

This transcript of the Advisory Board on Radiation and Worker Health, Procedures Subcommittee, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the Procedures Subcommittee for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NATIONAL INSTITUTE FOR OCCUPATIONAL  
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

SUBCOMMITTEE ON PROCEDURES REVIEW

+ + + + +

TUESDAY  
FEBRUARY 5, 2013

+ + + + +

The Subcommittee convened in the Zurich Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:00 a.m., Wanda Munn, Chair, presiding.

PRESENT:

WANDA I. MUNN, Chair\*  
JOSIE BEACH, Member  
PAUL L. ZIEMER, Member

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ALSO PRESENT:

2

TED KATZ, Designated Federal Official  
ROBERT ANIGSTEIN, SC&A\*  
HANS BEHLING, SC&A\*  
KATHY BEHLING, SC&A\*  
DOUGLAS FARVER, SC&A  
STU HINNEFELD, DCAS  
JENNY LIN, HHS  
LORI MARION-MOSS, DCAS  
STEPHEN MARSCHKE, SC&A  
JOHN MAURO, SC&A\*  
JIM NETON, DCAS  
SCOTT SIEBERT, ORAU Team\*  
JOHN STIVER, SC&A  
ELYSE THOMAS, ORAU Team\*

\*Participating via telephone

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P R O C E E D I N G S

9:02 a.m.4

Welcome and Roll Call

MR. KATZ: Let's get started at least with roll call. This is the Advisory Board on Radiation and Worker Health, Subcommittee on Procedures Review. Roll call, beginning with Board Members, with the Chair, and please, for today's agenda, speak to conflict of interest as well.

(Roll call.)

MR. KATZ: Do we have any members of the public on the line?

(No response.)

MR. KATZ: Okay, then. The final agenda for the meeting is posted on the website, along with at least one of the documents being discussed today, and Wanda, it's your meeting.

CHAIR MUNN: Thank you, Ted and thank you all for being here, whether on the phone or in person in Cincinnati. My

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1 apologies for not being able to be there  
2 today. 5

3 We have a very full plate, and I  
4 hope that we can get through all of it, if not  
5 certainly most of it. A great deal of what we  
6 have to do today has significant bearing on  
7 how we're going to move forward with a number  
8 of issues that we have before us.

9 The one that has seized a great  
10 deal of our attention in recent weeks and  
11 month is the BRS, our reporting system, which  
12 is developing nicely and, as usual, we would  
13 like to start what we're doing today with a  
14 little update on where we are and a discussion  
15 of issues that we might have facing us in the  
16 immediate future. Who wants to lead that off?

17 MR. HINNEFELD: Well, this is Stu  
18 Hinnefeld. I mean we had a design meeting to  
19 use this system for dose reconstruction in  
20 Cincinnati oh, less than a month ago, and at  
21 that time, Steve has mentioned a few things  
22 that would improve the operation of BRS.

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1                   Those are, I don't recall offhand  
2 what they were, but they were collected in the  
3 notes of the meeting which had been  
4 circulated. But we've not worked on the BRS  
5 either or the dose reconstruction coming into  
6 this meeting.

7                   I mean the design meeting was too  
8 close, and I said at the design meeting there  
9 would be nothing done for these rounds of  
10 meetings, from that design meeting. So it  
11 will, you know, those items will go on the to-  
12 do list for our TST team, which is pretty  
13 extensive, and we'll slide in priority as it  
14 suits the programmatic needs.

15                  From our standpoint essentially,  
16 we intend to continue to do this. We  
17 especially intend to make this useful for dose  
18 reconstruction, because I think it will  
19 improve our ability to stay current with  
20 comments quite a lot.

21                  So and if there are some changes  
22 we can make that are not terribly difficult,

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1 we'll slot those in early as well. I have not  
2 even talked to our TST team about how to  
3 address things in the notes. So that's about  
4 the extent of the report I can give on it,  
5 from that standpoint.

6 CHAIR MUNN: It does appear to me,  
7 from a quick glance in the time when I could  
8 get on the platform that carries our database,  
9 it looks as though we have placeholders  
10 initially inserted in that already, which I  
11 was very pleased to see, and it gave rise,  
12 however, to another thought for me, in terms  
13 of ease of use when we actually have expanded  
14 into that arena.

15 It is, has been very simple in the  
16 past for us to pull statistic information off,  
17 with regard to where the Subcommittee on  
18 Procedures has gone with respect to our  
19 closure and our movement forward for closure  
20 of our individual cases that we've been  
21 working on.

22 As we reach our goal of

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1 encouraging more and more Subcommittees and  
2 Work Groups to use this system, it is going to  
3 eliminate our ease of picking information off,  
4 unless we incorporate in this process as we're  
5 going along, some kind of division, some kind  
6 of break between our different groups that are  
7 using this, so that each group can easily  
8 arrive at the bottom line information that  
9 they want regarding what progress they're  
10 making with the data that they are using.

11 We haven't talked about that in  
12 the past, and I don't suggest that we do that  
13 here. But it's a point I wanted to bring up,  
14 hoping that the folks who are doing the base  
15 work on this might incorporate that into their  
16 thinking.

17 MR. HINNEFELD: Well Wanda, this  
18 is Stu, and just to set your mind to rest, I  
19 want set your mind at ease. Just to put your  
20 mind at rest, the system is designed with that  
21 in mind. The system is designed so that you  
22 select, you know, when you log into the

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1 system, you select which Subcommittee or Work  
2 Group that you're interested in at that time.9

3 What you see, then, are the  
4 documents or the DRs that have been under the  
5 review of that particular Work Group or  
6 Subcommittee. So it partitions what you look  
7 at, at that point. In addition, each finding  
8 is given an independent status for each Work  
9 Group.

10 So if the finding is referred from  
11 one to the other, it can -- for instance, if  
12 procedures refer something to Rocky Flats, it  
13 will forever and always probably be shown as  
14 referred in procedures, and Rocky Flats then  
15 can track it in with its own set of statuses  
16 within, within Rocky Flats.

17 Then the only thing to tie up,  
18 then, is if you get a closure, you want to  
19 report back to the person who referred it to  
20 you that it was closed.

21 I mean we're a long way from doing  
22 that, so we haven't really worked out whether

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1 that's going to be an audit. I don't know how  
2 we can make that automatic or not, but there's  
3 a way to deal with that.

4 CHAIR MUNN: Yes.

5 MR. HINNEFELD: So to set your  
6 mind at ease, I think the system is designed  
7 to accomplish what you've asked.

8 CHAIR MUNN: Well, I guess the  
9 reason I'm asking now is that it appears to me  
10 that this isn't the right time for us to make  
11 those decisions, and I'm relieved that that  
12 has been the anticipated prospect of where  
13 we're going to go with it, because it had not  
14 really occurred to me that we can't just  
15 keeping adding onto this very effective  
16 database we have, without losing some of our  
17 efficiency, just by reason of the fact that we  
18 have too much information in one place.

19 So that's good. If we're already  
20 working on how to segregate the individual  
21 groups and that Subcommittee's been working on  
22 it, then we're in good shape. Anyone else

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1 have anything to comment on the mechanics of  
2 what we're doing? 11

3 (No response.)

4 CHAIR MUNN: If not, then this is  
5 the appropriate time also for us to discuss  
6 our overarching issues. You should have, I  
7 think, received a brief summary of the science  
8 issues that Jim Neton sent out in the last day  
9 or two. Does everyone have that?

10 DR. NETON: I have copies, hard  
11 copies. I sent it yesterday. It's an email.

12 CHAIR MUNN: Jim, I don't really  
13 see it, but it was your expectation that we  
14 would discuss each of these today. I was  
15 hoping that we could, and that we would  
16 incorporate them into our database as we're  
17 going along. Was that your intent?

18 DR. NETON: Well, I thought my  
19 marching orders were to go back and sort of  
20 flesh out what I thought the origin of these  
21 were, and put a little bit of substance behind  
22 them. I think Steve was doing the same thing.

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1 I'm not sure.

2 CHAIR MUNN: Yes. It was ~~my~~  
3 understanding that we were going to try to  
4 have a sentence or two, identifying what  
5 you've done here essentially.

6 DR. NETON: Well, I've got a  
7 little bit of that here. But I tried to go  
8 back and find the origin of the finding, and  
9 then it's very difficult to track, because I  
10 had go back and just do word searches on  
11 emails from SG&A reports going back to 2005,  
12 which I have most of.

13 I think I was successful in  
14 finding the origin of the finding. I didn't  
15 have time to go through and apply all the  
16 instances where this occurred, because it  
17 seems to me if we find the origin, we can  
18 close it. There's going to be a lot of other  
19 findings out there that need to be closed,  
20 that were also related to this issue.

21 So all this is, is the summary of  
22 the original findings, the basis of the

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1 original findings, and a brief status of where  
2 NIOSH is at this time, and if that's okay, I  
3 can go through this pretty quickly, if --

4 CHAIR MUNN: Yes, I think that is  
5 okay. I'd like to get agreement from the  
6 Subcommittee that we begin to populate our  
7 database with this information. I think that  
8 was certainly my intent during the last  
9 meeting. Am I off base here? Paul and Josie?

10 MEMBER ZIEMER: Well, I guess I'm  
11 not clear -- this is Ziemer. I'm not clear  
12 exactly how we populate the database with this  
13 information.

14 We do have a separate Work Group  
15 that's dealing with science issues, and so  
16 what would be closed? What would this group  
17 be closing versus the science issues here?

18 DR. NETON: Well, I could be wrong  
19 on this, but my recollection of the science  
20 issues, they decide to focus on issues  
21 relating to the risk models themselves, and  
22 not the dose reconstruction issues that have

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1 been raised. So these are overarching science  
2 issues related to dose reconstruction only,  
3 not risk models or anything of that nature.

4 MEMBER ZIEMER: Okay, but they're  
5 labeled as risk model issues in the --

6 DR. NETON: Where are they  
7 labeled--

8 MEMBER ZIEMER: On the chart.

9 (Simultaneous speaking.)

10 MR. KATZ: The left column is  
11 labeled "Risk Models."

12 DR. NETON: Oh.

13 MR. KATZ: This is a holdover from  
14 the template that I used. I'm sorry, yeah.  
15 That should be over dose reconstruction  
16 issues.

17 I just grabbed a template from  
18 something else.

19 DR. NETON: Good catch. So these  
20 are dose reconstruction issues. I don't  
21 believe that -- I can't remember specifically,  
22 but I'm pretty sure that the Science Work

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1 Group decided to focus on risk model issues.

2 MR. KATZ: Well, that's right  
3 Yeah, I mean that's what they said is their  
4 priorities. I mean they're not, I don't think  
5 it's a closed question as to whether we could  
6 get them to deal with some of these if we want  
7 them to. We just need to sort of put them  
8 firmly on their plate, and I think they'll  
9 deal with them.

10 DR. NETON: Right, right.

11 MR. KATZ: But I think we talked  
12 about that it might make sense to deal with  
13 somebody who's initially here.

14 DR. NETON: Yeah. These are  
15 clearly dose reconstruction issues, which we  
16 do all the time with the procedure reviews.  
17 So with that, okay. So with that, okay.

18 There's eight listed here, and I  
19 went through the database and only a couple of  
20 them had any findings populated in them. They  
21 were just listed there. They got transferred  
22 there, and there was no sort of pedigree as to

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1 where they came from.

2 So my goal is just to summarize  
3 that, and I think I clearly welcome any of  
4 SC&A's support in fleshing these out further,  
5 to make the database more, you know, more  
6 meaningful. But at any rate, this is my first  
7 attempt at just putting some data in here, and  
8 taking some ownership of the issues.

9 The first issue is a oronasal  
10 breathing issue that goes way back to the  
11 original Bethlehem Steel Site Profile review.  
12 The idea was that our model uses a default in  
13 the ICRP 66, which is people breathe a  
14 combination of through their nose and their  
15 mouth, and as their breathing rate,  
16 respiratory rate gets higher, then they will  
17 default to mouth breathing.

18 There's a certain percentage of  
19 the population that breathes 100 percent  
20 through their mouth, and that's why this issue  
21 was raised by SC&A early on. We had put out  
22 several position papers on this, and they were

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1 brought forth during the deliberation of the  
2 SC&A, of the Bethlehem Steel Site Profile  
3 Review, but they never became finalized.

4 So we have a, what I call a draft  
5 document out there. My opinion is we need to  
6 finalize that position paper, put it forth to  
7 the Subcommittee for review and take it up,  
8 and maybe SC&A has a last shot at it.

9 Right now, the Finding 3, the most  
10 recent finding and summaries that I could find  
11 says that "SC&A and NIOSH agree there would be  
12 a small effect for Bethlehem Steel. NIOSH  
13 will develop generic guidance with regard to  
14 this issue," and that's where we are.

15 So that would be a product that we  
16 would put forth, a White Paper, I guess.

17 MEMBER ZIEMER: Let me ask sort of  
18 a general question. On many of these issues,  
19 say oronasal breathing, would the White Paper  
20 have a specific identifier like an OTIB number  
21 or something that would fit into the database  
22 readily, or something to distinguish it as a

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1 dose reconstruction model issue, like DRMI or  
2 something? 18

3 DR. NETON: Correct. I think the  
4 idea is was that we would issue a White Paper  
5 and debate the science behind it, and then  
6 incorporate -- my original thought was to  
7 incorporate this in IG-001, or is it 002? I  
8 think it's 002. Implementation guide for  
9 internal dosimetry.

10 MEMBER ZIEMER: Internal is 2.

11 DR. NETON: It's 2. So IG-002, it  
12 would either essentially be an appendix to  
13 that document, to you know, go through the  
14 logic. I can tell you right now, our opinion  
15 is oronasal breathing probably shouldn't be  
16 considered, given all the other uncertainties  
17 in here, and that's where we're going to end  
18 up.

19 MEMBER ZIEMER: Right. But in  
20 terms of how this is going to look in the  
21 database eventually, is there going to be a  
22 good way to pull these back out and identify

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1 them or track them or whatever? Because  
2 they're going to end up in different places.19

3 DR. NETON: Well --

4 CHAIR MUNN: Well, no. I don't  
5 think they're going to lose their  
6 identification as what we've been thinking of  
7 as overarching our global issues.

8 MEMBER ZIEMER: Okay. It's going  
9 to be in that category then?

10 MR. MARSCHKE: I would imagine  
11 what you would do, you know, you have a  
12 category for it called "overarching breathing"  
13 or "oronasal breathing."

14 (Laughter.)

15 MR. MARSCHKE: And you can click  
16 on that. Right now, it's got the two findings  
17 that we made. They were both in OTIB-0004,  
18 Finding 12 and 13. We could add additional  
19 findings.

20 When Jim gets his White Paper, we  
21 could basically attach the White Paper to one  
22 or both of these findings, and close these

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1 findings. Everything will be here under this,  
2 in this one area. 20

3 MEMBER ZIEMER: Okay.

4 DR. NETON: Interestingly, TIB-  
5 0004 has been obsolete. It's no longer a  
6 valid document. Well, in principle.

7 MEMBER ZIEMER: But what he says  
8 in principle is.

9 DR. NETON: In principle. Yeah,  
10 because this appears in not only Bethlehem  
11 Steel and again, I ran out of time to go  
12 through. I think it showed up in maybe  
13 Hanford and some other. You know, a number of  
14 other places. This was sort of just copied  
15 and pasted into the reviews as they went  
16 forward. But Bethlehem Steel was the first  
17 one that we actually talked about.

18 MEMBER BEACH: So if you looked  
19 under Bethlehem Steel, you'd find something on  
20 oronasal breathing also?

21 DR. NETON: If you look at the  
22 original Bethlehem Steel SC&A review, there's

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1 Finding 3 was oronasal breathing.

2 MEMBER BEACH: Okay, because when  
3 you -- yeah. When you search this, you would  
4 think that all of that would come up and not  
5 just this one.

6 DR. MAURO: Well, a lot of the  
7 site-specific findings are not in this  
8 database. This database is more for the --

9 DR. NETON: Procedures.

10 MEMBER BEACH: Documents.

11 DR. MAURO: -- documents, which  
12 are for multiple sites. If it's a site-  
13 specific procedure, it's usually with that  
14 Work Group.

15 CHAIR MUNN: Right.

16 DR. NETON: My concern is when we  
17 do close this issue with the ones that are in  
18 there, I don't know if we can -- I don't know  
19 how easy it is to identify all the instances  
20 of that finding that occurred. I don't know  
21 if we can. It may be just a generic email to  
22 all the Work Group Members, saying this issue

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1 has been closed. If you have it in your --

2 CHAIR MUNN: Our discussion last  
3 time was not so far-flung that we wanted to  
4 make sure that we incorporated everything. We  
5 just wanted to make sure that the overarching  
6 concern had been addressed.

7 We're not ever going to be able,  
8 in my view, to dot all the Is and cross all  
9 the Ts and pull every reference together. But  
10 the fact that this has been, like oronasal  
11 breathing has been identified as an issue that  
12 is complex-wide, not just something that  
13 addresses one or two of the sites.

14 That in itself is our concern.  
15 How all of those things work out ultimately,  
16 from my perspective, is not our real concern.

17 We just want to identify that these issues  
18 have been identified. They've been addressed,  
19 not always here, but that they've been  
20 addressed, and what we discussed last time was  
21 that Jim was going to bring us this  
22 information.

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1           My understanding was we were going  
2 to populate the database with it, and ~~that~~  
3 eventually he would give us a short White  
4 Paper or a single statement. We discussed  
5 that there were single statements which could  
6 close most of these things.

7           I hope we're not going to tie  
8 ourselves up into getting all of each and  
9 every one of these items fully identified in  
10 each and every aspect. That seems to be  
11 counterproductive.

12           MEMBER BEACH: I think you're  
13 right, Wanda. We did talk about having a  
14 closing statement provided by Jim at our last  
15 meeting. That's correct.

16           DR. MAURO: This is John. I have  
17 a bit of a perspective on this that might be  
18 helpful. You know, many of the procedures  
19 that we work on are global. I mean OTIB-0070  
20 is global. TBD-6000, to a large extent,  
21 affects many, many sites, and what we're --

22           When we talk about a global issue,

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1 it's actually an issue that came up that  
2 doesn't have a home, in terms of a procedure  
3 that specifically addresses that issue. I  
4 think Jim found the solution. The solution is  
5 well, let's make oronasal breathing part of  
6 OCAS-IG-001 or 002, and then it has a home.

7 So these global issues, we call it  
8 that, but we only call it that because they  
9 don't have a home.

10 Now once the issue is resolved, if  
11 it had a home, like OTIB-0070, which deals  
12 with all residual radioactivity, once we  
13 resolve the issue, then what happens is it  
14 resolves it and therefore it effectively has  
15 been resolved for just about every other site  
16 where residual radioactivity issues is at  
17 play, and that's a lot of sites.

18 I see this as the same thing, that  
19 once this oronasal breathing issue is put to  
20 bed here, as a global issue, in that category,  
21 then of course every one of the other Work  
22 Groups that had that issue as an open item, of

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1 course they have to be aware that it has been  
2 closed in procedures, and they for all intents  
3 and purposes can decide for themselves at that  
4 time for that site, that yeah, it has been  
5 closed.

6 Here's the rational for its  
7 closure. We like it, and then they can close  
8 it for their particular site.

9 DR. NETON: Right.

10 MR. KATZ: That's good.

11 DR. NETON: Okay. So we can move  
12 onto the second item, which is the --

13 CHAIR MUNN: Well, before you go  
14 though Jim, my question is so it was my  
15 thought that we were going to put Jim's  
16 response here now into our database,  
17 indicating that this is what we did today, and  
18 indicating, in this particular case, that a  
19 draft position paper is going to be provided,  
20 and that's an action item for next time;  
21 right?

22 DR. NETON: Yeah. Well, I don't

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1 know if I'll have it ready for the next  
2 meeting. 26

3 CHAIR MUNN: Well no, no, no. But  
4 it becomes an action item.

5 DR. NETON: Absolutely. That's  
6 what I'm signing -- I'm signing up for action  
7 items here today is kind of what's happening.

8 CHAIR MUNN: Yep, yep, yep. So am  
9 I -- is this something we're going to be able  
10 to do? Steve? Lori?

11 MS. MARION-MOSS: Yes.

12 MR. MARSCHKE: Lori's volunteering  
13 me.

14 (Simultaneous speaking.)

15 DR. NETON: I think we can, we  
16 could probably do it. It might slow us down,  
17 because you know, if you want to do it here or  
18 if you want to do it offline, when we get the  
19 --

20 CHAIR MUNN: I just want agreement  
21 from -- I just want agreement from the  
22 Subcommittee, that that's what you're going to

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1 do, you know. We don't have to do it here.

2 DR. NETON: Right. 27

3 MEMBER ZIEMER: They'll populate  
4 it with this, as long as we agree that this is  
5 what we're going to do.

6 CHAIR MUNN: Yeah.

7 DR. NETON: Right.

8 MR. MARSCHKE: Okay. So we will  
9 just basically populate it later, but what we  
10 will do is we'll get the transcript of the  
11 meeting, and I can find out all the places  
12 where we have to populate it, and then you  
13 know, if Jim has this White Paper, we can --  
14 when it's available we can --

15 DR. NETON: It'll show up on the  
16 agenda. We'll calmly discuss this.

17 CHAIR MUNN: Right, and I'm sure -  
18 - and there you'll be.

19 MR. MARSCHKE: Definitely when Jim  
20 gets --

21 CHAIR MUNN: But in the meantime,  
22 I guess what I'm suggesting is, and I want

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1 confirmance from the other Subcommittee  
2 Members, I want -- I was hoping that we would  
3 simply populate the current positions that we  
4 have on the, on our database, with the  
5 information that Jim's providing us right  
6 here.

7 We have the text of what goes on  
8 at this meeting. So is there any problem with  
9 that?

10 MEMBER BEACH: I guess the only  
11 question I would have is where it's going to  
12 be populated, because we've got TIB-0004, and  
13 then Jim mentioned 001. So is it going to be  
14 in both places?

15 (Simultaneous speaking.)

16 CHAIR MUNN: No. I'm just talking  
17 about what is in the oronasal breathing  
18 category.

19 DR. NETON: Just instances of what  
20 --

21 CHAIR MUNN: Page seven of our --  
22 and I don't have mine up, because I haven't

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1 been able to get on yet. But it was on the  
2 last page of our database. 29

3 DR. NETON: It's almost that the  
4 findings are not irrelevant, but you have to  
5 have some reason why you're doing it, you  
6 know. Where did someone bring this issue up  
7 and where did we agree that we need to make it  
8 a global issue.

9 MR. STIVER: That's why going back  
10 and tracing the origin is --

11 DR. NETON: And that's what I did.  
12 I mean I said okay, here's where it showed up  
13 and here's -- at that point, we said this is a  
14 global issue, and from then, everybody treated  
15 it as a global issue, and we need closure.

16 And John's right. I think putting  
17 in IG-002, that's probably what's going to  
18 happen in most of these. We'll end up putting  
19 him in an overarching document that provides -  
20 -

21 CHAIR MUNN: Well, but I was  
22 talking about putting this information in our

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1 overarching issues group back there. We have

2 -- 30

3 MEMBER ZIEMER: No, no. We agree  
4 to that.

5 DR. NETON: I think we're all  
6 talking about the same thing.

7 MEMBER ZIEMER: Eventually, it may  
8 become part of that other document. But for  
9 the database, it will go right in, as you  
10 described.

11 CHAIR MUNN: Including the  
12 information about where it was first  
13 identified?

14 MEMBER ZIEMER: Right.

15 DR. NETON: Right, yes.

16 MEMBER ZIEMER: It will be this  
17 information that's in Jim's table.

18 CHAIR MUNN: Yes.

19 DR. NETON: Okay.

20 MR. KATZ: We're all on the same  
21 page.

22 MEMBER ZIEMER: With the exception

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1 of the heading "Risk Model."

2 DR. NETON: With the heading of  
3 Risk Model --

4 (Laughter.)

5 DR. NETON: You know, you just  
6 can't -- you can't be careful enough.

7 MEMBER ZIEMER: That's the very  
8 first thing people see.

9 DR. NETON: This was not an easy  
10 table to put together.

11 CHAIR MUNN: Yeah well, but we're  
12 not going to see Risk Model issues. We're not  
13 even going to see oronasal breathing. We're  
14 just going to see the text that he's given us  
15 for the identified area and the status, and  
16 what -- the last sentence becomes an action  
17 item, from my perspective.

18 MEMBER ZIEMER: Right.

19 DR. NETON: Right. Okay.

20 CHAIR MUNN: This way, there are  
21 two things that happen. First of all, Jim  
22 doesn't have to continue to maintain another

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1 matrix, and --

2 DR. NETON: I've lost ownership of  
3 the matrix. I like that.

4 (Laughter.)

5 CHAIR MUNN: And all of us know  
6 where we are with each one of these issues.  
7 Anyone else who wants to know what we've done,  
8 and what our position is, can verify it very  
9 easily.

10 MR. MARSCHKE: Well then let me --  
11 Wanda, then the issues, the findings that are  
12 under oronasal breathing, right now we have  
13 two of them that were drawn in from OTIB-0004,  
14 which kind of was the basis for, you know,  
15 here, maybe I think.

16 Now we're going to add another  
17 one, which basically -- a third issue, a third  
18 finding, which is kind of what Jim's summary -  
19 -

20 DR. NETON: Well, I looked at  
21 those issues, and those aren't even oronasal  
22 breathing issues that you have on the board

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1 there.

2 CHAIR MUNN: We're not adding  
3 issues. We're just adding text.

4 MR. MARSCHKE: Well, some of the  
5 overarching issues don't have any issues under  
6 them.

7 CHAIR MUNN: Right.

8 MR. MARSCHKE: Any findings under  
9 them.

10 DR. NETON: Well, that's why I  
11 tried to --

12 CHAIR MUNN: But we're going to  
13 have text under it.

14 MR. MARSCHKE: Well, how can -- we  
15 can't have text unless we have a finding.

16 CHAIR MUNN: Well, we can call it  
17 something other than findings, and put it in a  
18 findings box. As long as we know that they're  
19 not findings as we see them, we -- this may be  
20 one more hitch we have to think of.

21 DR. NETON: Well, can I say  
22 something? I think what's happened is the

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1 group, the Work Group that identified the  
2 finding has transferred it to the -- it has  
3 been transferred to the Procedures  
4 Subcommittee.

5 So it is your finding now. It's  
6 not a procedure view, but it is something that  
7 was identified in a technical document, that  
8 was agreed to as an overarching issue that  
9 should be handled at this Subcommittee's  
10 level. So I think it's appropriate to put  
11 those findings in there, because they're the  
12 basis, the origin of the issue.

13 CHAIR MUNN: Of course. I'm not  
14 suggesting we don't put them in.

15 DR. NETON: Okay.

16 CHAIR MUNN: I'm just suggesting  
17 that we do not insert your text as -- that  
18 we're not creating a finding here. We are  
19 creating a reference point for folks who can't  
20 do the same thing that you just did, Jim,  
21 which is search the entire universe of  
22 information that we have developed over the

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1 last decade, to try to find something about  
2 this complex issue, which affects multiple  
3 sites.

4 I'm just trying to get us to have  
5 touch points where people can go for  
6 information, and we want the information to be  
7 that this issue, whatever the issue is, has  
8 been addressed in many places. It isn't that  
9 it's just hanging out there. We've looked at  
10 it.

11 MEMBER ZIEMER: Wanda, I think  
12 what Steve is struggling with here is really  
13 the label to use.

14 The way the thing is structured  
15 now under oronasal breathing or any of these  
16 issues, is a series of findings that have been  
17 identified and transferred, and now we're in a  
18 sense consolidating this into -- it would look  
19 like sort of a different format, in a sense.

20 DR. NETON: Well actually only two  
21 of the overarching issues have findings  
22 associated with it in the database.

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1 MEMBER ZIEMER: Yeah, uh-huh.

2 Yeah. So -- 36

3 DR. NETON: That's what I tried to  
4 do, is to get some background.

5 MEMBER ZIEMER: Right, right. So  
6 somehow, under each of these, you need  
7 something that's similar to the First  
8 Identified column, which is sort of  
9 historically why did this arise.

10 In the Status, you give an example  
11 of where the finding arose, and I think,  
12 Steve, you've got what, like a couple of other  
13 ones or is it the same one? I don't have mine  
14 open.

15 DR. NETON: I think it's just two.

16 MS. MARION-MOSS: It's 12 and 13  
17 on TIB-0004.

18 MEMBER ZIEMER: Yeah but --

19 DR. NETON: I don't know that  
20 those really --

21 MEMBER ZIEMER: Are those  
22 oronasals?

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1 DR. NETON: I'm not sure those  
2 oronasals. 37

3 MR. MARSCHKE: Well, 12 is not.  
4 12 is kind of more of a breathing. 12 is  
5 just, is the breathing rate.

6 MR. STIVER: 13 is oronasal.

7 MR. MARSCHKE: Actually, it may  
8 not be, you know, I don't know.

9 DR. NETON: But it's kind of a  
10 very generalized premise --

11 (Simultaneous speaking.)

12 DR. NETON: And this is from OTIB-  
13 0004. Wait. The other problem is OTIB-0004  
14 is no longer a valid procedure for a document.

15 MR. MARSCHKE: But if this is,  
16 this is again, where it was generated, at  
17 least for this --

18 MEMBER ZIEMER: Initially.

19 MR. MARSCHKE: Initially in here.

20 DR. NETON: Well, I could tell you  
21 -- well, I could tell you that it started at  
22 Bethlehem Steel. That was where it started.

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1 That's why I tracked it in my database since  
2 2005. You guys found it in OTIB-0004 because  
3 you're reviewing procedures, that's true.  
4 However you want to do it.

5 But I can tell you that a number  
6 of these coming down, six out of the eight,  
7 you're not going have anything in there, and  
8 they're not going to be procedures. They're  
9 going to be reviews of Site Profiles or, in  
10 one case, an SEC Evaluation Report review.  
11 That was where they originated.

12 MR. MARSCHKE: I think we can find  
13 -- if you give us those findings.

14 DR. NETON: I did.

15 MR. MARSCHKE: We can take these  
16 and put these in as findings.

17 DR. NETON: That's what I'm trying  
18 to say.

19 MR. KATZ: That's what I would  
20 suggest you do, right.

21 MR. HINNEFELD: This is Stu. If I  
22 can just offer that we, NIOSH, take care of

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1 this outside of this meeting, you know. We  
2 include Steve in the call, but we will  
3 develop, you know, because I have my own  
4 misgivings about where we are right now, on  
5 how we're tracking these things.

6 And so we're going to -- we will  
7 go back. We will decide a way that seems to  
8 be, makes sense and is consistent with how we  
9 are tracking findings, and how we're going to  
10 do these, and we will let you know, and then  
11 you can give us comments and say if you think  
12 maybe it should be some way, some other way.

13 But I mean I don't think we should  
14 design it in a big meeting like this, which is  
15 really intended for other purposes. I think  
16 we can give you a proposal and let you, and  
17 why we think that is the best way to do it,  
18 and then you guys can let us know if you want  
19 to do something different.

20 CHAIR MUNN: I agree  
21 wholeheartedly, Stu. We have a mechanical  
22 question here that needs to be dealt with, and

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1 this is not the place to do it. Thank you for  
2 your comments. I certainly take them ~~to~~  
3 heart, and I think you're absolutely accurate.

4 In the interim, my concern is that  
5 we don't either overburden or lose track of  
6 what Jim is doing here, and that we agree that  
7 Jim's on the right track here, that we are  
8 just going to work out a way to track what  
9 he's done already, how to get that folded into  
10 our database that we have now.

11 What needs to be added will be --  
12 how we need to do it mechanically is going to  
13 be worked out by the people who know how to do  
14 this mechanically, Lori and Steve and all you  
15 folks in the background who make this thing  
16 work.

17 In the interim, we will hold on to  
18 what Jim has, and at our next meeting, we'll  
19 have some discussion about how to factor what  
20 Jim has done so far, and what he will continue  
21 doing, into the database that we have now. Is  
22 there any problem with that? Any comments

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1 from anybody?

2 (No response.) 41

3 CHAIR MUNN: Good. Let's do that.

4 One last thing before we leave this. I  
5 wanted to check. Steve had expressed some  
6 concern last time that we might be missing  
7 something by reason of not having done any  
8 real searches on global issues, rather than  
9 just overarching issues.

10 It was my understanding that folks  
11 who had that concern were going to take a look  
12 in the interim from our OER meetings last  
13 November. Did that take place? Did anyone do  
14 a search for quote "global issues?"

15 MR. MARSCHKE: Well, the only  
16 thing I really did a search, I did a search on  
17 global issues. I only found the three,  
18 basically that were already in the pulled  
19 over, identified as global issues. Now there  
20 is another issue. There is a global, an  
21 overarching issue on hot particles.

22 CHAIR MUNN: Right.

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1 DR. NETON: Well that's already in  
2 there. 42

3 MR. STIVER: That's already in a  
4 table here.

5 CHAIR MUNN: You've identified it.

6 MR. MARSCHKE: Yes, and there is  
7 a, if you go back to OTIB-0017, there is a  
8 finding associated with hot particles. It's  
9 Finding 5 from OTIB-0017, which probably  
10 could, if it's -- there probably should be  
11 some kind of a relationship there, and so the  
12 answer -- I need more. I didn't do it as  
13 thoroughly as I should have, Wanda.

14 But I think it still needs to be  
15 done, and there could be some additional  
16 issues which could be related to the  
17 overarching issues, even though they weren't  
18 specifically identified as either global or  
19 overarching at the time.

20 DR. NETON: Well, to me those were  
21 synonymous, global and overarching.

22 MR. MARSCHKE: Right.

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1 DR. MAURO: It's the same thing.

2 MR. MARSCHKE: Yeah, I know, 4I  
3 know. But I mean that's the two key words  
4 that we -- that's why we look for both those  
5 key words.

6 DR. NETON: But hot particles are  
7 in, already in there.

8 MR. MARSCHKE: They're already in  
9 there, but they're not -- but unlike ingestion  
10 or breathing, there's not populated with any -  
11 -

12 DR. NETON: Well again, that's why  
13 I went and found -- the original instance of  
14 this was the NTS Site Profile Review. I mean  
15 now that's not a procedure. But all I'm  
16 saying is I went back --

17 (Simultaneous speaking.)

18 MR. STIVER: He didn't have time  
19 to go track down every association in every  
20 other document.

21 MR. MARSCHKE: But when you close  
22 this hot particles, then in theory you should

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1 be able to close the finding that I just found  
2 here back in 17. 44

3 DR. NETON: Correct.

4 MR. MARSCHKE: So that's why I  
5 wanted to make that link.

6 DR. NETON: Sure, sure.

7 MR. MARSCHKE: So that you can  
8 know that this is related to -- this issue  
9 here is related to your overarching hot  
10 particle issue.

11 So there may be some more of those  
12 links, which again, I'll have to take an  
13 action item again, to look at it more  
14 carefully, and I apologize for not having done  
15 that.

16 CHAIR MUNN: Well, let me suggest  
17 and ask for a reaction to the assertion that  
18 when we have -- when we are aware of  
19 situations like this, where we know that OTIB-  
20 0017 is addressing, it's the dosimetry data  
21 for assignment of shallow dose, and we know  
22 that findings have been identified there, what

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1 is the problem with just saying a number of  
2 these items, a number of items associated with  
3 this concern were addressed in OTIB-0017?

4 Why, what's wrong with just  
5 incorporating that in the statement, when we  
6 have identified how we're going to place Jim's  
7 statements in our database? Isn't that just  
8 the logical thing to do? Just refer to it.

9 We don't have to refer to all of  
10 them. We will not have all of them. We won't  
11 have all the references in the database. But  
12 if we have already dealt with it then, in some  
13 other format, then we can certainly make  
14 reference to that.

15 Not that that is the closing item,  
16 but that it has also been discussed in this  
17 forum. Isn't that logical?

18 MR. MARSCHKE: Okay. Yes, I think  
19 so.

20 CHAIR MUNN: Okay. I don't hear  
21 any violence.

22 MEMBER ZIEMER: We're all

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1 pondering. I think it makes sense. I think  
2 what Stu suggested is going to deal with a~~4d~~  
3 of that. We're looking at different facets of  
4 the same thing.

5 DR. NETON: And first, from my  
6 perspective, how you guys all track this is  
7 something that --

8 MEMBER ZIEMER: Yeah, right,  
9 right.

10 CHAIR MUNN: Yeah.

11 DR. NETON: I'm not part of. I am  
12 here to take ownership of the issue and  
13 resolve the issue with our, either products.

14 MS. MARION-MOSS: There you go.

15 CHAIR MUNN: All right. So Steve  
16 is going to continue to do a few more checks  
17 with regard to global issues and that  
18 terminology, to assure that we've captured  
19 everyone on the Board's concerns about what  
20 we've now been calling overarching issues  
21 here.

22 And Stu is going to address the

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1 mechanics of how we're going to incorporate  
2 the information that Jim is giving us into our  
3 database. Are there any other specific action  
4 items with regard to this particular concern  
5 that we need to address now?

6 MR. KATZ: I hate to prolong this  
7 at all, but I would just say Steve, I don't  
8 even think Steve needs to go on a hunting  
9 mission at all for more of these. When they  
10 arrive, we'll put them where they belong.

11 But I don't think Steve needs to  
12 spend time searching, because we'll come  
13 across them where they don't arise, because  
14 someone's trying to close something out, and  
15 then we'll come across them and put them where  
16 they belong. I don't think it really needs an  
17 active search.

18 CHAIR MUNN: Well, I wasn't  
19 anticipating a really detailed search. I just  
20 wanted to put to bed the concerns that anyone  
21 might have, about having missed some thought,  
22 by reason of having addressed something, some

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1 issues as a global issue, rather than as  
2 having captured it already in what we're  
3 calling overarching issues. That's was my  
4 only thought.

5 Plus we've had a couple of  
6 expressions of concern, that we, having  
7 changed terms, we might be missing a step  
8 somewhere. That's all. So I think you may  
9 have heard Ted saying one thing and me saying  
10 something else. So I guess our question here  
11 then is Steve, do you know what you're doing?

12 MR. MARSCHKE: I think so, Wanda.

13 CHAIR MUNN: Yeah, okay. I guess  
14 thank you for helping define it for us, and  
15 Ted, I agree that a detailed search is not in  
16 order. Any other thoughts on this regard?

17 If not, then let's move on to our  
18 next agenda item.

19 MEMBER ZIEMER: Well, let me --  
20 this is Ziemer, Wanda. Let me just raise a  
21 question here. So all of this information  
22 will go in. There are cases in here where

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1 some things have been promised for the future.

2 There are some others where I think NIOSH has  
3 recommended and I'm looking for the wording.

4 I'm looking to see whether you  
5 have recommended that something be done that  
6 looks like closure, and whether or not we need  
7 to ask, act on this or --

8 DR. NETON: The internal dose from  
9 Super S was closed.

10 MEMBER ZIEMER: Some of these have  
11 already been closed.

12 DR. NETON: Yeah.

13 CHAIR MUNN: Yes, and that was our  
14 -- one of the --

15 DR. NETON: And not within the  
16 Subcommittee, though.

17 CHAIR MUNN: Yeah. That was one  
18 of the --

19 MEMBER ZIEMER: Been closed by  
20 what?

21 DR. NETON: Well, for instance,  
22 the internal dose from Super S, which was

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1 raised, brought up in the Rocky Flat Site  
2 Profile Review, was closed through ~~the~~  
3 issuance of OTIB-0049.

4 MEMBER ZIEMER: Right.

5 DR. NETON: Accepted as the de  
6 facto standard for dealing with type of  
7 material.

8 MEMBER ZIEMER: But didn't the  
9 Board accept that already? So the --

10 DR. NETON: Well, the Board  
11 accepted that through the resolution of the  
12 Rocky Flats -- well, it was actually the SEC  
13 Evaluation Report process. But it's been the  
14 accepted way of dealing with Super S for --

15 MEMBER ZIEMER: But see, that's a  
16 case in my mind where the Board has taken  
17 action, which supersedes what the Subcommittee  
18 would do. I don't think we should go back and  
19 say --

20 MR. KATZ: Well, I agree.

21 DR. NETON: So that one may just  
22 be -- that was put to bed. That's what I

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1 doing in our processes, and has asked that we  
2 report on them much more extensively than ~~we~~  
3 have, it was my assumption that once we had  
4 agreed how we were going to display this  
5 information and the overarching issues, and  
6 how we were going to incorporate it, that each  
7 one of these items would be reasons for my  
8 reporting out to the Board what was in the  
9 statements that we've placed in the documents.

10 At that time, I would expect that  
11 the Board would make any comment that they  
12 chose to make and we would have it open for  
13 full Board discussion before it was finally  
14 accepted as done by us. That's a reasonable  
15 way to approach it.

16 MEMBER ZIEMER: I guess in each of  
17 these cases, there will be or is or will be a  
18 separate sort of document that gets blessed.  
19 Is that correct?

20 DR. NETON: Well, I mean not in  
21 all cases I would say the document. Position  
22 I would call it.

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1 about Super S. So and I'm not sure what the  
2 status, what the current status of these  
3 findings are. This is an old version of the  
4 database, so don't be misled by this, what's  
5 shown on the screen.

6 But it does show that there was a  
7 -- Super S was discussed with OTIB-0034, and  
8 I'm not sure what OTIB-0034 is about. But it  
9 was also discussed in OTIB-0038. OTIB-0038 is  
10 being shown as closed, so that one is closed,  
11 and but I mean to -- so there is some, even  
12 though these overarching issues, a lot of them  
13 came out of the individual Work Groups, there  
14 are some that may show up here.

15 A lot of these I'm unfamiliar  
16 with. Unworn badges. I don't believe that  
17 shows up anywhere in our database.

18 DR. NETON: Well, yeah. I think  
19 that that started off at the Nevada Test Site.

20 CHAIR MUNN: A lot of that was  
21 NTS.

22 DR. NETON: And that was the point

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1 where the workers said they didn't wear them,  
2 and there was an exhaustive review done of ~~the~~  
3 -- we had a lot of record logs. John Mauro  
4 knows this all too well.

5 MR. MARSCHKE: Right.

6 DR. NETON: And at the end of the  
7 day, it couldn't be determined whether the  
8 issue had any impact on our coworker models or  
9 not. And I think we agreed at the end of that  
10 that this thing was an interesting issue, but  
11 there is no generic solution to it. It has to  
12 be handled on a case-by-case basis.

13 Originally, NIOSH thought maybe  
14 there was some way of looking at the shape of  
15 the log normal distribution. As it tailed  
16 off, you could sort of get some indication.  
17 None of that panned out, and as the NTS review  
18 demonstrated, it really has to be done on a  
19 case-by-case basis.

20 So it's, you know, I don't know  
21 that really needs to continue. I can write  
22 that up as a summary, if you want to do, just

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1 to close or for discussion purposes.

2 MR. MARSCHKE: Well, I was just  
3 trying to point out; I mean some of these  
4 things, the first two, perhaps the hot  
5 particles and the Super S, there may be some  
6 in the data -- in the BRS, there may be some  
7 issues that are related to those.

8 There are other of these  
9 overarching issues which I don't believe show  
10 up anywhere in the BRS, and they're really  
11 truly from the Work Groups.

12 DR. NETON: Yeah. Thoriated  
13 welding rods --

14 MR. MARSCHKE: Thoriated welding  
15 rods.

16 (Simultaneous speaking.)

17 DR. NETON: It was an SEC  
18 Evaluation Report. So that's -- it's in this  
19 little write-up here.

20 CHAIR MUNN: Yeah, the write-up --

21 DR. NETON: So take it for what  
22 it's worth and leave it.

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1                   MEMBER ZIEMER: I'm satisfied with  
2 what you proposed. I just wanted to make sure  
3 we didn't have to take any other actions  
4 today.

5                   CHAIR MUNN: Yeah, that's good,  
6 and Steve, just for your information, OTIB-  
7 0034 is the internal dosimetry coworker data  
8 for X-10.

9                   DR. NETON: You see, and that's  
10 one you've got to be careful, because just  
11 because it's Super S doesn't mean it's our  
12 approach is Super S.

13                   CHAIR MUNN: Exactly.

14                   MR. MARSCHKE: Maybe the finding  
15 was does Super S exist, which someone had  
16 indicated at one point the uranium might have  
17 some Super S forms, and we stepped back and  
18 said we don't think so.

19                   So that's a different issue.

20                   CHAIR MUNN: Yeah, okay. Are we  
21 happy with where we are?

22                   MR. KATZ: We're happy.

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1 MEMBER ZIEMER: We're happy.

2 CHAIR MUNN: Okay, and we think  
3 everybody knows what they're doing?

4 MR. KATZ: Well, we're all happy.  
5 We're all happy.

6 (Simultaneous speaking.)

7 CHAIR MUNN: That's our first  
8 mistake. All right. Are we ready to move to  
9 the next agenda item?

10 DR. NETON: Yes.

11 CHAIR MUNN: OTIB-0009. We were  
12 going to take a look at that paper out of the  
13 World Trade Center, and both NIOSH and SC&A  
14 were going to have something to say about  
15 that. Who wants to lead off?

16 DR. NETON: I think the ball was  
17 in our court to review that paper. This, by  
18 the way, is an overarching issue, and  
19 hopefully this can be closed very soon. But  
20 SC&A and Steve Marschke specifically, found  
21 the World Trade Center paper.

22 It was an EPA document that did a

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1 similar type of model for ingestion for the  
2 World Trade Center situation, and I looked ~~59~~  
3 it closely, and it turns out that it's not  
4 specifically written for an occupational  
5 setting. It was actually a screening analysis  
6 that was done, to see they needed to remediate  
7 residents near the World Trade Center, based  
8 on the contamination spread around that area.

9 So there are a lot of similar  
10 things in there as you would find in our TIB-  
11 0009 approach, and in fact I think Steve  
12 indicated that the model itself was sort of an  
13 independent analysis of a situation, an  
14 ingestion situation albeit, occupational  
15 versus residential. But nonetheless, the  
16 models came out within a factor 2 or 3, I  
17 forget what it was.

18 So it was almost sort of a  
19 corroboration that our model was in the right  
20 vicinity. It wasn't --

21 MR. MARSCHKE: That was an  
22 outlier. That's the gist of our position,

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1 although it's maybe not specifically for  
2 occupational, it does kind of support the  
3 model that NIOSH has come up with, and it is  
4 coming at it completely independent.

5 Our biggest, my biggest concern  
6 with the NIOSH model was that it was based on  
7 one data point, which is the data point that  
8 came out of PNL.

9 I think that the EPA World Trade  
10 Center study is an independent data point, and  
11 it tends to support -- and the two data points  
12 tend to support each other.

13 So I don't think we have any  
14 problem at this point agreeing with NIOSH,  
15 that this issue should be closed. Is that  
16 your understanding also, John?

17 MR. STIVER: Yeah, that's -- in my  
18 reading exactly of all the discussions, that's  
19 the conclusion I came to as well.

20 So we're in basic agreement there  
21 was some discussion about, you know, the level  
22 of uncertainty, you know, based on the two

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1 documents and their interpretation that we  
2 thought was reasonable, and I think the only  
3 real issue is this business about the Dupont  
4 Deepwater, and how that was misapplied.

5 I didn't have any problem with the  
6 actual methodology and the science.

7 DR. NETON: Yeah. The Dupont  
8 Deepwater, there's two pieces of that. One is  
9 it's TIB-0009 valid, and the second piece is  
10 is it a valid use of TIB-0009 in Deepwater,  
11 and it's not.

12 MR. STIVER: Yeah, it's not.

13 DR. NETON: Well, it's not  
14 invalid. It's inappropriately applied.

15 MR. STIVER: Yeah, put it that  
16 way.

17 DR. NETON: That's a separate  
18 issue. So it sounds like we are in agreement.

19 It's a quite a while. This a banner day for  
20 me, that we can agree. This is an issue that  
21 affects a lot of site reviews, a lot, and so  
22 it's gratifying to reach a consensus here.

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1                   MR. MARSCHKE:     What we have, I  
2     guess the last entry that we have on this ~~one~~  
3     is Jim's White Paper.

4                   So I think what we, SC&A needs to  
5     do is to maybe bring in the World Trade  
6     finding. Bring in our results, saying that we  
7     looked at it. We looked at the other study,  
8     and the two studies kind of concur, and we  
9     recommend that this be closed at this time,  
10    and we can bring that in, and if the  
11    Subcommittees at this meeting or at the next  
12    meeting, wishes to close this issue, then you  
13    know --

14                  MR. STIVER:     Yeah. I actually  
15    have the, captured the email thread where this  
16    was discussed, and they could use that as --

17                  MR. MARSCHKE:   Yeah. We can just  
18    take --

19                  DR. NETON:     I actually emailed  
20    that to everyone yesterday.

21                  CHAIR MUNN:     We can incorporate  
22    that now --

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1 MR. STIVER: It might take some  
2 time to go through and parse out ~~the~~  
3 components of it. We can probably it would be  
4 maybe more efficient to do that offline.

5 DR. NETON: I don't envision this  
6 as a huge report. I mean just a page or two.

7 MEMBER ZIEMER: Wanda, a question.  
8 This is Ziemer. I saw Jim's report. Did  
9 NIOSH or SC&A, did you guys distribute  
10 something on this?

11 MR. STIVER: It wasn't really a  
12 report. I mean we had --

13 MEMBER ZIEMER: Is there an email?

14 MR. STIVER: Yeah, a series of  
15 emails back and forth that occurred at that  
16 last meeting.

17 DR. NETON: Well, Steve brought  
18 this up.

19 MEMBER ZIEMER: I remember that he  
20 brought it up.

21 DR. NETON: And then I, this is  
22 sort of convoluted, but in the Deepwater,

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1 Dupont Deepwater TIB-0009 issue, I sort of had  
2 a parenthetical. 64

3 By the way, I looked at the World  
4 Trade Center documents. I sensed that was  
5 residential. So Steve came back on top of  
6 that and said essentially what he just said,  
7 that he uses it as a datapoint and it  
8 corroborates what we've been doing.

9 And so I sent that out yesterday,  
10 just so folks could have it, because it wasn't  
11 sent to this Subcommittee. It was sent to the  
12 Board.

13 (Simultaneous speaking.)

14 MR. KATZ: The other Working  
15 Group.

16 DR. NETON: Yeah, the Working  
17 Group. I just wanted to get it out there, so  
18 on record that, you know, we've had that  
19 discussion.

20 MR. STIVER: Right. This all  
21 stemmed from a Henry Anderson query about  
22 whether we wanted to have another meeting

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1 online.

2 DR. NETON: Right, and so okay. 65

3 MR. STIVER: And that's what it  
4 related to.

5 DR. NETON: And I confused it by  
6 throwing in this World Trade Center issue. So  
7 I just wanted the Working Group, the  
8 Subcommittee to see that. But I do agree. I  
9 think that if SC&A put together a brief  
10 summary of what we talked about here.

11 (Simultaneous speaking.)

12 MR. MARSCHKE: Well, what I was  
13 going to do is just basically take the email,  
14 and stick it in here as our response.

15 And you know, do a block-copy-  
16 paste on the email and stick it in here, and  
17 then add a recommendation at the end that the  
18 finding be closed, and then, you know, the  
19 Subcommittee can close it, if they so decide.

20 CHAIR MUNN: Yeah. That's  
21 certainly my recommendation. I can't see any  
22 reason why it's not just a cut and paste job.

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1 Is there an objection from other Members of  
2 the Subcommittee? Can we paste this email -66

3 MR. MARSCHKE: We might be able to  
4 do that over the break.

5 (Simultaneous speaking.)

6 MR. MARSCHKE: Wanda, we may be  
7 able to do that over the break.

8 CHAIR MUNN: That's great. Do  
9 either of you have any objection to closing  
10 this item, based on the discussions here and  
11 the --

12 MEMBER ZIEMER: I have no  
13 objection. I know I saw Jim's email. I don't  
14 know that I saw the others, but I agree, you  
15 know. They're telling us here that they agree  
16 with that, so that I'm fine with it.

17 CHAIR MUNN: Josie?

18 MEMBER BEACH: I'm fine with it  
19 also.

20 CHAIR MUNN: Very good. Perhaps  
21 over the break, we can in fact do that, all  
22 right? Good. We're happy with TIB -- oh, I'm

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1 sorry I called it OTIB-0009. I'm sorry, TIB-  
2 0009. 10:15, the item is supposed to be ~~the~~  
3 report of the Subcommittee on what we've done  
4 with the review of TIBs 0010 and 0013.

5 NIOSH leads off, SC&A leads off.  
6 Who?

7 MR. MARSCHKE: I can lead off.

8 DR. NETON: I thought it was what  
9 we had on the agenda.

10 MR. MARSCHKE: At this time, we  
11 had three open, or three findings that were  
12 still in progress, and at the last meeting, we  
13 had -- if you look at -- I did add, in Finding  
14 No. 5, a summary of what occurred at the last  
15 meeting.

16 It's basically the discussion  
17 between Greg and Bob, and eventually the  
18 meeting of the minds, that we were going to  
19 use the 95th percentile instead of the mean as  
20 the correction factor.

21 This is for the correction factor  
22 from the badge reading at the locale to the

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1 exposure point in the lower abdomen. So our  
2 recommendation at this point is to change ~~the~~  
3 status of the finding to in abeyance, and that  
4 was the recommendation.

5 That what I think we agreed to as  
6 our recommendation during the conference call,  
7 and once Finding 5 is changed to in abeyance,  
8 the other two active findings, which is  
9 Finding 6 and Finding 8, would also be changed  
10 to in abeyance.

11 So I think, you know if the  
12 Subcommittee agrees with that, we can change  
13 the status of those three findings in TIB-  
14 0010.

15 CHAIR MUNN: Thoughts and  
16 comments? Any objection to the suggestion?

17 MEMBER ZIEMER: No, but clarifying  
18 that. So what are you ending up with for the  
19 correction factor?

20 DR. NETON: We're going to use the  
21 95th percentile for distribution of the  
22 ATTILLA runs, to correct. I looked at it

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1 after -- I wasn't at the meeting. But after  
2 the meeting, I sat down and looked at it, and  
3 I agree with SC&A, that it's quite unfavorable  
4 to use the 95th percentile. You just don't  
5 know which organ.

6 If you didn't do that, you'd have  
7 to go and do it organ by organ, which would be  
8 very tedious and very inefficient. That's  
9 what we're going to do. It's a simple matter,  
10 because we already have the median value and  
11 the GSD. So to calculate the 95th percentile  
12 is just a trivial calculation.

13 CHAIR MUNN: So Steve, which two  
14 findings are we changing to in abeyance now?

15 MR. MARSCHKE: We're changing  
16 Finding 5.

17 CHAIR MUNN: On OTIB-0010?

18 MR. MARSCHKE: On OTIB-0010.

19 MR. KATZ: 6 and 8.

20 MR. MARSCHKE: 6 and 8.

21 CHAIR MUNN: All right. Are we  
22 doing that even as we speak, or I guess first

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1 agreement from the Board Members?

2 MR. MARSCHKE: Well, I started 70  
3 I have started the process, on the assumption  
4 that the Board Members or the Subcommittee  
5 Members are going to make that. So --

6 MEMBER BEACH: No objection here.

7 MEMBER ZIEMER: No objection.

8 CHAIR MUNN: Very good. Let's see  
9 if we can do those.

10 MR. MARSCHKE: Wanda, the words  
11 I'm using is "The Subcommittee agrees with the  
12 use of the 95th percentile instead of the mean  
13 for the correction factor, and has changed the  
14 status to in abeyance."

15 CHAIR MUNN: Excellent.

16 MR. MARSCHKE: And I'll use those  
17 same words for all three of these findings.

18 CHAIR MUNN: Very good.

19 MR. MARSCHKE: If that's  
20 agreeable.

21 MEMBER BEACH: Should there be  
22 some reference to the technical call or the

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1 agreement, or does that cover it, between  
2 NIOSH and SC&A? 71

3 CHAIR MUNN: Yeah. I think it's -  
4 -

5 MR. MARSCHKE: We can add --

6 MR. STIVER: Based on a technical  
7 call.

8 CHAIR MUNN: It's the agreement we  
9 make here that matters really, I think.

10 MEMBER BEACH: Okay. I just  
11 wanted to make sure we --

12 CHAIR MUNN: Yeah, I think we're  
13 okay. We have that information in the meeting  
14 minutes, if anyone wants to check the  
15 transcript, and TIB-0013, Finding 4. That's  
16 the correction factor with badge readings.

17 DR. NETON: This is Jim. I think  
18 we decided on the call to status that one as  
19 "in progress." NIOSH is re-running the MCNP,  
20 or doing MCNP runs instead of the ATTILLA  
21 runs.

22 (Simultaneous speaking.)

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1 MR. MARSCHKE: Correct.

2 CHAIR MUNN: That's good. Are you  
3 okay then, Steve?

4 MR. MARSCHKE: Yeah. So what I  
5 did, excuse me. After the technical call, Bob  
6 Anigstein sent out an email to everyone who  
7 was not on the technical call, and I took the  
8 gist of that email and inserted that into the  
9 BRS.

10 So you'll see, if you go to TIB-  
11 0013-04, you'll see the last entry is now from  
12 Bob, and it's basically his email, where he I  
13 think previously, we had used some angular  
14 dependence out of ICRP-74.

15 Jim raised the question --  
16 questioned the use of those factors during the  
17 technical call, and Bob went back and checked,  
18 and he agrees with Jim, that they probably  
19 should not be used -- so he has, in this email  
20 that he has sent around, he has presented a  
21 correction factor which is based upon geometry  
22 alone, and I see from the emails that

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1 occurred, I guess yesterday between Greg and  
2 Bob, that Greg has requested and Bob has  
3 supplied the MCNP runs that SC&A used to  
4 calculate this correction factor.

5 So I think the thing is it is in  
6 progress, and we're working out -- SC&A is  
7 working with NIOSH and progress is being made.

8 CHAIR MUNN: Very good. Any  
9 comment from anyone with regard to this most  
10 recent addition to our information database,  
11 TIB-0013?

12 MEMBER ZIEMER: Sounds good.

13 CHAIR MUNN: We okay with that?  
14 Josie?

15 MEMBER BEACH: Yes, yes.

16 CHAIR MUNN: All right, that's  
17 great. So we're now current on both 0010 and  
18 0013. We don't have very many outstanding  
19 items with those two. That's good. Any other  
20 comment with regard to either of those TIBs?

21 (No response.)

22 CHAIR MUNN: All right. We're

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1 scheduled for a break shortly. I think let's  
2 go on and start the PERs before we take the  
3 break, unless someone has an --

4 MR. STIVER: No, that's okay,  
5 Wanda. This is John Stiver. I'll provide the  
6 updates on the PER-0014 and PER-0017, sent out  
7 for case reviews.

8 PER-0014, we're pretty close to  
9 finishing these up. We ran into a bit of the  
10 glitch. The files that were originally  
11 posted, there were nine of them, I believe.  
12 After we reviewed those, it turned out that  
13 really none of them met the criteria for  
14 evaluation under PER-0014.

15 So then we went back to NIOSH and  
16 got another list. I believe there were 51  
17 cases that were sent back. Rose Gogliotti  
18 went in and kind of brute-forced the process,  
19 and pulled out, located about five or six  
20 cases that were indeed applicable, or cases  
21 for five -- I think it was five or six of the  
22 ten sites or nine sites, because PNNL and

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1 Hanford used the same TIB.

2 And at this point, we were waiting  
3 on Grady, who was going to locate the original  
4 workbooks that were used to develop the  
5 coworker dose tables for those sites, so that  
6 Rose could go through and verify that indeed  
7 the modifications were implemented correctly.

8 We've done kind of an empirical  
9 check, just using an algebraic method of just  
10 checking, you know, some of the tables relied,  
11 the measured, and then miscombined, with and  
12 without the adjustments. So we were able to  
13 tease out what the actual measured and missed  
14 would be, and from that, replicate what was in  
15 the table.

16 So you know, assuming that the  
17 original doses were correctly done, we were  
18 able to validate that, you know, it looks like  
19 they were done right. Basically, we were just  
20 multiplying the measured dose by a factor of  
21 1.4. So it's pretty straightforward to check  
22 that.

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1                   But as a final check on this, we  
2 would like to get those workbooks and see ~~if~~  
3 in fact they were done correctly. We estimate  
4 it's probably going to take about another, oh  
5 we're about 75 percent there. After we get  
6 that final corroboration, we should be able to  
7 write things up and get them to you in about a  
8 couple of days. Any questions on PER-0014?

9                   CHAIR MUNN: Yes. That's just --  
10 I completely skipped over. Did you say you  
11 wound up with about five cases?

12                  MR. STIVER: Yeah. I believe  
13 there are five or six. Rose has that, is  
14 working on it. Rose Gogliotti is working on  
15 that. We didn't have a full -- we didn't have  
16 a full, we weren't able to find a case for  
17 each of the sites. So that was the best we  
18 could find.

19                  CHAIR MUNN: Okay, good. Any  
20 other questions on 0014?

21                  MEMBER BEACH: No.

22                  MEMBER ZIEMER: No.

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1 CHAIR MUNN: PER-0017?

2 MR. STIVER: PER-0017, 17 ~~is~~  
3 underway and Kathy is working on that, and by  
4 the next meeting, we'll have those cases  
5 reviewed. There shouldn't be any problem on  
6 getting that done.

7 CHAIR MUNN: Okay. So Kathy's  
8 still selecting?

9 MR. STIVER: She's actually --  
10 they've been selected, and she's started to  
11 work on them at this point.

12 CHAIR MUNN: Okay. Do we know how  
13 many we had?

14 MR. STIVER: Gosh, they're posted.  
15 I think there were -- Kathy, do you know how  
16 many there were exactly? I think there was  
17 like nine? She may be on mute at this point.

18 CHAIR MUNN: All right.

19 MR. STIVER: They're on the  
20 overhead there.

21 MS. K. BEHLING: This is Kathy  
22 Behling. I'm sorry, I wasn't on the line. Is

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1 there a question?

2 CHAIR MUNN: Hi Kathy. 78

3 MR. STIVER: Wanda had a question  
4 for you about the PER-0017 cases.

5 CHAIR MUNN: We were just  
6 wondering how many cases you chose, how many  
7 you have to deal with here?

8 MS. K. BEHLING: There were six.

9 CHAIR MUNN: There are six, okay.

10 MS. K. BEHLING: They were from  
11 three different sites, INL, the Argonne  
12 National Labs East and West, and we, you know,  
13 selected three from INEL and two from I think  
14 Argonne National West and one from Argonne  
15 National Laboratory East.

16 CHAIR MUNN: Okay, six from three  
17 sites.

18 MS. K. BEHLING: And I have  
19 started working on them.

20 CHAIR MUNN: That's great. Will  
21 we have anything next time?

22 MS. K. BEHLING: Yes.

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1 CHAIR MUNN: Probably two months  
2 from now. 79

3 MS. K. BEHLING: Okay. You hear  
4 that with an emphatic yes.

5 CHAIR MUNN: Good. Thank you,  
6 Kathy. That's great.

7 MR. STIVER: With emphasis.

8 CHAIR MUNN: All right. Anything  
9 else from either of those from anyone?

10 MR. KATZ: So PER-0014 will be  
11 also ready for the next meeting, right?

12 MR. STIVER: Excuse me?

13 MR. KATZ: 0014. That will be  
14 ready for the next meeting, too. Okay.

15 CHAIR MUNN: 0014 and 0015 both we  
16 anticipate next time.

17 MR. STIVER: Right.

18 CHAIR MUNN: All right, that's  
19 good. Any other questions? If not, why don't  
20 you take a 15 minute break and be back at  
21 10:30, right?

22 MR. KATZ: Okay.

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1 CHAIR MUNN: Is that good for  
2 everyone? 80

3 MR. KATZ: Yes.

4 CHAIR MUNN: Good. We'll see you  
5 at 10:30.

6 MR. KATZ: Okay.

7 CHAIR MUNN: Bye-bye.

8 (Whereupon, the above-entitled  
9 matter went off the record at 10:15 a.m. and  
10 resumed at 10:34 a.m.)

11 CHAIR MUNN: All right. Let's pick  
12 up again. Let's start with, if Stu's there, I  
13 believe we are up for PER-002. There were  
14 going to be case selections made for that PER.

15 MR. HINNEFELD: Okay. I think I  
16 sent an email out to Wanda, John and --

17 (Simultaneous speaking.)

18 MEMBER ZIEMER: I'm trying to find  
19 it.

20 CHAIR MUNN: Yes, you did, on the  
21 3rd, sending Dave Allen's information.

22 MR. HINNEFELD: Yes.

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1 CHAIR MUNN: For which, thank you,  
2 by the way, Stu. 81

3 MR. HINNEFELD: Okay.

4 CHAIR MUNN: That was very helpful  
5 for me to get early information like this.  
6 Thanks.

7 MR. HINNEFELD: Okay. PER-0020 is  
8 Blockson, and it has to do with a revision to  
9 the Site Profile of Blockson, and that's what  
10 prompted the PER.

11 There was, I don't exactly  
12 remember which revision this was. This may  
13 have been the one that added the potential  
14 exposures at Building 40, because Building 55  
15 is where the bulk of the work went on at  
16 Blockson.

17 And then there was the operational  
18 period and the residual period. So we were  
19 asked, you know, what do you have to look at  
20 from these, and one is that -- what are the  
21 possible differences in dose reconstruction  
22 techniques, so that we could take cases that

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1 looked at all the possible differences in dose  
2 reconstruction techniques. 82

3 Well, the difference -- the  
4 technique is to do the intakes for both,  
5 compare Building 40 intakes and Building 55  
6 intakes. Select the one which is most  
7 favorable to the claimant.

8 That was done in a generic sense  
9 and I think where it turned out is that  
10 Building 40 essentially has not been utilized,  
11 because it's most favorable only for one  
12 organ, and we haven't had any cancer to that  
13 organ. So there is nothing to utilize in that  
14 instance.

15 So we have Building 55. There is  
16 -- and these intakes were set from bioassay  
17 information. So there's the potential that  
18 the intake was either an ingestion or an  
19 inhalation. So in some, for some organs,  
20 ingestion is most favorable. Those were  
21 really just the GI tract organ. For  
22 essentially everything else, inhalation is

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1 favorable.

2 So we had to worry about, you  
3 know, getting inhalation and an ingestion, and  
4 also for using, for covering the operational  
5 period and the residual period. So Dave  
6 describes it pretty well, you get like a 2 by  
7 3 matrix all told. One of your squares has  
8 nothing in it.

9 And so the other options, the  
10 other five options have a case number that he  
11 sampled from. He sampled from the available  
12 case numbers using an Excel sampling routine,  
13 and came up with a case number to put in each  
14 of the five occupied cells.

15 In reality, though, if you do the  
16 cases, the two cases that cover both the  
17 operational period and the residual period,  
18 you have a case for the GI and a case for the  
19 all other.

20 So you could look at all the  
21 techniques by looking at those two cases. So  
22 that's -- our proposed selection here is:

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1 however you want to do it. If you want to look  
2 at two cases, you can look at all of ~~the~~  
3 techniques for those two cases. If you want  
4 to have a more definitive look, there are five  
5 possible cases to look at, you know, that we  
6 have sampled.

7                   There are more cases than that,  
8 but our sampling came up with these five. So  
9 that's how we went -- I thought Dave did a  
10 nice description of how we selected it. So I  
11 just sent it on to everybody, so you could all  
12 see what the selection thought process was.

13                   MR. STIVER: Yes. These selection  
14 criteria are exactly what we discussed in the  
15 last two meetings.

16                   CHAIR MUNN: Yes, that's what we  
17 asked for.

18                   MR. STIVER: We were hoping that  
19 we could get just a couple of cases that  
20 rolled it all in, which is what you have here.

21                   MR. HINNEFELD: Yes. So then going  
22 forward then, you know, if you notice that

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1 this was done over the weekend. So going  
2 forward then, we'll place the AR files for  
3 these two cases on the O: drive, and we've  
4 done this before this group, right, where we  
5 put these folders on the O: drive, under  
6 probably Procedures Subcommittee or something,  
7 and then we'll put a PER-0020 folder.

8 MS. MARION-MOSS: It'd be the PER  
9 2012 folder.

10 MR. STIVER: Yeah.

11 MR. HINNEFELD: Okay, and so  
12 they'll be available, then, for SC&A, readily  
13 available for SC&A then to do their dose  
14 reconstruction review. So you'll take care of  
15 doing that?

16 MS. MARION-MOSS: And John, I will  
17 send you an email when they're there.

18 MR. STIVER: Okay. Sounds good.

19 MS. MARION-MOSS: Like we did the  
20 others.

21 MR. STIVER: And just CC Kathy  
22 Behling as well.

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1 DR. H. BEHLING: This is Hans  
2 Behling and Kathy's on the line here too. ~~But~~  
3 I do have a question, because I was pretty  
4 much one of the authors for the review of PER-  
5 0020, and this was done back in March of 2009,  
6 and I identified three issues.

7 And I'm not sure, just for my own  
8 edification, have those three issues been  
9 resolved at this point in time, where we are  
10 at the point of making a selection?

11 The three issues in question were  
12 the solubility class of Type S for uranium,  
13 and also the F sub 1 value for uranium, and it  
14 was also the issue of the radon levels in  
15 Building 40. Have all those issues been  
16 properly resolved at this point?

17 CHAIR MUNN: Yes, they have.

18 MR. KATZ: They've all been  
19 closed.

20 CHAIR MUNN: Yes, we have closed  
21 them all. The radon issues were actually  
22 closed before.

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1 DR. H. BEHLING: Yes. Those  
2 were, the radon issue, I believe, was Bob  
3 Anigstein's issue. But the other two,  
4 regarding the solubility and the F sub 1 value  
5 for uranium, were issues that I identified.  
6 But I don't recall any real discussions on  
7 those issues and whether those issues were  
8 resolved.

9 CHAIR MUNN: We did resolve them.

10 DR. H. BEHLING: Okay.

11 CHAIR MUNN: Let's take a look at  
12 the database and give you a little more  
13 information on that. But I do recall having  
14 checked earlier and seen that they were indeed  
15 closed.

16 MEMBER ZIEMER: Issue 1 was closed  
17 on July 31st.

18 MR. KATZ: 2012.

19 MEMBER ZIEMER: 2012. That's the  
20 --

21 DR. H. BEHLING: Solubility  
22 class?

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1 MEMBER ZIEMER: Type M, yes.

2 CHAIR MUNN: Perhaps you could  
3 read the last entry there.

4 MEMBER ZIEMER: The last entry  
5 says: "NIOSH reports that there's no reason to  
6 believe that there's anything other than Type  
7 M. SC&A agrees with NIOSH. Subcommittee  
8 changed the status of this finding to closed."  
9 That's on July 31st. And on Issue 2, which  
10 is --

11 DR. H. BEHLING: They're really  
12 connected.

13 MEMBER ZIEMER: Yes. It's the  
14 same, the same response, actually, for Issue  
15 2. And then Issue 3 was the radon one.

16 CHAIR MUNN: Yes. He said he  
17 already knew that was closed.

18 MEMBER ZIEMER: Oh, okay.

19 MR. STIVER: He was referring to  
20 the first two.

21 MEMBER ZIEMER: Right.

22 DR. H. BEHLING: Okay. I

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1 apologize. I wasn't aware that those issues  
2 were resolved. 89

3 MR. STIVER: That's all right.

4 CHAIR MUNN: That's okay. Thank  
5 you, Hans. Anyone else have any questions  
6 with respect to PER-0020, and are you happy  
7 with the two that have been selected? Will  
8 that meet the criterion for all of you? It  
9 does for me.

10 MR. KATZ: Yes. I think everybody  
11 said --

12 MR. STIVER: I think we're all in  
13 concurrence on that.

14 CHAIR MUNN: Very good.

15 MR. HINNEFELD: There's always the  
16 opportunity that, if you go through those two  
17 and you feel like something was missed, just  
18 let us know.

19 MR. STIVER: Yes. I mean if we  
20 come up to a detail that was not evident  
21 earlier, we can just follow up on it.

22 CHAIR MUNN: Okay. Do we have any

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1 guesstimates from Kathy as to when those might  
2 be in the works? Or I guess the bottom line  
3 question is: will there be anything to report  
4 next time?

5 MS. K. BEHLING: Well, I'll make  
6 an attempt.

7 CHAIR MUNN: Okay. I just didn't  
8 know whether to cover it on the agenda next  
9 time, or whether to wait for another meeting  
10 to go by.

11 MS. K. BEHLING: Well, there are  
12 only two cases. I think maybe you can put it  
13 on the agenda, and as a minimum, I can give  
14 you --

15 CHAIR MUNN: We'll just ask for a  
16 status next time, Kathy.

17 MS. K. BEHLING: Okay, very good.  
18 Thank you.

19 CHAIR MUNN: That's great. All  
20 right. Anything else with regard to PER-0020?

21 (No response.)

22 CHAIR MUNN: If not, then let's go

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1 on to our review status from SC&A for the  
2 PROC-031, 61, OTIB-0020, TIB-0005 and Report  
3 53.

4 MR. MARSCHKE: Okay, Wanda. We're  
5 going to take the first three. PROC-31, 61,  
6 OTIB-0020 and OTIB-0005. I think it was OTIB-  
7 0005, not TIB-0005. Take those four together.

8 On the 25th, January 25th, Nancy sent out a  
9 report that we, SC&A, prepared, describing our  
10 review or our pre-review of those four  
11 documents.

12 We put all four documents in the  
13 same report. What we did was, if you recall,  
14 we had previously reviewed those documents,  
15 and since the time we had performed our  
16 review, NIOSH had made two or more revisions  
17 to those documents.

18 So we went back and we did what we  
19 called a pre-review, to see whether or not a  
20 full review would be warranted, whether the  
21 changes were sufficient enough to warrant a  
22 full review.

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1                   We went back and looked at those  
2 four documents, and the sum, the consensus ~~was~~  
3 that a re-review was not warranted for any of  
4 those, and the summary of those pre-reviews is  
5 contained in this document that was sent out  
6 on the 25th.

7                   Now I have a question to the  
8 Subcommittee on whether or not we want to add  
9 a finding of "no finding" to just document  
10 this fact in the BRS for these, for each one  
11 of these four documents. We could add a  
12 finding of no finding, open it and then  
13 immediately close it, if that's the  
14 Subcommittee's desire.

15                   We've done that in some cases in  
16 the past, but I didn't know if they wanted to  
17 do that in this particular type of pre-review.

18                   MEMBER BEACH: I think that's a  
19 good idea.

20                   MR. KATZ: I think it's helpful,  
21 just to keep things straight on when things  
22 have been reviewed, pre-review or not.

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1 MR. MARSCHKE: Okay. I mean I  
2 will take, I would like to do that kind of  
3 offline, and but I'll take it.

4 I will add a finding for each one  
5 of those four documents, describing that we  
6 did do a pre-review. But they had been  
7 revised. We did do a pre-review and we found  
8 no basis for doing a full review, and I will  
9 close it immediately.

10 MEMBER BEACH: Steve, on 031, you  
11 mentioned that you didn't check the accuracy  
12 of the references. Is that for PROC-031? You  
13 didn't really list that on any of the other  
14 ones. So that's -- is that something that  
15 needs to be looked at, or are we okay with  
16 not? Page seven of your written report.

17 MR. MARSCHKE: Yeah, I see that.  
18 I think the assumption here was that any of  
19 the references would be, that were necessary  
20 to be checked would have been checked, you  
21 know, as stand-alone documents.

22 MEMBER BEACH: Okay. That's kind

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1 of what I thought too, but I wasn't sure that  
2 you -- 94

3 MR. MARSCHKE: We can go back and  
4 we can -- I can, I think Harry Pettengill did  
5 that. No. Actually, Steve Ostrow did that  
6 one. I can go back and just double-check with  
7 Steve, and make sure that that is the case.

8 CHAIR MUNN: Okay. So you're  
9 going to be checking on --

10 MR. MARSCHKE: We're going to  
11 check this --

12 CHAIR MUNN: -- on 031.

13 MR. MARSCHKE: Yeah, the third  
14 one. PROC-031, there's a sentence. The last  
15 sentence in the discussion there says  
16 "However, SC&A did not check the accuracy of  
17 the many references to other documents made in  
18 PROC-031." We're going to, I'm going to check  
19 with Steve Ostrow, to make sure -- what was  
20 the basis for not making that, not checking  
21 the accuracy?

22 CHAIR MUNN: Maybe it was just a

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1 time thing, and the bottom line question is,  
2 do we need to check that? Probably. If we're  
3 going to depend on it as being definitive, it  
4 might be a good idea.

5 MEMBER ZIEMER: I guess I don't  
6 understand what that actually means, the  
7 accuracy of the references.

8 Do you mean did they put the --  
9 they cited a reference, and you didn't look in  
10 the list to see if it was actually there, or  
11 whether it was correctly cited? I don't  
12 understand what you mean even by that  
13 statement.

14 CHAIR MUNN: I interpret it to  
15 mean whether or not the citation was accurate,  
16 was correct. But that was just an  
17 interpretation. I guess --

18 MEMBER ZIEMER: You're referencing  
19 another document.

20 MR. STIVER: The question is the  
21 citation correct or is relevance the issue?

22 MEMBER ZIEMER: Is that what you

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1 mean by that?

2 CHAIR MUNN: Yeah, and my thought~~ed~~  
3 was that it was checking to see if the  
4 citation is correct.

5 MR. STIVER: I would have to check  
6 with Steve Ostrow on the intent of that. I  
7 would just assume it was the relevance. If  
8 there's a lot of different documents kind of  
9 incorporated by reference, that supporting  
10 this document, then are they really relevant  
11 and not just the correct citation.

12 MEMBER ZIEMER: Okay. So that's  
13 sort of different than accuracy.

14 MR. STIVER: Yeah. I'm not quite  
15 sure exactly. We'll check back with Steve  
16 Ostrow to verify that.

17 MEMBER ZIEMER: Yeah.

18 CHAIR MUNN: Okay. Anything else  
19 with respect to those one, two, three, four,  
20 five?

21 MR. MARSCHKE: Oh, the fifth one,  
22 Report 0053, is a different animal altogether.

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1 Report 0053 is a new document that NIOSH had  
2 prepared, and it's not a re-review of 9a  
3 document that SC&A had previously reviewed.

4 So Report 0053 describes how to  
5 stratify the bioassay data, into two different  
6 -- instead of lumping everything together when  
7 you go with your coworker models, Report 0053  
8 gives you a methodology for separating into  
9 two different strata, a high dose strata and a  
10 low dose strata, and to determining whether or  
11 not those two strata are significantly  
12 different.

13 And we have been working on it.  
14 One of the innovative things that Report 0053  
15 does, instead of using all the workers'  
16 monitoring results, they use the one-  
17 person/one sample approach, and we did some  
18 studies.

19 What we've been doing since the  
20 last time we talked about this was we did a  
21 study, where we compared IMBA, I-M-B-A results  
22 from a, from entering the full spectrum of

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1 bioassay results, versus the -- what you would  
2 get if you entered a single value, the one  
3 person/one-sample.

4 And we are in the process of  
5 incorporating the results of that study into  
6 this Report 0053 report, probably as an  
7 appendix. Harry has just sent around the  
8 latest version of -- for internal review of  
9 the Report 0053 evaluation. I just got it. I  
10 think it was last Friday or maybe it was even  
11 Monday.

12 So, you know, we're still working  
13 on that report. I think we'll probably get  
14 that to the Subcommittee, to the Board before  
15 the next Subcommittee meeting.

16 CHAIR MUNN: Okay. So all we're  
17 really expecting from this group of five next  
18 time is a report, your appendix that you're  
19 preparing for 0053.

20 MR. MARSCHKE: Well, it should be  
21 the full report, not just the appendix. It's  
22 including the appendix.

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1 CHAIR MUNN: Good, all right. But  
2 that's the one thing that is still outstanding  
3 from your point of view?

4 MR. MARSCHKE: Well, we're still  
5 discussing amongst us --

6 CHAIR MUNN: Before you wrap up  
7 the report.

8 MR. MARSCHKE: We're still  
9 discussing amongst ourselves what is a finding  
10 and what should not be a finding. I have some  
11 ideas and some of the other people who are  
12 doing the review have their ideas, and we're  
13 trying to get them to meld, so that we have a  
14 consistent approach. So we're still kind of  
15 working on what is the findings, and yes.

16 CHAIR MUNN: Okay.

17 MR. STIVER: Because this is --  
18 Wanda, this is John. This is a methodology  
19 that's going to basically be applied  
20 throughout the complex, at a lot of different  
21 sites.

22 So there's a lot of internal

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1 debate, you know, if raging is the right term,  
2 but a lot of vigorous debate about just ~~what~~  
3 OPOS means, this one-person/one-sample, and  
4 you know, how far it can be used, and the  
5 different types of stratification that could  
6 go on.

7 So we really want to make sure  
8 that we have internal consensus on this.  
9 There's a lot of implications here for how  
10 it's going to be used.

11 CHAIR MUNN: One can see that.

12 MEMBER BEACH: So Steve, I want to  
13 go back to 61. 61 shows that there's a fourth  
14 finding that's in progress, and it was in  
15 progress from 2008, I believe is the last.  
16 How do we go from in progress to closing that  
17 out?

18 MR. MARSCHKE: I think I recall,  
19 you're saying 61.

20 MEMBER BEACH: This one right  
21 here. The third revision, I would say it  
22 should have taken care of maybe some of those

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1 questions, and I might be wrong.

2 MR. MARSCHKE: Just trying to  
3 remember. I remember that yes, there was one  
4 that was -- the fourth finding was in  
5 progress, whose resolution remains in  
6 progress. Oh, that was about the retakes, and  
7 I don't believe -- we may -- I think that  
8 stays in progress. I don't think that that  
9 has been --

10 MEMBER BEACH: Yeah, this doesn't  
11 cover that.

12 MR. MARSCHKE: This does not cover  
13 it. So I don't think there's any change in  
14 our position or NIOSH's position, based upon  
15 the revisions that have come out since then,  
16 and if you look at the Board Review System for  
17 61, it's still shown as in progress, and  
18 basically, it just --

19 MEMBER BEACH: It's just  
20 languishing there?

21 MR. MARSCHKE: It's just  
22 languishing there, yes.

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1 MR. STIVER: In the pre-review  
2 conclusions on page eight, number two, this~~is~~  
3 about the concern that the stated impact of  
4 retakes was less than three percent in this  
5 Black Lung study in 1973, simply because it  
6 was too low.

7 "Rev 3 was moved to the reference  
8 table, the O: drive, by ensuring the latest  
9 version of the TBD and TIBs, etcetera, are  
10 used by the dose reconstructors, and also  
11 transfers the three percent retake issue from  
12 PROC-0061 into the realm of Site Profile and  
13 TBD reviews.

14 "SC&A believes that these steps  
15 adequately address our remaining concerns that  
16 PROC-0061 recommends that the status of  
17 Finding 4 be changed to closed."

18 MR. MARSCHKE: When was that?

19 MR. STIVER: This is in the report  
20 on page eight, Section 2.3.2, Pre-Review  
21 Conclusions, the second bullet item or in the  
22 second item. Yeah. So it looks like it can

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1 be.

2 MR. MARSCHKE: The one -- okay,  
3 yeah, yeah. Bullet 2 discusses the in  
4 progress finding?

5 MR. MARSCHKE: Yeah.

6 MEMBER BEACH: Oh yes it does.

7 MR. MARSCHKE: So I guess we can  
8 go -- that's a good point, Josie. I mean we  
9 can -- does the, I guess the Subcommittee,  
10 should it look at this some more and debate  
11 it, or do they want to go and close it, you  
12 know, act upon the recommendation or what?

13 But we should add -- actually, we  
14 should add, and that should change what I -- I  
15 don't put in a finding of "no finding." For  
16 that one, I should basically go back to this  
17 Finding 4, and indicate that it has -- now  
18 we're making, going to take --

19 MR. STIVER: For the reasons  
20 stated here.

21 MR. MARSCHKE: Well, I'll just  
22 block copy and paste it.

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1 MR. STIVER: Yeah, that would do  
2 it. 104

3 CHAIR MUNN: Yeah. So that shows  
4 what the thinking was.

5 MR. MARSCHKE: Yes.

6 MR. HINNEFELD: When was PROC-  
7 0061?

8 MR. STIVER: January 23rd, pre-  
9 review and revised findings.

10 MEMBER BEACH: Yeah, it's a pre-  
11 review.

12 (Pause.)

13 MR. MARSCHKE: Okay. For Finding  
14 4, PROC-0061, Finding 4, I've added the  
15 response to the thread, that included in the  
16 January 25th pre-review of PROC-0061, and then  
17 I put in the statement from the document.

18 "The one in-progress finding not  
19 addressed directly in Revision 3, but is  
20 handled in other documents that dose  
21 reconstructors are directly considering."

22 CHAIR MUNN: Okay.

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1                   MR.        MARSCHKE:                So        the  
2        recommendation to close it is now included ~~in~~  
3        the BRS.

4                   CHAIR MUNN:        Unfortunately, that  
5        doesn't show rapidly on my screen, even though  
6        you put it in.

7                   MR. KATZ:        Want us to just read it  
8        to you, Wanda, in total and --

9                   CHAIR MUNN:        That's okay.

10                  MR. MARSCHKE:       Well, if you have  
11        the 25th memo, it's basically just -- it's the  
12        same as what's in there. It's a block copy  
13        and paste of that.

14                  CHAIR MUNN:        Yeah. It's no point  
15        in saying it, yeah. It will undoubtedly pop  
16        up later in the session.

17                  MR.        KATZ:                So        does        the  
18        Subcommittee want to act on that?

19                  CHAIR MUNN:        I think it would be  
20        wise to do so. Is there any objection to  
21        following through with closing 061-04?

22                  MEMBER BEACH:       No.

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1 MEMBER ZIEMER: No.

2 MR. KATZ: No objection. 106

3 CHAIR MUNN: No objections, then  
4 that item can be changed to closed, based on  
5 what Steve has just incorporated in the  
6 findings.

7 (Pause.)

8 MR. MARSCHKE: Okay, it's closed.

9 CHAIR MUNN: Okay. Maybe if I go  
10 out of it and come back into it again, I'll be  
11 able to see that.

12 MR. MARSCHKE: Yes.

13 MEMBER ZIEMER: Which one is that  
14 number?

15 MEMBER BEACH: 61.

16 MR. MARSCHKE: PROC-0061-04.

17 MEMBER ZIEMER: 04, okay. I was  
18 just looking to see the PROC data here.

19 (Pause.)

20 MEMBER ZIEMER: Yep.

21 CHAIR MUNN: Is it good?

22 MEMBER ZIEMER: Yep.

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1 CHAIR MUNN: Because I'm out,  
2 waiting to get back in. For some strange  
3 reason, when I put it in the search --

4 MEMBER ZIEMER: Clarify for me,  
5 what is Report 0053?

6 MR. MARSCHKE: Report 0053 is --

7 MEMBER ZIEMER: It's in this  
8 category, but it's not part of this --

9 MR. MARSCHKE: It's not part of  
10 this group, no. Report 0053 is, let me see if  
11 I can pull it up here for you.

12 MEMBER ZIEMER: Is that an ORAU  
13 report?

14 MR. MARSCHKE: No, it's really a  
15 procedure. It's an analysis for stratified  
16 coworker data set, and --

17 MEMBER ZIEMER: Oh, all right,  
18 okay. I just wanted to get the category of  
19 this report.

20 MEMBER BEACH: It was one I didn't  
21 find either.

22 MEMBER ZIEMER: It's under -- is

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1 it under "Reports"?

2 MR. MARSCHKE: I don't know ~~108~~  
3 it's in here.

4 CHAIR MUNN: I don't think it's in  
5 there.

6 MEMBER ZIEMER: Report 0053.

7 MR. MARSCHKE: It won't be in the  
8 BRS.

9 MEMBER ZIEMER: It's not in the  
10 database. Okay. That's what I was -- and it  
11 wasn't mentioned, it's not in this document  
12 either?

13 MEMBER BEACH: It comes out at the  
14 MVA on the control chat.

15 MR. MARSCHKE: It's a separate  
16 document.

17 CHAIR MUNN: Yeah.

18 MR. MARSCHKE: Yeah, this is --  
19 yeah. The other document was --

20 MR. STIVER: It was the only one  
21 that warranted a full review. The others we  
22 combined together.

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1                   MEMBER    ZIEMER:            Okay,    okay.

2           That's the one you're going to do a ~~full~~  
3           review on?

4                   MR. MARSCHKE:        Yeah.    Actually,  
5           there's a -- if Lori, there's a whole series  
6           of reports. I think there's Report 056, which  
7           is also being reviewed by some Work Group.  
8           Well, I guess that wouldn't come in here  
9           anyways.

10                   But    yeah,    there    are    some  
11           additional reports that need to be --

12                   MS. MARION-MOSS:    Uploaded.

13                   MR. MARSCHKE:        Uploaded into the  
14           BRS.

15                   MS. MARION-MOSS:    Okay. Give me a  
16           list of those so I can --

17                   MR. MARSCHKE:        Okay.

18                   CHAIR MUNN:         Okay. All right,  
19           good. Are we done with that group? Any other  
20           comments, questions, comments?

21                   (No response.)

22                   CHAIR MUNN:         If not, then let's

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1 jump over our next item, which we intended to  
2 have, and probably still should have ~~right~~  
3 after lunch. The Hanford findings that Dr.  
4 Ziemer will chair, when you discuss PER-0005  
5 and 029, and let's see if we can wrap up PROC-  
6 44 responses before noon. Are you ready for  
7 that, NIOSH?

8 PROC-44 Responses to Findings

9 MS. MARION-MOSS: Hi Wanda, this  
10 is Lori.

11 CHAIR MUNN: Yes.

12 MS. MARION-MOSS: No, we're not.  
13 Overall, we're still looking at those findings  
14 and preparing the responses. So we need to  
15 report back on those probably next time.

16 CHAIR MUNN: Okay. So that's a  
17 carryover.

18 MR. KATZ: Okay. Next meeting,  
19 you'll be ready? Thanks.

20 CHAIR MUNN: Then we can start on  
21 the status reports from a long list of things.  
22 The first one that we have up is OTIB-0055.

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1 However, I noticed that John Stiver was good  
2 enough to send this status of four of the PERs  
3 by email on the 2nd of February.

4 Perhaps this is a good time --  
5 John, are you ready to start the contents of  
6 that particular email, since we know you've  
7 done those?

8 Status Reports

9 MR. STIVER: Yes. Well actually  
10 I'm ready to talk about that. The reason that  
11 I sent that pre-review around, you recall that  
12 you have all had a chance to look at the PER-  
13 0037 and PER-0029 write-ups that we did, and  
14 both of those identified some pretty serious  
15 issues regarding the number of reviews of the  
16 TBDs that SC&A had not reviewed previously,  
17 and also a number of changes that have  
18 occurred since the PER came out.

19 Both of these issues impacted our  
20 ability to do full and complete reviews of  
21 those PERs. So because at the meetings, you  
22 know, we don't really go into in-depth

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1 discussions and research on each of the PERs.

2 Basically, we kind of pulled that into ~~the~~  
3 review process, to kind of do a pre-review.

4 We picked candidates that looked  
5 good, that seemed like they have substantive  
6 issues, and then we kind of did a triage, well  
7 not really triage, but a pre-review, to see  
8 the other big issues that might impact our  
9 ability to really complete this review.

10 We need to take a look at some  
11 other issues first. So we went ahead and did  
12 this, these five outstanding PERs for which  
13 work had not been done yet. This is PER-11,  
14 which is the K-25 TBD and the TIB revisions,  
15 which was issued in September of 2007.

16 The second is PER-0030, for the  
17 Savannah River site revisions, issued at the  
18 end of December of 2007. 3A and 3B are  
19 combined. Remember, this is the Huntington  
20 Pilot Plant TBD revisions. 25 was Rev 0.  
21 That was in December 2007, and 3D is PER-0033,  
22 which was in December 2011.

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1                   The last one is PER-038, which is  
2 Hooker Electrochemical. That was a ~~very~~  
3 recent one. It was issued in July of 2012.  
4 So we'll kind of go through these one by one.

5 PER-011

6                   MR. STIVER: PER-011, what we  
7 looked at is the status of the TIB, the TBD  
8 revisions, and also SC&A's reviews of  
9 supporting documents. As far as PER-011 was  
10 concerned, focus had identified, I believe,  
11 432 claims that had been processed, that could  
12 potentially have been affected by this PER,  
13 based on the Probability of Causation being  
14 less than 50 percent.

15                   However, they didn't provide any  
16 information regarding the numbers of claims  
17 among those 432 cases, that may have actually  
18 been impacted by the PER, and whether any dose  
19 reconstructions have been subjected to review,  
20 or to revision.

21                   Typically, that kind of  
22 information is provided in the PER. It helps

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1 us really focus in on being able to select  
2 cases. So if you can look at -- you all might  
3 want to pull up this document. I probably  
4 should have actually do that in the first  
5 place.

6 MR. HINNEFELD: When did you send  
7 it?

8 MR. STIVER: I sent it out just  
9 over the weekend, I think Saturday. It's  
10 called "Current Status of Four Program  
11 Evaluation Reports." But it's pretty  
12 straightforward and easy to follow along, if  
13 you pull that up. But I can just continue  
14 talking about it.

15 The little box there at the bottom  
16 of page one indicates that we believe that  
17 until NIOSH provides us data on the affected  
18 cases, it's incomplete. We don't believe a  
19 full audit can be conducted.

20 As far as our review of the  
21 supporting documents, we reviewed the K-25  
22 Site Profile, and we issued a draft report in

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1 October 2007 and May 2007. We have  
2 implemented a number of findings, and excuse  
3 me, my voice is kind of going out.

4 All those findings have been  
5 resolved, and we believe that that aspect of  
6 PER-011 is okay. So it just remains for NIOSH  
7 to identify, among those 432 cases, which ones  
8 are, would be candidates for review, based on  
9 the criteria for selection.

10 PER-0030

11 The next is PER-0030, which is the  
12 Savannah River Site TBD revisions.

13 MR. KATZ: Wait. What, just but  
14 can we -- so I just want to be clear on what  
15 we're doing with each of them as we go,  
16 instead of having to come back. So for that,  
17 we're going to get more data from --

18 MR. STIVER: Yeah. If we can get  
19 some clarification on those --

20 MR. KATZ: On the case selection?

21 MR. STIVER: Case selection.

22 MS. MARION-MOSS: Basically like

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1 we did for 0020.

2 DR. H. BEHLING: John, can I ~~make~~  
3 a comment at this time?

4 MR. STIVER: Okay Hans, go ahead.

5 DR. H. BEHLING: Yeah. The issue  
6 of readiness of auditing with a PER is really,  
7 and I think John already mentioned it briefly  
8 here, there are two components to it. Is the  
9 PER in itself complete, and it's already been  
10 stated on behalf of PER-011.

11 What we usually look for is not  
12 only was the PER based on certain documents  
13 that we have looked at, and therefore have  
14 reviewed and we're in agreement with those  
15 documents. That's one aspect, and the SC&A  
16 review of supporting documents.

17 The other thing is did NIOSH  
18 complete their PER, and as mentioned, what we  
19 look for is also have they identified the  
20 universe of claims that could be potentially  
21 affected by this PER, and among that universe  
22 have they identified those which need to be

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1 looked at. Lastly, have they actually done a  
2 dose reconstruction on those that would ~~have~~  
3 been impacted.

4 And then on the basis of those  
5 numbers, does SC&A usually make a reference as  
6 to how many claims need to be audited, as part  
7 of the actual review process and the  
8 completion of the review process. And as  
9 already been pointed, on behalf of PER-011,  
10 there were 432 claims that could be affected.

11 But NIOSH did not provide anything  
12 further in their PER, in terms of how many of  
13 the 432 would have been affected, let alone  
14 the actual reconstruction of doses on those  
15 that would have been affected.

16 So the issue of readiness is based  
17 on two things. Did NIOSH complete the PER,  
18 and secondly, did SC&A review all of the  
19 supporting documents that gave rise to the  
20 PER. So those are the two elements that we're  
21 looking for.

22 MR. STIVER: Right, right.

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1 Thanks, Hans. I kind of brushed over that a  
2 little bit. Thanks for clarifying ~~the~~  
3 details, those aspects.

4 CHAIR MUNN: So let's, let me be  
5 clear. When we're with the first item, PER-  
6 011, what we are anticipating as an action  
7 item for next time is NIOSH providing the  
8 information that's being requested with  
9 respect to the number of claims, and whether  
10 reconstructions are subject to revision;  
11 correct?

12 MR. STIVER: Yes. This is John.  
13 I believe that that is a pretty good summation  
14 of what would be needed.

15 CHAIR MUNN: And similarly, with  
16 PER-0030 --

17 MR. STIVER: Well, before we go on  
18 from PER-011 --

19 (Simultaneous speaking.)

20 MR. HINNEFELD: --make sure I  
21 understand the second part of this.

22 CHAIR MUNN: Yeah. Let's do it

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1 one at a time, so that everybody's clear on  
2 what each of these items is anticipating. 119

3 MR. HINNEFELD: I think I'm pretty  
4 clear on the question. The first part was  
5 that we say in the PER there are 432 claims in  
6 this time period, that have PoCs less than 50  
7 percent.

8 But we don't specify further  
9 whether there was another screening criterion  
10 that would say here, based on this other  
11 screening criterion, here are the ones we  
12 really have to consider.

13 MR. STIVER: Right.

14 MR. HINNEFELD: We also don't  
15 provide a list of the ones that were  
16 considered. Is that what we're looking for,  
17 is to see did we really reconsider all the  
18 cases that --

19 MR. KATZ: Well, you don't have to  
20 provide a list of the ones that were  
21 reconsidered. You just, once you, that  
22 interrelation is settled, then you can -- they

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1 can request samples.

2 MR. STIVER: Yes. I think ~~120~~  
3 would just be if you can provide, you know,  
4 those that have been, as Hans said, you know,  
5 that meet the criteria of the changes that the  
6 PER is reviewing, and also which those that  
7 have been reconstructed or returned for review  
8 under the PER, that information is typically  
9 provided, you know.

10 And until we have that, it's very  
11 difficult to go under that Subtask 4, which is  
12 the case selection aspect of it, or even the  
13 initial stages of reviewing those cases, to  
14 see that they were indeed, the criterion were  
15 true and correct.

16 CHAIR MUNN: Okay.

17 MR. STIVER: My computer seems to  
18 have frozen here.

19 MEMBER BEACH: Mine did too.

20 MR. STIVER: So it's not just me.

21 MS. MARION-MOSS: This is Lori.

22 So John, for all PERs, this is you would like

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1 to see?

2 MR. STIVER: Yes. Some of ~~them~~  
3 provide that information. Some of them are  
4 pretty open-ended and they don't -- they just  
5 identify the universe of potentially affected  
6 claims, but don't go into any detail behind  
7 that.

8 MEMBER ZIEMER: Yeah. It appears  
9 that this one gives sort of the first broad  
10 screen, which is what cases were less than 50  
11 percent.

12 MR. STIVER: Yeah. Basically,  
13 those were less than 50 percent --

14 MEMBER ZIEMER: But then beyond  
15 that --

16 MR. KATZ: Doesn't define the  
17 universe that are, for which the PER is  
18 applicable.

19 MEMBER ZIEMER: Which could be all  
20 of them?

21 MR. KATZ: Could be all or a very  
22 small --

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1 (Simultaneous speaking.)

2 MEMBER ZIEMER: Yeah. That's ~~what~~  
3 we saw in the other ones, a very small  
4 fraction.

5 MR. KATZ: So I don't think this  
6 really needs to wait until next meeting. We  
7 just need communication about this.

8 MR. STIVER: Yeah. This can be  
9 done in parallel ongoing. We don't need to --

10 MEMBER ZIEMER: Once you have the  
11 information --

12 (Simultaneous speaking.)

13 MR. KATZ: Well, we can move the  
14 process forward. We don't have to wait --

15 (Simultaneous speaking.)

16 MR. KATZ: Yeah. So just copy, if  
17 you copy the Work Group.

18 MR. STIVER: Okay. Can we -- are  
19 you ready to move on to --

20 MEMBER ZIEMER: Well, 0030's the  
21 same issue. It's a screening thing, isn't it?  
22 They haven't provided the --

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1 PER-0030

2 MR. STIVER: Well, there's 123  
3 little more to it than just that. It will be  
4 pretty easy. Let me just go through this.  
5 Okay.

6 This one was issued in December  
7 2007, and reflects changes to the TBD of  
8 Savannah River, Technical Basis Document 3,  
9 which was issued in 2003 and revised, a Rev 1,  
10 a Rev 2 and Rev 3, the latest revision being  
11 in 2005.

12 So we've got a whole series of  
13 revisions that have taken place. Some  
14 increased dose, some have decreased the dose.  
15 NIOSH determined there were 54 claims  
16 completed before August 31, 2003, that may  
17 potentially be impacted by one or more of the  
18 four criteria that were defined in the PER.

19 We believe the PER is incomplete  
20 because NIOSH hasn't identified which of those  
21 54 claims meet one or more of the four  
22 criteria.

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1                   And so we don't believe it's time  
2 -- just the same as with PER-011. Once we ~~get~~  
3 that, why we can, you know, have a complete  
4 set of cases we can look at.

5                   MR. HINNEFELD:     So just so I'm  
6 clear, the aspect here is that there are some  
7 four criteria that changed, that could have  
8 bumped doses up apparently.

9                   MR. STIVER:     Right.

10                  MR. HINNEFELD:    We say there are  
11 54 claims total that meet one or more of those  
12 claims, but we didn't really sort it.

13                  MR. STIVER:     You haven't really  
14 identified which of those 54. The only thing  
15 the criterion was, they were completed before  
16 August 31st, and may potentially be impacted.

17                  DR. H. BEHLING:    No, no. John,  
18 this is Hans. Stu is correct. The 54 are the  
19 ones that are impacted.

20                  MR. STIVER:     Okay.

21                  DR. H. BEHLING:    However, there's  
22 no mention with regards as to how these 54

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1 were impacted with the revised dose  
2 reconstruction. 125

3 Normally, in some, if you will  
4 come down the list of PERs that we are  
5 auditing here or we're reviewing here, in some  
6 cases the dose reconstruction has already  
7 taken place, a revised dose reconstruction,  
8 and a complete citation of how many among the  
9 revised dose reconstruction exceeded the 50th  
10 percentile PoC, and then those that failed to.

11 There's usually a distribution.  
12 That's what I would consider, then, is a  
13 complete NIOSH PER, where you have the  
14 universe that could be impacted, those that  
15 are impacted and lastly, a dose reconstruction  
16 for those that were impacted with the  
17 distribution with a new PoC.

18 In this case, the 54 are impacted,  
19 but there's no reference to how many of the 54  
20 that were impacted, what the new dose  
21 distribution is in their PoCs.

22 MR. STIVER: Okay. So we're

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1 basically saying how many have been reworked  
2 and what the PoC changes were. 126

3 DR. H. BEHLING: That's correct  
4 at this point.

5 MR. STIVER: Okay. I was reading  
6 through this a little too quickly, I guess.

7 MEMBER ZIEMER: Well, hold on. Do  
8 we know at this point that they've already  
9 been reworked?

10 MR. STIVER: Well, we don't know  
11 at this point.

12 MS. MARION-MOSS: That's what  
13 they're asking.

14 MR. STIVER: Yeah.

15 MR. KATZ: I didn't realize --  
16 personally, I didn't realize that with PERs,  
17 the outcome was already determined when you  
18 put out the PER. That's news to me.

19 DR. H. BEHLING: Yes, usually  
20 there is. There have been some PERs where  
21 everything is by and large laid out, that says  
22 we have applied the PER to all those claims

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1 that might be affected.

2 We identified those which ~~are~~  
3 affected, re-did the dose reconstruction.  
4 There's a new dose reconstruction, and we now  
5 have a revised PoC distribution among those  
6 dose reconstructions, some of which will  
7 possibly exceed the 50th percentile, and then  
8 there are those that have been not.

9 It's usually those that have  
10 failed to meet the 50th percentile that are  
11 now subject for SC&A audits, and usually we  
12 would try to hopefully select among the cases  
13 that would be audited, of those that did not  
14 exceed 50th percentile, but usually select  
15 those with PoC values between, let's say, 40  
16 and 50, because this is where you might  
17 identify some, if there were errors that could  
18 potentially now be affected by the final audit  
19 by SC&A, and received the full dose.

20 MR. HINNEFELD: There could be a  
21 timing issue here. At one time, we had a  
22 number of PERs, you know, we're pacing it.

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1                   We kept telling the Department of  
2 Labor we're going to have to do these, ~~and~~  
3 they said well, which claims do you want back,  
4 and we didn't get around to telling them.  
5 They said screw it, we're sending them all  
6 these claims.

7                   So in those instances, we got all  
8 the claims, all the potentially affected  
9 claims back, and they told the claimants the  
10 claim is going be reworked. Reworked the  
11 claims. Almost all those people were told  
12 you're still not 50 percent. So DOL doesn't  
13 do that anymore. That was a bad thing to do.

14                   MR. STIVER: Yeah.

15                   MR. HINNEFELD: So on those PERs  
16 that occurred with that, in that regimen, you  
17 will not have necessarily this neat summary of  
18 how the outcome of the reevaluation became  
19 this, because those were all reworked.

20                   What we do now is we identify the  
21 potential cases, reevaluate them and determine  
22 if any changed, and only those are then

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1 reopened. That's the system Hans is familiar  
2 with and is describing, and that's where ~~you~~  
3 have the result in the PER, of what happened  
4 as a result of this.

5 We may have never done that with  
6 the ones where DOL said "screw it, we're  
7 sending all of them back." So it should be  
8 possible to retrieve -- well, with caveat.  
9 It's possible to retrieve the cases that were  
10 reworked under PER-0030.

11 It's got to be a search. I can't  
12 do it. It has to be a search that TST will  
13 do, and then but in almost every case or in  
14 very many cases, cases, you know, examples,  
15 individual claims have been reworked for more  
16 than one PER at the same time, because these  
17 all came back, pretty much at the same time.

18 MR. STIVER: Right.

19 MR. HINNEFELD: And all the  
20 changes that applied to that case, you know,  
21 all the PERs, were incorporated into the  
22 rework. So this will be complicated.

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1                   If these fall into that category  
2 it will be relatively complicated to sort ~~out~~  
3 probably the PER-0030 from the PER-011, which  
4 one goes with which PER. They were just done  
5 with the up to date technical documents.

6                   This is going to be relatively  
7 complicated. But we can do the first part,  
8 I'm pretty sure, which is to find the cases  
9 and let, you know, let the Subcommittee and  
10 SC&A know here are the 54 cases or we'll be  
11 paying for.

12                   The ones we got back, some of them  
13 could have been paid for other reasons and  
14 never sent back. Some of these could have  
15 ended up in, you know, SECs, depending on  
16 where they were from. So we may have never  
17 gotten some of the back.

18                   But these are the ones that were  
19 reworked with this PER and maybe some others,  
20 and these are the ones that are still below 50  
21 percent. We can get to that point.

22                   MR. KATZ:       Seems like the only

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1 thing that's critical is that they get a  
2 selection of cases that still fell below 50  
3 percent, and really the universal statistics  
4 and so on. They're not critical for  
5 evaluating the implementation of the PER,  
6 right John?

7 MR. STIVER: Well, I think -- so  
8 less than 50 percent, yeah. I mean we would  
9 still want to have to tease out, you know,  
10 which -- we have cases that have multiple PERs  
11 involved with it.

12 MR. HINNEFELD: We could tell you  
13 what the PERs were that were involved. We  
14 wouldn't be able to point to what PERs --

15 MR. KATZ: But they'd only be  
16 looking at the PERs that they're evaluating,  
17 those changes.

18 MR. STIVER: Yeah, right. So we'd  
19 have to go through that list and see which  
20 ones, you know, have some aspect of the PER-  
21 0030, for example, associated with it. So it  
22 would take a little more legwork.

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1 MR. HINNEFELD: I'm confident they  
2 will even be more complicated than we expect<sup>132</sup>

3 MR. STIVER: They usually are.

4 (Laughter.)

5 MR. HINNEFELD: But I believe we  
6 can -- I believe we can come up with the list  
7 of the cases that were reworked with those.  
8 So we're going to do that for 11, and we're  
9 going to do that -- we're going to do that for  
10 all these.

11 MS. MARION-MOSS: For all of them.

12 MR. STIVER: Yeah, so 0030. The  
13 other aspect of 0030, I'm not going to go  
14 through and read this entire thing, but just  
15 look at the boxes here.

16 We've reviewed up to Revision 3 of  
17 the SRS TBDs, and we issued this report, which  
18 is identified here, a status report on the  
19 resolution of the Savannah River site, Issues  
20 Resolution Matrix, back in October 2007.

21 We had a total of 16 unresolved  
22 issues that were identified, and going back to

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1 through the Issues matrices, some of these  
2 were actually more. Some of them were ~~SEC~~  
3 issues in the Site Profile. So it's really  
4 complicated.

5 But I identified about eight of  
6 those that are still relevant and they're  
7 still unresolved. So this is something that'  
8 going to have to be resolved through the Work  
9 Group process, and so I think that's going to  
10 be kind of a show-stopper on 0030. Until we  
11 have those issues resolved, it really doesn't  
12 behoove us to do a PER review.

13 DR. H. BEHLING: John, can I make  
14 a comment?

15 MR. STIVER: Sure, go ahead.

16 DR. H. BEHLING: And this goes  
17 back to, when we get to the point where we can  
18 make a final selection, I think this is a  
19 perfect case here, PER-0030.

20 It would probably behoove us to  
21 look at selection of cases that involve a case  
22 where all four criteria have been identified

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1 in behalf of that case, and that would limit  
2 the number of audits that we would have ~~134~~  
3 make.

4 MR. STIVER: I think more that we  
5 can combine into one audit, that would be  
6 great. It's just kind of, like the same kind  
7 of approach we took with 0020.

8 MR. KATZ: I think that's sort of  
9 universal, wherever you can do that.

10 MR. STIVER: Yeah. We can  
11 minimize the amount of --

12 MEMBER ZIEMER: But no guarantee  
13 you'll find four or maybe three.

14 MR. STIVER: I think you might  
15 find three, you might find two. You may only  
16 find one.

17 MR. HINNEFELD: Now John's last  
18 comment said that there are eight findings  
19 still unresolved with Savannah River, that --  
20 and you say it's probably not useful to  
21 proceed with the PER-0030 until those are  
22 ultimately resolved. Is that what you said?

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1 MR. STIVER: Yeah. We feel --

2 DR. MAURO: This is John. Can ~~135~~  
3 jump in? I've been thinking about this a lot  
4 too, because I've been running into --

5 MR. STIVER: Jump in, John.

6 DR. MAURO: We're always going to  
7 have a situation where a PER was issued, let's  
8 say because you're up to Rev 2 or Rev 3 of a  
9 given Site Profile. A PER is issued; the  
10 cases have been reviewed in light of the  
11 changes up to that point in time.

12 But most of the time, very often,  
13 that particular site, Savannah River, Hanford,  
14 Fernald, whatever, is still in some process,  
15 where there are still issues that still will  
16 be resolved, because it's a living process  
17 that goes on for quite some time.

18 So I would say that the fact that  
19 there are still issues on the table that are  
20 being discussed by a Work Group, doesn't mean  
21 the PER process has to stop. I think that the  
22 PER is the PER. You've issued a PER to deal

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1 with all of the changes that were made to the  
2 Site Profile up to some point. 136

3 And that there's still value to  
4 review that, those cases, the PER, and the  
5 selected cases, etcetera, up to that point,  
6 because we're reviewing a process.

7 The fact that there might be  
8 future revisions to the Site Profile and  
9 future PERs, that's always going to be the  
10 case. So I don't think, you know, to hold off  
11 on doing, for example, any PER review on  
12 Savannah River because Savannah River's still  
13 active, you know, I don't agree with that. I  
14 think that there's a need to review the  
15 process.

16 MR. KATZ: I was going to say the  
17 same thing, John.

18 DR. MAURO: Okay.

19 CHAIR MUNN: It does seem to be  
20 self-defeating.

21 MR. STIVER: Put that question to  
22 the Board, then.

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1 DR. H. BEHLING: Yeah, I think --  
2 this is Hans. I think we're going to have  
3 that discussion when we talk about PER-0029  
4 for Hanford.

5 MR. STIVER: Yeah, and we've got  
6 sort of a perfect example of a situation where  
7 we have a PER issued, and then subsequent  
8 revisions that raise new issues. But the  
9 original PER still may be relevant. It's just  
10 that there will be additional layers that may  
11 come later as reviews progress.

12 MR. KATZ: So John, as a sort of  
13 friendly amendment to what you're saying, and  
14 related to what John just said, I would say if  
15 you had a PER and then you have some major  
16 changes that occur after that, and those in  
17 effect negate what the PER did, then I think  
18 it would be a foolish use of resources to be  
19 evaluating that PER's implementation, because  
20 it's going to be overturned with another PER.

21 So I would agree. But if the  
22 future work doesn't look to be negating what

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1 that PER did, then it makes sense to review  
2 it, even though there are other changes in ~~the~~  
3 works. Does that make sense?

4 MR. STIVER: Sure, yeah, that  
5 makes sense. I just trying to go through in  
6 my mind, trying to have a look at all these  
7 issues, these eight issues, and whether they  
8 might actually negate a PER.

9 DR. H. BEHLING: This is Hans  
10 again. In the context of what Ted just said,  
11 and we will have that option to discuss it on  
12 behalf of the Hanford PER-0029, what I found  
13 when I reviewed that was the fact that  
14 subsequent revisions to the TBD will certainly  
15 affect dose claims that were impacted by PER-  
16 0029, and may require yet a revisit of all  
17 those claims that were previously revised in  
18 behalf of PER-0029, because of the major  
19 changes that occurred in the Site Profiles.

20 Which means that we're by and  
21 large repeating a revised dose reconstruction  
22 again and again, based on subsequent changes.

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1 As I said, I think maybe we should wait until  
2 we look at the PER-0029 that I'm referring to  
3 here, and come to some understanding of  
4 whether or not we are not being very efficient  
5 by redoing the same claims over and over  
6 again, based on subsequent revisions to the  
7 PER.

8 MR. STIVER: Hans, I'd have to --  
9 I can agree with that, but I'd throw in  
10 another caveat that Steve mentioned earlier.  
11 If we wait, say with PER-0029, and we were to  
12 put that on hold and wait until this next  
13 revision comes out, we know there's  
14 neutron/photon ratio issues on that.

15 And say if we issued one big PER  
16 that captured all these different aspects,  
17 then it's going to be awfully difficult to  
18 tease out all the different components.

19 Where it might actually be more  
20 efficient if we look at, say, the changes to  
21 Point A in PER-0029 that we're looking at now,  
22 and then later on, when these new changes

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1 come out, some of those cases that have  
2 already been looked at will be affected ~~by~~  
3 that and others won't be. There might be  
4 other cases that are put into that universe.

5 So it may be not necessarily less  
6 efficient to break them up in a step-wise  
7 manner that way. I don't know. It's  
8 something to think about.

9 DR. MAURO: This is John again.  
10 I'd like to weigh in. I think we've come to a  
11 place of philosophy almost. There's no doubt  
12 that as, you know, Ted pointed out, that there  
13 could be issues on the table that are still  
14 being discussed, and as Hans pointed out,  
15 we'll get to this on Hanford, that could  
16 affect --

17 Let's say there's been a PER  
18 issued because there's a new neutron to photon  
19 ratio, as one of a number of changes that have  
20 been made up to a certain revision of the  
21 Hanford Site Profile. But we also know that  
22 that very issues is still under discussion,

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1 and it may change again.

2 Now the question we have to ask,  
3 you have to ask yourself, not us, is are we  
4 evaluating a process and how faithful the  
5 process is being implemented? I think that's  
6 what we're doing, and the fact that the  
7 neutron to photon ratio may change again in  
8 the future, that doesn't negate the value of  
9 seeing in fact that the process has in fact  
10 been faithfully implemented, up to some point  
11 in time. So Ted, I disagree with you a little  
12 bit.

13 MR. KATZ: Well, I'm just trying  
14 to -- I mean that's fine, in sort of broad  
15 philosophical terms, except I mean we have  
16 limited resources. Now I wouldn't -- given  
17 the choice, I wouldn't spend resources  
18 evaluating something that's going to be  
19 totally negated like that, when I have the  
20 option of evaluating another PER in a  
21 situation where it's practical, because we  
22 don't expect it to be overturned.

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1 DR. MAURO: Fair enough.

2 MEMBER ZIEMER: Well, you~~142~~  
3 talking about something from a practical point  
4 of view that you know is imminent.

5 MR. KATZ: Right.

6 MEMBER ZIEMER: It's almost ready.

7 MR. KATZ: That's what I said. If  
8 you can foresee that this is going to be --

9 MEMBER ZIEMER: If you can foresee  
10 and you know it's there time-wise. But  
11 otherwise in principle, you go with where you  
12 are.

13 MR. KATZ: Sure, right.

14 MEMBER ZIEMER: So what's -- 029  
15 is going to do what? What are we expecting  
16 from 029?

17 MR. STIVER: Well, we're going to  
18 be discussing 29. That's one of the ones that  
19 we've completed.

20 MEMBER ZIEMER: Yeah, but --

21 MR. STIVER: There's a new  
22 revision that's going to impact basically the

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1 neutron to photon ratio.

2 MEMBER ZIEMER: Yeah. This ~~14~~  
3 based on the NCRP, ICRP and all that stuff,  
4 right?

5 MR. STIVER: Yeah.

6 CHAIR MUNN: This is what you're  
7 going to be presiding over right after lunch,  
8 Paul.

9 MEMBER ZIEMER: Yeah. So well,  
10 but the point is that that's something that's  
11 imminent. We know it's going to happen. So  
12 there's kind of a pragmatic --

13 MR. STIVER: Right. In this case,  
14 it's not going to be something that's going to  
15 be negated.

16 MEMBER ZIEMER: Yeah. It's not  
17 like well, we're making a change next year, so  
18 why don't we --

19 MR. STIVER: Yeah, so why bother  
20 then?

21 MEMBER ZIEMER: Yeah, right.

22 CHAIR MUNN: Well though, John

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1 Mauro had a point, when he said the real  
2 question here is what are you analyzing? ~~Why~~  
3 are you doing this? If you are doing this to  
4 verify that the appropriate process has been  
5 followed, then there's no reason to postpone  
6 it, because -- or to abort it, because  
7 something itself is in the works.

8 You're looking at whether the  
9 process was appropriate at the time it was  
10 performed, are you not?

11 MR. KATZ: Well, let me just -- so  
12 the answer that I would say to that, I would  
13 say at the end of the day, we're concerned  
14 with being, making -- with giving the  
15 claimants confidence that their dose  
16 reconstructions have, at the end of the day,  
17 been handled as well as possible. That's what  
18 we're concerned with.

19 CHAIR MUNN: Yeah.

20 MR. KATZ: So in an instance where  
21 one PER is in effect, going to be -- about to  
22 be overturned by another PER, the claimants

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1 would care about the final outcome. They  
2 wouldn't care about that interim step, because  
3 that's not the last word.

4 So that's why, that's what I was  
5 saying. I understand the point of view about  
6 process, but in the end of the day, I think  
7 claimants care that their claims were properly  
8 handled at the end of the day.

9 CHAIR MUNN: Well if that is our  
10 driving motivation for performing PERs, then  
11 that's accurate. If we have other goals as  
12 well, then this is, I think, an appropriate  
13 time to discuss them. But if that's our  
14 primary goal, then yeah.

15 MR. STIVER: This is John, and I  
16 tend to agree with Ted, that that is the  
17 ultimate, primary goal. But yet we also want  
18 to track the process and implementation, to  
19 the extent that we can, you know, in these as  
20 well. I mean it provides a quality matrix,  
21 metric, as well as making sure that that end  
22 point is achieved.

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1 DR. H. BEHLING: This is Hans  
2 again. The problem is, and then I am going to  
3 throw in a little more complexity into this  
4 equation. When you look at the Hanford --

5 (Laughter.)

6 DR. H. BEHLING: I didn't know if  
7 I was funny or not.

8 MR. KATZ: Stu is funny.

9 DR. H. BEHLING: The Hanford PER  
10 is five years out of date, in terms of what it  
11 really tries to do. So in those five years,  
12 we have made so many changes to the TBD, there  
13 were multiple revisions, etcetera, etcetera.  
14 If you know that among the 1,197 claims that  
15 are likely to be impacted by PER-0029, you're  
16 going to revisit most of them as a result of  
17 new changes that have occurred that do,  
18 without doubt, come into play.

19 And again, if you're talking about  
20 the credibility of the process, I don't know  
21 how the stakeholders would view us if they  
22 said well, your claim was sent back again and

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1 again and again, and to be revised again and  
2 again. It's not so much that one PER will  
3 negate anything; it's usually the other  
4 direction, that it's usually going to increase  
5 the doses in most instances.

6 So I would say again, I would  
7 agree with Ted's assessment, that for  
8 efficiency purpose, for credibility of the  
9 process, if we know we're going to change a  
10 dose reconstruction again, as a result of  
11 subsequent changes to the TBD, I would sort of  
12 lean towards postponing the final auditing or  
13 the final review of some of these earlier  
14 PERs, and the claims that will be affected,  
15 until the changes that we know are coming and  
16 have been reviewed, and say let's just  
17 postpone the PER earlier, that's five years  
18 out of date, until we have a firm handle of  
19 what is likely to be a final approach to dose  
20 reconstruction involving these claims.

21 DR. MAURO: I'd like to throw in  
22 one more complexity, and I understand the

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1 issue before us. But we ran into a situation  
2 where we were asked to review a PER, where  
3 there have been a number of changes that were  
4 made to the Site Profile, and these changes --  
5 and the PER reflects that, okay. In other  
6 words, it reflects that.

7 It may not be anything. But the  
8 situation we're in is so all these changes  
9 have been made, but they've not been reviewed  
10 by the Board. This is another nuance that I  
11 think is important. It's another dimension to  
12 the problem.

13 You can envision we have a Site  
14 Profile. It has been markedly revised.  
15 There's a PER that's been issued to capture  
16 those changes and re-do the cases. But the  
17 Board has never reviewed those changes, and so  
18 in effect, the Board finds itself in a  
19 position, asking its contractor to review, to  
20 do a PER process, where the issues that have  
21 been revised and changed have never been  
22 reviewed by the Board.

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1                   So I would like to -- I mean quite  
2 frankly, I see that as more of an immediate  
3 issue than let's say -- certainly I understand  
4 what Ted is pointing out. Things are about to  
5 change. But there is this other very real  
6 situation that we came across, I believe it  
7 was on --

8                   MR. STIVER: It's on 37, John.

9                   DR. MAURO: Yeah, that might be  
10 37, yeah.

11                  MR. STIVER: That's slated for  
12 discussion later today too.

13                  DR. MAURO: Yeah, okay. But they  
14 sort of all converge here. They're all  
15 interrelated.

16                  MR. KATZ: Right, and for that,  
17 generically I thought your procedure was if  
18 you hadn't reviewed the method before, I mean  
19 because some PERs come out of having reviewed  
20 the method.

21                  But I thought your procedure  
22 stated if you hadn't reviewed the method, then

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1 you would review that. That is part of that  
2 PER review. 150

3 DR. MAURO: Ahh, that -- therein  
4 lies the issue, because some of the changes  
5 represent complete rewrites of a Site Profile,  
6 and then the question becomes should the PER  
7 process be the vehicle by which a review, a  
8 major revision to a Site Profile, or should  
9 that responsibility lie with the Work Group  
10 responsible for that Site Profile?

11 MR. STIVER: Yeah. I think PER-  
12 0037 is a perfect example of that. We haven't  
13 -- there were several revisions. We haven't  
14 reviewed any of them. So here's a situation  
15 where, you know, we do say that in our PER  
16 process that, you know, we have documents that  
17 have not been revised. We'll do that as part  
18 of the PER process. But this is the one that  
19 almost seems to be totally out of scope.

20 MR. KATZ: Yeah. I mean and then,  
21 I think, maybe we're making a mistake in  
22 selecting these as PERs to review at this

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1 point. I mean that's probably a mistake to  
2 have assigned them in the first place. 151

3 MR. STIVER: Which is what kind of  
4 gave rise to doing this kind of pre-review, to  
5 bring this up in advance before --

6 MR. KATZ: Right, because it seems  
7 like we would want -- the work we would have  
8 wanted to have do is a TBD review first, a  
9 Site Profile review first. So yeah.

10 CHAIR MUNN: And, if there's going  
11 to be a judgment call made with respect to  
12 whether or not a PER should proceed, because  
13 of other impending documents or actions, who  
14 is going to be the person or the entity who  
15 makes that judgment, as to whether it's a go  
16 or no-go? That also has to be done somewhere  
17 along the line.

18 DR. MAURO: Yeah, this is John.  
19 I'm going to give you an example. We just did  
20 that with Electromet, Hooker, and John  
21 probably will talk about that. But we  
22 actually asked ourselves the question.

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1                   We know that Hooker has been  
2 revised, and we asked ourselves the question<sup>152</sup>  
3 - I asked Bill Thurber this question, and it  
4 actually came up yesterday, when we met for  
5 the DR Subcommittee meeting.

6                   I said Bill, take a look at the  
7 revisions. So he went over them. He said  
8 "yeah, they're all pretty straightforward, and  
9 as far as I'm concerned, there is no" -- and  
10 this is now, you know, a personal opinion on  
11 the part of a person who really knows the  
12 site.

13                   He says there's nothing about this  
14 that he feels, and this is a kind of strange  
15 thing for me to say, you need to reconvene the  
16 whole Site Profile process again. It's  
17 something that could be handled within a PER  
18 context. So in a funny sort of way, it's  
19 almost like the scale of the changes that have  
20 been made in that revisions to the Site  
21 Profile.

22                   In some of them, you know, they're

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1 almost relatively straightforward, and it  
2 wouldn't be -- would it be intrusive for ~~the~~  
3 PER to come in and process, to go ahead and  
4 process it, without having the involvement of  
5 the Work Group?

6                   There are others which are  
7 monsters, okay. I think Ames might be one of  
8 them, where the changes are so profound that  
9 it would take a major Site Profile review  
10 process, things that sometimes take a year,  
11 and a very large level of effort, with the  
12 total involvement of NIOSH and a Work Group,  
13 to review all of these new things that have  
14 come out in the revisions to the Site Profile.

15                   Clearly, it would be inappropriate  
16 for the PER review process to review that Site  
17 Profile. It would be, you know --

18                   MR. STIVER: John, can I jump in?

19                   DR. MAURO: Sure.

20                   MR. STIVER: I think that's  
21 important, and I think our charge in reviewing  
22 these is to do this kind of, a pre-review of

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1 these things up front, like we're doing with  
2 these other four, and what we probably should  
3 have done with 37 and possibly 29 as well.

4 But we certainly can't do this as  
5 we're assigning these. You know, we come up  
6 with a list of unreviewed PERs we think, based  
7 on some preliminary criteria, warrant full  
8 review.

9 But implied in that statement is  
10 that well, we will, when we start doing in-  
11 depth review, the first thing we're going to  
12 do is go back and look at all these more  
13 detailed aspects of it, and then decide hey,  
14 you know, is this really something that's  
15 outside of the scope of the PER process, that  
16 really should be referred back to the Work  
17 Group, and to start to think of a way that we  
18 can practically apply all this to the  
19 situation and kind of step away from the  
20 philosophical side for a minute and think how  
21 are we going to implement it?

22 I think that might be a way to do

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1 it. We do these pre-reviews. We come back to  
2 Board meeting and say here's what we found.  
3 We think that we can or we cannot, for Reasons  
4 A, B and C. I think with Ames, that would  
5 have been no-go from the start. We would have  
6 said this is just too big.

7 It's a big deal, we can't do it,  
8 and as you said, it would just be completely  
9 inappropriate to do it in the PER process. It  
10 should be a Work Group decision.

11 MR. KATZ: Yeah, and I totally  
12 agree, and I think -- so the Subcommittee can  
13 make a decision. When you run into these  
14 situations, present them to the Subcommittee.  
15 The Subcommittee can make a decision, oh, this  
16 really needs a whole Site Profile review, and  
17 then they can recommend that to the Board and  
18 the Board can task a Site Profile review. I  
19 think that makes a lot of sense, okay.

20 (Simultaneous speaking.)

21 MR. STIVER: Well since John, you  
22 brought up Hooker, I'm going to jump ahead to

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1 that one real quick, because that's the  
2 bright, shining success story we have here.156

3 In this case, all the claims have  
4 been identified that could be potentially  
5 impacted. That's laid out pretty well. There  
6 were 53 that could be potentially impacted,  
7 which 20 met NIOSH's criteria. That was 20  
8 claims. We revised dose reconstruction. So  
9 we're below 50 percent.

10 So there are 20 that have  
11 revisions. We know what the PoC outcome was  
12 on that. So NIOSH has met all the objectives  
13 for completing a PER, as far as we're  
14 concerned on that one. And as you said, you  
15 know, we have talked to Bill Thurber. There  
16 were still some findings outstanding, but he  
17 felt that they weren't of sufficient magnitude  
18 to hold up the PER process. So that one I  
19 think we're good to go on.

20 CHAIR MUNN: So you're going to  
21 have a report for us next time?

22 MR. STIVER: We're going to

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1 certainly try.

2 DR. MAURO: Well, what we~~157~~  
3 looking for is a little guidance --

4 MR. STIVER: Yeah, that's what we  
5 wanted to do. These were ones that we had not  
6 started to work on, and we didn't want to get  
7 halfway through the process and then realize  
8 that we had taken on too big of a project, it  
9 was outside the scope.

10 So I think when we went back to  
11 PER-0030, even though there are these issues  
12 that outstanding and have been outstanding for  
13 several years, because we don't really know if  
14 they would negate the PER itself, that we're  
15 going to go ahead and proceed with it. That's  
16 kind of what the, the gist of what I got from  
17 the input.

18 CHAIR MUNN: Okay. So what we're  
19 going to record, then, is different than your  
20 recommendation.

21 MR. STIVER: Yeah. I think based  
22 on the discussions we had, that we decided

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1 that maybe that's not worth holding up the  
2 PER. 158

3 CHAIR MUNN: Okay. Status next  
4 time.

5 MR. KATZ: So do you need  
6 something from DCAS in the interim, cases, to  
7 move forward on 0030?

8 MR. STIVER: Well, these are the  
9 ones where we had 54 that might have met the,  
10 one of four criteria.

11 MR. KATZ: Okay. You didn't need  
12 further --

13 MR. STIVER: No, I think we can  
14 really go on that. I think as Hans  
15 articulated, one of the four criteria apply,  
16 you know.

17 MR. HINNEFELD: Oh, so you don't  
18 need anything from --

19 MR. KATZ: You don't need anything  
20 from DCAS?

21 MR. STIVER: I'll ask Hans. Do  
22 you think that this is something that DCAS

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1 would, better for them to do or for us to do?

2 DR. H. BEHLING: We're talking  
3 about the resolution of outstanding issues?

4 MR. STIVER: We're talking about  
5 PER-0030 and the 54 claims that are out there.

6 DR. H. BEHLING: Well, as I said,  
7 I don't know. Again, when we have a fixed,  
8 for instance, in the one that you just, we  
9 just talked about, where we had a total of 20  
10 that are impacted that is Hooker, then you  
11 have some understanding as to what is the  
12 universe of potential revised dose  
13 reconstructions that you have to choose from,  
14 and then you kind of make a selection based on  
15 which ones they are.

16 When you don't have any  
17 understanding of, in the case of the ones in  
18 0030, where we have potentially 54 that we  
19 don't really know about, then you're again,  
20 sort of locked into making a questionable  
21 decision as to how many dose reconstructions  
22 you should really audit.

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1                   So it would be very nice to  
2 identify those claims that have the maximum  
3 number of criteria that were met in the  
4 process. So it would be nice to have some  
5 additional information.

6                   MR. STIVER: So I guess --

7                   MR. HINNEFELD: Okay. So then  
8 from our standpoint then, we should look at  
9 the 54 cases associated with PER-0030, and  
10 cull out any that switched compensability.

11                   So we're only interested in the  
12 ones that stayed under 50 percent, and then  
13 essentially generate a report of those claims,  
14 and if you can, how many of the four criteria  
15 for each claim did it hit.

16                   I suppose we should also include  
17 the revised PoC from the re-evaluation as  
18 well, for selection purposes.

19                   MR. STIVER: Yeah, if you can put  
20 together something else.

21                   MR. HINNEFELD: If we put together  
22 something like that, then you guys can take it

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1 from there.

2 MR. STIVER: Yeah. We'll only ~~hit~~  
3 the ones that capture the most of the score.  
4 We've got some that have three or four --

5 MR. HINNEFELD: Okay, we've got it  
6 --

7 (Simultaneous speaking.)

8 MR. STIVER: So we've got a -- so  
9 they have a process that you can't actually  
10 achieve there.

11 MR. HINNEFELD: Now we're not  
12 doing anything on 038, though, you said. So  
13 that there are only --

14 (Simultaneous speaking.)

15 MR. STIVER: 038. The Hooker is  
16 good to go as is.

17 MR. HINNEFELD: Okay, all right.

18 MR. STIVER: That leaves us with  
19 the Huntington Pilot Plant, and in this  
20 situation, you guys identified 32 potentially  
21 affected claims. 12 of the 32 results with an  
22 increase in the PoC. None of the revised

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1 reconstructions exceeded the 50 percent. So  
2 we felt that the objectives have been met, ~~163~~  
3 far as case selection.

4 Now this is kind of an interesting  
5 one, that we've reviewed the Huntington Pilot  
6 Plant Mini-Site Profile. This is the one of  
7 the ones that John Mauro did, and we discussed  
8 those yesterday, Harshaw, Bridgeport Brass and  
9 Huntington.

10 Part of that discussion indicated  
11 that there is a new revision to the Huntington  
12 TBD that NIOSH will use. It answers a lot of  
13 the questions that we have about our findings.

14 So John is going to take that on, and to look  
15 at that new revision, and see if in fact we  
16 believe that those issues have been addressed.

17 So I think this is something  
18 that's kind of ongoing, that we can probably -  
19 - there's really no need to hold up this  
20 particular review, because it's something that  
21 we can do fairly quickly and in parallel here.

22 DR. MAURO: John, is there a

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1 Huntington PER that's active? Is that what --

2 MR. STIVER: Yes. That was one~~of~~

3 the reasons --

4 (Simultaneous speaking.)

5 DR. MAURO: Okay. No, I didn't  
6 realize that. So this is a very good example  
7 of where a judgment has to be made. What we  
8 have here is a PER that SC&A in theory can  
9 review, but we're in a position where, you  
10 know, we had a number of issues that we  
11 raised, and it actually is part of a mini-  
12 review of the Site Profile that goes back to  
13 2008.

14 There is a new version that I  
15 haven't seen, and I believe that NIOSH  
16 indicated that they could provide to me. Now  
17 the thing is I could go through the review  
18 process, as I would, to see the degree to  
19 which all of the issues that were originally  
20 raised have now been resolved, in my judgment.

21 Now that doesn't mean that the  
22 Board agrees, you know, that yes, they've been

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1 adequately resolved. And then so the question  
2 becomes should we go forward with the ~~PER~~  
3 You know, so this, here's where we throw it  
4 back into your hands, the Work Group or the  
5 Subcommittee.

6 In theory, yeah, I could go  
7 through it and say yeah, it looks good, and  
8 then the PER could move forward, to see the  
9 degree to which it was implemented, and does  
10 in fact implement all of the changes that were  
11 made.

12 You know, I mean in theory, one  
13 could say well, the PER could go forward  
14 anyway, to see if in fact it has implemented  
15 all the changes in the revised Site Profile,  
16 notwithstanding whether we agree with them or  
17 not.

18 MR. STIVER: That becomes a matter  
19 of, you know, has the process been followed --

20 DR. MAURO: Yeah, I mean where it  
21 raises a really philosophical question is on,  
22 does it -- you know, until you know, we can

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1 judge to see yeah, the PER was implemented.

2 It followed, and it followed the latest  
3 version of the Site Profile, as it claimed it  
4 did.

5 The fact that the latest version  
6 of the Site Profile has not been reviewed by  
7 the Board and approved, and that all the  
8 issues can be considered closed, is not  
9 relevant. Again, this goes to the question  
10 that we opened before. Are we checking the  
11 process?

12 MR. KATZ: But John, this is a  
13 mini-Site Profile. So it's sort of by  
14 definition not the same sort of situation.

15 DR. MAURO: Oh, absolutely. I'm  
16 going to be able to go through this thing in  
17 no time.

18 MR. STIVER: It isn't Hanford or  
19 Savannah River.

20 DR. MAURO: Oh, I agree with you  
21 completely.

22 MR. KATZ: So I think this one is

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1 one, and there is no Work Group on Huntington  
2 Pilot. So you're not taking anybody's, ~~you~~  
3 know, prerogative away.

4 DR. MAURO: That's true. That's  
5 true too. Good point.

6 MR. KATZ: So I would think in  
7 this case you go ahead and you look at the  
8 revisions, and both their methodology and  
9 whether they were implemented as intended, and  
10 do it all in one bang.

11 DR. MAURO: Good, okay.

12 Status of PER-0033 and 025

13 DR. H. BEHLING: But John, you're  
14 going to have to review not just the issue  
15 surrounding PER-0025, but PER-0033, because  
16 they're integrated.

17 While there was only one claim  
18 that was affected by PER-0025, it was never  
19 really reconstructed until the time of PER-  
20 0033, which identified 20 claims, none of  
21 which probably exceeded the PoC. No 12  
22 claims, none of which exceeded the PoC of 50

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1 percent.

2 So in essence, you would have ~~160~~  
3 review both PERs, because they're obviously  
4 one and the same.

5 MR. STIVER: Yeah. So this is --

6 DR. H. BEHLING: It's my  
7 understanding that the one claim that was  
8 identified in behalf of PER-0025 was just  
9 kicked forward in PER-0033.

10 MR. STIVER: Yeah. So this is a  
11 combined, a combination of two PERs, based on  
12 the sequential revisions and the fact that  
13 we're looking at the same plant. So the fact  
14 that is a mini-review for an AWE mission is  
15 more, something that we can take on and do  
16 fairly easily.

17 MR. KATZ: Does the Subcommittee  
18 agree with that?

19 MR. STIVER: Yes.

20 CHAIR MUNN: Well, are the  
21 Subcommittee Members prepared to instruct the  
22 contractor to review those, that revision?

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1 MR. KATZ: They both said yes.

2 MEMBER ZIEMER: Our heads ~~are~~  
3 nodding, but you couldn't hear us.

4 CHAIR MUNN: No. It doesn't come  
5 through well at all. That's all right. As  
6 long as it's a nod, then you have your  
7 marching orders, John.

8 MR. STIVER: Okay, great.

9 CHAIR MUNN: So what we can  
10 anticipate from you is a revision of the,  
11 review of the Site Profile revisions that are  
12 coming; right?

13 MR. KATZ: A review the PERs, and  
14 that will include looking at the methods,  
15 right --

16 CHAIR MUNN: Right.

17 MR. KATZ: Right.

18 CHAIR MUNN: All right.

19 MR. KATZ: That's probably not --  
20 is that a bigger job than next meeting, ready  
21 for next meeting?

22 MR. STIVER: We're not going to be

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1 able to get them all. I think the Hooker and  
2 the Huntington we could probably get those  
3 quickly.

4 MR. KATZ: Yes, okay.

5 CHAIR MUNN: No, I was hoping  
6 specifically at Huntington. So that's, yeah.

7 MR. STIVER: Yep.

8 MR. KATZ: Very good.

9 CHAIR MUNN: All right, very good.  
10 I'll have those on the board for next time,  
11 and that wraps up the items which had been  
12 included on John Stiver's memo, I believe.

13 MR. STIVER: So I think we have  
14 our marching orders on these outstanding PERs.

15 CHAIR MUNN: That's good, all  
16 right, thank you. We'll, excuse me, get to  
17 the other status reports later this afternoon,  
18 after the Hanford reviews, which Dr. Ziemer  
19 will chair, and which Josie and I will not  
20 participate in. That will begin at 1:00 p.m.,  
21 if that's agreeable with all those there. Any  
22 problem with that?

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1 MEMBER BEACH: Nope.

2 CHAIR MUNN: Otherwise, we ~~wild~~  
3 anticipate a half hour or 45 minutes being  
4 used to address those items, and we'll adjourn  
5 for lunch, all things being equal. Any other  
6 problems we should address before we do that?

7 MS. K. BEHLING: Wanda, can I just  
8 quickly as a question. This is Kathy Behling.

9 CHAIR MUNN: Yes Kathy.

10 MS. K. BEHLING: More of a  
11 personal problem that I'm having. When I go  
12 onto the Board Review System, and I'm not sure  
13 if there's anyone there that can assist me  
14 with this, I can look at the list of the  
15 procedures, but I cannot open any of the  
16 procedures.

17 In fact, that's why Hans had to  
18 ask the question earlier about the PER-0020,  
19 and whether those issues were resolved,  
20 because I can't seem to get into the system.  
21 Maybe somebody has to help me.

22 CHAIR MUNN: Really? Steve or

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1 Lori, do you have any suggestions for why that  
2 might be the case for Kathy? 171

3 MR. MARSCHKE: No.

4 MS. MARION-MOSS: I can look into  
5 it. Are you getting an error, Kathy?

6 MS. K. BEHLING: I'm getting an  
7 error saying when I try to open up a  
8 particular procedure, it says "There was an  
9 issue loading comments/finding details."

10 CHAIR MUNN: Well, some of our  
11 reports give you that. Some of them aren't  
12 populated yet, and if they're not populated,  
13 they're not going to give you the information  
14 you want.

15 MS. K. BEHLING: Okay, and I tried  
16 several procedures, and ones that I know  
17 should have some information, including PER-  
18 0020, and none of them would open for me.

19 CHAIR MUNN: Well, let's see what  
20 we get with PER-0020. I need to double-check  
21 to see if I, as a matter of fact, can do that.

22 PER-0020 is on -- it's not coming up that

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1 direction.

2 Maybe it's on -- oh, there it ~~is~~  
3 on page five. Now it came up for me when I  
4 clicked on the Board review. Are you on that  
5 page? Are you, do you have the Board Review  
6 System up right now, Kathy?

7 MS. K. BEHLING: Yes. I can --

8 MR. MARSCHKE: Kathy, you've been  
9 kicked off.

10 MR. KATZ: Kathy, you don't have  
11 access. That's the problem.

12 MS. K. BEHLING: I was just going  
13 to say I'm sure, you know, out of sight, out  
14 of mind.

15 MR. KATZ: That's the problem, so  
16 that --

17 MR. MARSCHKE: Yep, you're done.

18 CHAIR MUNN: Well the rest of us,  
19 rest of you go to lunch, and maybe Kathy and  
20 Lori can work on this, to try to figure out  
21 how to do something about it. Is that  
22 amenable with you, Lori?

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1 MS. MARION-MOSS: Yes ma'am.

2 CHAIR MUNN: Okay. Then I'm going  
3 to sign off and I expect everybody else to be  
4 going to lunch, and to be back at one o'clock,  
5 when Paul will take responsibility for PER-  
6 0005 and 029.

7 MR. KATZ: Thanks, Wanda. Bye-  
8 bye.

9 (Whereupon, the above-entitled  
10 matter went off the record at 12:04 p.m. and  
11 resumed at 1:03 p.m.)

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A F T E R N O O N S E S S I O N

1:03 p174

Review of OCAS PER-0005 and 029

MEMBER ZIEMER: We'll call the meeting back to order. We're on the item that's on the agenda, indicated right for immediately after lunch. It's OCAS PER-0005 and PER-0029.

Both of these relate to the Hanford site, and therefore two of the Subcommittee Members have been recused for this discussion, both Ms. Munn and Ms. Beach, and since Dr. Lemen is not here, I will call for motions, make motions, second them and --

(Laughter.)

MR. STIVER: It's good to be king. It's very efficient.

(Laughter.)

MEMBER ZIEMER: So we have some documents that were distributed, and I'm just wanting to pull mine up here for the moment. I'm just getting my website back.

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1                   Okay.     We'll start with the 5,  
2 PER-0005, and that was distributed on the ~~25th~~  
3 of January. That is the document from SC&A,  
4 so I'm going to pull that up here in just a  
5 moment.

6                   A review of NIOSH's Program  
7 Evaluation Report OCAS PER -- oops, wait a  
8 minute. I pulled the wrong one up here. I  
9 want to pull up 0005 first. Let's go back.

10                  Okay. Review of NIOSH's OCAS PER-  
11 0005, Misinterpreted Application of External  
12 Dose Factor for Hanford Dose Reconstructions.  
13 One thing -- well, I'll point out. This is  
14 based on Rev 1 of the original document, and  
15 there are three subtasks, four subtasks here,  
16 and some conclusions.

17                  What wasn't clear to me, I assumed  
18 that the chair of the Committee, and I'll just  
19 ask this in terms of process, not content, is  
20 where we want to end up on this thing today.

21                  I noticed the way that SC&A  
22 categorized things, they had some items that

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1 they, and I'm getting to the bottom line here  
2 for a moment, some things that ~~they~~  
3 categorized as. Hang on.

4 Let me just go to the summary and  
5 conclusions. On behalf of the four subtasks,  
6 SC&A identified one finding and one  
7 observation.

8 SC&A is in agreement with the  
9 corrective action taken by NIOSH. We believe  
10 there's potential that the bias correction  
11 factor could have been introduced in dose  
12 reconstructions completed, without the use of  
13 the best estimate tool.

14 SC&A also questions whether the  
15 bias correction factor finding identified  
16 during the Work Group, during the Work Group  
17 meeting was adequately addressed in Revision 4  
18 of the TBD.

19 Lastly, we observed that it does  
20 not appear that all appropriate paper work,  
21 i.e. a PER letter, was included in the  
22 affected case history files. So my question

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1 on this one is, do we need to go through all  
2 the items, and this is sort of a not fully  
3 rhetorical or just jump to the conclusion.  
4 John, did you feel like --

5 MR. STIVER: Well, I can kind of  
6 give you some of the background as to why we  
7 felt that it was important to include that  
8 finding.

9 MEMBER ZIEMER: Okay, all right,  
10 all right.

11 MR. STIVER: And just to give you  
12 a little bit of background, this is John  
13 Stiver from SC&A. This is one of the PERs  
14 that was assigned at the June Board meeting in  
15 Santa Fe, and this is the easier of the two  
16 Hanford PERs.

17 It's very focused, and this has to  
18 do with this, the best estimate tool, and how  
19 this bias correction factor for the Hanford  
20 dosimeters was addressed in the TBD, and then  
21 in the automated tool that implemented the  
22 TBD.

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1                   It relates to the revision of the  
2 TBD-6, occupational external dose, ~~the~~  
3 revision done in 2004, and the problem here  
4 was that this revision, Revision 1 of the  
5 document, it indicated the response to the  
6 dosimeter significantly changed depending on  
7 the energy spectrum of the photons and could  
8 potentially underestimate or overestimate the  
9 dose, and basically it became kind of a  
10 claimant-neutral thing. It could go either  
11 way.

12                   Since the specifics of the  
13 exposure scenario would dictate, you know,  
14 with any given claimant, either an over-  
15 response or under-response and the information  
16 wasn't available, the OCAS TBD reviewers on  
17 the DCAS side, DCAS now, they interpreted this  
18 TBD to conclude it was claimant-neutral.  
19 Basically, there should not be any bias factor  
20 applied to the dosimeters.

21                   On the other hand, the contractor,  
22 ORAU, came to a completely different

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1 conclusion, based on the same information, and  
2 they implemented the bias correction factor  
3 methodology into the Hanford best estimate  
4 dose reconstruction tool template, which we  
5 just call the best estimate tool, which was  
6 first put out in 2005.

7 Here, you can see on that very  
8 first page, Table 2.1, it shows that the bias  
9 correction factors range from one,  
10 essentially no bias, all the way up to about  
11 1.3 or 1.27 for the two-element film that was  
12 in use from 1944 to 1957.

13 So basically what the bias  
14 correction factor does, you divide the value  
15 by the bias to get the actual dose. There was  
16 basically the feeling that doses were over-  
17 estimated by about 30 percent, on those first  
18 two elements.

19 You can see that the next highest  
20 was the Hanford TLD, from 72 to 83, and then  
21 the multi-element film from 58 to 71, and the  
22 Hanford TLD and the commercial TLD essentially

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1 had a bias of, for all intents and purposes,  
2 of one, and if you look at the estimated range  
3 in the far right column, it gives you an idea  
4 of the magnitude of the potential bias.

5 And basically coming from PER-  
6 0005, which was produced by OCAS in June, end  
7 of June 2005, in defining the universe of  
8 claims that could have been affected, they had  
9 a statement here, which it's important to note  
10 that not all Hanford cases completed to date  
11 have been affected by this misinterpretation,  
12 only cases using the Hanford best estimate  
13 tool -- dose reconstruction tool were  
14 affected.

15 And we looked at those and we said  
16 wait a second, you know. Is that really true?  
17 I mean if ORAU came to a different conclusion  
18 that DCAS in implementing this, could it be  
19 possible that a dose reconstructor, who wasn't  
20 necessarily using the best estimate tool,  
21 could have read the guidance in the external  
22 dose TBD, and come to the same conclusion that

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1 ORAU did?

2 So our concern is, are we really  
3 capturing all of the potential cases here or  
4 not, and there's a bit of internal debate  
5 here. Well, is this really what the TBD was  
6 intended or the PER was intended to do?

7 I mean we felt the consensus was  
8 that yes, it should be kept in, because we may  
9 not be factoring all the cases that were  
10 affected, based on this criteria.

11 That is really the crux of our one  
12 finding, which related to that, and then on  
13 page two, we have these excerpts from TBD,  
14 Table 2.2, Table 2.3, and also I believe Table  
15 2.4.

16 If you look on these two tables in  
17 Footnote A, the advice here is, based on the  
18 distribution of the energy levels and geometry  
19 judged most likely, divide the recorded dose  
20 by the table's bias value to calculate Hp(10),  
21 deep dose.

22 So the advice in the TBD appears

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1 to indicate that the reconstructor should be  
2 applying the bias factors. Those three tables  
3 or four, as you can see, I don't want to go  
4 through reading all the details of it. This  
5 first one is for geometry and recorded dose  
6 and estimated deep dose for Hanford dosimetry  
7 program.

8 The second, the non-plutonium  
9 facilities, and the third is plutonium  
10 facilities. The plutonium facility, basically  
11 you can see the overall bias here is  
12 essentially one. So it wouldn't really  
13 necessarily impact. It would be a wash on  
14 that one.

15 And then this sentence here in  
16 italics on page nine, it appears in Attachment  
17 60 of the TBD. It says, no adjustment in the  
18 recorded photon dose is recommended for multi-  
19 element or thermoluminescent dosimeters  
20 recorded penetrating or gamma dose, with the  
21 exception of the penetrating dose, identified  
22 again as S in the early years, recorded on a

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1 two-element film.

2 So other than that little quote~~3~~  
3 in the tables, the TBD didn't provide any  
4 guidance to the dose reconstructors on how to  
5 define bias. So we felt that this was  
6 definitely a potential here for additional  
7 cases, beyond those who used the best-estimate  
8 tool.

9 We also went through the  
10 transcript from the December 1st, 2006 Hanford  
11 Work Group teleconference, where this bias  
12 factor issue was discussed. During this,  
13 NIOSH agreed that the TBD was confusing, and  
14 they indicated that these would be clarified  
15 in the revised TBD.

16 So we reviewed the subsequent  
17 revision to see if that indeed was the case.  
18 Revision 2, 3, there were no changes were made  
19 regarding these bias factors. So, however  
20 they did, looking on page ten of our review,  
21 they did the most recent revision in 2010.

22 It does contain the following

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1 paragraph, which there's a misprint here.

2 This is under Photon Dose Adjustments, and ~~if~~  
3 you can read this here. He accidentally put the  
4 term neutron in here, but it's pretty evident  
5 here. Well maybe I will just go ahead and  
6 read this.

7 It says, no adjustment in recorded  
8 neutron, read photon, dose is considered  
9 necessary. A 1972 AEC study stated the photon  
10 dose of record was reasonably comparable to  
11 the film NTLDs, and they showed, quote, two  
12 other studies show a reasonable comparison  
13 with the historic dosimeters, with a general  
14 observation that the early two-element was  
15 likely too high, which you see in that first  
16 table.

17 Okay. So this kind of gives some  
18 guidance, but you know, but an astute dose  
19 reconstructor might say okay. Well, they  
20 don't really need to use this. But then the  
21 tables are essentially unchanged, so it can be  
22 kind of confusing. So that's where this

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1 finding came out, that maybe we're not  
2 capturing all the cases that could have been  
3 affected.

4 This next Subtask 2 was to assess  
5 the -- NIOSH's approach and methods for the  
6 corrective action. As you can see, there's  
7 five different things here they looked at,  
8 total number of claims, eliminate the claims  
9 that didn't use the best estimate tool.  
10 Eliminate the claims that required further  
11 evaluation, that were compensable obviously,  
12 and those not yet submitted to the DOL and  
13 determine claims requiring reevaluation.

14 Of these, initially 1,180 were  
15 claims, 31 required reevaluation. We  
16 basically agree with the methodology used to  
17 identify these claims, again with a caveat  
18 that if indeed only those that use the best  
19 estimate tool were affected.

20 We then went on, looked at Subtask  
21 3, evaluated the approach for identifying the  
22 numbers required for reevaluation of dose.

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1 There was 31. It turned out that there were  
2 30 that were actually pertinent, or identified  
3 and found. As expected, the dose increased,  
4 anywhere from 78 millirem up to almost 5 rem.

5 So it's not necessarily trivial in the  
6 extreme, at the limiting case. However, none  
7 of the 30 cases have a PoC increased above 45  
8 percent.

9 So we basically, Section 4.1 was  
10 our comments here, that we reviewed the data  
11 information received from NIOSH and so forth,  
12 and we selected 10 cases from the 84 that  
13 NIOSH identified as not being impacted by PER-  
14 5, and we found that --

15 We didn't find any inconsistencies  
16 and errors in the sampling of cases that we  
17 took, that would have been impacted or would  
18 indicate that maybe something had fallen  
19 through the cracks.

20 We did have an observation here  
21 that we found that there was no PER letter  
22 documenting the cases that were reassessed,

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1 were included in the associated amended case  
2 files. 187

3 They didn't make a finding; it was  
4 just sort of the quality issue we wanted to  
5 bring to your attention, and maybe could have  
6 used to find out why that might have happened.

7 That's not necessarily either your procedure  
8 or your policy. You don't that in every case.

9 MR. HINNEFELD: We do that satisfy  
10 DOL. If DOL is satisfied by some other,  
11 something else that we provide them, then we  
12 would not do that. That's not typically  
13 important to us, to generate that, that  
14 sometimes DOL has said they wanted an  
15 individual piece of paper to put in an  
16 individual's folder, so that they would know  
17 that we had looked at this issue.

18 So if that claimant would raise  
19 questions, they'd say it's been looked at, and  
20 they can even send that piece of paper,  
21 because the claim doesn't get reopened if it's  
22 not above 45 percent.

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1                   So they have -- at times, they  
2 have wanted that; at times they have ~~not~~  
3 insisted on it. I don't know, I'm not part of  
4 the conversation.

5                   So I don't know why, but they  
6 apparently feel like they have sufficient  
7 other evidence of -- if the question comes up,  
8 they have sufficient other evidence to answer  
9 the question without needing that.

10                  So to me, I'm not surprised that  
11 in some PERs you won't see those.

12                  MR. STIVER: Oh, okay. We just  
13 want to get clarification as to when it was.  
14 That's reasonable and explanatory.

15                  On page 13, Section 5, Subtask 4,  
16 this is conducting the audits of the sample  
17 subsets, a DR is affected by a particular PER,  
18 and we did locate the 30 cases that were  
19 evaluated as a result of the PER. This little  
20 pie chart here, Figure 1, shows the breakdown  
21 of how those cases were handled, those 30.

22                  Sixteen were compensated, and ten

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1 of them were pulled for SEC. That left four  
2 cases, three of which were unchanged since ~~the~~  
3 original evaluation, and one that had been  
4 reevaluated, with an increase in the POE -- or  
5 PoC of less than 50 percent.

6 So you know, it would be if indeed  
7 these, those cases that used the best estimate  
8 tool were indeed only the ones that were  
9 affected, we would agree that this subset, you  
10 know, we could pick from within those four  
11 cases.

12 However, we feel until, you know,  
13 if you cast a broader net, in essence, to see  
14 if maybe there might have been some other  
15 cases that were affected maybe by doing some  
16 sort of a sampling process, is to make, get  
17 some reasonable assurance that those really  
18 were indeed the only ones affected. We'd want  
19 to hold off on case selection until that had  
20 taken place.

21 MEMBER ZIEMER: Okay. Thanks,  
22 John. I don't have any questions on this, and

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1 the other Members won't be asking any  
2 questions. So but Stu, do you have any other  
3 comments on this? I assume that the use of  
4 the word neutron was just an error, and that  
5 would be replaced in that one paragraph by  
6 photon?

7 MR. HINNEFELD: That is my  
8 understanding.

9 MR. STIVER: Yes, it looks like a  
10 typo to me.

11 MR. HINNEFELD: Since the heading  
12 of the paragraph is Photon Adjustments, it  
13 should have been --

14 MEMBER ZIEMER: Right, and it says  
15 that there wouldn't be any -- as it stands  
16 now, it says there wouldn't be any neutron  
17 corrections that wouldn't be based on --

18 MR. STIVER: I think anybody  
19 reading that would realize that.

20 MEMBER ZIEMER: Yes. So that's a  
21 minor correction, and you have given an  
22 explanation for the lack of that document that

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1 you've identified. So the record can show  
2 that that's been responded to. 191

3 Then the only other question is  
4 whether -- I think your question is whether or  
5 not it's clear to the dose reconstructors,  
6 whichever method they're using, that that --  
7 that the neutron, what do you call it factor,  
8 is it a correction bias --

9 (Simultaneous speaking.)

10 MEMBER ZIEMER: Factor. It's  
11 clear that the footnotes tell them to use  
12 that. Was there concern that the use of the  
13 word neutron elsewhere, someone might have not  
14 used it?

15 MR. STIVER: Well, it isn't really  
16 so much the use of the word neutron. It's  
17 just that the tables haven't changed, and the  
18 footnotes, Footnote A is still in there.

19 So we just still think it was  
20 still, the problem is twofold. One is that  
21 maybe we haven't captured all the cases. The  
22 second is the guidance, in our opinion, still

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1 isn't clear to the reconstructor what they're  
2 supposed to do. 192

3 MEMBER ZIEMER: What would make it  
4 more clear, in your mind?

5 MR. STIVER: Well, those tables,  
6 the tables could be, they could be maybe a  
7 short paragraph, taken off that footnote  
8 obviously, a paragraph indicating that these  
9 are the correction factors. However, we --  
10 they should not be used. I mean there is that  
11 one paragraph, but it might be more explicit.  
12 It's a matter of judgment obviously.

13 MR. HINNEFELD: That has been a --  
14 that is a recommendation essentially to the  
15 bias of that Site Profile to that extent.

16 MR. STIVER: To that extent.

17 MR. HINNEFELD: To eliminate the  
18 confusion, any potential confusion associated  
19 with that, and I can understand that. That  
20 sounds --

21 MEMBER ZIEMER: And it's not clear  
22 that it actually has led to any confusion.

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1 MR. HINNEFELD: Well, it's not  
2 clear that it's led to any incorrect. 193

3 MEMBER ZIEMER: Right.

4 MR. STIVER: Outside of --

5 MR. HINNEFELD: Outside of the  
6 ones that we knew about.

7 MEMBER ZIEMER: Or improper use of  
8 the factor.

9 MR. STIVER: Right.

10 MR. HINNEFELD: I don't know if  
11 Scott or -- I think Scott Siebert might be on  
12 the phone, and there might be some other ORAU  
13 people on the phone. I don't know if anybody  
14 else has anything to offer on this, in terms  
15 of the use of this.

16 I know we had some conversation,  
17 with the question of, could other cases have  
18 been done incorrectly, using the bias factor,  
19 even though they didn't use the best estimate  
20 tool, and I don't remember where that went.

21 I remember I had a conversation  
22 with Dave, and I -- or an email exchange with

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1 Dave, and I proposed, well it seems like we  
2 ought to check on this and maybe some sampling  
3 of cases that fall in the correct time period,  
4 that did use best estimate.

5 As I recall, Dave had a better  
6 counterproposal, and I can't remember right  
7 now what it was. Do you, do you remember that  
8 Lori?

9 MS. MARION-MOSS: I'm trying to  
10 think.

11 MR. HINNEFELD: At any rate, I  
12 don't know that we are going to be here today  
13 with our, with anything other --

14 MEMBER ZIEMER: Well, and I don't  
15 think procedurally that I can accept this as  
16 a, you know, on behalf of the Work Group or  
17 anything. But it seems to me that it would be  
18 appropriate to ask NIOSH to clarify that  
19 issue, in terms of the comments made. I think  
20 we can ask that that be done.

21 MR. KATZ: Sure.

22 MR. HINNEFELD: Now in -- okay, go

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1 ahead.

2 MEMBER ZIEMER: And the records  
3 will already show what your response was to  
4 the issue of the documentation. It's Labor.  
5 If they want it, they ask for it. You guys  
6 okay with that?

7 MR. STIVER: Yes. I have --

8 MEMBER ZIEMER: Yes.

9 MR. HINNEFELD: Okay. So now to  
10 understand where we are with this, this is  
11 essentially a new review, right, that was  
12 delivered on this date, right.

13 MEMBER ZIEMER: Right.

14 MR. HINNEFELD: So theoretically,  
15 then, these findings could be entered into  
16 BRS. We may need to make the document  
17 available on BRS.

18 MR. STIVER: Yes. I don't think -  
19 - PER-5 is currently not available on the BRS.

20 MR. HINNEFELD: Okay. So we need  
21 to do some stuff to make it available in the  
22 unselected list, and then I guess select it

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1 and assign it, or assign it to a Subcommittee,  
2 to this Subcommittee, at which point then -196

3 MEMBER ZIEMER: You'll have a  
4 response.

5 MR. HINNEFELD: Steve could enter  
6 a response. He could enter the findings,  
7 which then builds the system for us to start  
8 adding our responses.

9 MEMBER ZIEMER: Right.

10 MR. HINNEFELD: Okay.

11 MR. STIVER: That would be the  
12 proper approach, I believe.

13 MR. HINNEFELD: Okay.

14 MEMBER ZIEMER: We okay on that  
15 procedurally?

16 MR. HINNEFELD: Yes.

17 MEMBER ZIEMER: Okay.

18 MR. HINNEFELD: Beyond that, I  
19 don't know what I can say today. I do know  
20 that we have addressed the question, or at  
21 least I asked some questions about the issue  
22 of what about other cases, and so, but I just

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1 don't -- I'm sorry. I just can't recall. I  
2 may have asked it before I went on vacation  
3 and then immediately forgot it.

4 MR. SIEBERT: But Stu, you had  
5 asked. This is Scott.

6 MR. HINNEFELD: Okay, Scott's on.  
7 Hang on a second.

8 MR. SIEBERT: You had asked if  
9 there was additional information. I know for  
10 Hanford, we are looking through and digging  
11 through for claims that used the best estimate  
12 tool, so that we can then walk through and  
13 make the determination on, you know, what went  
14 in the tool at the time and what was used in  
15 the cases.

16 So we are working through that  
17 process right now. It's just, it's a lot of  
18 claims to walk through.

19 MEMBER ZIEMER: Okay. But I think  
20 that will answer it for us, once they make  
21 that determination.

22 MR. STIVER: In other words, you

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1 said they were -- Scott, I didn't quite hear.

2 You're kind of coming through garbled ~~here~~  
3 from my end of the table. You're saying that  
4 you're reviewing those that did use the best  
5 estimate, or did not use the best estimate?

6 MR. SIEBERT: That did use the  
7 best estimate tool.

8 MR. STIVER: Okay. I believe that  
9 those are the ones that you've already looked  
10 at, according to this PER, the ones that did  
11 use the best estimate tool? So our concern  
12 was that maybe there were some that didn't use  
13 the tool, that nonetheless still use the bias  
14 factor.

15 MR. SIEBERT: Well, okay. We  
16 also, we looked through -- let me back up.  
17 That's one of the things we're looking at.

18 We are also looking for any claims  
19 -- well, we looked at the tools in place at  
20 the time, the normal tools, the non-best  
21 estimate tool for Hanford, and it did not use  
22 the bias factor. So those were all removed

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1 from the pool. We didn't have to deal with  
2 those from that point on. 199

3 In addition to dealing with the  
4 best estimates, to ensure that's correct,  
5 we're looking at all cases that did not have a  
6 tool in it whatsoever, an official Hanford  
7 tool in it.

8 So if there were some that were  
9 done early on, that may have been before the  
10 Hanford tool, or if it was a different site  
11 and Hanford was a visitation and it's just a  
12 minor portion and may not have used a tool,  
13 we're trying to walk through all those as  
14 well, to determine if something was done not  
15 using a Hanford tool, if that bias factor was  
16 applied as well. We are looking at that as  
17 well.

18 MR. STIVER: Okay. It sounds like  
19 you've got it well in hand, and that you guys  
20 are working on it.

21 MEMBER ZIEMER: Well, that can be  
22 included in your answers --

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1 (Simultaneous speaking.)

2 MEMBER ZIEMER: --what ~~y200~~  
3 outcomes were.

4 MR. KATZ: Okay. That sounds  
5 good.

6 MEMBER ZIEMER: I think we're  
7 good.

8 MR. HINNEFELD: So our action  
9 first is to make this case available to be  
10 assigned.

11 MS. MARION-MOSS: Yes, I just did  
12 that.

13 MR. HINNEFELD: You just did it?  
14 Okay. So it can be assigned.

15 MEMBER ZIEMER: And then the  
16 findings will go in, and then you will have a  
17 response. Okay.

18 MR. STIVER: Scott, one more  
19 question for you. Do you have any kind of  
20 estimated time frame for when this might be  
21 complete?

22 MR. SIEBERT: Well, let me look.

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1 I'm looking to find the initial search that we  
2 had, to pull that out, because obviously ~~we~~  
3 had to walk through all the Hanford cases, and  
4 that was dealing with well over 1,000 cases.

5 MR. STIVER: It was 1,100.

6 MR. SIEBERT: And then for  
7 determining the actual factors, whether  
8 they're in, we're going to have to go through  
9 those by hand. Honestly, I'm going to have to  
10 get back with a date specifically to Stu.

11 MR. STIVER: Okay, all right. No,  
12 you just CC me when you make that  
13 determination.

14 MS. K. BEHLING: John and Dr.  
15 Ziemer, this is Kathy Behling.

16 MEMBER ZIEMER: Yes, Kathy.

17 MS. K. BEHLING: Just one other  
18 question, probably for Scott. I haven't seen  
19 it, but especially for a situation where  
20 perhaps someone was doing something of a more  
21 complex Hanford case, and was using a workbook  
22 that was previous to the best estimate

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1 workbook.

2                   How often would you anticipate  
3 that they may add factors in or may make some  
4 modifications to a dose that wasn't part of a  
5 tool? I know it's not common to do that, but  
6 was that given any thought, that they could  
7 have gone into the TBD, read the TBD, realized  
8 that the original workbook did not have the  
9 factor in and applied that manually?

10                   MR. SIEBERT: We were looking for  
11 all Hanford claims that did not have a Hanford  
12 tool, whether it was a normal Hanford tool or  
13 a best estimate Hanford tool. We created that  
14 list right there, and those are the ones that  
15 we're culling through.

16                   So even if it used a different  
17 tool and tried to change the factors to fit  
18 Hanford for some reason prior to the tool or  
19 something of the sort, it should be on our  
20 list to work through. Is that what you're  
21 asking?

22                   MS. K. BEHLING: Yes, it is, and

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1 that does answer it, because obviously, if  
2 there was confusion between the way NIOSH  
3 interpreted the TBD and the way ORAU  
4 interpreted the TBD, I just think we need to  
5 cover all of our bases, with what a dose  
6 reconstructor may have interpreted. So I just  
7 want to be sure we were looking at, you know,  
8 all angles.

9 MR. SIEBERT: Yeah. We tried to  
10 cast the net as widely as possible, so we  
11 wouldn't miss something.

12 MS. K. BEHLING: Okay, great.  
13 Thanks.

14 MR. SIEBERT: Sure.

15 MEMBER ZIEMER: Okay. Any other  
16 questions for either SC&A or for NIOSH?

17 (No response.)

18 MEMBER ZIEMER: Okay. Stu, Lori,  
19 are you okay with how we're proceeding then?

20 MR. HINNEFELD: Yes, yes.

21 MEMBER ZIEMER: Okay.

22 MR. STIVER: Okay. Now that we've

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1 got the easy one done --

2 MEMBER ZIEMER: Yeah. We'll 200  
3 now to 029, distributed about the same time,  
4 and John, you want to take us through the  
5 issues on that?

6 MR. STIVER: Actually, Hans is  
7 probably the closest to PER-0029.

8 MEMBER ZIEMER: Okay.

9 MR. STIVER: He had done the, him  
10 and Ron Buchanan did the heavy lifting on  
11 that, and I asked him to present that  
12 particular case.

13 MEMBER ZIEMER: Okay. Hans, are  
14 you there?

15 DR. H. BEHLING: Yes, I am.

16 MEMBER ZIEMER: Okay, go ahead.

17 DR. H. BEHLING: Let me start out  
18 by saying that the PER-0029 was issued in  
19 December of 2007. So we're more than five  
20 years removed from the issue of the PER-0029,  
21 and we only recently were approved to review  
22 PER or audit PER-0029, and that initial review

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1 was done by Ron Buchanan.

2 I'm not sure he's on the ~~line~~  
3 today, but that's really not, I think, the key  
4 issues that we're going to talk about,  
5 whatever Ron identified in his review of PER-  
6 0029. I was asked to, as part of SC&A's  
7 protocol, we always have other people review a  
8 given report, whether it's a PER or an audit  
9 of a TBD.

10 I was asked to review Ron's work.

11 I found no significant issues that I felt  
12 were worthy of even acknowledging in the  
13 report. But when I came down and looked at  
14 the big picture, and this comes at the heels  
15 of my review of PER-0037, I modified his final  
16 statement in Section 5, that raised a number  
17 of issues, and let me just briefly go through  
18 them.

19 Section 3 of OCAS PER-0029 states  
20 that there were a total of 1,190 Hanford  
21 claims prior to 6/22/2007, which had a  
22 Probability of Causation below 50 percent.

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1 This defines actually the potential universe  
2 of affected claims that would potentially ~~have~~  
3 been impacted by PER-0029.

4           However, they also go in PER-0029  
5 saying the dose reconstruction methodology of  
6 each will be reviewed, to determine if a new  
7 dose reconstruction is necessary and so on and  
8 so on. So the first question I would have to  
9 ask Stu at this point is where are we, in  
10 again, completing the PER from NIOSH's point  
11 of view.

12           We obviously five years ago, more  
13 than five years ago, identified 1,190 claims  
14 that could be affected. Now to what extent  
15 has NIOSH actually reviewed those claims, to  
16 see if in fact PER-0029 does have an impact,  
17 and if it identifies a subset of the 1,190  
18 claims, to what extent have those claims been  
19 subject to a revision of the dose  
20 reconstruction. So that would be the first  
21 question I would have to ask Stu.

22           MR. HINNEFELD:       Well, I don't

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1 know, sitting here. I suspect that many of  
2 these were reworked as would have been caught  
3 also on the Super S plutonium PER.

4 So and I believe we did what,  
5 3,000 of those, something like that? So I  
6 guess I don't know. It would be a query we  
7 would have to Ron. It would have to be  
8 determined off the database as to how many of  
9 these have been reconsidered.

10 I think they by now should all be,  
11 have been reconsidered. But without, you  
12 know, doing some data searching, I don't  
13 really know.

14 DR. H. BEHLING: Okay. Well  
15 anyway, with regards to that uncertainty, Ron  
16 suggested that without knowing how many of  
17 these claims would in fact be reconstructed,  
18 he suggested that we might want to consider  
19 between six and nine cases that were  
20 reconstructed, and met at least one of the six  
21 criteria that NIOSH has identified in PER-  
22 0029.

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1                   Again, that was just a conditional  
2 suggestion to identify six to nine. When  
3 looked at it, I sort of took it from there,  
4 and for those you who may have a write-up, I  
5 saw this in Section 5.2, in saying  
6 alternatively, let's postpone the audit of the  
7 revised Hanford claims, until at least the  
8 revisions to the Hanford Site Profile have  
9 been evaluated and resolved.

10                   By that I mean in 2000 -- this  
11 particular PER was based on an earlier TBD  
12 revision, and since that time, there have been  
13 major revisions to the Hanford Site Profile.  
14 Most of those revisions came in 2010, and  
15 revisions include occupational medical dose,  
16 occupational environmental dose, occupational  
17 internal dose and occupational external dose.

18                   That may have significant impact  
19 on dose reconstruction for those claims that  
20 included 1,190 claims that were part of the  
21 universe of claims identified under PER-0029.

22                   To elaborate on that, I can't tell you

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1 exactly what each of those four sections,  
2 whether it's occupational medical dose,  
3 occupational environmental, occupational  
4 internal and occupational external changes may  
5 have been -- what their impacts are in the  
6 recent revisions that occurred in 2010 under  
7 Revision 4.

8           However, I am very familiar with  
9 at least the sixth section, which is external  
10 exposure dose, occupational exposure dose for  
11 Hanford, because -- and I include that in my  
12 write-up under Section, let's see here, under  
13 Section 5.3.

14           That involves the N/P ratio. When  
15 I first was asked to review Section 6, which  
16 is the occupational external dose for Hanford,  
17 that was in TBD Revision 0. So this goes back  
18 to 2005, and I identified potential problems  
19 with the N/P ratio, as it was defined in the  
20 TBD Revision 0.

21           And as a result of those findings  
22 and the calls and the dialogues that took

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1 place, SC&A was asked to elaborate. In fact,  
2 it was Dr. Melius who requested that SC&A ~~take~~  
3 a closer look and present its findings to the  
4 Board, in a subsequent conference meeting that  
5 we had.

6                   There was -- and so I can only  
7 talk really extensively on the issue of  
8 external dose revisions that were instituted  
9 subsequent to PER-0029, and will not elaborate  
10 exactly how the revisions to the other  
11 sections of the Site Profile might impact  
12 future dose reconstruction and PERs.

13                   But if you go and look through 5.3  
14 in my write-up, you will see that right up  
15 until the time of the most recent revision,  
16 the neutron/photon ratios that I had  
17 questioned were now implemented, and it's a  
18 given that, for instance, all of those  
19 neutron/photon ratios will significantly  
20 affect dose reconstruction for anyone who was  
21 involved in the one-pass reactors, involved  
22 above the glove line, etcetera.

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1                   So the question that we are about  
2 to engage in is should we, at this point,  
3 postpone the audit of the 69 dose  
4 reconstructions that were possibly affected by  
5 the PER-0029, or based on the fact that so  
6 many revisions have been made to the Site  
7 Profile since 2007, that we might want to just  
8 collate all of this effort and potentially not  
9 necessarily go on from here.

10                   As I said, NIOSH may not even be  
11 complete on PER-0029, because at this point in  
12 time, we don't know, as Stu had just  
13 mentioned, he's not aware to what extent the  
14 1,190 cases have been scrutinized for their  
15 impact, based on the six criteria identified  
16 under PER-0029, let alone whether or not any  
17 of these dose reconstructions have been  
18 revised for those claims that are affected.

19                   So I think this is the issue that  
20 really should be discussed at this point.

21                   MEMBER ZIEMER: Okay. I think Stu  
22 has some comments.

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1 MR. HINNEFELD: I've got some new  
2 information that I guess I had the handou~~252~~  
3 and forgot I got it. Dave Allen actually has  
4 looked into this question.

5 When we got this, we did look into  
6 the questions that were raised, and this PER  
7 goes back to the time when DOL wanted to --  
8 they were insisting on us reworking any case  
9 where the dose went up, you know, rather than  
10 --

11 So they returned any cases where  
12 the doses went up. So as I'm reading through  
13 what Dave's review here. So if it was  
14 affected by any of the criteria, you know, any  
15 of the six criteria that would, you know, so  
16 they would go up, we identified that case to  
17 DOL and asked for them to return it.

18 And then we have in fact reworked  
19 all the cases they returned. So they are done  
20 now.

21 MEMBER ZIEMER: How many cases is  
22 that?

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1                   MR. HINNEFELD:       Well, it's a  
2 little less than requested. Now the reason  
3 for that, there are several reasons for the  
4 discrepancies between the ones we requested  
5 and the ones that they actually returned, and  
6 they fall into several categories.

7                   Some of those had secondary  
8 cancers that qualified them for the SEC. If  
9 you'll recall, there are about three secondary  
10 cancers that will qualify the SEC, and we --  
11 and DOL doesn't report secondary cancers to  
12 us.

13                   So when the SEC was added, we  
14 didn't know that they had a secondary bone  
15 from their prostate, for instance. But DOL  
16 knew that, and so they didn't bother to return  
17 it, because the accounting was paying that  
18 batch.

19                   Some had new employment verified  
20 at another site that put them into an SEC, and  
21 -- but since that was done after we had done  
22 the dose reconstruction, that new employment

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1 with the plant, we didn't need to know it.

2 They just put it in the SEC. 214

3 Let's see. Sometimes, in some  
4 cases, DOL verified a new SEC qualifying  
5 cancer, one that they had not told us about  
6 before, which put them into an SEC, and in  
7 some cases, they added additional employment,  
8 I guess at Hanford, which you know, up to that  
9 point they didn't have enough but now they did  
10 have enough.

11 So there are several reasons for  
12 the discrepancies between the number requested  
13 and the number we got back. So they fall into  
14 those categories. But all the ones that were  
15 returned to us, we believe we got the ones  
16 which should have been returned, and we have  
17 reworked. We have reworked all of those. So  
18 that's the answer. We are done with the  
19 reworking of those.

20 Let's see. Now with respect to  
21 the question about going on and the additional  
22 modifications like Hans was talking about, and

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1 we know there's going to have to be changes  
2 based on N/P from the one-pass reactors ~~and~~  
3 the work that was done there. We know there's  
4 going to have to be another PER.

5           Similar to what we had said  
6 earlier, I think it's probably better for  
7 process to do the PER-0029 evaluation, and see  
8 that it was done correctly, rather than to  
9 postpone it and try to incorporate it into  
10 another PER. It just seems to me cleaner and  
11 more readily doable to just go ahead and do  
12 it, as opposed to postpone it.

13           So that's most of what Dave sent.  
14 Let's see, yeah. And of course we're still  
15 talking about Hanford, so there could be more  
16 issues too.

17           MEMBER ZIEMER: Right, right.

18           MR. STIVER: My sense is that  
19 since you've reworked these cases, it would be  
20 a pretty good idea to put a scope into it. I  
21 would agree with Stu.

22           MEMBER ZIEMER: All right. What

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1 do we have -- and that's basically -- Subtask  
2 3 is the recommendation to do that. ~~Aside~~  
3 from what Hans said about considering a  
4 possible delay, SC&A concurs on the stated  
5 approach, and provided the criteria on the  
6 corrective action plan trend and include the  
7 additional issues outlined in Section 3.1.4 of  
8 this report.

9 So I'll go back and remind myself  
10 what that is. 3.1.4 --

11 MR. STIVER: I haven't finished  
12 this, but there is no 3.1.4.

13 DR. H. BEHLING: Dr. Ziemer, I  
14 think we're going to have to look at .4.1,  
15 which involves issues that -- as I said, I  
16 didn't really review PER-0029, in terms of the  
17 normal review. That was done by Ron Buchanan.  
18 In Section 3.4.1, he identifies issues that  
19 perhaps could first be resolved with the  
20 Board, before we can go to the next step of  
21 selecting dose cases that we may want to --

22 MEMBER ZIEMER: Oh, I see where it

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1 is now.

2 MR. STIVER: Yeah. Ron identified  
3 those issues that we're in concurrence with,  
4 and also additional issues --

5 (Simultaneous speaking.)

6 MEMBER ZIEMER: 3.4.1. Now I see  
7 it. Additional issues that should be  
8 addressed. I guess NIOSH needs to have a  
9 chance to look at those, and is this another  
10 case where we need to get this into the  
11 system, and have a response on those? Again,  
12 I'm just asking process-wise.

13 MR. STIVER: How long you would do  
14 that?

15 MEMBER ZIEMER: Ron has a whole  
16 list of additional issues that should be  
17 addressed. However, there are issues  
18 identified by SC&A that could potentially  
19 increase the assigned dose, and that OCAS PER-  
20 0029 did not address.

21 My reaction is that we may need to  
22 have NIOSH have an opportunity to take a look

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1 at those, and see if they concur or not, the  
2 part that those play in this. 218

3 MR. KATZ: Yeah. I mean are those  
4 other issues issues that were raised and  
5 resolved and intended to be addressed by this  
6 PER?

7 MR. STIVER: These are issues that  
8 Ron identified, that could result in an  
9 increase in dose, that weren't or weren't  
10 addressed in the PER.

11 MEMBER ZIEMER: Part of the PER.

12 MR. KATZ: But we're only  
13 evaluating the PER. I mean should they not --  
14 why should they --

15 MEMBER ZIEMER: Are these other  
16 issues beyond the PER?

17 MR. STIVER: Well, part of our  
18 evaluation is whether the PER was complete in  
19 its evaluation of the issues that are going to  
20 result in an increase in dose, and Ron  
21 identified several that were not addressed in  
22 the PER.

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1                   So my guess is at this point, we  
2 would have to think of how we would do it ~~by~~  
3 doing this mechanically. I mean do a heading  
4 and put those into the Board Review System --

5                   MEMBER ZIEMER: So SC&A is saying  
6 those should have been part of the PER to  
7 start with?

8                   MR. STIVER: Yeah, they should  
9 have been.

10                  MR. KATZ: Because they had  
11 already been resolved at a Work Group level?

12                  MR. STIVER: No, because of the  
13 new issues, new issues that we had uncovered  
14 and identified.

15                  COURT REPORTER: Would you mind  
16 speaking up a little?

17                  MEMBER ZIEMER: Everybody.

18                  COURT REPORTER: Mr. Stiver.

19                  MR. STIVER: I'm sorry. My voice  
20 is kind of fading a little bit. These were  
21 new issues that one, identified in looking  
22 through the documents that gave rise to the

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1 PER, that he believes NIOSH should have  
2 addressed but didn't. 220

3 DR. H. BEHLING: Yeah. This is  
4 just the normal protocol that you would  
5 normally follow in reviewing a PER, and as I  
6 said, this is Ron's work, and he was the one  
7 who reviewed PER-0029, and came up with issues  
8 that are identified in Section 3.4.1.

9 MEMBER ZIEMER: Well, it just  
10 seems to me that at this point, the only way  
11 we can deal with those is let NIOSH have at  
12 least a look at them, and I mean, you can turn  
13 around and say, you know, that's beyond the  
14 scope of what the PER is intending to do, or  
15 it's -- I don't know. I don't have any way to  
16 critique this myself at this point.

17 MR. HINNEFELD: So now just so I'm  
18 clear, these are things that Ron has  
19 identified, that he feels are deficiencies in  
20 the Site Profile, as it was when we did this,  
21 that gave rise to this PER?

22 MR. STIVER: I don't think they're

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1 deficiencies, so much as changes that could  
2 arise in increased dose, that would impact ~~the~~  
3 number of cases that would have to be --

4 MR. HINNEFELD: But now these are  
5 not -- so these are not things that are  
6 currently or were included in the Site Profile  
7 at the time the PER was done, or are they?

8 MR. STIVER: These are all -- he  
9 went through and looked at each of the  
10 Technical Basis Documents, all six of them.

11 MR. HINNEFELD: Okay.

12 MR. STIVER: And you know, looked  
13 at what you guys found in the PER, and then he  
14 looked at those TBDs and said "wait a second.  
15 There's some other things in here that still  
16 could give rise to an increase in dose, that  
17 weren't identified in the PER."

18 MEMBER ZIEMER: Were those based  
19 on revisions that had appeared after the  
20 original DR? The PER itself is several years  
21 old, and --

22 MR. STIVER: I believe these are

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1 ones that impacted the -- these were not  
2 beyond the PER. This would have been -- 222

3 MEMBER ZIEMER: No, but I mean  
4 were they based on the revised? See, we have  
5 revisions of the Site Profile that go up into  
6 2007. What was the date of this original PER?

7 MR. MARSCHKE: Paul, there's an  
8 example here that Ron gives in the report. If  
9 you look at the bottom of page 15, top of page  
10 16, you'll notice that in the 2003 version, it  
11 says that ruthenium dose is between 130 and  
12 240 rads per hour.

13 MEMBER ZIEMER: Right. It was a  
14 factor of 12.

15 MR. MARSCHKE: If you look in the  
16 2006 version of the document, it's between,  
17 yeah, 1,300 and 2,400, and I guess what Ron is  
18 saying is that this increase, potential  
19 increase in the dose has not been captured in  
20 the PER.

21 MEMBER ZIEMER: Well, that's what  
22 I was asking you. The PER was based on the

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1 old version maybe.

2 DR. MAURO: This is John. 223

3 MR. MARSCHKE: Well, the PER is  
4 supposed to be up to the 2000 and --

5 (Simultaneous speaking.)

6 MR. MARSCHKE: 2007, whereas the  
7 PER was issued in 2007. So it should include  
8 up to the 2006 revisions.

9 MR. STIVER: Ron was not looking  
10 at revisions after the PER was issued. These  
11 are all --

12 (Simultaneous speaking.)

13 MR. KATZ: Changes up to that  
14 date.

15 MEMBER ZIEMER: Okay. John, you  
16 had a comment.

17 DR. MAURO: There's another  
18 concept here that I think is important. You  
19 see, what happened is originally, when we were  
20 doing the PER reviews, they were very -- to go  
21 back a number of years, and we've  
22 transitioned, and I think we have to

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1 appreciate this.

2           They were very focused. There ~~was~~  
3 a particular issue, high-fire plutonium,  
4 thoracic carcinomas of the lymph nodes. They  
5 were very focused, PERs issued, and it really  
6 -- and to deal with that particular issue.  
7 There might have been a procedure that was  
8 written to deal with it, like OTIB-049, a PER  
9 issued. So it was very clean.

10           We have moved into a mode now  
11 where the PER, the form the PERs have taken  
12 now, you're saying okay, we're issuing a PER  
13 to redo the cases that might have been  
14 affected by the revisions, all the revisions  
15 or some of the revisions that have been made  
16 up to Rev 2 of a Site Profile.

17           Now so that's a big difference.  
18 That's a big change in the way of looking at  
19 PERs. I remember when I first worked on this,  
20 we said oh, it's about 60 work hours per PER,  
21 and then from our experience.

22           Well you know, now what we have

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1 now is here we have a PER that was issued on a  
2 given date, to deal with the Site Profile  
3 change up to a given point in time. And you  
4 were having a conversation now. Well, what  
5 should that PER address?

6 And one could say well, it should  
7 address all the changes that were made to the  
8 Site Profile, up to a given revision, the  
9 revision that the PER was initiated for, and  
10 that may be ambiguous. In other words, you  
11 know, what are all those changes that were  
12 made up to let's say Rev 2, which triggered  
13 the PER?

14 All one could simply ask that  
15 okay, no. This PER says it's been, we are  
16 going to review all the cases to see, that  
17 need to be reviewed, because of certain  
18 technical changes that have occurred, which  
19 may not capture everything that occurred up to  
20 Rev 2.

21 So all of a sudden, our procedure  
22 -- I mean let's look at it this way. The

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1 procedure that we work under is probably not  
2 complete enough. 226

3 In other words, is our mission now  
4 to go in and say, to go in and say "well,  
5 we're going to have to take a look at Rev 2 of  
6 the Site Profile, and see what all the changes  
7 were, from going from let's say Rev 0 to Rev  
8 2, what all the issues were that were resolved  
9 to the satisfaction of the Board," and the  
10 revision came through, and now we have a PER?

11 And then when we review the PER,  
12 do we ask ourselves the question, the big  
13 question up to that date, that is, do they  
14 capture all of the changes that were made from  
15 going from Rev 0 to Rev 2? Were all the  
16 changes reviewed and approved by the Board?  
17 They may or may not have, up until that point  
18 of time.

19 Never mind all the new changes  
20 that might occur, you know, going forward. In  
21 fact, at the time of the PER, you might be up  
22 to Rev 4 already. So I think that what we

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1 have is we have to rethink the process that  
2 we're in, the procedure under which SC&A sort  
3 of does its job, you know, what should we be  
4 looking at.

5 I think that's our struggle now,  
6 and I think we've got to --

7 MR. KATZ: John, I think as long  
8 as the PER, the purpose of the PER is clear,  
9 then your purpose will be clear too. So I  
10 mean I think when we get a response from DCAS  
11 to these, once it's entered and we get a  
12 response, we'll know what the PER was about,  
13 and then that defines the scope of your  
14 review.

15 DR. MAURO: Okay, by definition.  
16 That's important. See, you just made a very  
17 important statement.

18 You says whatever the PER says its  
19 mission is, that's its mission, and it's not  
20 up to us, you know, when we review it, to say  
21 "Oh no, its mission wasn't broad enough.  
22 There are a lot more other changes that were

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1 in there."

2 I mean that's a very important  
3 statement. So we accept the scope of the PER  
4 for the statement it makes, and it looked at  
5 this, this, this and this.

6 MR. KATZ: Yeah. But I mean it  
7 may be, John, that the scope of this PER was  
8 intended to capture all the changes that --

9 (Simultaneous speaking.)

10 DR. MAURO: Oh, okay, okay. I  
11 see.

12 MR. KATZ: --and if that was the  
13 scope, if that was the scope, then yes indeed.

14 Then all of this stuff that Ron caught, that  
15 you know, may have fallen through the filter.

16 I don't know. We'll just have to see.

17 DR. MAURO: Okay, okay.

18 MR. MARSCHKE: If you look at PER-  
19 0029, John, there's a Table 1, which basically  
20 lists all the -- it's supposed to cover all  
21 the Hanford Site Profiles up to, and it gives  
22 a list of which revision and the date of the

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1 revision. So basically it's pretty clear.  
2 It's supposed to cover up, you know, ~~the~~  
3 external dose, which is 0006, TKBS-0006, up  
4 until June 5th, 2007.

5 MR. KATZ: Right. So that's fine.  
6 So then that's -- you're sort of answering the  
7 question.

8 MR. STIVER: If I can jump in for  
9 just a second, I think John has a valid point,  
10 in that there's a whole spectrum of going from  
11 very focused, like say we saw with high-fired  
12 plutonium, probably up to almost to a wide  
13 open, say as with Rocky Flats, which was a PER  
14 that was one page, and basically said we're  
15 evaluating every change that has happened in  
16 these Technical Basis Documents since the last  
17 revision.

18 So that almost gets us to the  
19 point we were saying before. Is this really  
20 the proper venue to deal with what boils down  
21 to a Site Profile review, a new Site Profile  
22 review? It's like I can see your point, that

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1 yeah, the PER lays out what its scope is, but  
2 eventually it becomes almost meaningless ~~when~~  
3 it's so broad, that it becomes --

4 (Simultaneous speaking.)

5 MR. KATZ: It wouldn't be  
6 meaningless at all. If those revisions are  
7 based on Hanford Work Group discussions and so  
8 on, all those revisions to all those pieces,  
9 if they're largely based on Work Group  
10 discussions where things were put to bed, then  
11 it's fine.

12 MR. STIVER: Well with Hanford, I  
13 guess we're okay. But I'm saying once you get  
14 to a couple of these others, like we'll see  
15 with Ames. Of course, I'm kind of jumping  
16 ahead of you. It's okay with Hanford.

17 MR. KATZ: Let's not. Let's just  
18 work on these one at a time.

19 MR. STIVER: I think that's where,  
20 kind of what John was getting at, if I may be  
21 so bold as to speak for him.

22 MEMBER ZIEMER: So you sort of

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1 have the question of whether or not it can be  
2 expanded beyond what NIOSH thought it was ~~231~~  
3 the time they wrote the PER, right. Ron has  
4 raised an issue that says okay, the new  
5 revision has a factor of ten in the listing of  
6 the particular of nuclides, I forget what it  
7 was. But and --

8 MR. KATZ: Right, and it sounds  
9 like he may have caught something that should  
10 have been caught but wasn't caught in the PER,  
11 but we'll see when we get a response from  
12 DCAS.

13 MR. STIVER: Yeah. I'll have --

14 MEMBER ZIEMER: Have all these  
15 been reviewed by the Work Group, all the  
16 revisions that we're talking about?

17 MR. HINNEFELD: Well, these were  
18 all incorporated into the Site Profile. What  
19 Ron is commenting on are things that were in  
20 the Site Profile, take the 2007 one, and he  
21 reviewed it. So all these changes are in  
22 there, and we said that the PER does not

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1 specifically --

2 MEMBER ZIEMER: No, I understand  
3 that. I'm sort of asking the question "and  
4 have they been reviewed also by the" --

5 MR. KATZ: Yeah, and that's --

6 (Simultaneous speaking.)

7 MEMBER ZIEMER: You see, a lot of  
8 times these are reviewed by SC&A, but they  
9 haven't been. You may have things that --  
10 they weren't accepted to start with.

11 MR. KATZ: Right. These all  
12 predate -- I couldn't tell you, because I  
13 don't know about the Hanford Work Group  
14 meetings back then.

15 MEMBER ZIEMER: I don't remember.

16 MR. KATZ: That's before my time.

17 MEMBER ZIEMER: Well, we aren't  
18 going to solve that today. But is there any  
19 reason we shouldn't just ask NIOSH to look at  
20 these issues and make some sort of response?

21 MR. HINNEFELD: Give us some time  
22 to look at it.

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1 (Simultaneous speaking.)

2 MR. HINNEFELD: On the face of ~~13~~  
3 it seems to me that if we identify all the  
4 Hanford cases that were not compensable, as  
5 the population we're going to look at, and we  
6 redid them. Whether or not the PER  
7 specifically lists every one of these changes  
8 that it's based on.

9 The revised dose reconstruction  
10 will be done in accordance with the  
11 instructions in the Site Profile. So all of  
12 these things should have been addressed in the  
13 rework, it would seem to me. But let me go  
14 sort that out and come back, because --

15 MR. STIVER: Maybe in this case it  
16 was broad enough to be --

17 MR. HINNEFELD: And it could have  
18 been that rather than mention every single  
19 stinking change that occurred, we said all the  
20 things change, all the cases. But I guess  
21 there was a question, though, that there was  
22 some decision about could this dose have gone

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1 up? That was part of the PER. For a  
2 particular claim, could this one dose ~~have~~  
3 gone up?

4 If we weren't looking at these  
5 things, that's the question. That's the  
6 question.

7 MR. STIVER: It might have gone  
8 up.

9 MR. HINNEFELD: We'll just have to  
10 take it back and look at it.

11 MR. STIVER: Yeah, it's going to  
12 be -- it's going to take some time to win  
13 approval on that.

14 MEMBER ZIEMER: Yeah, specifically  
15 those items in 4.1 and 4 whatever.

16 MR. KATZ: Yeah. If there had  
17 been so many changes, you might have just said  
18 we're just going to look at them, all the ones  
19 that we said that fell below, right?

20 MR. HINNEFELD: Yeah, we may have  
21 looked at all the ones that fell below.

22 MR. STIVER: Because it may be

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1 more complex to try to sort than it is to just  
2 look at all. 235

3 MR. KATZ: Just look at them all.

4 Yeah, it could be.

5 MEMBER ZIEMER: But it's also  
6 possible you wouldn't have looked at them for  
7 some of those issues that came up.

8 MR. HINNEFELD: Well, no. We  
9 worked the claims. We would have done it.

10 (Simultaneous speaking.)

11 MEMBER ZIEMER: You reworked them.

12 MR. HINNEFELD: This time we  
13 reworked them all. We got them back from the  
14 DOL and we worked them all.

15 MEMBER ZIEMER: Okay, got you.  
16 Okay.

17 MR. KATZ: So we'll hear back from  
18 DCAS.

19 MEMBER ZIEMER: So we'll get a  
20 report back on that. I think that completes  
21 this topic, and I'll turn the gavel back over  
22 to Ms. Munn, if she's there. Wanda, are you

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1 on the line?

2 CHAIR MUNN: Yes indeed, I am. 236

3 MEMBER ZIEMER: Okay.

4 CHAIR MUNN: All right. We're all  
5 happy with what's going with the Hanford PER.

6 At least we know what we're doing, whether  
7 we're happy with them or not.

8 MEMBER ZIEMER: Right.

9 CHAIR MUNN: So we had --

10 MEMBER ZIEMER: Yeah. Don't use  
11 the word "happy" in the same sentence as  
12 "PER."

13 CHAIR MUNN: Yeah. We had on our  
14 list of status reports to review today SC&A,  
15 three items which I don't believe have been  
16 reported on yet. Those were OTIB-0055 and  
17 0079 and PER-0037. Is SC&A prepared to report  
18 on any of those three?

19 OTIB-0055 and 0079; PER-0037

20 MR. MARSCHKE: Prepared on the  
21 first two, at least.

22 CHAIR MUNN: Okay. Would you like

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1 to do that now?

2 MR. MARSCHKE: Yeah, we can ~~230~~  
3 OTIB-0055. A report was sent out on January  
4 25th. It contains our report, and it  
5 basically 0055 is the conversion factor, or  
6 the neutron quality factor.

7 Probably it contains the one from  
8 ICRP-0060, I think it is, and we reviewed  
9 that, and we have four findings, the first  
10 finding being that basically we should be  
11 using the quality factors from ICRP-103, and  
12 the second one was there is some guidance  
13 given in OTIB-0055 about how to select the  
14 quality factors.

15 There's also guidance given in IG-  
16 001 on how to select the quality factors, and  
17 that guidance does not quite line up, so the  
18 guidance between the two documents.

19 The other two findings you can  
20 see, I think they were more minor findings,  
21 and I don't know if we have to really get into  
22 them. But again, we just sent this out on the

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1 25th, and the BRS has been updated. If you go  
2 to the BRS, you can pull up OTIB-0055. 238

3 These four findings have been  
4 identified in here, and they have the open  
5 status, and I guess we're waiting for NIOSH to  
6 provide their responses.

7 CHAIR MUNN: I am still trying to  
8 find your material from the 25th. I don't  
9 know why that isn't coming up for immediately  
10 for me. But does anyone have any question or  
11 any comment on Steve's report on OTIB-0055?

12 (No response.)

13 CHAIR MUNN: Can we anticipate a  
14 response from NIOSH next time?

15 MR. HINNEFELD: Let's see. Well,  
16 it depends on what you want to do with the  
17 response. We are in the process now of  
18 evaluating the impact, because ICRP-103 -- and  
19 this document was written when it didn't exist  
20 yet.

21 So this document describes how you  
22 convert the neutron quality factors that were

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1 used back in the days when the dosimetry  
2 measurements were taken by the DOE facilities,  
3 into the neutron quality factor numbers that  
4 were in vogue when we started the program.

5 So that's what this was written  
6 for, OTIB-0055. So the 103 question goes  
7 beyond the scope of this OTIB. Now that  
8 doesn't mean it's not a programmatic question,  
9 and programmatically, we are in the process of  
10 evaluating what does it mean to the program,  
11 what do these new neutron quality factors mean  
12 to the program.

13 So that's where we are now, and I  
14 can tell you probably what our response will  
15 be, is that finding goes down to the scope of  
16 this TIB, and we're working on the issue you  
17 raised. So I mean but I don't suggest anybody  
18 putting that down now. Somebody might want to  
19 rewrite that a little bit.

20 That's kind of where we're going  
21 to be on that, and then the inconsistency  
22 part, I'll have to check on it. I don't have

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1 our hands really on that.

2 CHAIR MUNN: Are we going to  
3 incorporate any of your report into the  
4 database today?

5 MR. HINNEFELD: Oh, I wouldn't  
6 suggest that.

7 MR. KATZ: So we'll get a written  
8 response?

9 MR. HINNEFELD: That's too much  
10 like me editing the database, and I don't want  
11 to do that.

12 CHAIR MUNN: No, no. I meant  
13 SC&A's comment.

14 MR. HINNEFELD: Oh well, SC&A's  
15 findings are there, I think.

16 MR. MARSCHKE: The findings have  
17 already been entered into the database, Wanda.

18 MR. HINNEFELD: So we'll --

19 CHAIR MUNN: I'm trying to find  
20 where we see them.

21 MR. MARSCHKE: Can you pull up --  
22 can you find --

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1 CHAIR MUNN: 55-1 and 55-4 would  
2 appear to be the appropriate one. That's ~~what~~  
3 I'm struggling with, is trying to find them.

4 (Pause.)

5 MR. MARSCHKE: OTIB-0050, just  
6 look. Do you have the search capability up on  
7 --

8 CHAIR MUNN: I have OTIB-0055.

9 MR. MARSCHKE: You have OTIB --

10 CHAIR MUNN: And we have four  
11 findings that are open. This would appear to  
12 be Finding 4.

13 MR. MARSCHKE: No. This is  
14 actually Finding 1.

15 CHAIR MUNN: Finding 1. Perhaps  
16 I'm not getting -- it's not opening to give me  
17 anything else.

18 MR. MARSCHKE: No. There is  
19 nothing under it, because --

20 CHAIR MUNN: Oh, well that's what  
21 I was just asking.

22 MR. MARSCHKE: NIOSH has not --

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1 CHAIR MUNN: Whether anything that  
2 you had just said needed to be incorporated  
3 under the finding. That was my question.

4 MR. MARSCHKE: Oh no. Just the  
5 findings themselves, that's all --

6 CHAIR MUNN: And I heard everybody  
7 say no, no, no. We're not --

8 MR. MARSCHKE: No. We just have  
9 the findings themselves.

10 CHAIR MUNN: So we're not going to  
11 address it today is what you're saying?

12 MR. KATZ: Right. Stu said that.  
13 He doesn't want to write into --

14 MR. HINNEFELD: I don't want to  
15 write anything into the database today. I  
16 think I need to go at least consult with Dr.  
17 Neton, to make sure that I'm not saying  
18 anything foolish. But I'm pretty confident of  
19 what I said, that I'm never that confident of  
20 what I say.

21 CHAIR MUNN: Okay. Then we're  
22 going to hear next time from you sir?

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1 MR. HINNEFELD: Well, if we are  
2 ready next time. I suspect we might ~~be~~  
3 You'll hear from us on the one.

4 CHAIR MUNN: Okay. You'll be on  
5 the -- I guess what I'm telling you is I would  
6 like to put it on the agenda, in the hope that  
7 we will have something for number one.

8 MEMBER ZIEMER: The question,  
9 though, is OTIB-0055 going to basically go  
10 away, because I mean if you have a -- if you  
11 adopt ICRP; is it NCRP or ICRP?

12 CHAIR MUNN: NCRP.

13 MR. HINNEFELD: No, I.

14 MEMBER ZIEMER: ICRP-103, then  
15 this thing that talks about how you convert  
16 this to this to this, you wouldn't put this  
17 under that. This would be a whole new  
18 document, or you would just have a  
19 programmatic, you're using the latest ICRP  
20 neutron quality factors, and whatever  
21 documents that impacts, you will go back and  
22 take care of it.

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1                   MR. HINNEFELD:     To be honest, I  
2     don't know.    It could be.    If you revise ~~the~~  
3     OTIB, you would have to ultimately change the  
4     title of the OTIB.

5                   So if in fact we change what we're  
6     doing for neutron quality factors based on  
7     ICRP-103, I said if in fact we do that, then  
8     theoretically we would write a document like  
9     this, that would allow us to convert the doses  
10    as reported to ICRP-103 numbers.

11                  The additional complication that  
12    at least Paul and I will appreciate here is  
13    that the Department of Energy has only  
14    recently started using the ICRP, what did we  
15    say, 058, The one that we've been using all  
16    along.

17                  They have only recently started  
18    using those quality factors in recording their  
19    neutron doses.   So at some point in time, and  
20    this is within the past few years, we stopped  
21    using OTIB-0055, because there's no longer a  
22    need to convert the quality factors that the

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1 DOE is recording.

2 Now we don't have a lot of cases  
3 with contemporary dosimetry, but that's -- at  
4 some point, there's a point when you stop  
5 doing that. So we will have now a two-tiered  
6 adjustment, if we adopt 103.

7 One tier would be we adjust all  
8 the way from the original recording, you know,  
9 the recorded doses up to 103, and the second  
10 adjustment would be for those years where  
11 he'll be recording his more recently  
12 incorrectly, recording them incorrectly, up  
13 through, up to 103. So I have to laugh;  
14 otherwise, I cry.

15 (Laughter.)

16 CHAIR MUNN: And likewise, I could  
17 not hear you very well Stu.

18 MR. HINNEFELD: That actually  
19 probably serves your interests better.

20 CHAIR MUNN: Yeah. Which ICRP  
21 publication is operating where and when, is  
22 too much for me to make out right now.

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1                   MR. MARSCHKE:       Well the other  
2 thing, you'll probably, when you start looking  
3 into it, Stu, you'll probably realize that  
4 going from 060 to 103, 103 the conversion, the  
5 quality factors are lower than the 060 quality  
6 factors.

7                   So it's more, you know, it's more  
8 claimant-favorable to stay with a 060 quality  
9 factors than it is to go to the 103 quality  
10 factors. So there is --

11                  MR. HINNEFELD: I'll have to check  
12 with my advisors on that one.

13                  CHAIR MUNN:     That's interesting.  
14 Well, we'll hope we have an opportunity to  
15 look at it. Anyone else have any comment on  
16 any part of OTIB-0055?

17                  MEMBER BEACH: No.

18                  MR. KATZ:     Nope.

19                  CHAIR MUNN:     All right.     What  
20 about OTIB-0079?

21                  MR. MARSCHKE: OTIB-0079 is very  
22 similar to OTIB-0055, in that we sent out or

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1 Nancy sent out the report, and I think it was  
2 also on the same date, on January 25th. ~~24~~  
3 took a look at it and sent it out on that  
4 date. OTIB-0079 has to do with assigning  
5 occupational X-rays that were administered  
6 offsite.

7 We've looked at the OTIB and we  
8 have no findings on it. We entered into the  
9 BRS, I've entered a finding of "no findings,"  
10 and I guess the question is, you know, does  
11 the Subcommittee wish to review the report in  
12 more detail, or this point.

13 So that's the status where we're  
14 at, at this point. We have no findings on  
15 0079.

16 CHAIR MUNN: Which I find to be a  
17 commendable finding. Does anyone else have  
18 any comments with respect to what you've just  
19 heard from OTIB-0079? Thank you for making  
20 the finding of no findings.

21 MEMBER BEACH: I don't have any.

22 MR. KATZ: Have you had a chance -

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1 - have you ever had a chance to read that?

2 CHAIR MUNN: I skimmed through ~~248~~  
3 when I first received it. Haven't gone back  
4 to it.

5 MEMBER BEACH: I read it. There's  
6 not a thing I highlighted on it or identified  
7 on it.

8 MEMBER ZIEMER: No, I think I read  
9 it. What would the distribution date on that?

10 MEMBER BEACH: January 25th.

11 MR. MARSCHKE: Nancy sent it out.

12 MR. STIVER: Several of them came  
13 through on that day.

14 MEMBER ZIEMER: Yeah. I read all  
15 those.

16 CHAIR MUNN: As is often the case,  
17 it has that SC&A number on it, which doesn't  
18 jump out at you right away as being  
19 identifiable by our terminology. X-rays,  
20 offsite.

21 MEMBER BEACH: Would appear to be  
22 an easy one to possibly close.

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1 CHAIR MUNN: I would certainly  
2 hope so. 249

3 MR. KATZ: That sounds like a  
4 plan.

5 CHAIR MUNN: Do you have any  
6 objections to closing these documents?

7 MEMBER BEACH: No.

8 MEMBER ZIEMER: No.

9 CHAIR MUNN: All right. Can we do  
10 that, Steve?

11 MR. MARSCHKE: Yes.

12 (Pause.)

13 CHAIR MUNN: Are those closed?

14 MR. MARSCHKE: Yes.

15 CHAIR MUNN: Excellent. What  
16 about PER-0037?

17 Status Report on PER-0037

18 MR. STIVER: PER-0037 is the Ames,  
19 the infamous Ames PER that has come up a  
20 couple of times today, and this was Hans  
21 Behling's project, and I asked Hans to present  
22 it today.

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1 CHAIR MUNN: If you would, Hans,  
2 if you're ready. 250

3 DR. H. BEHLING: Yes, I'm ready.  
4 I think we all remember lengthy discussions  
5 about Ames, there were a number of issues that  
6 were raised in context of the Ames TBD,  
7 inclusive of things such as the blowouts and  
8 the 250 day criteria and so forth and so  
9 forth.

10 But I won't really go into that.  
11 What I really want to focus on is Section 3.0  
12 of my report, which really addresses the  
13 number of issues that we talked in context  
14 with, the Hanford site and the other ones  
15 earlier, and that is one of the things that  
16 PER-0037 was based on were multiple revisions  
17 to the Site Profile.

18 The only revisions, the only  
19 revision of the Site Profile that SC&A was  
20 asked to look at was really not a Site  
21 Profile, but was in context with a Site  
22 Profile, with one of the first SEC petitions.

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1                   So as it turns out, this PER is  
2 based on no fewer than four Site Profiles  
3 revisions that start with 00, and then goes to  
4 00PC-1 and Rev 1, Rev 2, and most recently,  
5 Rev 3. None of these Site Profiles have ever  
6 been formally reviewed by SC&A.

7                   In addition to that, there were a  
8 total of SEC petitions. With the exception of  
9 the very first SEC petition, SC&A did not  
10 review those either. And lastly, there were a  
11 couple of technical guidance documents that  
12 were also introduced, which have mentioned  
13 OTIB-0079 and a DCAS Implementation Guide,  
14 003. Again, those have just been put to rest,  
15 so I won't bother with that.

16                   But as it turns out, this  
17 particular PER is from the one that is  
18 relatively complete by NIOSH, but it turns out  
19 that most of the documents that support this  
20 PER have never been reviewed by SC&A.

21                   So the question is what do you do,  
22 and the volume of documentation that would

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1 need to be reviewed on behalf of this PER goes  
2 far beyond a simple review of the PER, ~~and~~  
3 goes back to the question should we, at this  
4 point, postpone any attempt to review PER-  
5 0037, and petition the Board for SC&A to be  
6 granted the access to review the various  
7 documents that were the supporting documents  
8 that gave rise to PER-0037.

9 CHAIR MUNN: Do we know how  
10 extensive that review list would be?

11 DR. H. BEHLING: Well, as I said,  
12 the PER-0037 was based on multiple revisions  
13 to the Site Profile, and SC&A really never  
14 reviewed any of the Site Profiles, and there's  
15 a total of five of them.

16 MR. KATZ: I guess a question for  
17 NIOSH is whether a lot of these revisions,  
18 from all these different documents --  
19 obviously, the SECs, it would be true for the  
20 SEC documents that are part of this, whether  
21 they mostly came about as a result of the  
22 Board's discussions of Ames, because even SC&A

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1 didn't review it.

2 If the Board took on SEC petition ~~158~~  
3 in subsequent petition, then many of those  
4 issues the Board would have, in effect, made  
5 its position known about particular --

6 MR. HINNEFELD: Oh boy. I'm  
7 having trouble working from memory here. I  
8 believe the additional Evaluation Reports or a  
9 report, one came from our assessment of  
10 consistency among Evaluation Report, you know,  
11 SEC Class descriptions. As you'll recall, we  
12 did that assessment of the consistency, and  
13 identified in a couple of instances where had  
14 we been behaving consistently, we would have  
15 defined the Class differently.

16 I believe one of those was Ames.  
17 So that was one of those additional ERs, and  
18 then the -- there was an additional one that  
19 had to do, I believe, with the hot lab, if I'm  
20 not mistaken, and an original understanding on  
21 our point that the hot work was done  
22 essentially in glove box containment, and the

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1 discovery later on that it wasn't.

2 It was done behind a shield wa~~214~~  
3 but there was really no containment associated  
4 with it. So the Board's discussion about  
5 those additional Evaluation Reports was not  
6 terribly extensive, in my recollection. So I  
7 don't know that my comments were particularly  
8 helpful.

9 CHAIR MUNN: Paul, Josie? Any  
10 thoughts?

11 MR. HINNEFELD: I think they wish  
12 they were somewhere else.

13 CHAIR MUNN: We all do.

14 MEMBER ZIEMER: I'm thinking that  
15 the SEC Work Group may have looked at Ames --

16 MEMBER BEACH: We did, but it's  
17 been a couple of years.

18 MEMBER ZIEMER: Well, it had to do  
19 with the blowouts.

20 MEMBER BEACH: The blowouts.

21 MEMBER ZIEMER: Which are  
22 mentioned in here. So I don't think we can

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1 quite say it's never been reviewed. The SEC  
2 Work Group sort of became the place where ~~255~~  
3 put reviews that weren't being enough to be  
4 like a Hanford or Rocky Flats.

5 MEMBER BEACH: Well, were focused  
6 on the less than 250 days because of the  
7 blowouts, as I recall.

8 MEMBER ZIEMER: Right, we were.  
9 But we looked at a lot of stuff at Ames,  
10 because you have to look at the whole thing.  
11 So I think there was, and I don't recall all  
12 the details, but I know we spent a fair amount  
13 of time reviewing it --

14 MEMBER BEACH: I think Arjun was  
15 on that.

16 MEMBER ZIEMER: Arjun is on that  
17 and --

18 CHAIR MUNN: Well, of course  
19 you're saying, and that's the same kind of  
20 thing that Hans just said, that there's a lot  
21 of things involved there. It's not just a  
22 matter of looking at one document.

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1 DR. H. BEHLING: And also I did  
2 make a few comments on these issues in Sect~~156~~  
3 3.1 and 3.2 and so forth. I raised issues  
4 about the use of NUREG-1400 for modeling  
5 intakes of fission products, and I also made  
6 comments about unsupported attribution.

7 So if you go through the report  
8 that I wrote, there are a number of things  
9 that are also questions raised, that go beyond  
10 the fact that we have never reviewed the TBD  
11 or the SECs that were such a big part of this  
12 whole PER.

13 MEMBER ZIEMER: I'm thinking that  
14 SC&A was involved with our Work Group on this.

15 MR. KATZ: It was, very much so.

16 MR. STIVER: Hans was involved in  
17 the 250 day aspect of it.

18 MEMBER ZIEMER: Right.

19 MEMBER BEACH: Also John Mauro and  
20 Arjun --

21 MEMBER ZIEMER: I think John and  
22 Arjun were the main ones involved.

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1 MR. STIVER: John, are you still  
2 on? 257

3 DR. MAURO: Yes, I am, and I'm  
4 familiar with the issue. Our concerns at the  
5 time for the SEC were the inability to  
6 reconstruct the exposures at that time. There  
7 were two factors, this might help a bit.

8 One is there was just a chronic  
9 airborne dust-loading associated with the  
10 processes of reduction that were involved, and  
11 SEC was granted, on that basis, that you know,  
12 you couldn't reconstruct certain doses, I  
13 think mainly inhalation doses.

14 But then there was the issue of  
15 where we spent even more -- and that one  
16 proved pretty quickly, I believe. The part  
17 that was more challenging was the explosions,  
18 and Hans had made reference to that, that  
19 occurred quite often, and whether that had an  
20 impact on the 250 day issue, whether or not,  
21 you know, there was this business of exposures  
22 comparable to criticality.

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1                   So what I'm getting at is our  
2 review of Ames at the time was what~~258~~  
3 considered to be fairly focused, and it really  
4 was keyed into very specific SEC issues. I  
5 have not read the various revisions to the  
6 Site Profile that have subsequently occurred  
7 over the years, we're talking several years  
8 now.

9                   There may be -- now Hans, when I  
10 reviewed your Ames write-up, I think you  
11 identified a number of the new areas. Did you  
12 make an effort to identify new material?

13                   DR. H. BEHLING: Oh yeah.

14                   (Simultaneous speaking.)

15                   DR. MAURO: I remember, yeah.

16                   DR. H. BEHLING: --the revisions  
17 and identified those changes that might impact  
18 dose reconstruction.

19                   DR. MAURO: Right.

20                   DR. H. BEHLING: And I also  
21 identified the issue of the discussion that  
22 took place with regard to the individual

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1     blowout.

2                     As I recall on November 29~~th~~<sup>th</sup>  
3     2007, we had a Board meeting or a Subcommittee  
4     meeting on this very issue, and as I wrote in  
5     my final statements in my write-up here on  
6     page 18, that if I recall, and I read through  
7     the transcripts very carefully, between pages  
8     133 and 158 of that meeting that took place on  
9     November 29th, 2007, that there were a number  
10    of action items or promises made by NIOSH to  
11    reconsider the inclusions of blowouts in the  
12    dose reconstructions. I identified those  
13    pages we're doing this discussion.

14                    So that issue was raised by Dr.  
15    Ziemer and by Jim Neton and others, that they  
16    would look into it, because I had provided  
17    them with a model that was questioned by Jim  
18    Neton, but he also acknowledged the fact that  
19    there was a certain amount of credibility, if  
20    not perhaps a little bit too much emphasis  
21    even about the concentrations, airborne  
22    concentrations that gave rise to my doses.

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1                   But at least there were some  
2 concessions made by NIOSH to say we have~~260~~  
3 tool by which we can work with, if we need to  
4 refine those tools, let's do it. But at this  
5 point, I don't know if anything ever came of  
6 that promise to look into it.

7                   DR. MAURO: I could add a little  
8 bit to that also. I remember that your model,  
9 additionally -- by the way, what we're talking  
10 about now, it's important to separate. We're  
11 really talking about a number of SEC type  
12 issues related to the 250 days, that were  
13 discussed at length.

14                   So I mean that's almost like  
15 separate, as a separate problem, and the  
16 question was well, is it possible to  
17 reconstruct those doses as part of your Site  
18 Profile, you know, do a dose reconstruction.  
19 I think the issue was well, how many do we  
20 assume a person was exposed to, and Jim, if  
21 he's there, may remember that's your show-  
22 stopper.

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1                   Yes, you could agree that if  
2 someone was involved in one of these, ~~the~~  
3 potential for exposure could be very large.  
4 Whether or not one would agree it is  
5 comparable to a criticality, of course there  
6 is a lot we discussed on that matter, and no  
7 need to bring that up now.

8                   But my takeaway from reviewing  
9 Hans' write-up in this report, was that there  
10 are lots of changes that were made, and in  
11 effect, if we were to review that -- if our  
12 PER efforts here, in my mind, it would be --  
13 instead of being a 60 work hour job, it would  
14 be more like one of these 500 to 1,000 work  
15 hour jobs. It would be a Site Profile review.  
16 It would be a major undertaking.

17                   And because of the extent of the  
18 different changes that I saw when Hans put  
19 this together. Then I said "But wait, hold  
20 the presses." It seems to me, then, if it's  
21 going -- if in effect we're talking about a  
22 Site Profile review, shouldn't that be

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1 something done under the purview of the Ames  
2 Work Group, which I don't believe is ~~212~~  
3 existence anymore?

4 But so I'm raising some, I guess,  
5 judgment calls that you folks need to make.  
6 When we encounter a situation like this, where  
7 the PER is basically one that tries to, you  
8 know, update all the dose reconstructions, in  
9 light of a large number of changes that may  
10 have occurred over the years to a Site  
11 Profile, is this something that should be done  
12 under the auspices of the procedures PER  
13 process, or is it really more appropriate just  
14 to turn it over to and reactivate the Site  
15 Profile Work Group.

16 CHAIR MUNN: Part of that may be  
17 situational.

18 MR. KATZ: There is no Site  
19 Profile Work Group.

20 CHAIR MUNN: Yeah. If the Work  
21 Group no longer exists or isn't functioning --

22 MR. KATZ: There never was a Site

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1 Profile Work Group.

2 CHAIR MUNN: You know, that's 263  
3 then you have a whole different question.

4 DR. MAURO: Yes, I agree. But and  
5 that's fine. But I mean I'm only putting this  
6 on the table for your consideration, as how do  
7 you -- listen. I'll tell you right now. I  
8 would love nothing better than to say turn  
9 this on and we'll do a complete review of all  
10 the revisions to the Ames Site Profile, and  
11 give you our opinion on them, under the PER  
12 process.

13 And but I felt like, I felt after  
14 speaking with John and Hans about this, we had  
15 an obligation to alert you to this. We're not  
16 talking about a 60 work hour effort. We're  
17 talking about a major undertaking that for all  
18 intents and purposes would look an awful lot  
19 like a Site Profile review process.

20 CHAIR MUNN: We picked up on that,  
21 I think, just from scanning through Hans'  
22 report, which is -- thank you, Hans. That's

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1 one of your usual extremely thorough jobs.  
2 That is not something that one can just look  
3 at in five minutes' time.

4 MR. KATZ: Wanda, I'd just ask --  
5 Lori's just looking up how extensive is the  
6 TBD itself, because if you've never reviewed  
7 the TBD and have only been involved in this  
8 sort of partial focused way with respect to  
9 the SEC, then just reviewing the TBD itself,  
10 as it currently stands, you don't have to  
11 review all this. It's 90 pages.

12 CHAIR MUNN: All the preceding  
13 thing, yeah.

14 MR. KATZ: You don't have to  
15 review all these SEC papers and so on that  
16 preceded it. You need to just -- it would  
17 just be the final product that you would  
18 review, right.

19 DR. H. BEHLING: Yeah, I agree.

20 MR. STIVER: Yeah, revised January  
21 2012.

22 MR. KATZ: So we can bring this to

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1 -- if the Subcommittee doesn't want to handle  
2 this, we can bring this to the Board and ~~say~~  
3 you know, we have this Site Profile. It's  
4 been revised over the years. But it's never  
5 been reviewed as do we want to task SC&A to  
6 review it and start there?

7 CHAIR MUNN: It seems logical to  
8 me to do that, and --

9 MR. STIVER: It's not an  
10 incredibly large Site Profile.

11 MR. KATZ: No, no, it's not. It  
12 doesn't sound like it's an alarming task.

13 MR. STIVER: Given the most recent  
14 date, you would think that any Site Profile  
15 issues that would have --

16 (Simultaneous speaking.)

17 MR. KATZ: We can bring it up with  
18 them. We have a teleconference at the end of  
19 this week. We can bring it up there.

20 CHAIR MUNN: Then it seems to me  
21 it would be an appropriate thing to place  
22 before them.

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1 MR. KATZ: Okay. Wanda --

2 CHAIR MUNN: Perhaps ~~even~~  
3 recommend, from my perspective, I think it  
4 would be worthwhile to call Hans' report to  
5 the attention of the full Board, for people  
6 who wanted to really dig into the issues, and  
7 it certainly would be helpful, I think, for  
8 them to get a feel for the magnitude of the  
9 issues we need to address.

10 MR. KATZ: Well, they don't -- I  
11 mean I think it's just, it's actually  
12 misleading for them to look at the -- they  
13 don't need to look at Hans' report if they  
14 just need to know -- there's a current TBD.  
15 None of the previous versions were reviewed by  
16 SC&A, and we have a PER review now, and it  
17 makes more sense really to look at the TBD.

18 CHAIR MUNN: Well, if you would  
19 prefer. Since they have expressed so much  
20 interest in what we do, I thought this would  
21 be an excellent opportunity --

22 MR. KATZ: In the closeouts,

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1 Wanda.

2 DR. MAURO: You know what it would  
3 be, in effect, is the Board judging that well,  
4 in this circumstance, rather than reconvene or  
5 create a Work Group, a new Work Group  
6 specifically to Ames, this is something that  
7 could be handled, you know, by the PER. It's  
8 really a venue. It's really the venue, so to  
9 speak.

10 CHAIR MUNN: It really is, right.  
11 It really is. But it appears to be a Board  
12 decision, from my perspective. Rather than a  
13 Subcommittee decision. Then do I hear any  
14 comment to the contrary or any expanding  
15 comments?

16 MR. KATZ: Wanda is in favor.

17 MEMBER ZIEMER: Yeah, that's fine.

18 MR. KATZ: Paul's in favor.

19 MEMBER ZIEMER: Sure.

20 CHAIR MUNN: Are we getting  
21 nodding heads?

22 MR. KATZ: Yes, yes. You have

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1 unanimous nodding heads.

2 CHAIR MUNN: Excellent, all right.  
3 I'm nodding my head also, and I will take  
4 Ted's comments under advisement, and we'll not  
5 suggest that we provide the full report for  
6 them to mull over. We'll just give them the  
7 basic information.

8 Would you prefer that I do that as  
9 a part of the reporting out of the  
10 Subcommittee, or would you prefer that our  
11 Designated Federal Official do that?

12 MR. KATZ: Oh no, I think you're  
13 great.

14 (Laughter.)

15 CHAIR MUNN: Thank you so much.

16 MR. KATZ: It's something about  
17 the teleconference. You can --

18 (Simultaneous speaking.)

19 CHAIR MUNN: Very good. We will  
20 do that. At the teleconference, I will --

21 (Simultaneous speaking.)

22 CHAIR MUNN: Our deliberations

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1 regarding Ames?

2 MR. KATZ: Yes. There will be 250  
3 time wasted.

4 CHAIR MUNN: Suggest the Board  
5 provide us with their wisdom. Very good.  
6 That wraps up the SC&A report for that group  
7 of status reports that we were looking at.

8 How are you folks doing there? Do  
9 you want to take a break right now, or shall  
10 we have, ask NIOSH about the two status  
11 reports that they were programmed for this  
12 time?

13 MR. KATZ: I just got indications  
14 that some people would like a break.

15 CHAIR MUNN: All right. Then why  
16 don't we do that right now? When we return,  
17 we'll have, we'll ask NIOSH where they are  
18 with the ER.

19 MR. KATZ: Okay. Ten minutes or  
20 is that good?

21 (Simultaneous speaking.)

22 CHAIR MUNN: Fifteen minutes.

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1 MR. KATZ: Ten minutes.

2 CHAIR MUNN: Back at five minutes  
3 'til the hour, right? Thank you.

4 (Whereupon, the above-entitled  
5 matter went off the record at 2:40 p.m. and  
6 resumed at 2:55 p.m.)

7 CHAIR MUNN: Are we ready to go?

8 MR. KATZ: We're ready.

9 CHAIR MUNN: All right. Who's  
10 going to take the helm for NIOSH on PER, the  
11 Rev 2 of PER?

12 MR. HINNEFELD: Well, let's see.

13 MS. K. BEHLING: Excuse me, Wanda.  
14 This is Kathy Behling.

15 CHAIR MUNN: Yes, Kathy.

16 MS. K. BEHLING: Before you get  
17 started, can I just ask, just to get some  
18 clarification, since we're deep in  
19 conversation on PERs, and it's more of an  
20 administrative thing that I want to be sure  
21 that we understand.

22 Generally, when there's a new

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1 revision put out on any of the Site Profiles  
2 or TBDs or OTIBs, there is a record of ~~the~~  
3 revision right on the cover.

4 CHAIR MUNN: Yes.

5 MS. K. BEHLING: And in previous  
6 times, we used to see, as part of that  
7 revision, a summary of what we've revised and  
8 whether or not these revisions require  
9 training, and also whether there would be a  
10 PER involved, or might need to become part of  
11 the revisions because of changes in dose.

12 And I haven't always seen that.  
13 In fact, there have been several revisions to  
14 some TBDs, some Site Profiles, that I expected  
15 to see that wording under that record of  
16 revisions, and I'm not seeing it anymore.

17 I just wondered have you just  
18 stopped doing that, or is that something that  
19 we should be aware of or seeing?

20 MR. HINNEFELD: Yeah, this is Stu,  
21 and we had to stop doing that, the reason  
22 being that insufficient thought was being

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1 given to the question when people were writing  
2 that on there, instead of -- there were cases  
3 when that phrase was written "TBD or PER  
4 Required," when in fact there was none  
5 required.

6 So rather than try to build  
7 insufficient, for lack of a better term, build  
8 insufficient intelligence into the generation  
9 of that record of revision, we said just leave  
10 it off. That decision will be made elsewhere.

11 It's made by our staff.

12 MS. K. BEHLING: Okay.

13 MR. HINNEFELD: So we did stop  
14 doing that.

15 MS. K. BEHLING: Okay, and I guess  
16 the reason that I was asking, I know Dr.  
17 Melius has been concerned about, as we all  
18 are, you know, things falling through the  
19 cracks. And I guess I've always felt that now  
20 that this PER process is in effect, things  
21 will not fall through the cracks.

22 But I also realize that, in fact I

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1 guess it had come up yesterday during Dose  
2 Reconstruction Subcommittee, that perhaps  
3 there are changes that a PER hasn't been  
4 issued for, and it was during a review of the  
5 DR audit that we said should there have been a  
6 PER here, and I thought this would be one  
7 avenue that we could check.

8 But if you're not putting that  
9 into the record anymore, I understand. That  
10 was the reason for my question.

11 CHAIR MUNN: Thank you very much.  
12 I wondered about some of those things myself,  
13 Kathy. Specifically, we're only talking about  
14 the wording with respect to PERs. We're not  
15 talking about the lack of specificity about  
16 what has changed in this new revision. That's  
17 still expected to be a part of the revision,  
18 is it not?

19 MS. K. BEHLING: Yes.

20 CHAIR MUNN: Stu?

21 MR. HINNEFELD: I'm sorry, what?

22 CHAIR MUNN: I'm assuming that

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1 your response had only to do with the comment  
2 about PERs in the new revision face page? 274

3 MR. HINNEFELD: Correct.

4 CHAIR MUNN: There has been no  
5 changed policy with respect to identifying  
6 what has changed in this revision?

7 MR. HINNEFELD: That is correct.

8 CHAIR MUNN: Good. That's very  
9 important information for those of us who come  
10 along later. Where are you, then, with PER-  
11 0022?

12 Status of PER-0022

13 MR. HINNEFELD: Okay. PER-0022 is  
14 Chapman Valve, and I believe the changes that  
15 occurred at Chapman Valve were a somewhat  
16 higher intake rate, and a shorter covered  
17 period. So the net outcome, Chapman Valve has  
18 a very short operational period anyway, and  
19 the change took four months off of the covered  
20 period, and I think the intake rate actually  
21 went up a little bit.

22 So for people who are employed

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1 throughout the operational period, the net  
2 increase is a decrease in the total intake.  
3 So for people employed throughout, there would  
4 be a decrease in dose rather than an increase.  
5 So we would not do a PER for those.

6 For people whose employment  
7 terminated in '48, which was during the  
8 operational period, they in fact may have a  
9 higher dose, because the intake was at a  
10 higher intake rate, and they only had this  
11 limited period of time.

12 So we did look at those cases, to  
13 see if we needed to do a PER, and there were -  
14 - let's see. There were -- out of those  
15 cases, only one had a PoC less than 50  
16 percent. So, you know, anything over 50  
17 percent we wouldn't do a PER.

18 The one that would have a PoC less  
19 than 50 percent was completed originally using  
20 OTIB-0004, which was the overestimating  
21 approach that we don't use anymore. And OTIB-  
22 0004 gives a higher intake than the Chapman

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1 Valve Site Profile does.

2 So changing it and doing the ~~Site~~  
3 Profile would just decrease it farther. So  
4 our determination was there was no need for a  
5 PER associated with those changes.

6 CHAIR MUNN: Repeat that last  
7 sentence?

8 MR. HINNEFELD: Our conclusion was  
9 that there was no need for a PER, because  
10 there were no cases whose doses would go up as  
11 a result of the change.

12 CHAIR MUNN: Oh, all right. All  
13 right, fine. So does this close the entire  
14 issue? It would appear to be so. Am I  
15 incorrect?

16 MEMBER ZIEMER: If there's no PER,  
17 then there's no PER to review.

18 CHAIR MUNN: I agree.

19 MEMBER ZIEMER: A moot point, I  
20 guess.

21 (Simultaneous speaking.)

22 MR. KATZ: That's good. So that's

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1 closed, right?

2 MEMBER BEACH: Yes. 277

3 MR. MARSCHKE: How did it get a  
4 number if it's not even, if there wasn't any  
5 issue?

6 CHAIR MUNN: Because it's 2.

7 MS. MARION-MOSS: For Rev 2.

8 MR. HINNEFELD: See, the question  
9 came up that there is a Rev 2 to the Site  
10 Profile that was done after the PER.

11 MR. MARSCHKE: Oh, okay.

12 MR. HINNEFELD: And is there going  
13 to be another PER? That was what the question  
14 was.

15 CHAIR MUNN: Yeah, that's correct,  
16 and the answer is no.

17 So that's very good. One down.  
18 Can we move on to PER-0034?

19 Status of PER-0034

20 MR. HINNEFELD: Okay. According  
21 to my notes -- was I gone for this part of the  
22 meeting, because I don't remember this

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1 discussion, these discussions.

2 MEMBER ZIEMER: Well, it was ~~just~~  
3 right after lunch.

4 MS. MARION-MOSS: We went through  
5 these PERs real fast.

6 MR. HINNEFELD: Okay. The  
7 question with respect to PER-0034 was why did  
8 the Type S intake go up in Rev 1 of the TBD?  
9 I mean, that's -- I think that was the basis  
10 for the PER, was that the Type S intakes went  
11 up.

12 And they went up because in Rev 0,  
13 they weren't done correctly. We think that  
14 this was pointed out by SC&A, in either the  
15 mini-Site Profile of, let's see, this is --

16 MS. MARION-MOSS: Harshaw.

17 MR. HINNEFELD: Harshaw, in either  
18 the mini-Site Profile or in a comment in one  
19 of the TBD-6000s. It would have been -6001,  
20 probably.

21 So one of those comments probably  
22 pointed out that, hey, we can't reproduce this

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1 Type S intake that you've used, and we looked  
2 at it and said, well, the reason you can't ~~27~~  
3 because it's a mistake. So we changed it in  
4 Rev 1. So that was the origin behind changing  
5 it.

6 MS. MARION-MOSS: Actually -- this  
7 is Lori. Actually, there was a SC&A standard  
8 review done on Harshaw TBD, Rev 0 back in  
9 2008, and Finding Number 6 is the actual  
10 finding that called out the error in the  
11 calculation.

12 MR. STIVER: It was probably one  
13 of John's.

14 MR. HINNEFELD: Yeah, I suppose  
15 for Harshaw. I suppose it was.

16 MR. STIVER: Yeah.

17 MR. HINNEFELD: Okay. So those  
18 are our status reports on those two, our  
19 feedback for answers to the questions.

20 MEMBER ZIEMER: So therefore what?

21 MR. HINNEFELD: We've answered the  
22 question, and we think they should be off the

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1 agenda.

2 (Laughter.) 280

3 MEMBER BEACH: Of the agenda or  
4 closed?

5 MR. HINNEFELD: Well, there's  
6 nothing to close, I don't think. There is no  
7 finding where it's closed. These were  
8 questions that were asked of us at the  
9 meeting.

10 CHAIR MUNN: We don't have  
11 anything?

12 MR. HINNEFELD: Yes.

13 MS. MARION-MOSS: Yes.

14 MR. HINNEFELD: These questions  
15 were asked at the last meeting. We were able  
16 to answer them at the last meeting, but we  
17 said we would try to answer them in the  
18 future. So there is nothing to close or  
19 anything.

20 CHAIR MUNN: And if we move on to  
21 other status reports we anticipate from NIOSH,  
22 we'll go to OTIB-0037.

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1 TBD Revision Status of OTIB-0037

2 MS. MARION-MOSS: This is Lori  
3 OTIB-0037 -- Elyse, are you on the line?

4 MS. THOMAS: What? Yes.

5 MS. MARION-MOSS: Okay. You want  
6 to talk to the responses regarding OTIB-0037?

7 MS. THOMAS: Yes. Hold on. Let  
8 me call it up here. Yeah, this is the  
9 internal dosimetry coworker data for the  
10 Paducah gaseous diffusion plant. That's what  
11 OTIB-0037 is. And the NIOSH responses state  
12 that, you know, this has been -- all this  
13 information from OTIB-0037 has been folded  
14 into the Paducah Site Profile.

15 Okay, so all of -- several of  
16 these findings are in progress, okay, but, you  
17 know, the ORAU team has provided NIOSH with  
18 the responses and they've been uploaded. So I  
19 think it's either in SC&A's court or the  
20 Subcommittee's court to decide what to do with  
21 this, since there won't be a revision to OTIB-  
22 0037. The information is in the Site Profile.

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1           The Site Profile was -- the latest  
2 revision was issued back in August of 2012.  
3 So that could be one option. You could go  
4 back and look and see if the latest revision  
5 of the Paducah Site Profile includes, you  
6 know, resolution of the finding.

7           CHAIR MUNN: Well, the Finding 4,  
8 we had three open findings, 2, 3 and 4, and  
9 Finding 4, although they have all said SC&A  
10 response is needed, the last entry on number  
11 4, which is probably applicable to the other  
12 two if we actually think about it, says that  
13 SC&A needs to wait until the TBD is reissued.

14           MR. MARSCHKE: Well, Elyse just  
15 said it was issued in -- that was in July of  
16 2012. Elyse just said it was issued in August  
17 of 2012. So it probably has been reissued,  
18 and we probably should take an action item to  
19 look at it, I guess.

20           CHAIR MUNN: It looks as though  
21 that should be your action for next time, I do  
22 believe.

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1 MR. MARSCHKE: Okay.

2 CHAIR MUNN: So the TBD has ~~been~~  
3 revised. I did not have it -- show it as done  
4 yet. So that part's done.

5 DR. MAURO: John, these are one of  
6 the three gaseous diffusion plant issues?

7 CHAIR MUNN: Yes.

8 DR. MAURO: And I was talking to  
9 Joe Fitzgerald a while back, and I know that  
10 he has been speaking to the gaseous diffusion  
11 -- I think there's a GDP Work Group.

12 MR. KATZ: There is.

13 MR. STIVER: Yes, there is.

14 DR. MAURO: Yeah, and so here's  
15 another place where we have this marriage of  
16 the Work Group, the Work Groups with the Site  
17 Profiles. And I know that Joe had mentioned  
18 that, you know, there are new revisions that  
19 need to be looked at from at least one or more  
20 of the gaseous diffusion plants Site Profiles.

21 MR. STIVER: And John, I believe  
22 there's a follow-on to that. They did have, I

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1 think it was a teleconference meeting, where  
2 we did provide some responses on those  
3 findings. So we need to look at those and,  
4 you know, bring this back into the Board  
5 Review System, and get the latest version of  
6 whatever was transpired, and make sure it's  
7 recorded here.

8 CHAIR MUNN: All right. So that -  
9 -

10 MS. MARION-MOSS: Wanda, this is  
11 Lori.

12 CHAIR MUNN: Yes.

13 MS. MARION-MOSS: I've placed the  
14 current revisions to this TBD onto the NIOSH  
15 documents on the AB.

16 CHAIR MUNN: Excellent.

17 MS. MARION-MOSS: So they're  
18 there.

19 CHAIR MUNN: Great. Thank you  
20 much, Lori. Much appreciated.

21 MEMBER BEACH: Lori, what did you  
22 put them under, because I have looked and

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1 didn't see them?

2 MS. MARION-MOSS: AB. 285

3 MEMBER BEACH: Just under gaseous?

4 MS. MARION-MOSS: No. I put them  
5 under the --

6 CHAIR MUNN: Under Paducah?

7 MS. MARION-MOSS: Procedures  
8 Subcommittee, NIOSH documents.

9 CHAIR MUNN: NIOSH documents, OTIB  
10 or the TBD? Probably the TBD, Paducah.

11 MS. MARION-MOSS: It should be --  
12 yes, Paducah.

13 CHAIR MUNN: Okay. Thank you  
14 ma'am.

15 MS. MARION-MOSS: You're welcome.

16 CHAIR MUNN: We'll get a status  
17 from SC&A next time, depending on what happens  
18 between now and then, and our next item to  
19 check status is OTIB-0054.

20 Status Report on Revision of OTIB-0054

21 MS. MARION-MOSS: Wanda, this is  
22 Lori again. OTIB-0054 is still in the review

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1 process. So we're not prepared to report on  
2 it as of yet. 286

3 CHAIR MUNN: All right. It's a  
4 carryover.

5 MR. KATZ: Do you expect it to be  
6 ready for the next, that's a couple of months  
7 down the road?

8 MS. MARION-MOSS: Yes, I do.

9 MR. Katz: Okay

10 Report Review on IG-001

11 CHAIR MUNN: And IG-001. We have  
12 report reviews on IG-001 that have been sent  
13 to us by both Lori and by -- and you've  
14 uploaded a lot of the things. So maybe we'll  
15 be good and live here. Lori, do you want to  
16 report on the reviews of IG-001 that you  
17 indicated have been updated? Perhaps we  
18 should look at those.

19 MS. MARION-MOSS: Yeah. I'll pass  
20 that on to Stu.

21 CHAIR MUNN: Okay.

22 MR. HINNEFELD: I think the first

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1 one that is not closed or was not closed is  
2 12. 287

3 CHAIR MUNN: 12. I think that's  
4 what we had listed.

5 MR. HINNEFELD: These findings  
6 from IG-001 go way back.

7 CHAIR MUNN: Yes.

8 MR. HINNEFELD: To the first round  
9 of revision, and a little perspective here or  
10 history. IG-001 was like one of the first  
11 documents that we wrote when the program got  
12 started, and when no one, including ourselves,  
13 really knew how the program was going to be  
14 documented.

15 So this is sort of some general  
16 principles about external dosimetry and  
17 external dose reconstruction that were written  
18 out there, and are considered -- we as a  
19 general rule consider them correct, but they  
20 are sort of like principles, and they're not  
21 intended to be instruction to anyone, at least  
22 as they turned out to be.

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1 I think when we wrote the  
2 document, we didn't really know if it ~~was~~  
3 going to be instructions to dose  
4 reconstructors --

5 CHAIR MUNN: There was a  
6 possibility it might.

7 MR. HINNEFELD: -- or not. But it  
8 became clear that we needed much more specific  
9 instruction for dose reconstruction in order  
10 to be consistent in our dose reconstruction  
11 efforts. So that's why we've written this  
12 labyrinth of technical documents that we come  
13 down and review every couple of months.

14 So there was some -- you know, it  
15 was sort of an unknown when this was written  
16 exactly how it was going to be used, and  
17 similarly, and there was this big unknown when  
18 it was reviewed about how it was going to be  
19 used.

20 So I think a lot of the review  
21 comments from the original review of IG-001  
22 were written with the perspective that a dose

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1 reconstructor is going to pick this document  
2 up and try to do a dose reconstruction using  
3 this document, which doesn't happen.

4 So we think most of these comments  
5 fall into that category of a comment as if the  
6 dose reconstructor was going to use it, and  
7 the dose reconstructors aren't going to use  
8 these documents. They're going to use other  
9 documents and tools and things like workbooks.

10 So we just don't -- and you know,  
11 and we don't feel like there's anything  
12 particularly wrong with the information there,  
13 other than it's not sufficiently prescriptive  
14 to a dose reconstructor, which we all agree  
15 it's not.

16 So we just don't feel like there's  
17 an overriding need to change it, you know.  
18 Why not just leave it alone, rather than go  
19 through the effort of issuing another one,  
20 because an edit is usually more complicated  
21 than you think, because there's always  
22 somewhere else the document refers to.

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1 DR. H. BEHLING: Stu, this is  
2 Hans. I guess if I was the one who reviewed  
3 the presentation, and used the single most  
4 important issue that I identified was really  
5 the DCFs. Are they still the way they were  
6 written originally, because I recall that I  
7 had questioned the validity of DCFs for all  
8 geometries other than the AP geometry. What  
9 is the current status of DCFs?

10 MR. HINNEFELD: Yeah. That was  
11 the different one of all these, is the DCFs,  
12 which is 12. Here's what I ran into when I  
13 suggested to the technical staff that why  
14 don't we just take out these, particularly it  
15 was PA. I mean PA was the obvious offender,  
16 but PA is not used routinely in any  
17 circumstance.

18 So we said -- and I believe Hans  
19 pointed out in this finding that they were not  
20 developed appropriately. They were developed  
21 as if the persons wore the dosimeter on the  
22 back, instead of on the chest, where everybody

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1 wore their dosimeter. I think that's the  
2 nature of the finding. 291

3 And I said to the technical staff,  
4 why don't we just take these out, and they  
5 said, well, you know, there could at some time  
6 be a circumstance when you would know the  
7 exposure, as measured, a correct measurement  
8 of the exposure from the back.

9 In other words, it would be  
10 measured in some fashion other than a  
11 dosimeter on your front, and you may want to  
12 know these factors for a specific case, you  
13 know. It would be a one-off, it wouldn't be a  
14 routine case. And so rather than get rid of  
15 them and lose them and lose track of them, why  
16 don't we retain them for that reason?

17 So I said, well, I guess, because  
18 nothing instructs a dose reconstructor to use  
19 these. These would be sort of -- this would  
20 have to be sort of a custom case. So I  
21 relented and said, okay, leave them in. So  
22 that's why they're still there, and they're

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1 still there the way they were written.

2 But nothing tells the ~~dose~~  
3 reconstructor to use the PA dose conversion  
4 factors. But they were retained as a  
5 potentially useful reference in some one-off  
6 situation.

7 MR. STIVER: A quick question. I  
8 haven't been involved in all the discussions  
9 that went along with this, but is it clear in  
10 IG-001 that those factors were indeed derived  
11 with the assumption that the dosimeter would  
12 be on the back and not the front?

13 MR. HINNEFELD: I think if you  
14 read IG-001, I think it's fairly  
15 straightforward, isn't it, Hans? I mean, you  
16 just read IG-001, right, when you came up with  
17 your finding, and said, well --

18 DR. H. BEHLING: Yeah. It's not  
19 even so much that the dosimeter is worn on the  
20 back. Those conversion values apply if it  
21 would be -- if the dosimeter was suspended in  
22 free air, that there was no phantom or anybody

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1 else that actually wears them, and of course  
2 we all know the traditional wearing position  
3 is on the chest in the front.

4 So when I looked at this, it  
5 instantly came to my attention that  
6 especially, as you said, was it so obvious  
7 with the PA geometries, that we'd have a  
8 completely wrong dose assigned if one were to  
9 actually use them. It would be off by a  
10 fraction of something like 1,000, especially  
11 for the low energy, less than 30 keV.

12 This is the genesis which prompted  
13 me to look at not just the PA, but also the  
14 other two exposure geometries, and I concluded  
15 that the only valid one was the AP geometry.

16 DR. MAURO: And if it helps, in  
17 all the DRs that are reviewed since Hans  
18 brought this point up a number of years ago,  
19 the only dose conversion factor that I've ever  
20 seen used are the AP, which are correct. I  
21 haven't seen a dose conversion factor where  
22 they use -- well, I might have seen it in an

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1 ISO once, but, I mean, so I hear the problem.

2 But in practice, I don't see ~~204~~  
3 one, at least from the cases I review, which  
4 are the AWE cases, using anything but AP  
5 geometry dose conversion factors.

6 CHAIR MUNN: I have a question  
7 with respect to the information that has been  
8 posted in Finding No. 12. That's our most  
9 recent, dated February 4, is that -- is AP  
10 correct?

11 MR. HINNEFELD: It should be PA.

12 CHAIR MUNN: Isn't that inverse?

13 MR. HINNEFELD: Yeah. That should  
14 be PA.

15

16 CHAIR MUNN: All right.

17 MS. MARION-MOSS: I'll change  
18 that.

19 CHAIR MUNN: If you would. That  
20 made me really nervous when I saw it. I  
21 thought, whoa, not using AP?

22 MR. HINNEFELD: No, no. That

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1 should be PA.

2 CHAIR MUNN: Any other comments  
3 about 12?

4 (No response.)

5 CHAIR MUNN: Can we now close  
6 Finding 12, based on what is posted and with  
7 this explanation? Any opposition to that?

8 MEMBER BEACH: No.

9 MEMBER ZIEMER: No.

10 CHAIR MUNN: If not, would we  
11 please mark IG-001-12 as closed, once the  
12 corrections have been made?

13 MR. HINNEFELD: Yes, it should be  
14 PA.

15 CHAIR MUNN: The next finding that  
16 was posted is Finding 16.

17 MR. HINNEFELD: Yeah. Our latest  
18 response, what I started this conversation  
19 with is what is in our latest response on this  
20 finding, on Finding 16, which is that this  
21 document is -- so some general information.

22 The particular finding has to do

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1 with a particular source of uncertainty in  
2 dosimetry, dosimeter response, which is ~~not~~  
3 described in IG-001. It describes certain  
4 sources of uncertainty, but it does not  
5 include this, I think it's environmental  
6 factors.

7 And I'm not disputing that. It's  
8 just more of the same. You know, it's the  
9 conversation I had took on originally, is that  
10 the actual, you know, dose reconstructors  
11 don't actually use this. It's kind of general  
12 information out there, and the actual  
13 instructions to dose reconstructors are held  
14 elsewhere, and we don't see a lot of value to  
15 going back and going through the process of  
16 the revision to capture this.

17 So we propose that it's not really  
18 necessary to change it, even though we're not  
19 arguing with the finding. We just don't feel  
20 like it's necessary to change the document.

21 CHAIR MUNN: Any objection from  
22 anyone to accepting Stu's rationale and

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1 marking this closed?

2 MEMBER BEACH: No. 297

3 MEMBER ZIEMER: No objection. So

4 the rationale will be entered as well then?

5 CHAIR MUNN: It is entered  
6 currently. Yes. If you pull up Finding 16,  
7 you'll see --

8 MEMBER ZIEMER: Well, I have that  
9 and it hasn't popped in yet, but it will.

10 CHAIR MUNN: Yes. May we please  
11 close it?

12 Thank you very much. That's so  
13 satisfying. The next finding that's been  
14 posted is Finding 17.

15 MR. HINNEFELD: Yeah, and again,  
16 this is guidance for the selection of the  
17 uncertainty distributions for total organ  
18 doses raises questions of consistency and  
19 requires professional judgment. And again  
20 that essentially sort of presumes that the  
21 dose reconstructor would be working from this,  
22 and he has to apply some judgment here.

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1                   And we write subsequent documents  
2 that get reviewed in this Subcommittee, ~~that~~  
3 describe, you know, what the proper choice and  
4 distributions to be used. So the same, same  
5 response that we gave on 16.

6                   CHAIR MUNN:           Same general  
7 rationale?

8                   MR. HINNEFELD:       Yeah, the same  
9 general rationale. Same general rationale.

10                  CHAIR MUNN:    Does anyone have any  
11 objection to closing Finding 17?

12                  MEMBER BEACH:   No, no objection.

13                  CHAIR MUNN:    No objections. All  
14 right. The finding is closed, IG-001-017.

15                  MR. MARSCHKE:   17?

16                  CHAIR MUNN:    17.

17                  MEMBER BEACH:   Wanda, you have 19  
18 listed here in the BRS. It's closed already,  
19 or it shows closed.

20                  CHAIR MUNN:    Yes, it does show  
21 closed. Let me double-check. Well, we didn't  
22 have a report on 19 and 20. Maybe it's

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1 because they actually are closed. Yeah, we  
2 closed it and it didn't get marked as closed~~ed~~

3 It was closed in January, and 20 is already  
4 marked as closed. So I carried two that  
5 shouldn't have been there. And NIOSH  
6 appropriately has posted Item 24.

7 MR. HINNEFELD: I think Item 24 is  
8 a summary from a review of a later revision of  
9 IG-001, where SC&A notes these things that we  
10 noted in Rev 0, which we've just talked about,  
11 remain unfixed. So that was entered here as  
12 this additional finding.

13 I think that's why it appears  
14 here, because it's essentially a restatement  
15 of the things we just talked about. So the  
16 same -- we entered our same -- actually, we  
17 entered both, the answer we gave for 12 and  
18 the answer we gave for the other ones.

19 CHAIR MUNN: Yeah. More PA  
20 geometry issues.

21 MS. MARION-MOSS: Change it to PA?

22 MR. HINNEFELD: Yeah, it needs to

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1 be PA.

2 CHAIR MUNN: And if ~~the~~  
3 Subcommittee would take a quick look at what's  
4 been posted for Finding 24, I believe we have  
5 the same problem with respect to AP/PA.

6 MR. HINNEFELD: Yes. We're  
7 changing it.

8 CHAIR MUNN: The geometry needs to  
9 be changed. With that change, does anyone  
10 have any objection to closing Finding 24?

11 MEMBER ZIEMER: No objection.

12 MEMBER BEACH: No objection.

13 CHAIR MUNN: Finding 24 for IG-001  
14 is closed. Excellent. Thank you, Stu and  
15 Lori and everyone who was involved in getting  
16 that cleaned up. It's much appreciated. Any  
17 other comment that needs to be made with  
18 respect to IG-001?

19 MR. KATZ: So we're finished with  
20 IG-001?

21 Record Check IG-003 Rev 1 and PER-0027

22 CHAIR MUNN: Looks like we are,

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1 pretty much. Now we have next our item that  
2 we have was one that was my responsibility,  
3 IG-003 Rev 1. I was asked to -- we agreed  
4 that I was going to try to take a look at the  
5 documentation and see how we came to have that  
6 item that we were carrying.

7 And I made one or two efforts to  
8 double-check from one direction, and found  
9 that, first of all, we only had IG-003 coming  
10 up on the BRS when I attempt to pull it up,  
11 and I haven't gone through -- what I intend to  
12 do next, and have not yet done, is check past  
13 transcripts to identify when this first  
14 appears and how it happened. I haven't done  
15 that.

16 I have drafted a note and have not  
17 contacted -- with respect to PER-0027, it's my  
18 responsibility to see to it that Brad, that  
19 the Chair of NTS is aware of the fact that  
20 this is transferred to them for their  
21 direction, and I have not sent that note, but  
22 am aware that it will be accomplished this

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1 week.

2 Reporting Review Closeouts to Board 302

3 And now, before we start in on  
4 administrative matters, which involve, among  
5 other things, the reports that we are going to  
6 be giving to the full Board at our meeting  
7 next month, does anyone have any other items  
8 with reference to the BRS, that we need to  
9 address before we begin that?

10 MR. MARSCHKE: It was pointed out  
11 at lunch time, Wanda, that TIB-0070, Issue  
12 Finding 15, had to do with the ingestion  
13 model, and was basically currently being  
14 carried as "in progress," with the note that  
15 the Subcommittee has changed the status to "in  
16 progress," while NIOSH undertakes the TBD-  
17 0009-01 finding.

18 CHAIR MUNN: Yes, and I've tried  
19 to track down the TBD -- I thank you for  
20 bringing that up. It's interesting that that  
21 came up at lunch time, because it came up in  
22 my review too, and I have a note to try to

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1 identify TBD-0009-01, and that didn't really  
2 and truly give me what I needed to see. 303

3 So we're going to -- we have a  
4 glitch here somewhere. Go ahead, Steve.

5 MR. MARSCHKE: Well, we closed  
6 TIB-0009-01 this morning, under the  
7 overarching issues. So I guess the question  
8 is, is this one ready to be closed as well?

9 CHAIR MUNN: We closed TIB-0009-01  
10 this morning?

11 MR. KATZ: Yes.

12 MR. MARSCHKE: Let me just double-  
13 check. I mean, we can just go to --

14 DR. MAURO: Is that the ingestion  
15 one we talked about earlier, with the World  
16 Trade Center business?

17 MR. KATZ: Yes.

18 DR. MAURO: Yeah, sure. Just  
19 close it.

20 MR. STIVER: It's closed. We have  
21 no problems with TIB-0009 at this point.

22 MR. MARSCHKE: So we can go back

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1 and double-check.

2 CHAIR MUNN: TIB-0009 is ~~not~~  
3 coming up. That just bothers me when it does  
4 that. I don't know exactly what it is that --  
5 I mean, I'm not the only one that does that.

6 MR. MARSCHKE: Wanda, it would not  
7 be under TIB-0009. It would be under the  
8 overarching.

9 CHAIR MUNN: Which would explain  
10 the problem that I was having, trying to  
11 follow through.

12 MR. MARSCHKE: But it's not coming  
13 up on mine either.

14 (Simultaneous speaking.)

15 MEMBER ZIEMER: Oh, I got it.

16 CHAIR MUNN: So we have --

17 MR. MARSCHKE: Working ingestion.  
18 It says it's active still.

19 CHAIR MUNN: It says --

20 MR. MARSCHKE: Transferred.

21 CHAIR MUNN: TIB-0009-01. It says  
22 "transferred."

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1 MR. MARSCHKE: It should have been  
2 closed. Maybe we didn't actually -- 305

3 CHAIR MUNN: And that's what is  
4 confusing me, is because when I did get to  
5 TIB-0009, what it said was transferred to  
6 here.

7 MR. MARSCHKE: Oh. What I did was  
8 I input -- I entered -- okay, this is what we  
9 said this morning. The memory's gone. What  
10 we did this morning was I entered the  
11 correspondence that occurred on the emails  
12 between Jim Neton and I guess myself,  
13 discussing what we did on the World Trade  
14 Center study.

15 Then at the bottom we made the  
16 recommendation, "based on the NIOSH White  
17 Paper and the above discussion, SC&A  
18 recommends that this issue be closed." But I  
19 don't think we actually ever closed it.

20 CHAIR MUNN: Well, in TIB-0009.

21 MR. MARSCHKE: The overarching  
22 issue, it's basically in --

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1 CHAIR MUNN: Okay. Let me just  
2 make sure that it properly -- you see, I'm ~~not~~  
3 getting, I'm not seeing your --

4 MR. MARSCHKE: Are you under TIB?

5 CHAIR MUNN: Well, I've gone from  
6 the overarching issues. Since it says  
7 "transferred," I've gone over to TIB-0009.

8 MR. MARSCHKE: No, don't go over  
9 to TIB-0009.

10 CHAIR MUNN: -- because it says  
11 "Finding has been transferred here," and it's  
12 closed. But I don't have any information that  
13 supports it.

14 MR. MARSCHKE: TIB-0009. Where  
15 are you?

16 MR. KATZ: You have to go back to  
17 overarching, Wanda.

18 MEMBER ZIEMER: How do you get to  
19 TIB-0009 to start with?

20 MR. KATZ: Actually, it was  
21 transferred to overarching.

22 (Simultaneous speaking.)

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1 MR. KATZ: It won't be under TIB-  
2 0009. 307

3 CHAIR MUNN: No. You'll find it  
4 on page six of the BRS. It took me a while to  
5 even find it. It doesn't come up for me on  
6 the search engine.

7 If you go to the bottom page six,  
8 you'll find it.

9 MEMBER ZIEMER: Okay. It doesn't  
10 show up as -- there's no OTIB number showing.

11 (Simultaneous speaking.)

12 CHAIR MUNN: It says "Finding has  
13 been transferred here," but we don't have the  
14 documentation --

15 (Simultaneous speaking.)

16 MR. MARSCHKE: Actually, when you  
17 say, when it says -- the wording is a little  
18 bit misleading. It says "The finding has been  
19 transferred here," and the "here," it means  
20 it's been transferred to here, where the "to  
21 here" means the overarching issue.

22 If you click on that "here,"

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1 basically it will take you to the overarching  
2 issue finding, where you find the whole  
3 discussion.

4 CHAIR MUNN: That's why I was  
5 having trouble, because I did not know to --  
6 how can we --

7 MR. MARSCHKE: We didn't let you  
8 in on the secret handshake, Wanda.

9 CHAIR MUNN: Yeah. How can we  
10 link here, so that people know to click on it?

11 MR. MARSCHKE: I think it is  
12 highlighted. It is highlighted.

13 CHAIR MUNN: It's not highlighted  
14 on my screen.

15 MR. MARSCHKE: So, well, we can  
16 make it underline it or something, or do  
17 something. I'm sure that --

18 CHAIR MUNN: Yeah. If we can  
19 either underline it or --

20 MEMBER ZIEMER: Where are you  
21 finding that?

22 CHAIR MUNN: Or put some dashes

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1 around it, something. I don't know why it  
2 didn't work. 309

3 MR. MARSCHKE: The problem with  
4 TIB-0009 is there's, instead of two --

5 MEMBER ZIEMER: TIB-0009 doesn't  
6 show up separate. That was the problem.

7 CHAIR MUNN: Yeah. It's kind of  
8 stuck in there all by itself.

9 MR. MARSCHKE: It's got like three  
10 different zeros in front of it.

11 (Simultaneous speaking.)

12 CHAIR MUNN: Now that I've clicked  
13 on it, it has some dashes around it. But  
14 before, it did not have that designation.  
15 Once I clicked on it, it now --

16 (Simultaneous speaking.)

17 CHAIR MUNN: Thank you. I think  
18 we've resolved that problem.

19 MR. MARSCHKE: And now you can see  
20 basically there was an entry for today's --  
21 with today's -- at the bottom of it, if you  
22 click on "Expand the overarching issue

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1 discussion" --

2 CHAIR MUNN: Yeah, I see it. 310

3 MR. MARSCHKE: -- discussion,  
4 there's an entry for today's date under my  
5 name.

6 CHAIR MUNN: It's all there. Now  
7 it's all there. Good. All right. Anything  
8 else to do with --

9 MR. KATZ: Do you want to mark it  
10 as closed?

11 MR. MARSCHKE: That's up to Wanda  
12 and the Subcommittee. If they want to change  
13 the status to --

14 CHAIR MUNN: What status do we  
15 need to do? We're closed, right?

16 MR. MARSCHKE: Right now it's  
17 showing it's transferred.

18 MR. KATZ: You have to put it in  
19 there.

20 CHAIR MUNN: Well, if we change it  
21 to --

22 MR. MARSCHKE: I don't know what's

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1 going to happen.

2 MEMBER ZIEMER: Transferred under  
3 the overarching category.

4 MS. MARION-MOSS: That's where it  
5 was transferred to.

6 MEMBER ZIEMER: Yeah, and then --

7 MR. MARSCHKE: We're going to  
8 change it to closed, and see what happens to  
9 the BRS, because I think that's the only way  
10 we're going to find out.

11 CHAIR MUNN: Yes, go right ahead.

12 (Pause.)

13 DR. MAURO: I think when you made  
14 that change, the lights went off in New York  
15 City.

16 (Laughter.)

17 CHAIR MUNN: Well, I'm on the --  
18 on page seven of the BRS, and so far nothing  
19 has happened.

20 MR. MARSCHKE: I just now hit the  
21 save button.

22 CHAIR MUNN: Well, I expect it to

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1 be instantaneous, you see.

2 MR. MARSCHKE: That's all right

3 It still enclosed under the overarching.

4 CHAIR MUNN: Is it?

5 MR. HINNEFELD: You might hit the  
6 refresh up in the right-hand corner, Wanda.  
7 If your page was already open, you need to  
8 refresh the page or exit that page and come  
9 back in.

10 MR. MARSCHKE: Oh, it says  
11 "closed" in both locations.

12 MS. MARION-MOSS: There you go.

13 MR. KATZ: Yes.

14 MR. MARSCHKE: Now we can go back  
15 to OTIB-0070, and close that one as well, if  
16 the Subcommittee so desires?

17 CHAIR MUNN: I believe so. That  
18 was the only outstanding issue that I  
19 identified when I was looking at it, that  
20 isn't -- that was not obvious.

21 (Pause.)

22 MR. KATZ: So Wanda, you ready to

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1 go onto the next item?

2 CHAIR MUNN: Yes. I think what ~~we~~  
3 can do, then, if we have OTIB-0070 where we  
4 want it, because I wanted it cleared out. I  
5 think we needed to make sure that it was  
6 properly annotated all the way down, in order  
7 to talk about what we were going to do with it  
8 with respect to a recommendation to the Board.

9 Now we still have 0015 open,  
10 right? Let's see what we say there on OTIB-  
11 0070.

12 MEMBER ZIEMER: 0015 is showing  
13 "in progress" right now.

14 CHAIR MUNN: Yes, and now we can  
15 say --

16 MR. MARSCHKE: What I'm saying,  
17 Wanda, is "Since Finding TIB-0009-01 has been  
18 closed, the Subcommittee has also closed this  
19 finding."

20 CHAIR MUNN: Correct. We do want  
21 it clean, if that's going to be one of our  
22 recommendations for covering at the Board

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1 meeting. Well, we have -- that's a good segue  
2 into what we're going to do to report out ~~314~~  
3 the Board.

4 You were asked to give some  
5 thought to specific procedures that are  
6 closed, that you felt might be of interest for  
7 the Board to review, for us to provide to them  
8 for thought and comment.

9 MR. KATZ: So let me give you some  
10 background for your thoughts about it. So  
11 this upcoming Board meeting, we have some time  
12 when they have -- we'll certainly have an  
13 hour, and we could have an hour and a half  
14 possibly, depending on what happens with that  
15 SEC being on or off the agenda, Pantex.

16 But so my thought is that each  
17 procedure, substantial procedure like the one,  
18 these two that we're already talking about,  
19 the 0052 and the 0070, that if we gave the  
20 Board 30 minutes, we could have about 15  
21 minutes of a really comprehensive, without  
22 being, you know, without killing them with

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1 detail.

2 But a fairly comprehensive  
3 presentation from SC&A, and that would still  
4 give the Board 10 to 15 minutes to interact on  
5 understanding the findings, the closeouts and  
6 concurring or what have you.

7 So 30 minutes apiece. We have  
8 0052 and 0070 as two. I think we know the  
9 Board's interested in those two, and then we  
10 have may have opportunity for a third  
11 procedure too. But that's, I mean, you know,  
12 it's up to you Paul, Josie's left by the way,  
13 if that makes sense.

14 MEMBER ZIEMER: Right. Now we've  
15 got to include Ames in there, which is 0037.

16 CHAIR MUNN: Uh-huh.

17 MEMBER ZIEMER: We said we were  
18 going to take that to the Board.

19 MR. KATZ: Oh, that's just for the  
20 teleconference. I'm talking about the March  
21 meeting.

22 MEMBER ZIEMER: Oh, the March

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1 meeting, the full Board meeting.

2 MR. KATZ: I'm talking about ~~the~~  
3 March meeting. This will be a PowerPoint  
4 presentation, detailed.

5 MEMBER ZIEMER: Oh, gotcha,  
6 gotcha. Okay.

7 CHAIR MUNN: This will be the  
8 March meeting, not just the phone meeting, and  
9 --

10 MR. KATZ: This will be a separate  
11 session, separate from the, you know, Work  
12 Group reports.

13 CHAIR MUNN: And if you would  
14 please, Ted, also be a little more specific  
15 about what our second report of OTIB-0052 is  
16 intended to do?

17 MR. KATZ: Yeah. It's, I mean I  
18 think what the Board expressed was that they  
19 would like it to be comprehensive, as opposed  
20 to -- there was just some illustrative,  
21 important findings that called out. I'm not  
22 sure that --

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1 MR. STIVER: We had called out two  
2 in detail, as more of an example. 317

3 MR. KATZ: Right.

4 MR. STIVER: And then referenced  
5 back to the BRS, where they're all there. But  
6 I think all we ended up doing was confusing  
7 everybody, though.

8 MR. KATZ: Yes.

9 MR. STIVER: Now Jim was kind of  
10 concerned, because he thought "Wait a second.  
11 I thought we already closed all these out,"  
12 and here you're only showing two closed. What  
13 we were trying to do is balance the time we  
14 had with the amount of detail that we had to  
15 put in there, because I don't know how many  
16 that are over there. There were quite a few,  
17 in the teens, I believe.

18 So I guess what we need to do now  
19 is to kind of make that more streamlined, some  
20 bullet points. We can do the presentation  
21 under the following discussion, providing the  
22 detail without, as you said, killing them with

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1 too much detail in the presentation.

2 MR. KATZ: Right. We just keep~~318~~  
3 mind that they, that this is an opportunity  
4 for the Board Members who haven't been  
5 involved to weigh in if they have thoughts  
6 about some of these closeouts, the issues in  
7 play.

8 MR. STIVER: Yeah. I think we can  
9 fix 0052 fairly easily, and then can use that  
10 as sort of a template going forward.

11 MR. KATZ: And then the other  
12 thing that we need to provide in advance, so a  
13 presentation and then background documentation  
14 that they can read, so they can have an in-  
15 depth understanding if they want one.

16 MR. STIVER: I guess we ignore the  
17 presumption that they're not going to go to  
18 the BRS and --

19 (Simultaneous speaking.)

20 MR. KATZ: They're not going to go  
21 to the BRS. So we're going to have to spoon  
22 it to them, the background information that

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1 they want. So that's another thing. They'll  
2 need some help, and I'll be -- 319

3 CHAIR MUNN: Yeah. We'll need to  
4 work pretty closely on that, John.

5 MR. STIVER: Yeah Wanda, Steve and  
6 I can work with you and get all that  
7 information pulled together.

8 CHAIR MUNN: If you would, yeah.  
9 Just let me when is the best time for us to  
10 talk about it, and how, when you're going to  
11 give me some at least rough draft of what you  
12 think.

13 MR. STIVER: Yeah. We'll do some  
14 back and forth on this, to make sure that  
15 we're all in agreement.

16 MR. KATZ: I'd like to get  
17 materials to the Board at least two weeks  
18 ahead of time.

19 MR. STIVER: Two weeks in advance?

20 MR. KATZ: At least.

21 CHAIR MUNN: Okay. That means we  
22 don't have a lot of time to put the materials

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1 together.

2 MR. STIVER: We don't have a ~~100~~  
3 of time.

4 CHAIR MUNN: So I'll be expecting  
5 to hear from you very shortly.

6 MR. STIVER: Okay. I'll get  
7 started on it quickly.

8 CHAIR MUNN: At least we know  
9 we're going to start on --

10 MEMBER ZIEMER: Yeah. Let me make  
11 a comment on 52, because that's the  
12 construction worker one. There will be a lot  
13 of interest in that, and there's like 16  
14 findings in there, and you can't go into all  
15 the detail.

16 But I think it would be good if  
17 you could summarize them, not necessarily 1  
18 through 16, but there were three findings  
19 dealing with this. Some of them are  
20 variations --

21 MR. STIVER: Certain themes.

22 MEMBER ZIEMER: Yeah, on external

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1 dose findings covering this and internal  
2 whatever. If you can categorize the groups ~~3 of~~  
3 findings, and you might pick out a couple to  
4 show how, what kinds of deliberations,  
5 particularly if there's some -- well, I don't  
6 know. You'll have to look at it. But  
7 somehow, you've got to be able to cover the  
8 scope and yet be concise on this.

9 MR. STIVER: 15 minutes, yes.

10 MEMBER ZIEMER: And then the Board  
11 can delve into it if they want.

12 MR. STIVER: Yeah. We have all  
13 the backup material that we need.

14 MEMBER ZIEMER: You have the  
15 backup there.

16 MR. KATZ: I mean if you have to  
17 go to 20 minutes, then go to 20 minutes. I  
18 mean just -- but definitely you want to leave  
19 them time to engage.

20 MR. STIVER: Oh yeah. That's  
21 really what we're interested in, is the  
22 feedback.

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1 MR. KATZ: So I think that's good  
2 advice, and then just think about a third~~322~~  
3 did you think about what might be a third  
4 procedure?

5 CHAIR MUNN: Well, have we  
6 ascertained that we are -- has the decision  
7 already been made that you want to do OTIB-  
8 0070?

9 MR. STIVER: I think 0070 would be  
10 a very good one.

11 CHAIR MUNN: All right.

12 MR. STIVER: A lot of  
13 deliberations went into it --

14 CHAIR MUNN: Paul, how do you feel  
15 about that?

16 MEMBER ZIEMER: Let's see. That's  
17 the atomic weapons workers or employees'  
18 residual periods?

19 MR. STIVER: Yes. That was the  
20 AWE residual, but the depletion rates --

21 MEMBER ZIEMER: Yeah. That  
22 applies to a lot of things.

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1 (Simultaneous speaking.)

2 MR. MARSCHKE: There is one, ~~not~~  
3 all, set of 0070 issues have been closed.

4 CHAIR MUNN: Yeah, they have.  
5 There's one that has been covered in another  
6 finding.

7 MR. MARSCHKE: Yes. One has been  
8 transferred -- actually, it was transferred to  
9 Paul's group, I think, and we're going to have  
10 to know the status of that if we're going to  
11 make slides on it, I guess, is my -- if we're  
12 going to be making slides on it, we have to  
13 know what's going on with that interface.

14 CHAIR MUNN: Which finding?

15 MR. MARSCHKE: Finding 12.

16 MEMBER ZIEMER: Issue 12,  
17 transferred to TBD-6000.

18 CHAIR MUNN: Well, we show it as  
19 addressed in findings. Let's go look and see  
20 what we've done. Oh, no. It was just -- all  
21 we need is an email from you, Paul.

22 MEMBER ZIEMER: Well, I have that

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1 note and I looked at it again this week, and I  
2 wrote myself a note, "what is it I'm supposed  
3 to email?" Am I supposed to email you --

4 CHAIR MUNN: Yes, you're supposed  
5 to email me.

6 MEMBER ZIEMER: That what?

7 CHAIR MUNN: That you -- that the  
8 finding, that we've addressed it in TBD-6000  
9 Work Group, and it's -- we have discussed it  
10 and we agree that it should be closed. We  
11 referred to the transcript of last January,  
12 January 2011.

13 MEMBER ZIEMER: Okay. So all you  
14 need is an email from me confirming that?

15 CHAIR MUNN: All we need. It's  
16 just a formality.

17 MEMBER ZIEMER: Yeah. I have a  
18 note "send an email to Wanda," but --

19 CHAIR MUNN: Yeah, that's exactly  
20 right, so that we can formally incorporate it  
21 here as a finding and just close it.

22 MEMBER ZIEMER: Gotcha.

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1 (Pause.)

2 CHAIR MUNN: If we can do that ~~315~~  
3 the next week or so, then there won't be  
4 anything pending.

5 MEMBER ZIEMER: Right.

6 CHAIR MUNN: If on the off chance  
7 that someone actually does want to check the  
8 BRS itself.

9 MR. KATZ: Yeah. Well that won't  
10 happen.

11 CHAIR MUNN: Okay, and I don't  
12 think it will happen.

13 (Simultaneous speaking.)

14 MR. KATZ: More likely expect a  
15 moon shot than that.

16 CHAIR MUNN: Yes, I know.

17 MR. KATZ: Do you have a third,  
18 John, to suggest as a possibility?

19 MR. STIVER: I would sort of  
20 hesitate to do that right now. I think we can  
21 --

22 (Simultaneous speaking.)

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1 MR. STIVER: We have another one  
2 that's closed out, that's still in the over~~aid~~  
3 --

4 MR. KATZ: Yeah. We could have a  
5 third. Maybe you could just do that by email,  
6 saying that it's a suggestion and --

7 MR. STIVER: Yeah, I'll do that.

8 CHAIR MUNN: Well, I wanted to  
9 hear whether Paul had any specific requests.

10 MEMBER ZIEMER: No, I didn't have  
11 any specific ones.

12 CHAIR MUNN: Well, we're looking  
13 at several that I thought might be good  
14 possibilities, just simply because they have -  
15 - because of their scope, not because of  
16 anything that would be of particular interest  
17 to the Board.

18 That, I think, is the key. I have  
19 not yet identified exactly what seems to be of  
20 most interest to the Board. There's certainly  
21 we have PROC-0003, for example, internal  
22 dosimetry, and we've got IG-0002, internal

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1 dose reconstruction implementation guidelines.

2                   Those are kind of broad, different  
3 kinds of -- I guess what I'm trying to  
4 identify is does the Board really want to see  
5 only OTIBs and TIBs, or do they want to see  
6 anything about the scope of what we do, or are  
7 they focused on the specific kinds of  
8 procedures that are --

9                   MR. KATZ: Yeah, and I guess what  
10 I said before, which I think that the place to  
11 start with these, because obviously there are  
12 lots of procedures, I think the place to start  
13 is procedures that have come up as issues also  
14 in Work Groups in other venues, so that we  
15 know, you know, they've been interested in  
16 these.

17                   CHAIR MUNN: Well, I think we have  
18 agreed internally, have we not, that we would  
19 propose closed procedures to them.

20                   MR. KATZ: Oh yeah, closed,  
21 closed.

22                   (Simultaneous speaking.)

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1 CHAIR MUNN: Yes, rather than  
2 those that are still open and being reviewed 28

3 MR. KATZ: No, that's right. I'm  
4 talking about closed.

5 CHAIR MUNN: And if we do that,  
6 then I think what I heard them ask us to do  
7 was to give them a list of possibilities and  
8 prioritize the list. Wasn't that the specific  
9 request?

10 MR. KATZ: It might have been. I  
11 haven't gone back and read the transcript for  
12 that.

13 CHAIR MUNN: That's my memory.  
14 Paul, do you remember?

15 MEMBER ZIEMER: I don't.

16 CHAIR MUNN: John?

17 MR. STIVER: Well, I think that  
18 was one of the things we discussed about  
19 possibly doing, and I don't remember how we  
20 actually got to TIB-0052, because I don't  
21 think we had any feedback from the Board on  
22 that.

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1           MR. KATZ:     But in any event, we  
2     have a session and an opportunity to address  
3     two or three at this meeting. So let's try to  
4     come up with a third for this meeting, that we  
5     can also deliver a prioritized list for going  
6     forward from there.

7           MEMBER ZIEMER:   I'm just looking  
8     at TIBs that have -- you want one where  
9     there's no open findings left, right?

10          CHAIR MUNN:   That's correct.

11          (Simultaneous speaking.)

12          MEMBER ZIEMER:   OTIB-0010.   OTIB-  
13     0010 is complex-wide method for overestimating  
14     external doses, measured with film badges.

15          CHAIR MUNN:   And OTIB-0010 had ten  
16     different findings on it. That's a fairly  
17     extensive one. PROC-0003, that I mentioned  
18     earlier, the internal dose reconstruction  
19     procedure, had six findings on it.

20          MEMBER ZIEMER:   Coworker data one,  
21     OTIB-0020 had six findings. They're all  
22     closed.

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1 MR. STIVER: That's related to  
2 0052. 330

3 MEMBER ZIEMER: 0052, yes.

4 CHAIR MUNN: That is related.

5 MR. KATZ: So is that helpful,  
6 having them related and presented?

7 (Simultaneous speaking.)

8 MR. STIVER: --to show kind of a  
9 survey of what we've done.

10 MR. KATZ: Okay. But it doesn't,  
11 I mean you don't have to struggle over this  
12 decision. I think --

13 MR. STIVER: We would start with  
14 one or two, and then we would prepare the  
15 list.

16 (Simultaneous speaking.)

17 MR. KATZ: So that's why I would  
18 like to have a third as --

19 MR. STIVER: We're getting back to  
20 Wanda's question about were we supposed to put  
21 together a list and give it to the Board? The  
22 idea is that we would kind of do this as a

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1 pilot first, put a couple out there, get the  
2 feedback and then put together a list ~~3 of~~  
3 others that they might want to look at.

4 MR. KATZ: Right. So anyway --

5 MR. STIVER: They all sound like  
6 good candidates.

7 MR. KATZ: Yeah, Paul. OTIB-0010,  
8 is that a good candidate?

9 (Simultaneous speaking.)

10 MEMBER ZIEMER: I haven't really  
11 looked through the list. I'd say let Wanda  
12 and John pick out.

13 MR. KATZ: Right. Again, it can  
14 be almost random, because this is the place to  
15 get started here.

16 CHAIR MUNN: Well, what I have on  
17 my list is TIB-0010. It's the complex --

18 MR. STIVER: TIB-0010 would be a  
19 good one. Okay, it's complex-wide. It seems  
20 to kind --

21 (Simultaneous speaking.)

22 MR. STIVER: --all the attributes

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1 we're looking for.

2 CHAIR MUNN: Yeah. 332

3 MR. STIVER: How many findings  
4 were associated with that?

5 (Simultaneous speaking.)

6 MEMBER ZIEMER: Ten.

7 CHAIR MUNN: PROC-0003 of the  
8 internal dose reconstruction procedure; PROC-  
9 0014, the review of the phone interviews. IG-  
10 002, and we've already said we're going to do  
11 OTIB-0052 and OTIB-0070.

12 So if you'd like, we can go  
13 through and I'm going to verify my memory is  
14 that the transcript will tell me that we  
15 agreed we would give them a list with our  
16 suggested priorities.

17 And so I will put together a list  
18 of probably a half dozen, and list them and  
19 what would be my personal choice for priority,  
20 and I'll send them around to the Members of  
21 the Subcommittee, to see if there are other  
22 strong feelings or if somebody wants to add

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1 something, and then we'll just present it in  
2 March. 333

3 In the meantime, John and I will  
4 be working on 0052 and 0070, and possibly I  
5 would again suggest PROC-003, because of its  
6 size.

7 DR. MAURO: Hey Wanda, when you  
8 open up the presentation, are you going to  
9 show that we started off with 500 and  
10 something -- not 500, 105 procedures. Do we  
11 know how many now are closed?

12 CHAIR MUNN: I would like, you  
13 know, this is one of the other administrative  
14 details that I wanted to flesh out a little  
15 more thoroughly. When we first opened our  
16 meeting this morning, I mentioned the fact  
17 that I was concerned that we don't -- that I  
18 wasn't going to be able to pull up what I  
19 always think of as the Wanda report, which  
20 tells me what.

21 I'd like to report that, even  
22 though I've been told it has no value.

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1 Nevertheless, I'd like to report it, and I'm  
2 having a hard time trying to figure ~~out~~  
3 exactly how I'm going to do that. So I  
4 thought I'd probably be in contact with Steve  
5 and Lori and other folks who are more familiar  
6 with how to manipulate this database, so that  
7 I can see where I'm supposed to slice it off  
8 and how I'm supposed to do that.

9 MR. MARSCHKE: A couple of things.  
10 One is you might want to add to your list of  
11 potential documents, IG-001, which we just  
12 finished closing out all the findings on IG-  
13 001 as well. Since you have IG-002 --

14 (Simultaneous speaking.)

15 MR. MARSCHKE: --you could add  
16 that to your potential list as one. The other  
17 thing is if you want to generate the Wanda  
18 table, go to the deepest reports and just  
19 click on "Summary Finding Status Report," and  
20 that -- when I did it, I got the Wanda table.

21 CHAIR MUNN: Well good. That's  
22 always of interest to me.

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1                   MR. MARSCHKE: Well, right now we  
2 have a total, let me see if I can expand ~~this~~  
3 here a little bit. We have a total of 576  
4 findings. We have only -- we only have 34  
5 which are open. We have 37 which are in  
6 progress. We have about 80 which are in  
7 abeyance.

8                   CHAIR MUNN: Which means closed as  
9 far as we're concerned.

10                  MR. MARSCHKE: As far as we're  
11 concerned, and we have 23 which are addressed  
12 in another finding, so they're kind of  
13 duplicates, and we have 45 which have been  
14 transferred, and we have 357 or 62 percent  
15 which have been closed. So we have 62 percent  
16 that have closed, and 6.4 percent which are in  
17 --

18                         We have 13.9 percent which are in  
19 abeyance. So that's 75.9 percent which for  
20 our purposes are done.

21                   CHAIR MUNN: And you have to add  
22 to that addressing other findings, because

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1 that's done too.

2 MR. MARSCHKE: So that's 380  
3 percent.

4 CHAIR MUNN: It's a good thing,  
5 despite the fact that we've added all these  
6 PERs.

7 (Simultaneous speaking.)

8 DR. MAURO: Hey Steve, when you do  
9 that to that vehicle, can we also say  
10 something about the number of procedures, that  
11 out of the 100 or so procedures, how many --

12 MR. MARSCHKE: No.

13 DR. MAURO: You know what I mean?  
14 You can't break it down?

15 MR. MARSCHKE: Because of the  
16 three sets.

17 DR. MAURO: Oh, okay, okay.

18 MR. MARSCHKE: The multiple sets.  
19 It's done by -- it's all sorted by the date  
20 of the review.

21 DR. MAURO: The way they  
22 categorize?

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1 MR. MARSCHKE: Exactly.

2 CHAIR MUNN: We can still identify  
3 the number of procedures. In the old --

4 MEMBER ZIEMER: 44, 32 plus --

5 MR. HINNEFELD: 44, 32 and 38.

6 (Simultaneous speaking.)

7 CHAIR MUNN: Okay. Then thanks  
8 very much, Steve. I really appreciate that.  
9 That's helpful. Anything else for the good of  
10 the order, other than our next meeting date?

11 MR. STIVER: Well Wanda, I hate to  
12 throw a wrench in the works, but there's one  
13 thing about PER-0038. There's something that  
14 I wasn't quite clear on. I know that Bill  
15 Thurber had indicated that even though we had  
16 not been tasked to formally review Technical  
17 Basis Document 9, Rev 1, we did do a  
18 comparison of our ten findings against that,  
19 and we felt that they had been addressed in a  
20 satisfactory manner, and that we don't think  
21 it's going to impact our ability to do the  
22 PER.

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1                   But what was kind of left in limbo  
2 was whether we are in fact formally tasked~~to~~  
3 go ahead and do a review.

4                   MR. KATZ:    It's not in the -- you  
5 are tasked.

6                   MR. STIVER:   Oh, we are?   Okay, we  
7 are, okay.   I just wasn't sure.   I didn't have  
8 a note on that.

9                   MR. KATZ:    Yeah, and we were -- I  
10 mean if you can report at the next meeting,  
11 that would be great.

12                  MR. STIVER:       Okay.     All right  
13 good, thank you.   Clears it up for me.

14                  CHAIR MUNN:     All right.    That's  
15 good, fine.    Now meeting dates.   I had, I  
16 would prefer to have us meet next in mid-  
17 April.

18                  MR. KATZ:       Yeah.     I have dates  
19 that Josie can make it.

20                  CHAIR MUNN:     Okay.     How about  
21 April 17, 18 and 19?

22                  MR. KATZ:       Nope.     So her dates are

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1 the week of the 22nd, or the 8th and 9th.

2 CHAIR MUNN: Okay. 339

3 MEMBER ZIEMER: I'm okay on those  
4 dates also.

5 MR. MARSCHKE: I might not be able  
6 to make the 8th.

7 MEMBER ZIEMER: Then let's choose  
8 the week of the 22nd.

9 MR. MARSCHKE: I might not be able to  
10 make the 8th or the 9th.

11 MEMBER ZIEMER: 22nd's my birthday  
12 and anniversary.

13 MR. KATZ: Yeah, the 23rd and 24th  
14 are no good for Stu and I.

15 CHAIR MUNN: Okay. Then how about  
16 the 25th? Is that doable?

17 MR. KATZ: 25th would be terrible,  
18 because we'd be traveling.

19 CHAIR MUNN: Oh, okay. But would  
20 the 22nd be terrible?

21 MR. KATZ: Oh, you're coming home.

22 MR. HINNEFELD: 25th. I don't

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1 stay for the --

2 MR. KATZ: For the second. 340

3 MR. HINNEFELD: I'd stay -- we  
4 wrap up about lunch time.

5 MR. KATZ: Right, right.

6 MR. HINNEFELD: You want to ride  
7 to Cincinnati from Morgantown? I'll be  
8 driving.

9 CHAIR MUNN: Would the 22nd  
10 interfere with your plans to do other things  
11 that week?

12 MR. KATZ: The 22nd doesn't work,  
13 because well, it's just painful.

14 MR. HINNEFELD: Yeah. I can't do  
15 the 22nd.

16 CHAIR MUNN: Yes. That's no good.

17 MR. KATZ: It's painful.

18 MR. HINNEFELD: The 22nd I'll be  
19 traveling.

20 CHAIR MUNN: And we can't get  
21 together the preceding week, and essentially  
22 we can't do that week.

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1 MR. KATZ: We can't do that week.

2 MR. HINNEFELD: I can do the 25~~th~~<sup>th</sup>,  
3 because the lead team will last until about  
4 lunch time on the 24th.

5 MR. KATZ: So the 25th we could  
6 do.

7 MEMBER ZIEMER: I'd have to do it  
8 by phone. I'll be down in South Carolina all  
9 week.

10 MR. KATZ: How about the 26th?

11 CHAIR MUNN: Is the 26th okay?

12 MEMBER ZIEMER: The whole week I'm  
13 gone.

14 MR. KATZ: Let's not do it that  
15 week.

16 MEMBER ZIEMER: Well wait, I'm  
17 wrong. I'm looking at the last week in March.  
18 This is April, right?

19 MR. KATZ: April was the date.

20 MEMBER ZIEMER: I'm okay that  
21 week. I'm okay.

22 CHAIR MUNN: So the 26th would be

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doable?

MEMBER ZIEMER: Yep. 342

MR. HINNEFELD: 26th. Well --

MR. KATZ: Well, that's Friday.

MR. HINNEFELD: That's Friday.

CHAIR MUNN: Friday the 26th?

MR. HINNEFELD: Yeah, unless you want to aim for the 25th. Does the 25th work for you Paul?

MEMBER ZIEMER: Yep.

CHAIR MUNN: Well, I don't want to crowd you guys. You're traveling.

MR. KATZ: No, we'll be okay.

MR. HINNEFELD: We'll be back. We'll be back by the 26th.

CHAIR MUNN: You're okay on the 26th?

MR. KATZ: We're done mid-day on the 24th.

MR. HINNEFELD: Yeah. We're done midday on the 24th and traveling back to --

MR. KATZ: In Pennsylvania. So we

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1 can do it.

2 CHAIR MUNN: Okay. So ~~nine~~  
3 o'clock on the 25th you can do?

4 MR. KATZ: Yes.

5 MEMBER ZIEMER: Yes.

6 CHAIR MUNN: Let's do it.

7 MR. KATZ: Okay. I've got to  
8 check with Dick, because he quorums, and so  
9 I'm going to try him too. But otherwise, it  
10 should work.

11 CHAIR MUNN: Yes, very good. I  
12 appreciate it. All right. Anything else that  
13 we have not covered or haven't touched on?

14 (No response.)

15 CHAIR MUNN: Congratulate  
16 yourselves. You got through that in a few  
17 minutes under our allotted time. That's good.  
18 Thank you all for a good meeting. I  
19 appreciate it. We will move forward and I'll  
20 be expecting to hear from you, John, and  
21 anyone else that's going to be involved in our  
22 presentation for the Board.

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1 MR. STIVER: Okay. I'll be  
2 getting on that right away. 344

3 CHAIR MUNN: Thank you. Have a  
4 good evening everybody and be careful out  
5 there.

6 MR. KATZ: Thanks, John. Take  
7 care.

8 CHAIR MUNN: Bye-bye.

9 (Whereupon, at 4:04 p.m., the  
10 meeting was adjourned.)  
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