement be on this particular  
5 case?

6 **MS. MUNN:** NIOSH response is adequate, accepted  
7 as-is.

8 **DR. MAURO:** Or that we loo-- we -- I guess as  
9 to the response or let the -- good question.  
10 The document was revised on 2/1, so that was  
11 quite a while ago. The question is, was our  
12 response because we read the revised document  
13 and see that yes, in fact it has made -- the  
14 changes have been made and, as changed -- or is  
15 that document is now fully responsible --  
16 responsive to our originally concern, or is it  
17 that all we simply say was well, we saw the  
18 response -- I mean I guess I'm not sure whether  
19 we actually reviewed the new procedure. You  
20 see what I'm getting at? Whe-- whether or not  
21 our -- our current position --

22 **MR. MARSCHKE:** Steve -- no, Steve has looked at  
23 Rev. 2 of the procedure.

24 **DR. MAURO:** Okay, he did look at that then.  
25 All right. So the word -- the word should be

1 we reviewed --

2 **DR. ZIEMER:** We have verified that.

3 **DR. MAURO:** -- verified that this has in fact  
4 occurred. Okay.

5 **MR. HINNEFELD:** I think the -- the meaning of  
6 the response, if -- I think -- well, first of  
7 all, I think -- well, part of the response is  
8 okay, we added OCAS PR-5 as a reference.

9 **MS. MUNN:** Uh-huh.

10 **MR. HINNEFELD:** That's part of it.

11 **MS. MUNN:** Right.

12 **MR. HINNEFELD:** I think the other part is that  
13 we don't -- there was no need to refer back to  
14 PR-05 for the basic and detailed review because  
15 the -- PR-7 describes to you as you do the  
16 review that five percent of the time the form's  
17 going to pop up and you have to complete the  
18 checklist on it during your review. And so I  
19 believe that's what it means by "this is a  
20 stand-alone document" is that it's described  
21 there, you know, the differences are described  
22 there, so there's no need necessarily to talk  
23 back to PR-05 for what's a detailed and what's  
24 a basic review.

25 **DR. MAURO:** I -- I have to say, what I'm --

1           this is -- this is our first time through.  
2           Probably we need to do a little bit more  
3           writing -- not a lot more --

4           **MS. MUNN:** Not much.

5           **DR. MAURO:** -- probably just a --

6           **DR. ZIEMER:** Probably just a sentence, just a  
7           sentence.

8           **DR. MAURO:** -- just another sentence just to  
9           make sure that -- see, the way you're  
10          explaining it right now, Stu, is very --

11          **MR. HINNEFELD:** I think that's what it is. Now  
12          I'm --

13          **DR. MAURO:** Yeah, that would do it.

14          **MR. HINNEFELD:** -- I'm -- this is not very  
15          fresh in my mind --

16          **DR. MAURO:** Yeah.

17          **MR. HINNEFELD:** -- I don't --

18          **DR. ZIEMER:** But that's why we want something  
19          here, that we've --

20          **DR. MAURO:** Yeah.

21          **DR. ZIEMER:** -- confirmed that this appears  
22          there --

23          **DR. MAURO:** Yes.

24          **DR. ZIEMER:** -- or whatever it is.

25          **MS. MUNN:** And that's all it needs, actually,

1 to confirm that that's taken place --

2 **MR. MARSCHKE:** The question --

3 **MS. MUNN:** -- and we agree.

4 **MR. MARSCHKE:** The question I would have is why  
5 did we find that it -- why did we feel that it  
6 needed to reference PR-5 in the first place?

7 **MR. HINNEFELD:** It -- it might be that the  
8 original PR-7 didn't include any particular --  
9 I don't know what it did. Maybe it didn't  
10 include a difference -- it wasn't sufficiently  
11 clear on the difference between a -- a basic  
12 and a detailed or maybe it was there was no  
13 instruction in PR-7 for how often you had to do  
14 a detailed, or something could have been -- I  
15 mean it could have been along those lines, but  
16 I don't -- I don't know.

17 **MR. MARSCHKE:** We'll have to go back and read  
18 the -- read our report.

19 **DR. MAURO:** Exactly. With -- with regard to  
20 the first item, SC&A's original finding, that's  
21 something that's easy to work with because we  
22 can just go back to our report --

23 **DR. ZIEMER:** 'Cause you have it, right.

24 **DR. MAURO:** -- we have it so we can go back --  
25 and you know, maybe we could have done a better

1 job in summarizing that finding -- you know,  
2 our concern and why we had that concern, so --

3 **DR. OSTROW:** John, this is Steve Ostrow.

4 **DR. MAURO:** Yeah, hey, Steve, good. Thanks for  
5 joining us.

6 Steve, right now we're looking at the review of  
7 PR-007, item number five.

8 **DR. OSTROW:** Okay.

9 **DR. MAURO:** Okay? And if you have your  
10 reports, you -- you -- right now where we are  
11 is -- we're looking at our database, which I'm  
12 --

13 **DR. OSTROW:** Okay.

14 **DR. MAURO:** -- sure you're not looking at, but  
15 in effect what it does is it says okay, our  
16 original comment, your comment, in our original  
17 report regarding this particular matter is  
18 described and one -- in a one-liner.

19 **DR. OSTROW:** Uh-huh.

20 **DR. MAURO:** And I guess step one is when we  
21 summarized, very briefly, the one-liner --

22 **DR. OSTROW:** Yes.

23 **DR. MAURO:** -- did we do it justice in making  
24 it --

25 **DR. OSTROW:** Oh, okay, I see.

1           **DR. MAURO:** In other words, right now -- I'll  
2 read the words to you. We say the procedure  
3 does not reference the OCAS PR-005 for basic  
4 reviews, Section 5.1.5, or the detailed  
5 reviews, Section 5.1.2.

6           **DR. OSTROW:** Okay.

7           **DR. MAURO:** And I guess the first thing that  
8 happened here was within what context was that  
9 concern. Other words, this very brief  
10 description of your finding --

11          **DR. OSTROW:** Oh, all right.

12          **DR. MAURO:** -- may be a little too brief, and  
13 that's -- you know, that's more of our concern  
14 in loading up the database.

15          **MS. MUNN:** The question, Steve, really was why  
16 did you feel that 05 should be referenced to  
17 begin with. That was the question.

18          **DR. OSTROW:** Well, because OCAS-7 is on dose  
19 reconstruction reviews, but OCAS-5 talks about  
20 the -- the conduct of a-- of assessments, the  
21 basic reviews and the detailed reviews, so I  
22 thought that 07 should just reference 05.

23          **MS. MUNN:** Okay, that makes sense.

24          **DR. OSTROW:** I mean there's nothing profound  
25 about it.

1           **MS. MUNN:** No, understand that.

2           **DR. OSTROW:** I thought it was a related  
3 procedure, so this one I thought should  
4 reference the other one, too. And there's no  
5 deep meaning in that one.

6           **MS. MUNN:** Understand, okay. So -- so the  
7 statement that -- that since the revision has  
8 been made and the reference now appears in  
9 Section 3, you've confirmed that, and that  
10 therefore takes care of the -- of the issue.

11          **DR. OSTROW:** Yes.

12          **MS. MUNN:** Yeah, good. All right, that's what  
13 we need to know.

14          For this one, uh-huh. Thank you.

15          **DR. OSTROW:** You're welcome.

16          **MS. MUNN:** All right, we can mark this one  
17 closed.

18          **DR. ZIEMER:** Now there's still going to be a  
19 statement though. Right?

20          **MS. MUNN:** One more -- oh, yeah. Oh, yeah.

21          **DR. MAURO:** Well, we've got to load it now.

22          **MS. MUNN:** Yeah. Uh-huh.

23          **DR. MAURO:** That's part of our story.

24          **MS. MUNN:** Yeah, yeah. Yeah, we're -- we're  
25 making sure that Steve here has plenty to do.



1           that those words are no longer there?

2           **DR. OSTROW:** I didn't find it.

3           **DR. MAURO:** Okay. You di-- you di-- wait a  
4           minute, I'm sorry. You didn't find the  
5           procedure?

6           **DR. WADE:** He didn't find the words.

7           **DR. MAURO:** Oh, you didn't find the --

8           **DR. OSTROW:** I didn't find the words.

9           **DR. MAURO:** -- words, okay. Good.

10          **DR. OSTROW:** I read the procedure but I didn't  
11          see that -- those words in it.

12          **DR. ZIEMER:** They were well-hidden this time.

13          **DR. WADE:** He's not saying they're not there  
14          'cause this is a lawyer we're talking about.

15          **MS. MUNN:** But the nice thing about electronic  
16          documents is it's easy to check to see if  
17          "significant overestimate" is there.

18          **DR. OSTROW:** Right.

19          **MS. MUNN:** Next item would be item number seven  
20          for the same procedure, the procedure should  
21          not be limited to, quote, radiological workers,  
22          end quote. Response from NIOSH is the  
23          procedure is not limited to radiological  
24          workers. The term "radiological worker"  
25          appears in the section which describes the



1 DR. OSTROW: That's right.

2 DR. MAURO: Okay.

3 MR. MARSCHKE: Steve, what we're going to have  
4 to do, we're going to have to ask you on your -  
5 - for this PR-007 and PR-005 that --

6 DR. OSTROW: Right.

7 MR. MARSCHKE: -- we're going to have to -- we  
8 understand that you agree with the NIOSH  
9 responses, but we're going to -- you're going  
10 to have to add a little why do you agree --

11 DR. OSTROW: Certainly.

12 MR. MARSCHKE: -- for each one of the -- each  
13 one of the --

14 DR. ZIEMER: Yeah.

15 MR. MARSCHKE: -- responses --

16 DR. OSTROW: Okay, I can do that.

17 MR. MARSCHKE: -- so that we have it on -- on  
18 record.

19 DR. OSTROW: All right.

20 MR. MARSCHKE: So -- and we can add that to the  
21 database.

22 DR. OSTROW: Okay, no problem.

23 MS. MUNN: Thank you.

24 DR. WADE: And you don't have to say you're a  
25 bad person in that --

1           **DR. OSTROW:** I won't put that in.

2           **DR. WADE:** Okay.

3           **MS. MUNN:** The next item is PR-7-08. It is  
4 suggested that the record of issues/revisions  
5 provide more detailed information, and that the  
6 revised sections are denoted.

7           **DR. OSTROW:** That was just a general comment I  
8 made. It doesn't detract from the usefulness  
9 of the procedure. It's just that it's not that  
10 clear in the recommended issues and  
11 revisions what exactly has been revised.

12          **MS. MUNN:** That's a good suggestion.  
13 Historical versions are maintained.

14          **DR. OSTROW:** Yeah. So I suppose the answer is  
15 if someone is really interested in what's  
16 changed, you can look at one of the previous  
17 revisions.

18          **MR. HINNEFELD:** We do -- we do try -- we get  
19 varying levels of success in records of  
20 revision page describing what changed, so we  
21 understand that it's -- it's really helpful to  
22 have a pretty good idea why was the revision  
23 done and what was revised. But if you have a  
24 large number of revisions, then the record of  
25 revision becomes kind of tedious, or sometimes

1           -- when you're changing so much, record of  
2 revision just says "complete rewrite" --

3 **MS. MUNN:** Yeah.

4 **DR. MAURO:** I've seen that.

5 **MR. HINNEFELD:** -- and so -- "complete  
6 rewrite", so at that point it's -- it's really  
7 hard to tell unless you're going to go back.

8 **DR. WADE:** Remember our discussion of before  
9 lunch. We had just this discussion about how  
10 to maintain our own record of revisions.

11 **MS. MUNN:** Uh-huh. So that's -- response is  
12 accepted and we can close that. And --

13 **DR. ZIEMER:** Isn't -- I have a question,  
14 though. Is this -- this generally applies to  
15 all revisions, I guess, not just this  
16 particular -- you have a section called --  
17 let's see, where did this arise? It was on a  
18 particular page where you must have listed  
19 revisions that you had made? Do you remember,  
20 Steve, what --

21 **MR. HINNEFELD:** It was a -- they re-- they  
22 reviewed Rev. 1, so --

23 **DR. OSTROW:** All the procedures have a -- near  
24 the beginning, a record of issue and revision,  
25 so they have like Rev. 0, Rev. 1, Rev. 2,

1           whatever, and each one gives a short  
2           description of what pages are affected and what  
3           sections and what the changes are. I mean all  
4           the procedures have that. I just noted it here  
5           for this particular procedure 'cause I was  
6           reading it. Since it's a revision, it's Rev.  
7           1, I was trying to look at the record of issue  
8           and revisions to see what's changed since Rev.  
9           0, and I ended up I just re-read Rev. 0, then  
10          read Rev. 1 so I saw what changed. It's more  
11          of a convenience issue. It's not really a -- a  
12          criticism of the procedure.

13         **DR. ZIEMER:** Well, I -- I was just saying I  
14         think it has broad ap-- applicability probably  
15         to other procedures as well, and I think your  
16         comment probably is even generic in that sense.

17         **MS. MUNN:** And was -- appears to have been  
18         accepted as such by NIOSH.

19         **DR. ZIEMER:** That would close it.

20         **MS. MUNN:** Uh-huh.

21         **DR. ZIEMER:** I -- I don't know that you could  
22         say anything more in this one, NIOSH simply  
23         accepts that.

24         **DR. MAURO:** Yeah, in effect this was just a --  
25         what I -- what I'm reading there is it would be

1 helpful to all users that there -- if -- to --  
2 the extent to which you can make it a little  
3 con-- you know, so it's -- it's not even really  
4 a -- a finding. It's almost like a  
5 constructive criticism.

6 **MS. MUNN:** Yeah.

7 **DR. ZIEMER:** Yeah.

8 **MS. MUNN:** It's not even a criticism --

9 **DR. MAURO:** It's not even a criticism.

10 **MS. MUNN:** -- it's just a good suggestion.

11 **DR. MAURO:** A suggestion.

12 **MS. MUNN:** And it's accepted. Next item is  
13 number nine, it would be helpful to the reader  
14 to include an acronym section in the  
15 procedures. Response is it's a good  
16 suggestion, and as a matter of fact that's  
17 frequently done now, is it not?

18 **MR. HINNEFELD:** Yeah. Yeah, I frequently have  
19 those. I don't know -- I don't know that this  
20 has ever been revised to include it, but --  
21 this specific procedure, but it is fairly  
22 common, you know, to put in an acronym.

23 **MR. MARSCHKE:** Steve, did -- do you recall Rev.  
24 2 of the -- of -- of this procedure included an  
25 acronym list?

1           **DR. OSTROW:** I don't think it did. I don't  
2 think it did. I'd have to check it again, but  
3 I don't think it did include an acronym list.

4           **MR. HINNEFELD:** (Off microphone) I think Rev. 2  
5 was -- see, there's a little (unintelligible)  
6 the (unintelligible) issue here, you know,  
7 because, you know, Steve reviewed Rev. 1 and  
8 then I think Rev. 2 may have come out before we  
9 wrote the responses here.

10          **MS. MUNN:** I think so, too.

11          **MR. HINNEFELD:** And it would be like well, it's  
12 a good suggestion.

13          **DR. MAURO:** Didn't catch up.

14          **MR. HINNEFELD:** Too bad we didn't catch up --  
15 we didn't catch it --

16          **DR. MAURO:** Should have told us sooner.

17          **MR. HINNEFELD:** -- should have caught it; wish  
18 we'd done it.

19          **DR. OSTROW:** Okay, I just took a look at Rev. 2  
20 on my computer and it -- it does not have an  
21 acronym list.

22          **MS. MUNN:** And it does --

23          **DR. ZIEMER:** But you're -- Steve, you're  
24 recommending closing it on the basis that NIOSH  
25 agreed with you?

1           **DR. OSTROW:** Well, it's not a -- I mean this is  
2 not like a crucial issue.

3           **DR. ZIEMER:** No.

4           **DR. OSTROW:** I mean I wouldn't expect them to  
5 issue another revision just to put an acronym  
6 list in.

7           **DR. ZIEMER:** No, no, no.

8           **DR. OSTROW:** This is like in the future they --  
9 it would be a good idea to include acronyms.

10          **MS. MUNN:** And for the most part, they do.

11          **DR. WADE:** Uh-huh. Make a note.

12          **MS. MUNN:** Yes. The next issue is -- when I  
13 just do "next issue," I get TIB-9, which is  
14 transferred to global issues.

15          **MR. HINNEFELD:** Where do you want to go?

16          **DR. ZIEMER:** What -- what was the one we just  
17 closed?

18          **MS. MUNN:** We just closed PR-7, item nine.

19          **DR. ZIEMER:** Oh, 7-9.

20          **MS. MUNN:** And before we get to the next one on  
21 the printed list that we have here -- just  
22 checking, since I have everything that is  
23 considered open, this is one of those  
24 interesting things. We have TIB-9-01, which is  
25 transferred to global issues, and I believe

1 we've agreed to leave them in transferred state  
2 until it's closed out somewhere else. That was  
3 our -- our agreement. So in the follow-up down  
4 here, perhaps it would be wise to indicate that  
5 the workgroup has determined that transferred  
6 items will be retained in the database until  
7 they're closed by the transferring -- by the  
8 transferred agency --

9 **DR. MAURO:** Question --

10 **MS. MUNN:** -- or group.

11 **DR. MAURO:** -- it's one thing to say yes, this  
12 issue now is -- is in the hands of OTIB-9  
13 procedure review group, or you know, that group  
14 that's looking at -- or the folks that are  
15 concerned with OTIB-9. Now does -- does that  
16 mean that this stays in abeyance until that  
17 issue is -- I gue-- I'm -- I'm a little --  
18 other words -- let me see if I can  
19 (unintelligible). This item here, one, has  
20 been --

21 **MS. MUNN:** We're --

22 **DR. MAURO:** No, no, I'm sorry.

23 **MS. MUNN:** -- not looking at this.

24 **DR. MAURO:** No -- no, I -- O--

25 **MS. MUNN:** It's not -- this is one that isn't

1 on here.

2 **DR. MAURO:** Okay, O-- okay, OTIB-09, I know --  
3 I think I know what that is, and it -- right,  
4 the ingestion intakes.

5 **MS. MUNN:** Right.

6 **DR. MAURO:** Now, I believe that's a global  
7 issue.

8 **MS. MUNN:** Yeah. Yes, yes, yes.

9 **DR. MAURO:** Oh, you -- see it is glo-- good.

10 **MS. MUNN:** I see it is global.

11 **DR. MAURO:** Now the que-- and -- and it's been  
12 identified as transferred.

13 **MS. MUNN:** Uh-huh.

14 **DR. MAURO:** Okay. And it stays in that mode?

15 **MS. MUNN:** We -- it stays in that mode until  
16 global issues have addressed this --

17 **DR. MAURO:** Got it.

18 **MS. MUNN:** -- so that we don't lose track of  
19 it.

20 **MR. HINNEFELD:** Now there is no global issues  
21 working group.

22 **MS. MUNN:** Well, we -- we --

23 **DR. WADE:** Jim Neton -- Jim Neton was one of  
24 the bodies that we decided you could assign  
25 things to, so this is Jim Neton's global issues

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**DR. MAURO:** It's in it already. I know Jim gives a summary of his globals.

**DR. WADE:** Right, so that's one of the elements we can track. Now he has to do his work.

**MS. MUNN:** Yes.

**DR. MAURO:** Then that's -- by the way, that's -- that's also a -- in this particular case, it's an easy one because there already exists --

**MS. MUNN:** Yes.

**DR. MAURO:** -- in Jim's global scientific investigations a body that's looking at this particular issue.

**MS. MUNN:** Yes.

**DR. MAURO:** Now the -- is it pos-- I guess -- have we ever run across a situation where we feel that this is a generic issue that has global implications, but there is no global place for it to be handled, but there prob-- there should be one?

**MS. MUNN:** The global place is Jim.

**DR. MAURO:** Okay -- okay, so in effect we could transfer something, even though it doesn't have a home yet.

1           **MS. MUNN:** That's true.

2           **DR. WADE:** But the Board would have to  
3 recommend to NIOSH --

4           **DR. MAURO:** Okay.

5           **DR. WADE:** -- that it develop a global issue  
6 around that.

7           **MS. MUNN:** Uh-huh.

8           **DR. MAURO:** Okay.

9           **MS. MUNN:** The next one that comes up is one  
10 that we have on our list, TIB-10-01. This is  
11 the best estimate external dose reconstruction  
12 for glovebox workers. The finding was the TIB  
13 lacks transparency. The radioactive source is  
14 not identified. Neither exact dimensions nor  
15 location are given, nor is the thickness of the  
16 walls presented. NIOSH response is good  
17 comment, information will be added as an  
18 appendix to the report. However, since the  
19 ratio is completely a function of geometry and  
20 not of radionuclide or material thickness,  
21 specification of radionuclide and material does  
22 not add real value. If a photon or neutron  
23 makes it through the shield, it will hit the  
24 upper torso approximately two times less  
25 intensely than the lower torso. And it's shown

1 as being in abeyance, then Anigstein concurs  
2 with NIOSH's proposal to specify the organs in  
3 a revised TIB. Is that your understanding as  
4 well, Stu?

5 **MR. HINNEFELD:** Yes.

6 **DR. MAURO:** I got a phone call from -- I --  
7 Bob's probably not on the line because he's on  
8 travel somewhere else, but he called me yester-  
9 - last night or yesterday sometime. He  
10 mentioned something that may be -- or -- he  
11 says he agrees completely that the adjustment  
12 factors -- this had to do with the glovebox,  
13 film badge worn on the lapel versus the dose,  
14 let's say to the bladder.  
15 And he agrees completely that the adjustment  
16 factor -- the factor of two is based entirely  
17 on geometry, so this business of the thickness  
18 of the walls of the glovebox and all that  
19 really are not important. But then he said but  
20 he recently was looking at another OTIB where  
21 it became apparent to him that well, there is  
22 another factor at play here that should be  
23 brought up before the workgroup, and that is  
24 the angle of incidence. So unfortunately when  
25 he reviewed this, he -- he did not evalu-- this

1 particular procedure, he did not look into the  
2 issue of angle of incidence, and the way he  
3 explained it was he did -- he did not have the  
4 software -- which is a MCNP version, fairly  
5 sophisticated -- to look into that matter, and  
6 -- but subsequent to reviewing this he now has  
7 access to that and he ran it to see what  
8 happens if you factor in not only the geometry  
9 but the fact that the film badge -- the angle  
10 is coming in at the edge of the film badge as  
11 opposed to perpendicular, and he said that  
12 might have another factor of two effect. So he  
13 asked me to pass on to the workgroup the fact  
14 that there is an angle of incidence concern  
15 here that should have been raised at the time  
16 of the review, but at the time of the review he  
17 did not have the tools that allowed him to  
18 evaluate that. So -- Steve, did you talk to  
19 Bob about this --

20 **MR. MARSCHKE:** No.

21 **MR. HINNEFELD:** He's got tha-- he's got it  
22 written in number five.

23 **DR. MAURO:** Oh, so it's written on a little  
24 further down?

25 **MR. HINNEFELD:** Yeah.

1           **DR. MAURO:** Oh, okay, so -- never mind. Sounds  
2 like we've got it.

3           **MR. HINNEFELD:** It's here.

4           **DR. MAURO:** It's here.

5           **MR. HINNEFELD:** It's here in the information  
6 provided. I -- I don't really have a response.  
7 I'll have to get some -- you know, got it and  
8 so --

9           **DR. MAURO:** Okay.

10          **MR. HINNEFELD:** -- may not have had it -- if  
11 I'd had it for a few days (unintelligible) have  
12 a response. We'll have to go back and -- and  
13 consider that. So in general, though, we  
14 believe there are probably some revisions --  
15 some clarifying that should be done here as  
16 well anyway. Regardless of where we end up on  
17 this issue, we believe there are some  
18 clarifying things and so we expect there will  
19 be a revision, and then -- is there -- if this  
20 -- this is a substantive change that we adopt -  
21 - Bob's got another one here, too, number three  
22 -- these are substantive comments that would  
23 affect the numbers --

24          **DR. MAURO:** Yes.

25          **MR. HINNEFELD:** -- and so in other words

1           there's going to be a more lengthy resolution  
2           of that --

3           **DR. MAURO:**   Yes.

4           **MR. HINNEFELD:**  -- and -- than what we would --  
5           you know, that -- that may take some -- some  
6           back and forth, you know, as would a number of  
7           (unintelligible).

8           **MS. MUNN:**   It appears this status changes from  
9           open to in progress.  And their -- the  
10          workgroup directive for this date would be for  
11          SC&A and NIOSH to identify what changes will be  
12          made and what TIB is affected.

13          The next issue then would be TIB-10-2, which  
14          appears to be essentially the same thing.  The  
15          finding was lower torso organs not specified.  
16          Response is the lower torso organs are  
17          generally considered to be those that would be  
18          below the stomach.  The TIB will be revised to  
19          clarify which organs are considered to be in  
20          the lower torso.  So again, the status changes  
21          to in progress, and the direction is for NIOSH  
22          to continue with the specification of organs.  
23          Next issue is TIB-10-3, correction factors do  
24          not represent worst case assumptions -- was the  
25          finding.  The response was correction factors

1 do not need to be worst case scenarios. The  
2 uncertainty identified by the lognormal  
3 distribution incorporates worst case scenarios  
4 and gives the worst case scenario the proper  
5 weight. Most recent response from SC&A says  
6 they would concur with the use of a  
7 distribution only if the TIB listed the 95th  
8 percentile correction factor and recommended  
9 its use in the DR.

10 **MR. HINNEFELD:** Okay, now this -- this may be a  
11 philosophical --

12 **DR. MAURO:** Yes.

13 **MR. HINNEFELD:** -- it's just philosophical.

14 **MS. MUNN:** Yes.

15 **MR. HINNEFELD:** And -- and I think Jim would be  
16 (unintelligible), so maybe whoever Jim  
17 designates.

18 **MS. MUNN:** I would think so.

19 **MR. HINNEFELD:** From our standpoint, you know,  
20 as a general rule we believe a distribution is  
21 a satisfactory representation of -- of a  
22 quantity, and it's not automatically necessary  
23 or appropriate to choose the 95th percentile  
24 every time you generate a distribution value to  
25 say well, we're doing that -- that has to be

1           done in order to be claimant-favorable. We  
2           think the use of the distribution itself in  
3           occasion can be favorable -- can be  
4           sufficiently favorable or is the appropriate  
5           distribution. Remember, a claimant-favorable  
6           decision is -- is selected when you have  
7           alternative explanations that are equally  
8           plausible and you can't really sort them out,  
9           so you make the claimant-favorable choice. In  
10          a situation where you have a more plausible  
11          explanation, there's no need to choose a  
12          somewhat -- a -- a plausible, but less-  
13          plausible, explanation that is more claimant  
14          favorable. So the -- the language about  
15          claimant favorability in -- probably in the  
16          preamble to one of the rules, has to do when  
17          there are alternative explanations that are  
18          essentially of equal probability. Because the  
19          other language in there talks about the weight  
20          of the evidence, and you develop a dose  
21          reconstruction that incorporates the weight of  
22          the evidence. And in those cases where you  
23          don't have a -- a weight of the evidence, a  
24          convincing weight of the evidence, then in  
25          those cases then you would choose the more

1 claimant-favorable option when you have equally  
2 weighted probabilities -- equally -- equally  
3 plausible approaches. So just laying that out  
4 there as kind of background for where I think  
5 the discussion would start on our side, and it  
6 could be that Jim will read this and say well,  
7 Bob's right. He might, 'cause I'm -- I'm  
8 pretty sure -- I'm sure Jim has not seen this.  
9 Or -- but it may -- we may get into a  
10 discussion along those lines.

11 **DR. MAURO:** And I -- I think this is a very  
12 important philosophical -- because what this  
13 means is when we do -- when a dose  
14 reconstruction's being done and there is some  
15 uncertainty, and say well, this guy's dose  
16 could be anywhere between here and here, and we  
17 really can't do much better than that, and the  
18 geometric mean of betw-- is here's the value --  
19 so here's the value we're going to use with  
20 this uncertainty, so therefore you're -- or do  
21 you say no, it's between here and here, we're  
22 going to use a fixed value and assign the upper  
23 val-- value, and I agree. I think it's -- it's  
24 a judgment -- a policy decision that will have  
25 a big effect on the outcome, and I don't -- and

1 I know in some venues when we entered into this  
2 discussion, it usually went toward the fact  
3 that well, we have a building and someone's  
4 working in the building, and we know that some  
5 rooms have higher concentrations than others.  
6 But we also know that this worker -- his job  
7 was to work in all the different places, he  
8 didn't stay in one buil-- one room. He worked  
9 in a lot of different rooms. So for him, the  
10 median of the -- of the entire building is  
11 probably the right number for him. But for  
12 this other guy, let's say we don't really know  
13 where he worked, but we do know by and large  
14 that -- that peop-- there are people working  
15 one location, and we don't know really what  
16 location that was. In those circumstances,  
17 this has been something that we all -- we did  
18 discuss. We assigned the guy to the wor-- to  
19 the 95th percentile location --

20 **MR. HINNEFELD:** Yes.

21 **DR. MAURO:** -- 'cause if -- 'cause we don't  
22 know any better.

23 **MR. HINNEFELD:** Right.

24 **DR. MAURO:** Now we're talking about something  
25 similar where we're saying well, we -- when we

1 modeled this guy's dose, there's enough  
2 uncertainty on how you go about the mathematics  
3 of the process that we know we could put it --  
4 it's between here and here. The question is  
5 what do you -- what do you -- what do you --  
6 and right now you're picking the full  
7 distribution.

8 **MR. HINNEFELD:** For this -- this TIB came out  
9 originally using, I believe, the dis-- the full  
10 distribution --

11 **DR. MAURO:** Yeah, yeah.

12 **MR. HINNEFELD:** -- of -- I guess it's a  
13 (unintelligible) factor (unintelligible).

14 **DR. MAURO:** And -- and I think this is a -- a  
15 needed and healthy discussion with -- to -- you  
16 know, right now I -- I don't know what the  
17 right answer is but I think that this is  
18 something that needs to be discussed.

19 **MR. HINNEFELD:** Yeah, and I think that we'll  
20 have -- we'll have to bring a few people to the  
21 discussion, but that'll be part of this.

22 **MS. MUNN:** So our status changes from open to  
23 in progress. The SC&A comment that is shown on  
24 the printout that we have will be incorporated  
25 into the database with today's date, and the

1 workgroup's directive will be for SC&A and  
2 NIOSH to discuss this and attempt to reach a  
3 resolution.

4 **DR. MAURO:** I have a feeling it's going to be  
5 regulatory-driven. There's probably going to  
6 be some language in the regulations that will  
7 help us make a judgment where we should come  
8 down on this.

9 **MR. HINNEFELD:** Might be. Might be, and I'm --  
10 I'm just laying out there, you know, a thought  
11 process and I don't know, it may not even be.

12 **MS. MUNN:** Next item is TIB-10, item four.  
13 Finding was analysis is needlessly complex.  
14 NIOSH response is noted, no revision is  
15 proposed. Anigstein accepts the fact that  
16 they've taken note of it, and that's -- was  
17 more of an observation rather than -- that  
18 should change to closed, and the wording that's  
19 identified here should be incorporated into the  
20 database.

21 Item five --

22 **DR. ZIEMER:** Well, wait. So on this one what  
23 did NIOSH actually do?

24 **MS. MUNN:** Nothing.

25 **MR. HINNEFELD:** Meaning wha-- in the original -

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**DR. ZIEMER:** It's needless complex.

**MR. HINNEFELD:** Needless complex.

**DR. ZIEMER:** I mean did you simplify the analysis or --

**MR. HINNEFELD:** No.

**DR. ZIEMER:** -- is it still needlessly complex?

**MR. HINNEFELD:** Yeah. Yeah, some -- some of (unintelligible) complexity.

**DR. ZIEMER:** Well, maybe it's not needless then. Maybe it's --

**MR. HINNEFELD:** I have to go back on --

**DR. ZIEMER:** I mean -- I mean did --

**MR. HINNEFELD:** -- when the original report was --

**DR. ZIEMER:** -- did Steve think there was a --

**MR. HINNEFELD:** This was Bob.

**DR. ZIEMER:** -- some way to do it -- this is Bob's?

**MS. MUNN:** Yeah, Anigstein.

**MR. HINNEFELD:** He probably felt like you could have done this simpler.

**MS. MUNN:** Yeah.

**MR. HINNEFELD:** You said -- you were a lot more complicated in your description of this than

1           you need to be. You know, what you -- what you  
2           actually do there is not complicated, but it  
3           sounds a lot more complicated.

4           **DR. ZIEMER:** Well, when it said you'd taken  
5           note of the findings and were aware that -- you  
6           think it's needlessly complex?

7           **MR. HINNEFELD:** Yeah. I mean --

8           **MS. MUNN:** Well -- well, he said it was  
9           actually more of an observation. He identified  
10          it more of an observation than a finding, in  
11          any case.

12          **MR. HINNEFELD:** And I'm not familiar enough  
13          with which calculation they're talking about.  
14          It's -- it had to do with -- this -- this whole  
15          thing has to do with how you calculate the  
16          adjustment to a --

17          **DR. ZIEMER:** Well, I mean if --

18          **MR. HINNEFELD:** -- based on the geometry.

19          **DR. ZIEMER:** -- if you had an easier way to do  
20          it, then it would be fine to know that, but --

21          **DR. MAURO:** I mean if I recall, this is -- what  
22          I -- what I believe it is, there's this factor  
23          of two adjustment. In the end you have to into  
24          further calculations --

25          **DR. ZIEMER:** Yeah.

1           **DR. MAURO:** -- crunch, crunch, crunch, crunch  
2 numbers and model it and model the different  
3 geometries. In the end, we both come down to  
4 the same place, notwithstanding the angle of  
5 incidence issue but so -- just the issue  
6 related to geometry and -- the inverse square  
7 law -- you know what I think he was saying? I  
8 think that when all's said and done, all you  
9 have to do is apply the inverse square law.

10          **MR. HINNEFELD:** Yeah.

11          **DR. MAURO:** Why are we going through all these  
12 calculations? Except when you start to enter  
13 into the question of angle of incidence on the  
14 badge, that might have been the basis for his -  
15 -

16          **MR. HINNEFELD:** It could very well have been.  
17 I mean we went -- I think -- I think Bob used  
18 MCNP on this. Right?

19          **DR. MAURO:** He probably did.

20          **MR. HINNEFELD:** And we did a different model.

21          **DR. MAURO:** Attila.

22          **MR. HINNEFELD:** Yes, we used Attila, and got  
23 about the same number.

24          **DR. MAURO:** And we got the same number.

25          **MR. HINNEFELD:** And so we said well, hey,

1           that's pretty good. You know, we got  
2           independent confirmation using two different  
3           platforms, that sounds pretty good.

4           **DR. MAURO:** It's funny that he would say it's  
5           needlessly complex because you don't get more  
6           complicated than MCNP.

7           **MR. HINNEFELD:** MCNP, right. We chose Attila  
8           'cause it was simpler.

9           **MS. MUNN:** But this may be closed also in light  
10          of the fact that the author of the finding is  
11          preparing to -- in another item, is preparing  
12          to complicate the issue even further, adding in  
13          yet more --

14          **MR. HINNEFELD:** I guess we could presume --

15          **MS. MUNN:** -- calculations must be desig--

16          **MR. HINNEFELD:** -- that that's necessary  
17          complication.

18          **MS. MUNN:** Yes.

19          **DR. MAURO:** Yes, I think that --

20          **DR. ZIEMER:** Yeah, so he's not saying you get  
21          the wrong result or anything like that, he's  
22          just saying that --

23          **DR. MAURO:** Easier way to do it.

24          **MR. HINNEFELD:** You know, it could -- it could  
25          very well be with the description of what was

1 done --

2 **MS. MUNN:** Yes.

3 **MR. HINNEFELD:** -- as well. I mean, God help  
4 us, we don't necessarily write that clearly all  
5 the time.

6 **MS. MUNN:** No, you don't.

7 **MR. HINNEFELD:** And so it just be with the  
8 description of how the -- how the HP went about  
9 describing what was done. I -- I don't  
10 remember. If we pulled up the report, we  
11 probably (unintelligible) clear. You know, if  
12 we -- if we pulled up SC&A's report, it would  
13 probably be relatively clear.

14 **DR. ZIEMER:** Okay.

15 **MR. HINNEFELD:** Most of the time they are.

16 **MS. MUNN:** Can we just accept this?

17 **DR. ZIEMER:** Yeah, it's kind of a non-finding.

18 **MS. MUNN:** Yeah, it is a non-finding to begin  
19 with. Let's accept it as closed, incorporate  
20 the language that's been provided for us,  
21 including specifically that it's more of an  
22 observation than a finding at the outset.  
23 And in view of the fact that TIB-10 has four --  
24 five more items on it and one or two of them is  
25 likely to be a little long-winded, let's take a

1 15-minute break here to see if we can get out -  
2 - ourselves in proper condition for another  
3 onslaught for a couple of hours.

4 **DR. WADE:** Okay. We're going to take a break  
5 for 15 minutes. We'll be back at about 20  
6 minutes of 3:00. We're not going to break the  
7 line, we're just going to put the phone on  
8 mute.

9 (Whereupon, a recess was taken from 2:25 p.m.  
10 to 2:40 p.m.)

11 **DR. WADE:** Okay, this is the workgroup  
12 conference room and we're about to go back into  
13 session.

14 **MS. MUNN:** You set, Ray? Our next issue --  
15 we're still on TIB-10. This is item five. We  
16 question the design of the analysis. It  
17 compares the particle flux over locations on  
18 the torso rather than modeling the variation of  
19 dosimeter response with location. NIOSH's  
20 response was the dosimeter effectively measures  
21 particle flux. Through the use of filters, the  
22 film density is correlated to exposure/dose.  
23 According to the review, SC&A has conducted the  
24 same analysis using Hp(10) dose rates and MCNP-  
25 5. In SC&A analysis similar correction factors

1 as indicated in the TIB were obtained. Modern  
2 dosimeters were calibrated to measure Hp(10).  
3 Thus we believe the additional work of modeling  
4 the individual dosimeters is not warranted.  
5 The response that we have now from SC&A is we  
6 disagree with the NIOSH statement that  
7 dosimeters effectively measure particle flux.  
8 The conversion of particle flux to dose rate  
9 depends on the type of particle, the energy and  
10 the angle of incidence. The SC&A analysis of  
11 TIB-10 did not address the angular dependence  
12 of Hp(10). In our later review of TIB-13,  
13 which employs analytical methods similar to  
14 those of TIB-10, we did incorporate the angular  
15 dependence and found a large discrepancy with  
16 the NIOSH results. Finally, although we agree  
17 that modern dosimeters are calibrated to  
18 measure Hp(10), the correction factors may be  
19 used in conjunction with early dosimeters,  
20 which were not calibrated in the same manner.  
21 So, clearly this is not going to be accepted.  
22 There's a difference of opinion with respect to  
23 more than just the angle of incidence here, it  
24 would appear. Is there anything we can do in  
25 this meeting to move this along, or is this

1 going to be something we simply have to kick  
2 back to NIOSH for response and technical  
3 resolution?

4 **MR. HINNEFELD:** I think you at least need a  
5 response.

6 **MS. MUNN:** Oh, yeah.

7 **MR. HINNEFELD:** The -- before you do anything -  
8 - in progress means we've talked about it, so I  
9 think that's the appropriate status  
10 (unintelligible) it to, but the -- I think the  
11 basis of the issue is our model did not put a  
12 dosimeter at various places across a person's  
13 torso and see what kind of response you get  
14 (unintelligible) dosimeter. It just looked at  
15 the particle (unintelligible) across various --  
16 across the torso. And our position would be  
17 that well, the badges are good -- you know,  
18 particle (unintelligible) is a good indicator  
19 it's essentially -- for a given spectrum,  
20 particle (unintelligible) is proportional to  
21 the dose. So -- so our position was look, you  
22 -- you've got -- you know, any kind of question  
23 about is the badge reading the -- the radiation  
24 correctly is apart from the actual glovebox  
25 part of this question, and so -- but is the

1 badge reading the dose correctly is sort of the  
2 -- the -- the additional thing. It's relevant,  
3 certainly, and it's what Bob has raised here  
4 because the angular dependence would be a big  
5 piece of is the badge reading the dose appro--  
6 appropriately. So angular -- I knew angular  
7 dependence had come up somewhere else. I  
8 didn't remember it was TIB-13, but I knew it  
9 had come up somewhere, and so there'll have to  
10 be a resolution effort for angular dependence  
11 that would relate to this as well as the other  
12 place it came up.

13 **MS. MUNN:** No, I didn't --

14 **MR. HINNEFELD:** I don't know if --

15 **MS. MUNN:** I didn't --

16 **MR. HINNEFELD:** -- we can go any further today.

17 **MS. MUNN:** I didn't remember where it came up,  
18 either, but it's -- it's not a new -- it's  
19 nothing new on the table. We already have it.  
20 If no one has any objection, we will move this  
21 to in progress rather than open. We will  
22 incorporate the words from the SC&A response  
23 into the follow-up section, and the working  
24 group's directive will be for NIOSH to  
25 communicate with SC&A to attempt resolution of

1           this.

2           The next issue is TIB-10, item six.

3           **MR. MARSCHKE:** Excuse me, Wanda. When you say  
4           communicate, do you mean like a -- a telephone  
5           conference or do you mean --

6           **MS. MUNN:** Yes.

7           **MR. MARSCHKE:** -- e-mails back and forth or --

8           **MS. MUNN:** I mean telephone conferences --

9           **MR. MARSCHKE:** Telephone conference?

10          **MS. MUNN:** -- and e-mails, whatever is  
11          required.

12          **MR. MARSCHKE:** All -- whatever is needed?  
13          Whatever's needed.

14          **MS. MUNN:** Yes, whatever is needed.

15          **MR. HINNEFELD:** Well, I think the first point  
16          would probably be for us -- if we have a  
17          tentative position to write, we could write  
18          that --

19          **MS. MUNN:** It would be helpful.

20          **MR. HINNEFELD:** -- to help get started.

21          **MS. MUNN:** Yeah, helpful.

22          **MR. MARSCHKE:** And all that communication  
23          should be -- again, coming out of the --

24          **MR. HINNEFELD:** Should we go through the  
25          workgroup on that or should we just go directly

1 to each other?

2 **MS. MUNN:** I think you should go directly to  
3 each other until you have at least a position.

4 **MR. HINNEFELD:** Anything -- anything we write,  
5 we'll share with the --

6 **MS. MUNN:** Yes.

7 **MR. HINNEFELD:** -- share with the subcommittee.

8 **MS. MUNN:** Yeah, we'd appreciate that.

9 **MR. GIBSON:** And the technical calls, I think  
10 Mark likes to be on those a lot of times, too.

11 **MS. MUNN:** Yeah, he's always --

12 **MR. HINNEFELD:** Yeah, we always -- we always  
13 let the -- the subcommittee or workgroup know  
14 when one gets scheduled.

15 **MS. MUNN:** Yep, just keep us in the loop. TIB-  
16 10, item six, we question the assumptions made  
17 concerning the glovebox model; e.g., wall  
18 thickness, Lexan windows, et cetera. And NIOSH  
19 response was the model was to evaluate a  
20 typical glovebox in a claimant-neutral or  
21 favorable manner. As illustrated in the TIB,  
22 glovebox designs vary from facility to facility  
23 and may have steel-faced plates that greatly  
24 reduce the photon flux to the lower torso  
25 compared to where the badge would be worn on

1           the lapel. Since the SC&A MCNP model resulted  
2           in a similar correction factor using a  
3           different glovebox design, assumptions about  
4           glovebox model, wall thickness, et cetera, do  
5           not seem to be a serious issue.

6           SC&A's comment is the use of glovebox model  
7           with walls over four centimeters thick does not  
8           represent any actual glovebox design, past or  
9           present. The thickness of the glovebox may  
10          well affect Hp(10) if angle of dependence were  
11          considered.

12          Does this not appear to be essentially the same  
13          type of concern as item five?

14          **MR. HINNEFELD:** Yeah, I think it'll be wrapped  
15          in with that. I mean our position is that we  
16          didn't pick an actual glovebox and model it  
17          because there's a wide variety in gloveboxes  
18          that were used throughout the complex and we  
19          wanted to have a document that was applicable  
20          and favorable, you know, so it could be used  
21          everywhere, rather than trying to do one for a  
22          redesigned glovebox and trying to figure out  
23          what design a person used. So that was the  
24          approach here, so we didn't really try to make  
25          it look like a glovebox, and the fact that the

1 design we chose doesn't fit any real gloveboxes  
2 kind of doesn't really matter to us. That  
3 there were no gloveboxes that truly looked like  
4 that, to us that doesn't matter. But the other  
5 question about does that -- you know, is there  
6 some design feature there or something about it  
7 that will affect the -- the issue we already  
8 know we're going to have to work it, which is  
9 the angle of dependence --

10 **MS. MUNN:** Angle of dependence.

11 **MR. HINNEFELD:** -- then, you know, we can go  
12 into that as well.

13 **MS. MUNN:** Is there a possibility that we can  
14 combine these two?

15 **MR. HINNEFELD:** I have -- I don't know, I think  
16 you'd have to get with Bob on that --  
17 (unintelligible) anybody else could comment on  
18 that.

19 **MR. MARSCHKE:** I think I'm going to talk to Bob  
20 before I agree to combining them or, you know,  
21 make this addressed in number five or something  
22 like that, and --

23 **MS. MUNN:** Would you, off-line, communicate  
24 with --

25 **MR. MARSCHKE:** Yes, I will.

1           **MS. MUNN:** -- Bob about that --

2           **MR. MARSCHKE:** And I will e-mail the --

3           **MS. MUNN:** -- and ask him --

4           **MR. MARSCHKE:** -- workgroup the --

5           **MS. MUNN:** -- ask him if, in his view, it's --  
6           it's reasonable to combine them.

7           **MR. MARSCHKE:** Reasonable to combine them, and  
8           if answering one -- answering five would also  
9           answer six, I'll -- I'll talk to him and see.

10          **MS. MUNN:** We'll talk about that at the -- at  
11          Redondo Beach.

12          **MR. MARSCHKE:** At Redondo Beach we can put that  
13          in.

14          **MS. MUNN:** Very good. All right. Yes, Paul?

15          **DR. ZIEMER:** I have a question on this  
16          particular one. Stu, do you recall -- did --  
17          did NIOSH assume a four-inch -- four-centimeter  
18          thick glovebox --

19          **MR. HINNEFELD:** I don't recall.

20          **DR. ZIEMER:** No, it's still pretty thick --

21          **MR. HINNEFELD:** Pretty thick.

22          **DR. ZIEMER:** -- depending on -- unless it's --  
23          unless it's, you know, intentionally made to  
24          shield in some way. Sometimes gloveboxes  
25          (unintelligible) some shielding, particularly

1           in nuclear (unintelligible). Otherwise, that's  
2           -- that is pretty thick.

3           **MR. HINNEFELD:** Yeah. I don't know if it doe--  
4           I guess it does, I don't know.

5           **DR. ZIEMER:** And also in connection with this  
6           and the previous one, are assumptions made  
7           about these source geometry -- I mean typical  
8           glovebox, the source is pretty well spread out.  
9           It's not just one thing. Right?

10          **MR. HINNEFELD:** My -- I don't know much about  
11          typical glovebox work. I think that that's the  
12          case many times, and there may be other  
13          applications where there's (unintelligible)  
14          work on at a time. I -- I really don't know.

15          **MS. MUNN:** Where there's what? I'm sorry.

16          **DR. ZIEMER:** Well --

17          **MR. HINNEFELD:** Many sources in the glovebox,  
18          or is there a particular item that's worked on  
19          and then removed and another one -- one single  
20          item brought in.

21          **MS. MUNN:** Oh, that depends on what's going on  
22          at any given site.

23          **DR. ZIEMER:** Right, and they're -- and they are  
24          often not point sources, they're --

25          **MS. MUNN:** No, they're multiple.

1           **DR. ZIEMER:** -- they may -- yeah, multiple, and  
2           also there's a lot of scattering going on, so -  
3           -

4           **MS. MUNN:** Yeah, yeah.

5           **DR. ZIEMER:** -- I'm not sure -- well, I'm just  
6           --

7           **MS. MUNN:** No, when -- when you get into  
8           production facilities where all the remote  
9           handling's taking place, you've got -- you've  
10          got a whole glovebox full of differing -- often  
11          even differing isotopes, so -- okay, action on  
12          it is to change --

13          **DR. ZIEMER:** Same as the previous, I suppose.

14          **MR. HINNEFELD:** Probably the same -- same  
15          action as the previous. Whether they --  
16          whether it's the same -- whether it's the same  
17          finding and the same resolution, or whether  
18          they're two separate resolution discussions,  
19          but it's still the same action.

20          **MS. MUNN:** Still the same action. We change it  
21          to -- to in progress rather than open. And  
22          Steve's going to let us know what Bob thinks  
23          with respect to combining them.

24          Next item is 07. The finding was we question  
25          the use of an anatomical illustration of a

1 human torso rather than the ORNL-developed ICRP  
2 reference man-based anthropomorphic phantoms.  
3 And NIOSH response -- again, since the  
4 correction factor based on the Hp(10) dose rate  
5 calculated by SC&A MCNP model -- which, by  
6 definition, is the dose ten millimeters into  
7 tissue -- was the same as the correction factor  
8 calculated using the anatomical illustration,  
9 we do not feel the additional work needed to  
10 model the ICRP-referenced man is warranted.  
11 And Anigstein concurs and recommends that it be  
12 closed.

13 Any problem with any of that?

14 (No responses)

15 Hearing none, we will change the -- the status  
16 to closed and the SC&A follow-up will be the  
17 wording identified here on Steve's list, that  
18 SC&A concurs with NIOSH response, closed.

19 **MR. MARSCHKE:** So that one I can actually make  
20 the closed change to the database.

21 **MS. MUNN:** Huh?

22 **MR. MARSCHKE:** That one we can make the change  
23 to the database --

24 **MS. MUNN:** I see no reason why not.

25 **MR. MARSCHKE:** -- without any further approval

1 from the workgroup.

2 **MS. MUNN:** I see no reason why not, unless  
3 there's objection raised, which I don't hear.

4 **DR. ZIEMER:** I'm trying to remember if Hp(10)  
5 is really a -- 10 millimeters. It's actually  
6 pretty shallow. Isn't the -- the standard  
7 sphere, isn't it a 20-centimeter sphere --  
8 could you have someone check on that, Stu?

9 **MR. HINNEFELD:** For which, the definition of  
10 Hp(10)?

11 **DR. ZIEMER:** Yeah.

12 **MR. HINNEFELD:** Hp(10) --

13 **MS. MUNN:** Ten mil-- ten millimeters?

14 **DR. ZIEMER:** I think it's centimeters. I -- I  
15 think -- I think it's the center of a 20-  
16 centimeter sphere, not a 20-millimeter sphere,  
17 which is a --

18 **MR. HINNEFELD:** So you're saying Hp being the  
19 center of a 20--

20 **MS. THOMAS:** (Off microphone) (Unintelligible)

21 **MR. HINNEFELD:** Well, no, I know what you're  
22 talking about. You're talking about some  
23 quantity's measured at the center -- and it's  
24 the highest point --

25 **DR. ZIEMER:** It's the highest point --

1           **MR. HINNEFELD:** -- the highest point in a 20-  
2           centi-- in a sphere.

3           **DR. ZIEMER:** But the distance is taken to the -  
4           - to the -- the distance is taken to the ten-  
5           centimeter point. You know what I'm saying?

6           **MR. HINNEFELD:** I know what you're saying.

7           **DR. ZIEMER:** The -- the depth of the maximum is  
8           never specified. It's the center of the sphere  
9           that's specified.

10          **MR. HINNEFELD:** I know you're -- I know you're  
11          talking about how --

12          **DR. ZIEMER:** So if -- if your -- if your source  
13          is here and this is the body, you claim that  
14          the distance is this distance, it's the -- I  
15          think it's the center of a 20-centimeter  
16          sphere, it's the maximum dose in there,  
17          wherever that occurs. It's somewhere between  
18          .7 millimeters and 20, I think, and I -- I  
19          don't think it's the (unintelligible), ten  
20          centi-- millimeters of tissue. I think that's  
21          wrong. I noticed that before, but...

22          **MS. MUNN:** There'll be a brief pause while we  
23          see if we can get yet one more health physics  
24          expert to weigh in on exactly what Hp(10) does.

25          **MR. GIBSON:** (Unintelligible) one of our HP

1 experts not here.

2 **MS. MUNN:** Exactly.

3 **DR. ZIEMER:** Well, in fact, the -- the  
4 definition of deep dose is never at a specified  
5 distance (unintelligible) shallow dose is --

6 **MS. MUNN:** Yeah, shallow dose is --

7 **DR. ZIEMER:** -- so that's -- that's wrong.

8 (Pause)

9 **MR. HINNEFELD:** Okay, Brant thought it was the  
10 dose at ten millimeters.

11 (Pause)

12 Just to warn the Chair, I may be interrupted in  
13 a little bit by a phone call.

14 **MS. MUNN:** Oh, that's -- that's quite all  
15 right. That's no interruption, it's  
16 fulfillment of our destiny here. So we will  
17 come back to item seven when we get feedback  
18 from yet another HP expert.

19 We'll move on in the meantime to the next  
20 issue, which is item eight, the use of the  
21 Attila software is questioned. And the  
22 response is Attila was used out of convenience.  
23 Apparently we also ran MCNPX models and  
24 obtained similar results. Attila allows for an  
25 easy grasp of representation of the particle

1 flux/dose rate that we feel is more informative  
2 to the casual reader and is therefore more  
3 transparent than MCNP. In addition, since the  
4 SC&A review comments indicate concurrence with  
5 the correction factor based on SC&A MCNP-5  
6 model, we feel this comment is simply a matter  
7 of preference.

8 The response that came back is Anigstein  
9 concurs with NIOSH response, but awaits a  
10 presentation of the confirming MCNPX  
11 calculations in the revised TIB. Is that in  
12 the offing, Stu?

13 **MR. HINNEFELD:** No, I'd like to ask SC&A, and I  
14 know you will have to go to Bob, for a little  
15 additional explanation here. Is he expecting  
16 us to write a revision that includes an MCNP  
17 version of the same calculations?

18 **MR. MARSCHKE:** I think what he would be looking  
19 -- I think if we can delate -- delete in the  
20 revised TIB, from -- from his response, maybe  
21 we could take a look -- I mean it says in your  
22 response that you've made the MCNPX runs. We -  
23 - do you have that -- a document, quality  
24 assurance packet or something, that -- that  
25 compares the results of your MCNPX runs to your



1 workers. Information is lacking regarding  
2 radiation sources, et cetera. NIOSH's response  
3 is RFP data was used only as proof of principle  
4 for the use of Attila. It was added as an  
5 appendix for this reason. It is not used in  
6 the justification of glovebox factor in the  
7 TIB. Also the RFP data used was from glovebox  
8 workers.

9 And the response from SC&A says on page 11 of  
10 the TIB it was stated the claims involve  
11 glovebox and non-glovebox workers. If only  
12 data on glovebox workers were used in the  
13 validation, this should be stated in the  
14 revised TIB.

15 **MR. HINNEFELD:** Okay. We'll have to provide  
16 another response to that. It could be as  
17 simple as saying -- we've already promised to  
18 revise this TIB from like one and two, so it  
19 could be as simple as saying we'll include the  
20 -- that statement -- you know, take this  
21 statement out, in quotes, and put in the  
22 statement that the claims used were just from  
23 glovebox workers, if that's the case.

24 **MS. MUNN:** All right.

25 **MR. HINNEFELD:** And that may be as simple as



1           **MR. HINNEFELD:** -- and -- and then -- and you  
2 specify the depth --

3           **DR. ZIEMER:** Yeah.

4           **MR. HINNEFELD:** -- Hp(7) or Hp(10) -- Hp(0.07),  
5 so that's the -- that's the -- the definition  
6 of Hp(D), and then Hp(10)'s definition derives  
7 from that. He's looking some more at the ICRU  
8 sphere about dose --

9           **DR. ZIEMER:** This is probably then a general --  
10 it's like a generic -- he specified ten as --

11          **MS. MUNN:** Uh-huh.

12          **MR. HINNEFELD:** Yeah, ten is what's recommended  
13 for radiation protection. Hp(D) is the generic  
14 --

15          **DR. ZIEMER:** Yeah.

16          **MR. HINNEFELD:** -- for whatever depth you want  
17 to -- want to do -- whatever depth you are --  
18 you're interested in the tissue.

19          **MR. SIEBERT:** Hey, Stu, this is Scott.

20          **MR. HINNEFELD:** Yes.

21          **MR. SIEBERT:** I seem to recall that the sphere  
22 issue is when you're doing H\*(10) or whatever  
23 depth.

24          **MR. HINNEFELD:** Okay.

25          **MR. SIEBERT:** Which is a slightly different

1           concept. To tell you the truth, I'm -- I'm  
2           flipping through to see if I can find it, too,  
3           but that -- that seems to be the difference.

4           **MR. HINNEFELD:** Okay. All righty. Thanks.  
5           Well, let us know if you get anything, Scott.

6           **MR. SIEBERT:** Sure.

7           **DR. ZIEMER:** I don't -- I don't think it'll  
8           affect the finding.

9           **MR. HINNEFELD:** No, it's just --

10          **MS. MUNN:** I don't think so, either.

11          **MR. HINNEFELD:** -- it's just a comment in the  
12          response.

13          **DR. ZIEMER:** And they have apparently used that  
14          correctly. There is a -- obviously is an --  
15          Hp(10) is -- is one specific --

16          **MR. HINNEFELD:** One specific depth.

17          **DR. ZIEMER:** -- depth, yeah. And whatever --

18          **MS. MUNN:** Which is ten millimeters.

19          **DR. ZIEMER:** -- depth you chose, the -- the  
20          issue doesn't change.

21          **MR. HINNEFELD:** Right, right.

22          **MS. MUNN:** Yeah, it's moot for this purpose.

23          **DR. ZIEMER:** Yeah, moot for this purpose.

24          Thank you.

25          **MS. MUNN:** Now we encounter -- we -- that

1 completes TIB-10, and we now encounter one of  
2 those things which is going to require some  
3 definition I think from the workgroup. When I  
4 click to the next issue, the next issue that  
5 comes up is a closed one, TIB-11-01, and it is  
6 one of the original findings regarding lung  
7 dose conversion factor for thorium -- thoron.  
8 NIOSH provide further clarification of how the  
9 values of Table 1 of the TIB were derived. We  
10 were not able to reproduce the values of Table  
11 1, even using the same assumptions as the ones  
12 provided in the document.

13 NIOSH replies in the course of evaluating this  
14 finding and revising TIB-11 to include progeny  
15 of Rn-219, NIOSH has discovered mathematical  
16 mistakes that caused the values in Table 1 to  
17 be erroneously high. NIOSH will revise the  
18 document, correcting the Table 1 values, and  
19 will provide the supporting calculations.

20 Now this shows closed, but I see nothing on my  
21 screen which gives us any of the additional  
22 verbiage that we were just talking about  
23 earlier substantiating that those calculations  
24 have appeared, that they've been done, that --

25 **MR. MARSCHKE:** Yes, I bel-- I believe they

1           have. That is the case, they have appeared. I  
2           believe Stu gave them to -- to us and we sent  
3           them down to Joyce and she looked at them, and  
4           she concurred with the -- the NIOSH revised  
5           calculations. And we have to -- I have to take  
6           the action item to fill in the -- that informa-  
7           -

8           **MS. MUNN:** Yes, yes.

9           **MR. MARSCHKE:** -- to provide that information  
10          into the database.

11          **MS. MUNN:** Yes. Would you, please --

12          **MR. MARSCHKE:** Yes, I will.

13          **MS. MUNN:** -- Steve? All right. Thank you.  
14          'Cause that's -- if we're going to be thorough  
15          in this business of -- of how it's closed and  
16          by whom, under what circumstances, then we have  
17          to do this.

18          And the next issue that comes up is another  
19          closed one from the same TIB, 11, that is  
20          essentially the same situation. SCA doesn't  
21          agree with the statement this causes lead-212  
22          to produce less lung (unintelligible) dose per  
23          unit, et cetera. And we have a response from  
24          NIOSH, which appears to be responsive and --  
25          and just fine, referencing the mathematical

1 errors from before. But again I'm assuming  
2 that the conclusion of this and the reason for  
3 its closure is the same as item one, but --

4 **MR. MARSCHKE:** Yes, I would -- I believe that's  
5 the case.

6 **MS. MUNN:** So we would hope that you also have  
7 the action to fill in that group as well.

8 The next one is -- that comes up is TIB-4, item  
9 12 shows it's transferred to global issues, and  
10 -- as of October of 2007, so this will remain  
11 as it is. We agreed that we would leave these  
12 transferred items reading just exactly that way  
13 until something happens with global issues.

14 **MR. MARSCHKE:** (Off microphone) Prior issues  
15 (unintelligible)?

16 **MS. MUNN:** This is the same TIB, different  
17 finding, same resolution, a number of issues  
18 under TIB-4, 16, 17, 18, 19 -- hold on -- up to  
19 19 we're all reading transferred into glo-- no  
20 --

21 **MR. MARSCHKE:** (Off microphone) Should be  
22 (unintelligible) --

23 **MS. MUNN:** -- 04-18 is -- transferred, it says  
24 review of OTIB-9 -- oh, no, we're going to have  
25 to -- we're going to have to have follow-ups to

1           several of these OTIB-14s, it looks like.  
2           OTIB-4 is okay, but when we get to item 14 of  
3           OTIB-4, the status is transferred to OTIB-53.  
4           Now what we'll have to have in order to make  
5           this into a closed item is to see that transfer  
6           go into OTIB-53 and have the resolution of it  
7           there. Correct?

8           **DR. ZIEMER:** These aren't listed on their sheet  
9           --

10          **MS. MUNN:** No, no.

11          **MR. MARSCHKE:** No, I only looked at the open  
12          it-- this only addresses the ones that were  
13          open.

14          **MS. MUNN:** Yeah, I asked Steve for the open  
15          items and that's what he gave me. So I'm --  
16          I'm doubling our pleasure and extending our  
17          scope considerably by doing what I'm doing  
18          here, but if we -- if we're going to be  
19          consistent in the way we approach these things,  
20          then we do have to review -- at least one time  
21          we have to go through these items that we have  
22          closed or transferred and identify how we are  
23          going to do them. Before we discuss that any  
24          further, Steve -- Stu, you have something else  
25          you wanted to --

1           **MR. HINNEFELD:** Yes, Brant called me back on  
2           the issue we were talking about a while ago,  
3           and he found the quantity dose equivalent  
4           index, which is the maximum dose equivalent in  
5           the ICRU sphere standard at the point of space  
6           to which the quantity is assigned. So it's  
7           each --

8           **MS. MUNN:** So we're okay?

9           **DR. ZIEMER:** Yeah.

10          **MR. HINNEFELD:** Yes.

11          **MS. MUNN:** Still does not affect what we're  
12          doing here.

13          So I would call your attention now to an item  
14          that's not on Steve's list because it is not an  
15          open item, TIB-4, item 14 shows as transferred  
16          and review OTIB-53.

17          **MR. MARSCHKE:** My first question, Wanda, would  
18          be do we -- are we -- is OTIB-53 a procedure  
19          that we have been chartered to review?

20          **MR. HINNEFELD:** OTIB-53's not published yet.

21          **MR. MARSCHKE:** Then I guess we have not done a  
22          review on it.

23          **MS. MUNN:** That's -- I'm struggling with  
24          exactly -- determining whether or not any  
25          additional information needs to be on this at

1           this particular time. Perhaps not. There's no  
2           way that we can flag this as something we need  
3           to look at following the release of OTIB-53.  
4           We'll just have to --

5           **DR. WADE:** I don't know, does the Chair of the  
6           workgroup keep a little list of potential  
7           procedures for review?

8           **MS. MUNN:** She has not. And OTIB-53 will,  
9           however, be of sufficient magnitude that I feel  
10          fairly certain it will come before this  
11          workgroup.

12          **DR. WADE:** I would suggest then that SC&A  
13          normally would keep a list of items that  
14          potentially would need to be reviewed, so I  
15          would ask SC&A to make sure that OTIB-53 is on  
16          their list. John Mauro would normally come to  
17          the...

18          **MR. HINNEFELD:** We can -- if it helps, we can  
19          send a list of procedures, TIBs and Technical  
20          Basis Documents that are published, and then  
21          from that you would, you know, subtract  
22          anything that's been reviewed and then see  
23          what's --

24          **DR. ZIEMER:** What it looks like.

25          **MR. HINNEFELD:** -- see.

1           **DR. WADE:** I think when the workgroup is  
2           considering its next assignments to SC&A  
3           appropriate, as long as we have a way to  
4           realize that -- that part of the workgroup's  
5           unfinished business is OTIB-53 --

6           **MR. HINNEFELD:** Right.

7           **DR. WADE:** -- and SC&A can provide that.

8           **MS. MUNN:** I am more concerned with what's  
9           under development that we do not currently have  
10          on our list than what we do have on the list.  
11          We -- we can seek out the -- the list --

12          **DR. WADE:** Whenever you want it, Stu can  
13          provide it.

14          **MS. MUNN:** -- almost anywhere.

15          **MR. HINNEFELD:** I can send you the list of  
16          published. Under development, I'll have -- I -  
17          - I'll have to get with the contractor. I mean  
18          I can get -- just put my hands on this list  
19          that's out there, that's published. And there  
20          are a number, like coworker pop-- you know,  
21          coworker studies, coworker TIBs, things like  
22          that --

23          **MS. MUNN:** Yeah.

24          **MR. HINNEFELD:** -- that are pretty technical  
25          analyses --

1           **MS. MUNN:** They are.

2           **MR. HINNEFELD:** -- so there's a  
3           (unintelligible) out there in the already  
4           published realm. Other than TIB-53, what's  
5           coming, that would have -- I'd (unintelligible)  
6           to just (unintelligible) the contractor. I  
7           have no way of knowing that for sure.

8           **MS. MUNN:** I'm just -- I'm just concerned about  
9           this reference to something that we're doing in  
10          the future. As long as it's transferred to  
11          something that is already done or to global  
12          issues, we have a handle to hang our hat on.  
13          But when we're looking at something that's  
14          still under development, I'm searching for an  
15          expedient method for us to track it here  
16          without interfering with the business of -- of  
17          NIOSH's day-to-day requirements.

18          **DR. WADE:** Well, you'd have to have some way of  
19          flagging it --

20          **MS. MUNN:** Yes.

21          **DR. WADE:** -- there, or an independent list is  
22          kept.

23          **MR. HINNEFELD:** Or you could -- if you want to  
24          keep it on the -- you've still got to worry  
25          about this list, you could change the status

1 back to in progress.

2 **DR. WADE:** Probably be better.

3 **MR. HINNEFELD:** If you just change the status  
4 back to in progress --

5 **DR. WADE:** Then it keeps things --

6 **MR. HINNEFELD:** -- it's on the things -- the  
7 list of things we have to finish. And when we  
8 get to this point we'll see oh, okay, that's  
9 how we're going to finish it.

10 **MS. THOMAS:** Just leave it as transferred in  
11 reports -- you know, search for the  
12 transferred, because didn't -- didn't you say  
13 earlier that you're going to -- when you  
14 transfer it to something else it'll be an open  
15 item under that new procedure?

16 **MS. MUNN:** Yes, we did.

17 **MS. THOMAS:** So your transfer is really your  
18 flag -- your transferred status is your flag.

19 **MR. MARSCHKE:** Right now I'm not sure when we  
20 print out -- if we have any report that will  
21 print out -- except for the -- we don't have  
22 any summary report that will print out the fact  
23 that it's been transferred and the -- the  
24 review in OTIB-53, that that informa-- both  
25 those pieces of information. We'd be able to

1 print out the fact that it's been transferred.  
2 We'd be able to sort on the fact that it's been  
3 transferred. But we'll just -- you know, we'll  
4 have this whole group of -- of -- of issues  
5 that have been transferred. We won't know  
6 where they've been transferred to. We would  
7 have to come up with a new report form or  
8 something to -- to -- to include that  
9 additional bit of information associated with  
10 transfers.

11 **MS. MUNN:** Well, it appears, though, that --  
12 you know, transferred is going to be one of  
13 those items that we will continue to check, as  
14 we do open and in abeyance and in progress.

15 **MR. MARSCHKE:** Yes.

16 **MS. MUNN:** We'll cons-- we're going to consider  
17 that as one of the forms of open items. And  
18 when they've been transferred to something that  
19 is clearly another procedure, then we can -- as  
20 a matter of routine process in this group -- do  
21 that. I had not considered that in the past,  
22 but that's one of the reasons for this run-  
23 through, is to identify future process.

24 **MR. MARSCHKE:** I don't think there's all that  
25 many ones that got transferred, so I don't --

1           **MS. MUNN:** No.

2           **MR. MARSCHKE:** -- I don't think we can -- you  
3 know, I think we can be able to run through it  
4 --

5           **MS. MUNN:** I think we can do that --

6           **MR. MARSCHKE:** -- rather quickly.

7           **MS. MUNN:** -- fairly easily.

8           **MR. MARSCHKE:** Yes.

9           **MS. MUNN:** Yeah.

10          **MR. MARSCHKE:** So maybe --

11          **MS. MUNN:** I don't believe it's going to be a  
12 burden.

13          **MR. MARSCHKE:** So maybe the best thing is -- to  
14 do is to do nothing at this --

15          **MS. MUNN:** I think so, just adjust in -- in our  
16 own heads the fact that when we are looking at  
17 open items, those open items will include for  
18 us transferred.

19          **MR. MARSCHKE:** Yes.

20          **MS. MUNN:** And from time to time we will review  
21 the transferred items to see what progress is  
22 being made. It's just a matter of how you  
23 think about the tools you have to --

24          **DR. WADE:** He has a double-check -- I used to  
25 always keep a running list of procedures that

1                   were indicated to be reviewed so that when we  
2                   chartered SC&A with the next round, we started  
3                   with that list. John Mauro does the same  
4                   thing.

5                   **MR. MARSCHKE:** We will -- we will --

6                   **MS. MUNN:** Yes, he does.

7                   **MR. MARSCHKE:** -- from now on make sure that --  
8                   that way that we -- we -- I'm not aware that  
9                   we're doing that at this point. Maybe John is.  
10                  But I'll make sure when I get back that -- that  
11                  somebody, either John or myself, will maintain  
12                  such a list.

13                 **DR. WADE:** 'Cause in the course of a Board  
14                 deliberation you'd hear two or three procedures  
15                 that the Board would say we want to review  
16                 that, and we would collect that up for the next  
17                 charter.

18                 **MS. MUNN:** I think that's workable.

19                 **DR. WADE:** Yes.

20                 **MS. MUNN:** We'll just continue with our --  
21                 leading up to the next issue, which is another  
22                 transferred, OTIB-53, no problem. We've  
23                 resolved how we're going to deal with that.  
24                 Here's one that's transferred to review of  
25                 OTIB-9. Again, as long as we know what we're -

1 - dealing with it.

2 Here is OTIB-4, item 17, that says addressed in  
3 finding, PROC-61-04. So there's no action for  
4 us there. That's essentially closed for us.  
5 Eighteen is closed with adequate information.  
6 Nineteen is transferred to global issues. We  
7 know how we're dealing with those.

8 Item 20 is closed. All right, adequate  
9 information, addressed in finding 05.

10 Next one -- ah, should that be addressed in  
11 finding or should that be transferred?

12 **MR. HINNEFELD:** Which one are you talking  
13 about?

14 **MS. MUNN:** 04-21, OTIB-4, item 21. Its status  
15 is reported as addressed in finding.

16 **MR. MARSCHKE:** It should be in OTIB-4 -- it  
17 should be -- oh, I think what this is saying is  
18 that this is identical to or sufficiently  
19 similar to issue five.

20 **MS. MUNN:** Well, we said we'd transfer it over  
21 there.

22 **MR. MARSCHKE:** Oh, and we said -- on four --  
23 and on issue five we said we were transferring  
24 it to 53.

25 **MS. MUNN:** Yes, which wasn't done yet, but

1 OTIB-4 is done, and so I'm -- I'm saying this  
2 addressed in finding should be, in my mind,  
3 closed because we've -- once we assure  
4 ourselves that it's been transferred to four --

5 **DR. WADE:** And addressed.

6 **MS. MUNN:** -- and addressed there -- no.

7 **DR. WADE:** The key thing -- it says SC&A look  
8 to see that it's been addressed in...

9 **MR. HINNEFELD:** Well, five -- 4-5 hasn't been  
10 resolved yet --

11 **DR. WADE:** So it's --

12 **MR. HINNEFELD:** -- it's been -- it's been  
13 transferred to 53 --

14 **MS. MUNN:** Yeah.

15 **MR. HINNEFELD:** -- and so this -- you know,  
16 this allows you to track it. I mean you've got  
17 to do a two-step track to find it but I mean it  
18 allows you to track it the way it is. I mean  
19 the alternative is to say transferred to 53,  
20 but I think this is better. This is more  
21 definitive in terms of really knowing what's  
22 going on.

23 **MS. MUNN:** Addressed in finding -- it's then  
24 closed, I guess -- if we accept addressed in  
25 finding as being a closed item. That appears

1 to be the logical thing at this -- in this  
2 case. We'll see what happens as we go on down  
3 the list.

4 The next item that comes up is OTIB-11-01,  
5 closed, says -- okay, we have a reason for  
6 having closed it. We recommended it, it's  
7 closed.

8 11-02 was more of that same discussion, I think  
9 -- all that tritium business.

10 OTIB-12-01, SC&A submitted a white paper  
11 discussing OTIB-12's finding. Is this one of  
12 those -- is this --

13 **MR. HINNEFELD:** I think this is where we are  
14 holding open -- yeah -- a comment about the  
15 derivation of this correction factor, and  
16 that's where we're holding this open. My  
17 recollection is that the original findings in  
18 TIB-12 -- in OTIB-12 did not speak to whether  
19 those correction factors were correctly derived  
20 from (unintelligible), and that after we had  
21 done some other -- you know, some of our other  
22 responses and SC&A looked at the revisions or  
23 whatever was done on OTIB-12 in response to the  
24 other findings here -- it was Bob Anigstein who  
25 said but we don't agree with the -- what you

1 did -- calculations you used to generate the  
2 dose correc-- correction factors in IG-1.

3 **MS. MUNN:** Then --

4 **MR. HINNEFELD:** Is this where we're tracking  
5 that? Am I off-base on this?

6 **MS. MUNN:** I don't know. It may be that we  
7 don't have an accurate listing of the finding.  
8 This doesn't appear to be a finding to me.

9 **MR. HINNEFELD:** Yeah.

10 **MR. MARSCHKE:** A couple of other -- yeah,  
11 there's a couple of other statements there. I  
12 mean if you look on the bottom -- if you click,  
13 there's a couple more -- additional things that  
14 were said.

15 **MS. THOMAS:** And there's been a whi-- I have in  
16 my notes, too, there's been a white paper.

17 **MS. MUNN:** Yeah, discussing the findings, but -  
18 - but the thing that I'm concerned about was  
19 the finding itself. Do we -- I don't suppose  
20 we still have Kathy on the line. Kathy, are  
21 you there?

22 (No responses)

23 I wouldn't be, if I were Kathy. But --

24 **MR. HINNEFELD:** If you want to excuse me for a  
25 minute I'll see if I have something so you can

1 see it at the same time I do.

2 **MS. MUNN:** Is this one of those ideal times  
3 where the white paper should be shown as a  
4 related link?

5 **MR. HINNEFELD:** Yeah. If I'm not mistaken, I  
6 don't have anything convenient. I could find  
7 it, but it would take a long time.  
8 It would -- no, I mean I'll be able to find it,  
9 but it's going to take a long time for me to  
10 search 'cause the retrieval is so slow back to  
11 the system. So if -- if -- I'll -- after we  
12 get to a break or something, if you want to go  
13 ahead and have another break, or at the end,  
14 I'll go back and verify this. But my underst--  
15 my recollection is I know we have in front of  
16 us a task to provide additional technical  
17 support for the dose correction factors,  
18 external dose DCFs, that are in IG-1. And if  
19 I'm not mistaken, it came up in this context,  
20 that there were originally some findings on --  
21 on this OTIB-12, and as -- during the  
22 resolution of those findings SC&A -- it was Bob  
23 Anigstein -- said wait a minute, these -- this  
24 -- DCFs, we have a problem with how -- what you  
25 used -- how you generated the DCFs, these

1 triangular distribution DCFs.

2 **MS. MUNN:** Uh-huh.

3 **MR. HINNEFELD:** And so our action now is to  
4 come back with additional technical support for  
5 that -- and this has been around for a couple  
6 of meetings. This is not a Johnny-come-lately.

7 **MS. MUNN:** No, it isn't.

8 **MR. HINNEFELD:** It's been around for a while.

9 **MS. MUNN:** No, it -- it says, though the  
10 workgroup directive says that we were to report  
11 back to the workgroup on December 11th, and I  
12 don't know what happened on December 11th,  
13 whether that was on --

14 **MR. MARSCHKE:** Yeah, there's another --

15 **MS. MUNN:** -- my scope or not.

16 **MR. MARSCHKE:** Look at it again, Stu, there's  
17 something --

18 **MR. HINNEFELD:** Another one after this -- no?

19 **MR. MARSCHKE:** It says December 11th, no?

20 **MS. MUNN:** No.

21 **MS. THOMAS:** (Off microphone) There's another -  
22 - it's ORAUT Procedure 6 (unintelligible)  
23 procedure and in that follow-up action  
24 (unintelligible) Revision 1 to Procedure 6 is  
25 (unintelligible) proton (unintelligible) the

1           dose reconstructor to (unintelligible), but IG-  
2           1 hasn't been modified, so that one can't be  
3           closed, it's in abeyance. I don't know exactly  
4           what (unintelligible) --

5           **MR. HINNEFELD:** No.

6           **MS. THOMAS:** -- that one to OTIB-12 is the same  
7           (unintelligible).

8           **MR. HINNEFELD:** As I -- my recollection is that  
9           OTIB-12 was were the DCFs correctly prepared.  
10          You know, were they -- were they generated  
11          correctly. Triangular distributions for DCFs,  
12          were those really generated correctly. I'm  
13          almost sure this is what we're tracking.

14          **MS. MUNN:** Let the Chair take the prerogative  
15          here of asking SC&A and NIOSH to confer on this  
16          particular item, which has several apparent  
17          administrative issues associated with it. The  
18          first is, in the view of the Chair, this is not  
19          a finding. If there's a finding here, let's  
20          try to identify precisely what the finding is.  
21          And if no response is required, then what are  
22          we tracking? We need to have further data with  
23          respect to what NIOSH's response was requested  
24          to be last December, and apparently there is a  
25          white paper from SC&A that's out there that

1 needs to be put in the new related link bin and  
2 clickable here, so there's several things that  
3 appear to be remiss with this particular item.  
4 Would NIOSH and SC&A both take the action to  
5 communicate with one another about this and try  
6 to see if we can have a cleaner feel for what  
7 this item is and why we are tracking it? Can  
8 do?

9 **MR. HINNEFELD:** Yeah.

10 **MR. MARSCHKE:** Yes.

11 **MS. MUNN:** Okay. No point in trying to resolve  
12 it here. It takes a lot of going back and  
13 forth.

14 Next thing that comes up for me is OTIB-14-01.  
15 There's agreement. No direction from us. This  
16 is one of those things that went to OTIB-52. I  
17 think that's correctly identified at this  
18 moment.

19 OTIB-17-01 --

20 **MR. MARSCHKE:** We need to add a issue to OTIB-  
21 52 to receive -- receive this.

22 **MS. MUNN:** Yes.

23 **MR. MARSCHKE:** Is that correct?

24 **MS. MUNN:** That's correct, it needs to be  
25 transferred into -- you need to have a

1 transferred tracking item.

2 **MR. MARSCHKE:** And then when we talk about our  
3 OTIB-52 responses and -- and everything, we  
4 need to make sure that we did in fact -- that  
5 this has also been addressed --

6 **MS. MUNN:** Yes.

7 **MR. MARSCHKE:** -- in -- in -- in 52, I guess.

8 **MS. MUNN:** That's correct. That's what --

9 **MR. HINNEFELD:** Well, yeah, I think you're  
10 right, but I think that you -- you want to be a  
11 little careful about assuming that this  
12 particular finding -- this can be written right  
13 into OTIB-52 because if you read it, it says --  
14 you know, first of all, we're talking about a  
15 TIB that -- about assigning an environmental  
16 dose to people --

17 **MS. MUNN:** Uh-huh.

18 **MR. HINNEFELD:** -- who were monitored --

19 **MS. MUNN:** Uh-huh.

20 **MR. HINNEFELD:** -- but not exposed. And the --  
21 and the finding is an admonition to be careful  
22 when you do that about construction workers  
23 because there were sites where construction  
24 workers were not monitored when they should  
25 have been.

1           **MS. MUNN:** Uh-huh.

2           **MR. HINNEFELD:** Which is really the intent of  
3 OTIB-52 --

4           **MS. MUNN:** Right.

5           **MR. HINNEFELD:** -- and the construction worker  
6 approach. And so the -- the actual existence  
7 of OTIB-52 may be sufficient to answer this  
8 finding. Now we may know more when we go back  
9 and read the actual report and the full text of  
10 the finding, but it just seems to be right now  
11 an admonition that's saying, you know, you  
12 can't assume the same thing about construction  
13 workers that you can assume about the -- the  
14 main -- the principal contractors, the  
15 operating contractor staff in terms of their --  
16 their monitoring status. And like that -- that  
17 agreement, our agreement with that finding is  
18 the whole reason why OTIB-52 was written.

19           **MR. MARSCHKE:** And I think maybe words to that  
20 effect is way -- the way that this answer --  
21 this issue gets resolved.

22           **MR. HINNEFELD:** Right.

23           **MR. MARSCHKE:** Basically it's just -- at this  
24 point all's (sic) we have to do is add some  
25 words to that effect, that OTIB-52 was -- the

1 intent was to really --

2 **MR. HINNEFELD:** Yeah.

3 **MR. MARSCHKE:** -- address this --

4 **MR. HINNEFELD:** Right.

5 **MR. MARSCHKE:** -- this exact issue.

6 **MR. HINNEFELD:** Right.

7 **MR. MARSCHKE:** And so there's no -- not spe--  
8 not anything specific in OTIB-52, it's 0-- it's  
9 just the fact that the procedure itself --

10 **MR. HINNEFELD:** Yeah.

11 **MR. MARSCHKE:** -- addresses the issue, so --  
12 and -- and maybe we can craft some words to  
13 that effect and -- and then come back and close  
14 this out.

15 **MS. MUNN:** That would be very nice, and it  
16 shouldn't take very many words on this --  
17 that's the intent of OTIB-52 and every -- we've  
18 -- it's been done.

19 The next issue that comes up is 17-01,  
20 dosimetry data, (unintelligible). The working  
21 group found NIOSH's response acceptable and  
22 closed this item. That appears to be an  
23 appropriate closure, with adequate information  
24 in here.

25 The next is item two of 17, working group

1           accepted, closed, fine.

2           The next one is 03, NIOSH and ORAU disagree  
3           with this position, consideration of geometry.  
4           I cannot make my screen show me the rest of  
5           that comment at the bottom. Issue was  
6           discussed in OTIB -- discussed in the DOE  
7           (unintelligible) and is incumbent on DR staff  
8           to analyze and discuss the potential for  
9           overestimating or underestimating electron dose  
10          with respect to (unintelligible). In addition,  
11          ORAU TIB-17 recommends a favorable dose  
12          correction factor of 1.0 for application of  
13          measured electron dose to the skin. So this is  
14          outstanding. It's not on our list, but it  
15          appears to be still open. There does not seem  
16          to be an agreement, and there's no  
17          recommendation from the working group.

18          **MR. HINNEFELD:** If I'm --

19          **MS. MUNN:** Well --

20          **MR. HINNEFELD:** If I understand this finding,  
21          it's that of just because you have a shallow  
22          dose measured by a person's dosimeter, that may  
23          not be sufficient because there are chances --  
24          opportunities for heart -- hot particle deposi-  
25          - well, hot particles specifically for skin --

1 skin contamination that the badge would not  
2 measure but would, you know, add to the dose to  
3 an individual. So that, as I understand, is  
4 the nature of this. And as a matter of  
5 practice, we have not postulated or speculated  
6 the occurrence of a skin contamination absent  
7 evidence to the contrary, and the reason being  
8 that there's -- there's nowhere to stop, you  
9 know.

10 **MS. MUNN:** Yeah. Yeah.

11 **MR. HINNEFELD:** If you're going to postulate  
12 skin contamination without evidence, then you  
13 might as well postulate an infinite skin  
14 contamination in terms of, you know,  
15 integration of -- of level and -- and time, if  
16 you're going to do that.

17 **MS. MUNN:** We have too many situations where  
18 we're already postulating possibilities for  
19 which we have no evidence. Let's not add to  
20 it.

21 **MR. HINNEFELD:** That's -- that's the practice  
22 we've taken so far. If this may -- for  
23 resolution of something like this, it may  
24 involve specific discussion about this or -- or  
25 not, but I know -- I think Mark would probably

1 want more discussion than just what I said.

2 **MS. MUNN:** I am quite sure he would, but it  
3 appears obvious to me that a response from SC&A  
4 is required for the NIOSH follow-up. Is anyone  
5 else reading that any differently than I?  
6 Looks like the ball's in SC&A's court to  
7 respond to the NIOSH follow-up and express  
8 either agreement, disagreement or  
9 qualification.

10 (No responses)

11 It will hopefully appear on our next open items  
12 list, since it didn't pop up this time.

13 **MR. MARSCHKE:** It -- because it's an in  
14 progress list --

15 **MS. MUNN:** It's an in progress --

16 **MR. MARSCHKE:** -- sort of an in progress item,  
17 and I wasn't -- this -- this was just --

18 **MS. MUNN:** This is just open.

19 **MR. MARSCHKE:** -- pure item-- open --

20 **MS. MUNN:** I know, I know.

21 **MR. MARSCHKE:** Yeah.

22 **MS. MUNN:** We'll -- we'll expand it the next  
23 time we go through it to include these.  
24 17-04 is addressed in finding 17-03. We agreed  
25 to transfer it, so that's all right. It's

1 closed.

2 The next one is item five, also addressed in  
3 item three, for which we are expecting a  
4 response. That's all right.

5 Go on to item six, which is closed. There is a  
6 related link -- aha, there's a white paper.

7 (Unintelligible) white paper, it appears SC&A  
8 and NIOSH agree, closed -- appropriate, and a  
9 nice link. Thank all involved.

10 17-07, closed by recommendation of the working  
11 group.

12 Next item is 08, closed. Working group did not  
13 actually state that this issue is -- it closed,  
14 with the transcript to indicate that for all  
15 intents and purposes this issue -- still need  
16 some words out there -- has been fully  
17 addressed, should say. Discussion -- extensive  
18 (unintelligible) -- I remember talking about  
19 this, at considerable length. I think that all  
20 that this requires is this issue has been  
21 addressed and is closed. The addition of those  
22 words in the workgroup directives should do it  
23 for us.

24 **MR. MARSCHKE:** Yeah, when they were -- when  
25 they were populating the database, basically

1           they did cut-and-paste from --

2           **MS. MUNN:** Right.

3           **MR. MARSCHKE:** -- other documents, and  
4           obviously something got --

5           **MS. MUNN:** Yeah.

6           **MR. MARSCHKE:** -- didn't get --

7           **MS. MUNN:** Yeah.

8           **MR. MARSCHKE:** -- copied right.

9           **MS. MUNN:** Yeah.

10          **MR. MARSCHKE:** So we'll go back to the original  
11          document and find out what the remainder of  
12          that statement is.

13          **MS. MUNN:** If you would. I believe it should  
14          say has been addressed and is closed, but if  
15          you would do that, I'd appreciate it.

16          Then our next issue that comes up would be item  
17          nine, closed, Board agrees, no further action,  
18          that's appropriate.

19          Ten, recommended closing it, no further action,  
20          fine.

21          Eleven, same. I remember doing a lot of work  
22          with 17.

23          Yeah, we're fine, all fine -- 13, 14, 15.

24          Now we're back to 18-01 has been transferred,  
25          review of OTIB-9 will catch that one. Okay.

1 18-2 is closed. And 18-3 is closed; 18-4,  
2 closed.

3 And now we come to the outstanding one, 18-5  
4 shows open, but here is the response -- the  
5 finding was a more thorough evaluation of air  
6 monitoring programs at DOE facilities is  
7 required to ensure that OTIB-18 represents  
8 favorable -- claimant-favorable approach to  
9 assessing internal dose.

10 And the NIOSH response is the OTIB was  
11 developed to apply to individuals who were not  
12 routinely exposed to radioactive materials of  
13 facilities with rigorous air monitoring  
14 programs. It does not assign intakes based on  
15 air monitoring, per se. The assumption is that  
16 air monitoring was performed at the site and  
17 work areas, and the work performed in them were  
18 controlled based on the air sample results.  
19 Actions taken based on air samples could take  
20 from limiting time in the area, requiring  
21 respirators, moving the work to a hood or  
22 glovebox, et cetera, making it unlikely that  
23 workers with lower potentials for intakes were  
24 consistently exposed at levels exceeding these  
25 limits. In the case of workers with negative

1 bioassay results, the OTIB contains tables of  
2 results that yield smaller intake rates than  
3 those assigned to OTIB -- by OTIB-18. A list  
4 of applicable sites was generated with TBD  
5 authors familiar with the sites, in general,  
6 sites to which this would apply, include the  
7 large DOE facilities and some of the smaller  
8 ones. For other small sites and AWE  
9 facilities, the DR must provide justification  
10 for using this approach. The user's guide for  
11 using the tool is attached. This includes the  
12 list of approved sites. The related link is  
13 given and the recommendation is to close, and  
14 SC&A agrees with the response.

15 Any objection?

16 **MR. GIBSON:** Yes.

17 **MS. MUNN:** Yes.

18 **MR. GIBSON:** I'd like to look into this some  
19 more.

20 **MS. MUNN:** Okay.

21 **MR. GIBSON:** Any -- to say any DOE facility had  
22 a robust air monitoring program, I -- I'd like  
23 to look into that a little bit more.

24 **MS. MUNN:** All right. Hold.

25 **MR. HINNEFELD:** Would we change that to in

1 progress then? (Unintelligible) a problem with  
2 that?

3 **MS. MUNN:** Yes, we would. All right, it's in  
4 progress, awaiting further review.

5 **MR. HINNEFELD:** The addition discussion you're  
6 -- Mike, then is about -- are you interested in  
7 the -- which specific sites are included here?  
8 Because it's not all sites. There are certain  
9 sites that are supposed -- that -- you know,  
10 where this is going to be applicable to  
11 (unintelligible) I guess it's not supposed to  
12 be applicable to, and is it just -- what --

13 **MR. GIBSON:** Just -- yeah, just any information  
14 you could provide me and I'll just -- I'm  
15 really not familiar with this TIB -- you know,  
16 the section of this TIB right now.

17 **MR. HINNEFELD:** Yeah, I'm not, either. So --  
18 but -- so it's sort of like you want -- you  
19 know, we just say here that there -- these  
20 sites have robust air monitoring programs, and  
21 you want -- rather than just take it at face  
22 value that these sites had robust -- you would  
23 want to know what evidence do we have that they  
24 did.

25 **MR. GIBSON:** Right, and what evidence that the

1 worker was less likely to be exposed and, you  
2 know, just all the caveats that you had in your  
3 response.

4 **MR. HINNEFELD:** Okay, so you're -- okay, so  
5 what evidence do we have that they had robust  
6 air monitoring program and what evidence do we  
7 have that they had appropriate controls and  
8 took appropriate action based on -- on those --  
9 on air monitoring results, if -- if in fact  
10 (unintelligible) program.

11 **MR. GIBSON:** Yeah.

12 **MR. HINNEFELD:** That kind of stuff?

13 **MR. GIBSON:** Uh-huh.

14 **MR. HINNEFELD:** Okay.

15 **MS. MUNN:** So we'll call it in progress, and  
16 the workgroup directive will be requests  
17 additional details from NIOSH.

18 Next issue comes up for me is 18-6. This is  
19 another one that is suggested to be in abeyance  
20 by SC&A, concurs with NIOSH's proposed solution  
21 in a revised TIB, so SC&A agrees, but we need  
22 to hold it in abeyance for a revision.

23 Correct? Awaiting revision? OTIB will be  
24 revised to include this information, so it's in  
25 abeyance, awaiting --

1           **UNIDENTIFIED:** Correct.

2           **MS. MUNN:** -- a revision of the TIB. Okay. Do  
3 we want to take a five-minute break?

4           **MR. HINNEFELD:** It would be helpful for me.

5           **MS. MUNN:** Okay, let's do five minutes.

6           **DR. WADE:** If anyone is still with us on the  
7 line, we're going to take a five-minute break.  
8 Is anybody out there?

9           **MS. HOMOKI-TITUS:** This is Liz. I'm still  
10 here.

11          **DR. WADE:** You're a trooper.

12          **MS. MUNN:** Yeah, sure are. Thank you.

13          **DR. WADE:** We're just going to take five.

14          **MS. HOMOKI-TITUS:** I appreciate it, too.

15                   (Whereupon, a recess was taken from 3:56 p.m.  
16 to 4:03 p.m.)

17          **DR. WADE:** Okay, this is the workgroup  
18 conference room. We're back in session. This  
19 is the last call, we think.

20          **MS. MUNN:** Uh-huh, we think. We've just  
21 completed 18-06 with a recommendation that the  
22 status be changed to in abeyance, awaiting a  
23 revised OTIB.

24                   The next item that comes up on the screen is  
25 18-07, transferred to the new expec--

1           anticipated OTIB.  
2           Next item is 19-01, shown as in progress. The  
3           OTIB's recommendations for interpreting the  
4           regression are two. Do not take into account  
5           the fact that there is a conditional dependence  
6           within the data, and that there is censored  
7           data. The R-2 values need to be adjusted to  
8           account for conditional dependence. NIOSH's  
9           response was information was intended as  
10          general guidance, not a requirement. Each set  
11          of data has its own unique properties and those  
12          taken into account as much as possible.  
13          Then there was some additional verbiage there,  
14          which had been requested, I believe. Our  
15          directive had been to have additional data  
16          provided -- a suggested revisions to the OTIB  
17          that address this issue. I don't see whether  
18          the second NIOSH response, 9-18, fulfills that  
19          request. It appears the workgroup directive  
20          was made after that. It's difficult to see why  
21          we still have this -- there's an extensive  
22          discussion over in the NIOSH/SCA discussion.  
23          It's not appropriate to rank numbers -- rank  
24          order a set of numbers from low to high, assign  
25          a Z score to the numbers and fit a line to a

1 high correlation coefficient -- to conclude  
2 that a high correlation coefficient indicates a  
3 good fit for a lognormal distribution. It's  
4 only when you have paired measurements; that  
5 is, time and urine concentration  
6 (unintelligible) values do a test of a curve  
7 fit of the data to a lognormal distribution.  
8 SC&A suggests simply rank ordinary numbers and  
9 directly plucking off a 50 to 90 percent value  
10 rather than imposing an artificial distribution  
11 to the values. NIOSH understood and agreed to  
12 some degree with SC&A concerns, but agreed to  
13 do some editing of the OTIB. The end progress  
14 appears to be appropriate. It appears that we  
15 have an action item that has not been addressed  
16 elsewhere, mainly a potential edit of the OTIB,  
17 or in any case a resolution of the issue  
18 between the two groups.

19 **MR. HINNEFELD:** As a --

20 **MS. MUNN:** The last thing I have is NIOSH will  
21 confer with Jim on the issue and get back to  
22 the --

23 **MR. HINNEFELD:** Yeah, we've done -- our staff  
24 has done quite a lot of work on this. We  
25 worked on every -- we looked at every coworker

1           dose (unintelligible) distribution we've used  
2           as of the date we did the analysis, and that  
3           was a lot --

4           **MS. MUNN:** Uh-huh.

5           **MR. HINNEFELD:** -- and compared the various  
6           approaches, whether you rank order the data or  
7           do the fit (unintelligible) doing it, so  
8           apparently we've never delivered that to the  
9           working group. I'll have to get with Jim and  
10          see -- we may not have actually gotten to a  
11          final product of how exactly we're going to  
12          phrase this and what does this mean in terms of  
13          doing -- you know, (unintelligible) some  
14          modification of TIB has been made or not. So -  
15          - but I'll have to get back with Jim and -- and  
16          see where we were on that 'cause I know they've  
17          gotten fairly far along and to the point of  
18          having a tabular comparison of the techniques  
19          for various work -- you know, coworker or work  
20          population distributions. But I don't know now  
21          what happened (unintelligible) got to get with  
22          Jim and sort out where we are.

23          **MS. MUNN:** Yeah, it looks as though the -- the  
24          last thing I see down here is that Jim was  
25          going to get back to us -- it says to the work

1           -- I am assuming that means workgroup instead  
2 of Board --

3           **MR. HINNEFELD:** I think he was going to Warner  
4 Brothers Park.

5           **MS. MUNN:** I think so, yeah -- at the next  
6 meeting. So we'll have a report from Jim --  
7 I'll ask -- I'll have that on my agenda for the  
8 -- that Redondo Beach meeting, not with the  
9 anticipation he will do any more work, but that  
10 we'll get a status of what has been done and --

11           **MR. HINNEFELD:** Right.

12           **MS. MUNN:** -- whether it is closed or not.

13           **MR. HINNEFELD:** Right, I'll see what Jim will  
14 (unintelligible).

15           **MS. MUNN:** Status only. Just so -- primarily  
16 so we can make sure we're on the right track  
17 here in the database.

18           The next issue, OTIB-20-01 is closed, with a  
19 review, transcript -- general concurrence, it's  
20 recommended the issue be closed -- yeah, that  
21 one's okay.

22           The next issue, 20-02, is closed, see item one,  
23 which was -- we talked about it. It's gone to  
24 PROC-6 and other places, and we're good to go.

25           03 is the same closure; 04 -- I think we've

1 closed that whole -- that whole coworker  
2 dosimetry data for external dose assignment, I  
3 think we've closed them all.

4 20-06 and 22-01, SC&A finds no issue here.

5 It's judged to be a closed issue. The finding  
6 was SC&A's review of this document produced no  
7 comments, and SC&A agrees with its contents and  
8 conclusions, so I don't know why this is even  
9 listed on our (unintelligible), but I guess it  
10 is.

11 23-01 --

12 **DR. ZIEMER:** This gives us the record.

13 **MS. MUNN:** Gives us the record. 23 --

14 Yeah. 23-01, missed neutron doses based on  
15 dosimetry records. SC&A --

16 **MR. HINNEFELD:** Well, this is the one we talked  
17 about at the start of the meeting.

18 **MS. MUNN:** Right.

19 **MR. HINNEFELD:** We went through the exposures  
20 at the start of the meeting.

21 **MS. MUNN:** This is OTIB-23, we've done this,  
22 and it's closed --

23 **DR. ZIEMER:** 24s.

24 **MS. MUNN:** Yeah, it's closed appropriately.

25 **MR. MARSCHKE:** This is -- Kathy's going to give

1 the additional information.

2 **MS. MUNN:** Right. (Unintelligible) go away,  
3 and 24-01, which is in abeyance, shows open.  
4 The dose rates are expressed as per gram of  
5 source isotopes rather than per gram of  
6 compound. NIOSH response says OTIB-24 will be  
7 revised using a model computer code and dose  
8 rates will be expressed appropriately. Do we  
9 have any report of where we are with the  
10 revision to OTIB-24?

11 **MR. HINNEFELD:** I don't have any report on  
12 that. This is on the -- the list that Steve  
13 handed out.

14 **MS. MUNN:** Uh-huh, yes.

15 **DR. ZIEMER:** We did all the 24s.

16 **MS. MUNN:** It's --

17 **MR. HINNEFELD:** We have -- NIOSH has talked  
18 about them, but -- Steve and Bob Anigstein has  
19 looked at them and --

20 **MR. MARSCHKE:** Well, the answer to all the --  
21 the res-- NIOSH response to all the -- the  
22 comments were we're going to run this modeling  
23 computer code and do all the -- the doses. And  
24 -- and so it's essentially if you just -- if  
25 you run through all the NIOSH responses, it's -



1 thorium annual dose, conversion factors, was  
2 resolved with the working group's approval.  
3 28-02, resolved with the working group's  
4 approval. It's in abeyance, the listing of  
5 files in the TIB is incomplete. A page change  
6 will be initiated to include all files used.

7 **MR. HINNEFELD:** And we've -- we've revised that  
8 procedure.

9 **MS. MUNN:** 28?

10 **MR. HINNEFELD:** Yeah.

11 **MS. MUNN:** So it looks as though NIOSH has an  
12 action to --

13 **MR. MARSCHKE:** Or it may be already -- what  
14 you're saying, Stu, is --

15 **MR. HINNEFELD:** It's revised.

16 **MS. MUNN:** It's revised.

17 **MR. MARSCHKE:** It's already been revised and --  
18 and the --

19 **MS. MUNN:** It's revised. SC&A has a --

20 **MR. MARSCHKE:** The list of file has been  
21 updated.

22 **MR. HINNEFELD:** Yeah, actually it was -- we did  
23 -- we don't refer to those files anymore  
24 because we've generated (unintelligible) so the  
25 -- the TIB I believe contains the data tables

1 that formerly were referred to as these files.

2 **MR. MARSCHKE:** Okay.

3 **MR. HINNEFELD:** I believe that's the situation.

4 **MS. MUNN:** So the final data entry on this  
5 sheet should be NIOSH follow-up that --

6 **MR. HINNEFELD:** I think -- I believe that  
7 (unintelligible) SC&A, if this is the practice  
8 you want to follow, SC&A look at the revision  
9 to see if in fact it did --

10 **MS. MUNN:** Right.

11 **MR. HINNEFELD:** -- resolve the issues.

12 **MS. MUNN:** Right. SC&A verify that the -- the  
13 page change has been initiated and the files  
14 were included, and then we can close it out  
15 next time. That's OTIB-28-02.

16 (Unintelligible) revision. Okay.

17 The next one that comes up is 28-3, it's the  
18 same thing, same requirement.

19 And now we come to the next one that Steve has  
20 on his list, OTIB-33-01. He recommends that  
21 being closed, that SC&A agrees with the NIOSH  
22 response. Is there any problem with that from  
23 anyone here? This is the --

24 **MR. GIBSON:** I would -- I would say Mark would  
25 want to look over this.

1           **MS. MUNN:** Application of internal doses.

2           **MR. GIBSON:** Coworker data.

3           **MS. MUNN:** Is included in document attached to  
4 18-05. You want to hold it for Mark?

5           **MR. GIBSON:** I would say so -- he may just say  
6 go ahead and close it.

7           **MS. MUNN:** Okay, it'll be on our list next  
8 time.

9           The next issue is 01, procedure's been revised  
10 -- this is the ORAU procedure for Privacy Act  
11 compliance, which is consistent. Well, this is  
12 under additional requests for DOE information,  
13 so the most recent information we had was a  
14 year ago that the procedure is in the process  
15 of being revised. Do we have any information  
16 on the current status of PROC-22? It's an  
17 administrative, rather than a technical,  
18 procedure.

19           **MR. HINNEFELD:** No, I don't have any status.

20           **MS. MUNN:** It will appear on our next list.  
21 The next one that comes up is 22-02, this is  
22 the same procedure, so it's -- it says the  
23 issue is satisfactorily resolved, but it shows  
24 in abeyance.

25           **MR. HINNEFELD:** Well, because we promised we'd

1 be revising it.

2 **MS. MUNN:** Uh-huh. And the next issue is 31 --  
3 PROC-31-01, DOE TBD development and approval  
4 process. It's closed appropriately.

5 Next one is 02, closed appropriately; 03,  
6 closed appropriately.

7 PROC-60-01, currently open. It's on Steve's  
8 list. He suggests closed, replaced by PROC-60-  
9 02 of the review of PROC-0060, Rev. 1. It's  
10 external on-site ambient. Procedure provides  
11 direction in the last two paragraphs under  
12 Section 5. It appears to be appropriate to  
13 close it since the method for maximum doses is  
14 addressed in Section 5, it says.

15 Any problem with accepting SC&A's  
16 recommendation to close?

17 **MR. GIBSON:** Which -- which one are you on now?

18 **DR. ZIEMER:** 60-01.

19 **MS. MUNN:** This is 60-01. It's been replaced.

20 **MR. MARSCHKE:** What happened was the -- when we  
21 did the revision, we reviewed the revision to  
22 PROC-60. We essentially cut and paste this  
23 first issue on -- and brought it forward as a -  
24 - an issue under -- under the re-- you know,  
25 the fact that this had not been addressed yet,

1 we brought it forward as a -- as a issue, so  
2 there's really -- this issue is really in here  
3 twice --

4 **MR. GIBSON:** Okay, so that's --

5 **MR. MARSCHKE:** -- under Rev. 0 and under Rev.  
6 1.

7 **MR. GIBSON:** It's closed here, but it's not  
8 been resolved; it's just been moved.

9 **MR. MARSCHKE:** It's just been moved.

10 **MR. GIBSON:** Okay.

11 **MR. MARSCHKE:** This is almost the same as  
12 transferred to.

13 **MR. GIBSON:** Okay.

14 **MR. MARSCHKE:** But it -- you know.

15 **MS. MUNN:** But it really isn't.

16 **MR. MARSCHKE:** 'Cause there's al-- but there's  
17 already --

18 **MR. GIBSON:** Okay.

19 **MR. MARSCHKE:** -- an issue there.

20 **MS. MUNN:** Yeah. Accepted?

21 **MR. GIBSON:** Yeah.

22 **MS. MUNN:** Close it, and identify the proper  
23 words.

24 The next one that comes up is on the list,  
25 PROC-61-01. It says we suggest that NIOSH



1           **DR. ZIEMER:** The response is they can't provide  
2 a response.

3           **MR. HINNEFELD:** I'm not -- I'm not familiar  
4 with (unintelligible).

5           **DR. ZIEMER:** It's not obvious to me why this  
6 one was closed.

7           **MR. MARSCHKE:** I'll have to get with Harry  
8 Pentagail\*. He's the one who basically did the  
9 review on this, and I'll have to ask him why he  
10 feels that this is appropriate to close, given  
11 NIOSH's -- 'cause he did not just look at  
12 NIOSH's response. He looked at the Revision 2  
13 to this -- to this procedure, so -- and why he  
14 felt that Revision 2 addressed the issue, even  
15 though the response there doesn't -- indicates  
16 that there wasn't enough information for NIOSH  
17 to understand what the issue was.

18           **MR. HINNEFELD:** Could be we fixed it by  
19 accident. You know, may have written a more  
20 clear set of directions.

21           **MS. MUNN:** That's possible.

22           **DR. ZIEMER:** Cleared up.

23           **MR. HINNEFELD:** It cleared it up. I don't  
24 know.

25           **MR. MARSCHKE:** I don't know, I'll try to get --

1           **DR. ZIEMER:** The basis for closure, though, is  
2 not obvious.

3           **MR. MARSCHKE:** Right, I'll have to go get more  
4 information from Harry.

5           **MS. MUNN:** Good.

6           **MR. HINNEFELD:** So will this be then in  
7 progress?

8           **MS. MUNN:** This will be in progress. Uh-huh.  
9 And the next issue that comes up is 61-04,  
10 which remains open. The dose reconstructor is  
11 not advised to make corrections for retakes or  
12 additional exposures due to poor technique in  
13 processing, yet estimated maximizing dose may  
14 not be claimant favorable. Retakes were  
15 usually recorded. Reference is Trout, and  
16 there was no -- no response to NIOSH's initial  
17 response, nothing back from SC&A. It appears  
18 to remain open. SC&A says on our list today  
19 that it's not addressed in the new version of  
20 PROC-61, so it appears that -- I'm interpreting  
21 that to mean that SC&A does not accept NIOSH's  
22 response here.

23           **MR. MARSCHKE:** I think we kind of accepted the  
24 response, but I don't think the revision really  
25 incorporated that response. I think -- that's

1 the way I -- I read this, if I recall  
2 correctly. I -- again, I'll have to talk to --  
3 to Harry and -- and get that confirmed.

4 **MR. HINNEFELD:** Yeah, I think -- our response  
5 was intended -- I mean certainly you need to  
6 talk to Harry. Our response was intended to  
7 say that we feel like the numbers are okay,  
8 retakes are -- are appropriately considered  
9 based upon this, you know, 'cause -- and so I  
10 don't know that we proposed to include language  
11 to that effect in the -- in the site -- in the  
12 TBD or the TIB, or the procedure, but -- I mean  
13 if that -- if you feel like that's important --  
14 well, you know, at some point we -- you know,  
15 at some point we can get to it, you know.

16 **MS. MUNN:** Well, let's -- if -- if the words  
17 that were being used here in NIOSH's response  
18 are not adequate -- I mean if -- if these were  
19 adequate to meet the concern, then it would not  
20 appear that the new revision would require  
21 anything additionally, unless there was some --  
22 some elimination of -- of material in the new  
23 procedure.

24 **DR. ZIEMER:** Well, it seems to me if the retake  
25 rate was -- was substantial, like if was 50

1           percent rather than three percent, then you'd  
2           think seriously about correcting for that. But  
3           at three percent, the other correction more  
4           than compensates for that.

5           **MR. HINNEFELD:** Well, that's what we said.

6           **DR. ZIEMER:** In other words, for every -- for  
7           every 100 X-rays a worker got -- if he worked  
8           there 50 years, he got two a year -- you'd  
9           throw in a --

10          **MR. HINNEFELD:** Three more.

11          **DR. ZIEMER:** -- three more, it's not going to  
12          change their total very much, or you'd increase  
13          it by three percent or whatever it is. If  
14          retakes were 50 or 60 or 70 percent --

15          **MR. HINNEFELD:** Yeah.

16          **DR. ZIEMER:** -- on average, then you -- then  
17          you could justify okay, we're going to double  
18          it.

19          **MS. THOMAS:** I think what they're saying in the  
20          response, too, is if they worked for 20 years  
21          but there may be only a record of ten  
22          procedures performed --

23          **DR. ZIEMER:** You're still --

24          **MS. THOMAS:** -- they get 20 --

25          **DR. ZIEMER:** -- you're still going to have 20

1           anyway.

2           **MS. THOMAS:** -- so -- and if those are double  
3           exposures, meaning a lateral and PA chest, for  
4           example, you know, that's -- they get assigned  
5           the dose from all of those for 20 years to  
6           (unintelligible). Now that, you know, depends  
7           on what the site profile says. It's not going  
8           to be the same --

9           **DR. ZIEMER:** Right.

10          **MS. THOMAS:** -- in every case, but -- in other  
11          words, the -- it's more at a macro level than a  
12          repeat of one projection at one time.

13          **DR. ZIEMER:** Well, I guess we --

14          **MS. THOMAS:** (Unintelligible) what I'm saying?

15          **DR. ZIEMER:** -- we don't have SC&A's response  
16          in any event to --

17          **MS. MUNN:** No.

18          **MR. HINNEFELD:** Yeah, I think --

19          **MS. MUNN:** The SC&A --

20          **MR. HINNEFELD:** If you can just let us --

21          **MS. MUNN:** -- here's -- we need clarification  
22          from SC&A about exactly what this means.

23          That'll be on our -- our list next time.

24          And the next issue that comes up is PROC-65-01,  
25          which is closed, issue resolved to the

1 satisfaction of the workgroup.

2 65-02, likewise; 66-01, likewise; 67-01,  
3 likewise; 67-02, correctly done; 69-01, the  
4 right words; 77-01, correct; 77-02, correct;  
5 03, correct; 80-01, fine; 80-02, correct; 91-  
6 01, correct; 91 -- and that's the end of it.

7 **MR. HINNEFELD:** The end of the line.

8 **MS. MUNN:** And we have come to the end of it.

9 **DR. WADE:** Oh, shucks.

10 **MS. MUNN:** And here we were looking forward to  
11 a nice midnight lunch.

12 All right, you've heard my expectation for what  
13 we hope to have on our fairly abbreviated  
14 agenda at the end of the full Board meeting in  
15 Redondo Beach in September.

16 **MR. GIBSON:** You going to start on the third  
17 set now?

18 **MS. MUNN:** We will start on the third set at  
19 that time, if we do not get through our  
20 abbreviated agenda. But for the time being, I  
21 will make an effort to -- I'll ask Steve to  
22 pull together a revised set two items that we  
23 did not clear here, and I'll -- will ask you to  
24 give me an e-mail of what you have your action  
25 items to be for that group so that I can verify

1           that it's the same for me. And Stu, could I  
2           ask the same of you, if you'll give me, at --  
3           at your --

4           **MR. HINNEFELD:** My -- my notes of what I think  
5           our action items are?

6           **MS. MUNN:** Just -- yeah, what you believe your  
7           action items were from this one.

8           **MR. HINNEFELD:** Yeah.

9           **MS. MUNN:** That would be helpful. Does anyone  
10          have any additional information they feel needs  
11          to go on the record for this meeting?

12          **MR. HINNEFELD:** What are we covering next time?  
13          We talked about that. I just want to be sure I  
14          got it. We're starting on those two other  
15          reports --

16          **MS. MUNN:** We're going to do those -- just  
17          incorporate them in our -- our overview list.  
18          We're going to try to clean up as much of this  
19          set two as we can. We've had several -- going  
20          through set two where we've had a number of  
21          items jump back out at us that we still have  
22          outstanding.

23          **DR. ZIEMER:** Have a number of SC&A closure  
24          statements --

25          **MS. MUNN:** Yes.

1 DR. ZIEMER: -- that we're looking for.

2 MS. MUNN: That's true.

3 DR. ZIEMER: In this group that -- in set two.

4 MS. MUNN: Exactly, so we'll go through --

5 DR. ZIEMER: I'm not sure you guys have  
6 anything --

7 MS. MUNN: I don't think --

8 DR. ZIEMER: -- much for our next meeting.

9 MS. MUNN: I don't think so. We tried to leave  
10 anything other than just an occasional status  
11 report --

12 DR. ZIEMER: I think -- I think Jim pretty well  
13 said (unintelligible).

14 MS. MUNN: Yeah.

15 MR. HINNEFELD: I was -- that's what I was just  
16 going to say, I don't know that we can do  
17 anything --

18 MS. MUNN: No.

19 MR. HINNEFELD: -- before the next meeting.

20 MS. MUNN: No.

21 DR. ZIEMER: No, I think Jim said you couldn't.

22 MS. MUNN: The only -- the only thing that I  
23 have here is on OTIB-19-01. We had said that -  
24 - that Jim was going to give a status report  
25 several months ago to the Board, and we -- all

1 we were just asking is what is the status now.  
2 We weren't asking for any action other than  
3 what's already been done. We just don't have  
4 any knowledge of where we are.

5 **MR. HINNEFELD:** That's OTIB-19?

6 **MS. MUNN:** OTIB-19-01, uh-huh.

7 **DR. ZIEMER:** John Mauro was going to give us  
8 sort of their sense of this draft. Right?

9 **MS. MUNN:** Yes, uh-huh.

10 **DR. ZIEMER:** And I don't know where SC&A will  
11 be on the closure statements with -- will those  
12 be ready or not. That's not very much time.

13 **MS. ADAMS:** No, some will be --

14 **MR. MARSCHKE:** I don't know.

15 **MS. MUNN:** I imagine some will --

16 **MR. MARSCHKE:** I don't think it would take a  
17 lot of effort on Steve -- basically they were  
18 Steve Ostrow's --

19 **DR. ZIEMER:** Yeah.

20 **MR. MARSCHKE:** -- PR-5 and PR-7. I don't think  
21 --

22 **DR. ZIEMER:** So that he can perhaps --

23 **MR. MARSCHKE:** We will shoot for that. I'll  
24 talk -- talk to Steve Ostrow tomorrow on line,  
25 send you an e-mail, Wanda, about my action

1 items. I will let you know what he thinks.

2 **MS. MUNN:** Thanks, Steve. I appreciate that.

3 **UNIDENTIFIED:** And Steve, you'll do one more  
4 database update so that we can get that  
5 transferred early in the week before -- early  
6 in the week of the meeting so that by Thursday  
7 afternoon we'll have a revised  
8 (unintelligible).

9 **MR. MARSCHKE:** Which week? There was a --  
10 Labor Day week? I will stop updating it -- I  
11 will update it up until the Friday before Labor  
12 Day. When is that? That's the 30th?

13 **MS. MUNN:** Something like that.

14 **UNIDENTIFIED:** Something like that.

15 **MR. MARSCHKE:** 29th, something like that?

16 **MS. MUNN:** Yeah.

17 **MR. MARSCHKE:** Then I will freeze it at that  
18 point and you can take it --

19 **MR. HINNEFELD:** But anytime that next week we  
20 can bring it over --

21 **UNIDENTIFIED:** Bring that over to --

22 **MR. HINNEFELD:** -- to our side so we  
23 (unintelligible) looking at it up there.

24 **MS. MUNN:** That'll be great. Anything else?

25 **DR. WADE:** Last chance.

1           **MR. HINNEFELD:** Did we say earlier we were  
2 going to do a similar kind of thing on -- not  
3 OTIB-52 but one of the other products, the 9-  
4 20-07?

5           **MS. MUNN:** We're going to look at those. I  
6 think in each case those are -- there's only  
7 one or two --

8           **MR. HINNEFELD:** Okay.

9           **MS. MUNN:** -- procedures involved, and we just  
10 wanted to incorporate them, get through that  
11 fiscal year, before we start the set of three.  
12 I think we probably already have statused them  
13 in one way or another.

14           **MR. HINNEFELD:** Okay.

15           **MS. MUNN:** I doubt there'll be any work to do.  
16 We just want to get them on our list as having  
17 been covered.

18           **MR. HINNEFELD:** Okay.

19           **DR. WADE:** Okey-doke?

20           **MS. MUNN:** All right.

21           **DR. WADE:** Okay, we're going to sign off, all  
22 you on the telephone line. We are done.

23           **MS. MUNN:** Thank you so much. You can stick a  
24 fork in all of us.

25           (Whereupon, the meeting adjourned at 4:40 p.m.)

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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Aug. 21, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of Sept., 2008.

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**STEVEN RAY GREEN, CCR, CVR-CM, PNSC****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**