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

convenes

WORKING GROUP

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

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

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NATIONALLY CERTIFIED COURT REPORTERS
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C O N T E N T S

Aug. 21, 2008

TRANSCRIPT LEGEND

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

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

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

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MARSCHKE, STEVE, SC&A
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P R O C E E D I N G S

AUGUST 21, 2008

(9:30 a.m.)

OPENING REMARKS

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

(Pause)

Ray, when you're ready.

THE COURT REPORTER: I'm ready, sir.

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

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

(No response)

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

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

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

MR. RAFKE: Michael Rafke, HHS, OGC.

MR. GRIFFON: Mark Griffon, Advisory Board member.

MR. MARSCHKE: Steve Marschke with Sanford Cohen & Associates.

MR. GIBSON: Mike Gibson, Advisory Board member.

DR. MAURO: John Mauro, SC&A.

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

DR. ZIEMER: Paul Ziemer, Advisory Board member.

MR. HINNEFELD: Stu Hinnefeld, NIOSH.
MS. ADAMS: Nancy Adams, contractor, NIOSH.
DR. NETON: Jim Neton, NIOSH.
MS. THOMAS: Elyse Thomas, ORAU.
DR. WADE: Those are the folks around the table. Let's out onto the telephone and hear from other NIOSH/ORAU team members who are on the call.
MR. SIEBERT: Scott Siebert, the ORAU team.
DR. WADE: Other NIOSH/ORAU team members on the call?
(No responses)
How about SC&A team members on the call?
DR. ANIGSTEIN: Bob Anigstein, SC&A.
DR. WADE: Good morning, Bob.
DR. MAKHIJANI: Arjun -- Arjun Makhijani, SC&A.
DR. WADE: How are you, Arjun?
DR. MAKHIJANI: Thank you.
DR. WADE: Other SC&A team members on the call?
(No responses)
How about other federal employees who are working on this call? Other federal employees?
(No responses)
Do we have any members of Congress or their representatives who are participating on this

call?

(No responses)

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

(No responses)

Anyone at all?

(No responses)

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

Wanda?

INTRODUCTION BY CHAIR

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

order. We'll move around as we need to.
I'm hoping that this will be one of the first meetings where we will all be working primarily from the ABRWH procedures issues tracking on our -- on our respective laptops rather than from printed data that we've had in the past. It's my personal goal to try to have this be the first meeting where we undertake our efforts to move through each of these items in the fashion that we had agreed earlier, which was -- once having gone through the first set thoroughly, which we completed with our last meeting -- we would address the second set. And then, as time allowed, address the third set, going through each one in order, rather than moving around and selecting priority fashion, as we've done in the past.
Is that amenable to all the folks here, and have I misstated our objective? Are we all okay with that?
Yes, John.
DR. MAURO: Yeah, I'd just like to say that I -- I did not bring my remote connection computer so I'm going to look over your shoulder. And the other thing I had thought of that might

make it easier for everyone -- I don't know if that's possible -- but to actually project what everyone's -- what's on your screen through that machine over there. Is that something that can be done? So then everyone really knows we're all looking at the same page.

MS. MUNN: That would be excellent if we could do that. And since my guess is that Nancy's probably the person seated at this table with the most intimate knowledge of the working base -- hmm? Who are you pointing at, Steve?

MR. HINNEFELD: Well, I'm wired up to it.

MS. MUNN: Are you?

MR. HINNEFELD: I'm wired up to it. Let's just leave my computer live-wired up to it.

MS. MUNN: Let's do, by all means.

MR. HINNEFELD: And I'm trying to figure out how to use the...

MS. MUNN: There'll be a brief pause while we familiarize ourself with some of the electronic equipment that we've opted to use here.

(Pause)

MR. HINNEFELD: Now I have to warn you, this manipulation is relatively slow.

MS. MUNN: Well, that's quite all right, my

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

TRACKING SYSTEM REPORT AND CONVERSION TO SQL STATUS

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

MS. ADAMS: Well --

MS. MUNN: Nancy?

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

MS. MUNN: Excellent.

MS. ADAMS: I met with Leroy on Tuesday

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

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

MS. ADAMS: Four.

MS. MUNN: Four. Thank you.

MS. ADAMS: And 44 in abeyance.

MS. MUNN: Correct.

MS. ADAMS: Right.

MS. MUNN: Thank you.

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

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

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

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

MR. GRIFFON: Okay, so --

MS. ADAMS: -- this finding.

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

MS. ADAMS: Right.

MR. GRIFFON: -- discussion.

MS. MUNN: Uh-huh.

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

MS. MUNN: Yes, please.

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

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

third set.
OTIB-52, that's OTIB-52.
MS. MUNN: Yes, yes, the --
MS. ADAMS: That's the July 30th.
MS. MUNN: Chronologically we understand that we have some additional priority items that were inserted, just --
MR. HINNEFELD: There -- there are three big sets. There are first, second and third sets.
MS. MUNN: Correct.
MR. HINNEFELD: There are several other like single documents --
MS. MUNN: Exactly, exactly --
MR. HINNEFELD: -- that are on --
MS. MUNN: -- yes, we understand that. We understand that the third set, as we will use that term later, is the 10/29/2007 group. That's the set. But chronologically, we're -- we're maintaining this table chronologically. So thanks, Nancy, go -- go ahead.
MS. ADAMS: The findings submitted on September 20th --
MS. MUNN: Uh-huh.
MS. ADAMS: -- 2007, there were eight findings. None are open, one is in progress, two are in

abeyance, five are addressed in findings.
The October 29th, 2007 finding dates -- this is what you're referring to as the third set?
MS. MUNN: Third set, correct. Uh-huh.
MS. ADAMS: There are 145 findings, and all 145 are open.
The November 9th, 2007 findings, there were nine total findings and nine are open.
And the April 21st, 2008 set of findings, there were 13, and the 13 have all been transferred.
So that gives us totals of 485 total findings for all of those submission dates; 191 of those are open, ten are in progress, 52 are in abeyance, 14 are addressed in findings, 28 are transferred, and 190 are closed.
MS. MUNN: So Steve, your numbers agree. Is that right?
MR. MARSCHKE: My numbers agree, yeah. The only thing I would -- I have put together, and I guess we can kind of show these -- a little graph which kind of shows the history over the last four months of -- of the -- of the statuses and how we've been making some progress in moving the issues from the open column to the closed column. I'm also sending

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

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

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

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

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

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

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

MS. MUNN: Especially as we get transfers in.

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

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

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

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

MS. MUNN: Uh-huh.

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

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

MR. GRIFFON: Timed out.

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

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

MR. MARSCHKE: Okay.

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

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

MS. ADAMS: Yes.

MS. MUNN: -- since last month.

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

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

MS. ADAMS: Not yet.

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

MR. HINNEFELD: Right.
MR. GRIFFON: -- and get --
MR. HINNEFELD: No, we have a -- there is actually a -- a sample version that --
MR. GRIFFON: Okay.
MR. HINNEFELD: -- we can see in our office, but I don't know that it was actually -- it wasn't fully loaded. It hasn't even been rolled out for OCAS use yet.
MS. MUNN: But you're close. Right?
MR. HINNEFELD: I believe we're fairly close.
MS. MUNN: Excuse me, I'm groping for some notes that I had with respect to that, among other things.
You had originally said that it should be up and running by September, internally. Do you still anticipate that to be the case?
MR. HINNEFELD: I believe that's the case.
MS. ADAMS: Yeah, when I talked to Leroy, he said that -- that that was still their hope. That -- I mean they're still -- they've got a lot of data still to load because they're -- they're creating relationships so that with -- with any one of these documents you'll be able to see how many claims are affected. You'll

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

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

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

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

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

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

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

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

MR. HINNEFELD: I'll call him.

MS. MUNN: -- is available to be --
DR. ZIEMER: It's only two weeks off.
MS. MUNN: I know, it's only --
MR. HINNEFELD: Yeah, I mean that's only -- that's --
MS. MUNN: It's only two weeks off, but I don't know how much time is available for the people who are actually doing this particular work, so -- I'll just ask for it --
MR. HINNEFELD: That would be awful close.
MS. MUNN: Yeah, I would think so.
MR. HINNEFELD: I'll let you know on the day, I suppose, what we --
MS. MUNN: Oh, that's -- that's fine. If there's --
MR. HINNEFELD: I mean I'll be --
MS. MUNN: -- something to report, that's good. If there isn't, fine.
MR. HINNEFELD: I'll be a terrific rookie at it.
MS. MUNN: Well, we -- we have to do --
MR. HINNEFELD: Which is normally what I am anyway, so I'll -- I'll look kind of familiar.
DR. WADE: You're terrific.
MS. MUNN: Yeah. We want it to be done right

so that we -- all of us don't have to struggle, which'll be helpful if we can do it.

Is there anything else that needs to be said about the database at this time? Any questions?

(No responses)

DATABASE UPDATE: 29 PROC 0090 ISSUES

Otherwise, thank you. Let's take up the database update, starting with things that are left over from PROC-90. We spent a significant amount of time discussing that at our last meeting. We left a few things hanging. We had something like 48 in abeyance and 29 open items from it. We closed the first four. We transferred number six to PROC-92. That was supposed to happen. We haven't checked -- I haven't checked to see if that has occurred. One moment, we're passing Nancy's summary status -- Steve's summary status.

MR. MARSCHKE: Wanda, that might help you because that basically is -- is how we dispositioned the issues on the PROC-90 -- the PROC-90 issues.

MS. MUNN: Ah, you have that already listed. Very good.

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

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

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

MS. MUNN: Yeah.

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

DR. ZIEMER: Did you get that?

MS. MUNN: Yes, I did --

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

MS. MUNN: I did.

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

MR. HINNEFELD: You want all status --

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

MS. MUNN: I probably (unintelligible) mine out.

MR. GRIFFON: I just e-mailed him.

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

DR. ZIEMER: Here it is.

MS. MUNN: -- handed it away.

DR. ZIEMER: Here it is.

MS. MUNN: Ah, thank you. Thank goodness other people are able to help me here. That's why I passed it on, 'cause I knew I had one.

Was item two transferred to PROC-92? Has that actually occurred?

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

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

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

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

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

MS. MUNN: Uh-huh, meeting.

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

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

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

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

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

MS. MUNN: What --

MR. GRIFFON: I mean --

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

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

MS. MUNN: They should have.

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

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

we can tick them off as they're here.

MR. HINNEFELD: Okay.

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

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

MS. MUNN: Uh-huh.

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

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

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

MS. MUNN: Okay.

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

MS. MUNN: Oh, good.

MR. HINNEFELD: Early September.

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

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

MR. HINNEFELD: Should be able to get that.

MR. GRIFFON: I'm sorry --

MS. MUNN: It's 07.

MR. GRIFFON: -- a few minutes.

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

MS. MUNN: Yes.

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

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

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

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

MS. MUNN: Uh-huh.

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

MS. MUNN: Yes.

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

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

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

know, between now and that meeting. And --
MS. MUNN: No, there aren't. It just was an item to which we devoted a significant amount of time, and apparently has been of concern pretty much across the board.
MR. HINNEFELD: Well, I think if we -- we might be able to at least list various ways in which the word "coworker" is used and come up with some suggested alternatives.
MS. MUNN: That would be really helpful.
MR. HINNEFELD: You know, maybe we can do that.
MS. MUNN: If there's a possibility that we could do that --
MR. HINNEFELD: Now I don't know -- see --
MS. MUNN: -- that would be a good start.
MR. HINNEFELD: I don't know what the impact of that change is.
MS. MUNN: Well --
MR. HINNEFELD: When you make a change like that, you may end up with a lot of work --
MS. MUNN: I know that's --
MR. HINNEFELD: -- to get that implemented because it's used in a variety of places.
MS. MUNN: That's true. With any luck at all, we'll be enough -- we'll have enough additional

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

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

MS. MUNN: That seemed to be the primary concern.

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

MS. MUNN: Yes.

MR. GRIFFON: Right.

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

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

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

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

wide.

MS. MUNN: Yes, it has.

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

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

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

MS. MUNN: Yeah.

DR. ZIEMER: Well, just a comment.

MR. GRIFFON: Yeah.

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

MR. GRIFFON: Right.

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

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

DR. ZIEMER: -- (unintelligible) those.
MR. GRIFFON: -- I wasn't --
DR. ZIEMER: And maybe when they're revised, suggest that the new terminology then be used. But to go back and revise everything would not (unintelligible) --
MR. GRIFFON: But I think more -- more of the issue comes into play when people --
DR. ZIEMER: Right.
MR. GRIFFON: -- are told you -- you did my dose reconstruction with a coworker model --
DR. NETON: Exactly.
MR. GRIFFON: -- and they say I talked to my coworkers and you didn't do any --
DR. ZIEMER: You didn't call them at all.
MR. GRIFFON: -- you didn't call them, right. So that's the --
DR. NETON: I think an explanation --
MR. GRIFFON: Yeah, an explanation of --
DR. NETON: -- this process --
MR. GRIFFON: I don't think you have to go through and edit --
DR. NETON: Exactly.
MR. GRIFFON: -- or change the terms. I think --

DR. ZIEMER: Exactly.
MS. MUNN: Well, this is, after all, the CATI procedure that we're talking about, and that's where that interface with the claimant and with the general public seems to be the roughest spot. And we -- we had suggested last time the possibility of "fellow worker" as opposed to "coworker," which is a slightly different thing. It's a person who was there --
MR. HINNEFELD: I think if we would be a little more explanatory in conducting the interview on what we're asking about --
MS. MUNN: Yeah.
MR. HINNEFELD: -- rather than worry about the actual term --
DR. ZIEMER: Right.
MR. HINNEFELD: -- because right now when we ask for coworkers we get, you know, people who were in the same car pool --
DR. ZIEMER: Yeah.
MR. HINNEFELD: -- you know, who never saw each other except in the car pool.
MS. MUNN: Right.
MR. HINNEFELD: So maybe a little bit more explanatory about what we're asking for in the

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

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

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

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

MR. GRIFFON: Is that --

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

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

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

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

what.

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

MR. GRIFFON: Right.

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

MS. MUNN: Right.

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

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

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

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

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

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

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

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

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

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

MS. MUNN: No, I think --

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

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

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

MR. GRIFFON: Number seven.

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

DR. MAKHIJANI: Item seven.

DR. ZIEMER: Finding seven -- issue seven.

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

know if it was in a subtext or...

DR. MAKHIJANI: I'm in the tracking system. I'm not finding an issue number in that.

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

DR. MAKHIJANI: I have PROC-90 -- oh, yes, here it is. Okay, I see it. All right. All right. Okay.

MS. MUNN: So we'll do the best we can with it. That's as far as we're going to go with it right now.

The next item --

MR. HINNEFELD: I think -- I think, for everybody's -- I think Arjun's comment relates to number 17.

MS. MUNN: Uh-huh.

DR. MAKHIJANI: Number 17 --

MS. MUNN: Which is addressed in number eight.

DR. NETON: It's a different finding.

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

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

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

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

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

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

DR. ZIEMER: -- revision I guess --

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

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

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

MR. GRIFFON: -- prior to OMB -- prior to your -- to your submittal to OMB or...

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

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

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

MR. GRIFFON: Procedures, right.

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

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

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

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

DR. ZIEMER: Same issues.

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

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

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

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

DR. MAKHIJANI: Oh, yeah.

MS. MUNN: -- discussing earlier.

DR. MAKHIJANI: All right.

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

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

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

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

DR. ZIEMER: But what does that mean?

MR. HINNEFELD: And what does that mean.

DR. ZIEMER: Yeah.
MR. HINNEFELD: Because the -- the reviewer certainly had a different expectation based on the -- the words there, they had a different expectation of what that activity would be compared to what it actually was. And so that's what this is about.
MS. MUNN: So item 21 then is there but separate. I keep one -- one very good thing about having a remote connection from my laptop to the O drive is that it's a very secure system which logs me off about every two minutes, so --
DR. ZIEMER: Whether you want to or not.
MS. MUNN: Whether I want to or not, right, so --
DR. ZIEMER: They keep working on it very (unintelligible) --
MS. MUNN: Yeah, either you're moving or you're not going to stay on line.
Item 23?
DR. ZIEMER: Well, let me ask, if I might, first --
MS. MUNN: Yes.
DR. ZIEMER: -- on 21 then, when the CATI is

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

MR. HINNEFELD: Well --

DR. ZIEMER: -- technical content --

MR. HINNEFELD: -- right --

DR. ZIEMER: -- (unintelligible)?

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

DR. ZIEMER: What that means.

MR. HINNEFELD: -- that review -- what that review is.

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

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

(Pause)

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

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

states closing interview, Arjun.

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

MS. MUNN: Yes.

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

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

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

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

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

MR. GRIFFON: Closeout.

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

MR. GRIFFON: 92.

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

abeyance till PROC-92 is revised.

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

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

DR. MAKHIJANI: Yeah.

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

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

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

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

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

MS. MUNN: Agreed? Any problem with that?

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

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

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

MS. MUNN: Right.

MR. HINNEFELD: And the qualifications (unintelligible).

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

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

MR. GRIFFON: You've got to speak up.
MR. MARSCHKE: It was -- basically it was we agreed last time we would change the wording in PROC-90 to clarify who was the interviewer, and that the interviewer was not necessarily a health physicist.
DR. MAKHIJANI: Well, generally an interviewer is not a health physicist.
MS. MUNN: No, that's -- that's understood. But it appears that this falls under the same blanket as all of the other current "in abeyance" activities, namely it'll be addressed in the rewrite of the procedure. Correct?
DR. ZIEMER: In PROC-90 in this case. Right?
MS. MUNN: Yeah.
MR. HINNEFELD: Yeah, it -- it should be addressed in the re-- it's not (unintelligible) to me this is strictly a qualification 'cause there's also --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- some suggestions here for preparation for the interview.
MR. GRIFFON: Right.
MS. MUNN: Correct.
MR. HINNEFELD: It's not strictly the

qualification --

MS. MUNN: No.

MR. HINNEFELD: -- of the interviewer and the qualification of the reviewer --

MS. MUNN: No.

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

MS. MUNN: Yes.

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

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

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

MS. MUNN: Yes?

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

MS. MUNN: Correct.

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

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

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

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

MS. MUNN: Yeah, right. Yeah.

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

MS. MUNN: I think that's --

MR. MARSCHKE: That may increase the number of issues.

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

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

MS. ADAMS: And a transfer date.

MS. MUNN: Yes.

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

MR. GRIFFON: Imported status then?

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

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

MR. MARSCHKE: Yeah, right.

MS. MUNN: -- designation.

MR. MARSCHKE: Okay.

13 TBD 6000, APP BB – NIOSH RESPONSE TO ELECTRON ENERGY VALUE DIFFERENCES OTIB-0008, 010, 0023

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

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

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

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

DR. WADE: You'll have a clarification.

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

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

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

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

MS. MUNN: Uh-huh.

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

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

MS. MUNN: Uh-huh.

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

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

DR. ZIEMER: Oh, okay.

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

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

MS. MUNN: Yeah, it is.

MR. GRIFFON: She said October 1st.

MS. MUNN: Yeah.

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

MR. GRIFFON: Right.

MS. MUNN: Yeah.

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

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

MS. MUNN: Uh-huh.

MR. GRIFFON: Right.

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

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

MR. HINNEFELD: No.

DR. ZIEMER: What is --

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

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

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

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

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

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

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

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

THE COURT REPORTER: Excuse me, Wanda?

MS. MUNN: Yes.
THE COURT REPORTER: When we're not using that screen can we turn off the projector? It gives a huge white noise into my feed. Are y'all about to use it for the next --
MS. MUNN: Yeah.
THE COURT REPORTER: Are you?
MS. MUNN: This will create a problem, simply because --
THE COURT REPORTER: Yeah, it is a problem.
MS. MUNN: -- we anticipate using it a lot --
THE COURT REPORTER: I know, I don't know what to do.
MS. MUNN: -- and it was my thought that we would continue to use it in future meetings --
THE COURT REPORTER: I know.
MS. MUNN: -- so that this isn't a one-time thing.
MR. GRIFFON: Is it -- is it feedback or is it --
THE COURT REPORTER: It's the fan in it, yeah.
MR. GRIFFON: Can we move the mike away from the -- I don't know.
DR. ZIEMER: Which mike is picking up that?
THE COURT REPORTER: Well, probably that one,

yeah. If you could move that --
UNIDENTIFIED: This one?
THE COURT REPORTER: -- toward me maybe, Stu, get it away from that --
DR. ZIEMER: What about the little one there?
MS. MUNN: I think the floor one.
DR. NETON: That's just the speaker phone.
THE COURT REPORTER: Right, that's that speaker. That may help.
MS. MUNN: See what happens.
THE COURT REPORTER: It's still bad. I mean -- you know, like this mike could probably be picking it up. It's something I'll have to figure out before the next meeting, but it truly -- it's like an ocean wave and hearing it miked.
MR. GRIFFON: Yeah, that is loud.
MS. MUNN: It's not good.
THE COURT REPORTER: Yeah, I know. And I know it's that machine because any time it's turned -- let's see what that does, Nancy.
DR. ZIEMER: Put a sound barrier.
MS. MUNN: Yeah --
THE COURT REPORTER: It didn't help.
MS. MUNN: It didn't help?

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

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

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

DR. MAURO: That's true, too.

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

THE COURT REPORTER: Right.

MR. GRIFFON: It was fine yesterday.

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

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

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

THE COURT REPORTER: No.

DR. MAURO: Maybe it's something else.

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

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

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

wonder if it's --

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

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

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

MR. GRIFFON: Yeah, that's --

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

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

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

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

MR. GRIFFON: Really it is --

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

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

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

ambient noise -- does not produce that much of a problem. We'll just have to figure out what to do electronically to help that out.
The other items that I had listed that I sent to you were also items that we discussed at great length last -- at our last meeting, didn't want to leave them high and dry -- OTIB-8, 10 and 23, and the items that we have...
MR. MARSCHKE: What we did on 8, 10 and 23, I think we -- I think we briefly talked about these at the last meeting, but you know, we also talked about these at the June -- the meeting in June in St. Louis.
MS. MUNN: Yes.
MR. MARSCHKE: And what I'm handing out now is -- is e-mails which were -- went back and forth between Stu, myself and Kathy Behling, which -- if you look at the second page, there's an e-mail we received from Stu on June 16th, basically requesting us to -- to -- or notifying us that these OTIBs had been revised and requesting us to see whether or not we -- we think the revisions address the issues. And if you look at the first page, then my -- I -- I forwarded Stu's e-mail to -- to Hans Behling

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

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

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

them and we're just closing them, you know.
MS. MUNN: Well, we did look at them.
MR. GRIFFON: Well, we looked at the initial ones and we said let's transfer it 'cause it's being revised, and we never looked at the revised procedure. Or I haven't. So I -- you know, and -- and then it's going away, and I'm -- I'm not even saying that there's any problem with the revisions. They're probably fine. But I just think we -- we need to --
DR. ZIEMER: Yeah, I think --
MR. GRIFFON: -- to watch this --
DR. ZIEMER: -- what you're saying --
MR. GRIFFON: -- (unintelligible) this work.
DR. ZIEMER: -- in principle is a good point, that --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- it's not -- it's not sufficient -- it -- it's good that NIOSH and the contractor agree --
MR. GRIFFON: Right.
DR. ZIEMER: -- but that does not inherently --
MR. GRIFFON: We should at least have a --
DR. ZIEMER: -- doesn't follow that we necessarily agree with both of them --

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

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

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

DR. ZIEMER: (Unintelligible) you saw --

MR. GRIFFON: -- addresses this finding -- yeah, yeah.

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

MR. GRIFFON: Yeah, yeah.

MS. MUNN: We did. We discussed them.

DR. ZIEMER: Did we?

MS. MUNN: Yes --
DR. ZIEMER: Okay, that was a --
MS. MUNN: -- we discussed them.
DR. ZIEMER: -- question --
MR. GRIFFON: I must have missed that meeting. I remember a database discussion, but I don't remember that, so...
MS. MUNN: We discussed each of them. I believe we can -- I believe you can see that in the transcript.
DR. ZIEMER: Well, that should show up here.
MR. HINNEFELD: There's -- there's a resolution on these findings --
MS. MUNN: Let's --
MR. HINNEFELD: -- that what we agreed to do. It may -- maybe it's not specific enough, but I don't...
MS. MUNN: But let's --
MR. GRIFFON: It could -- I'm just saying -- I'm not even talking about necessarily 8 and 10, I'm just saying let's keep our eye on this 'cause a lot of things when we -- when we're transferring them and we're saying, you know, this -- this is being considered or -- or handled or addressed in the revision of this

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

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

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

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

MR. GRIFFON: Yeah.

DR. NETON: -- considered the resolution of the finding.

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

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

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

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

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

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

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

MR. GRIFFON: Yeah.

DR. NETON: If "in abeyance" --

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

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

MR. GRIFFON: And -- and --

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

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

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

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

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

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

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

MS. MUNN: It might be --

MS. BEHLING: If that would resolve this issue.

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

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

MR. GRIFFON: That's what -- yeah.
MS. BEHLING: -- 10, those -- those were completely rewritten, and so some of the initial findings that we had -- some of the tables are not even there anymore and so the confusion no longer exists. And there may be a new paragraph that precisely describes what the dose reconstructor can do -- or should do, and so if you -- 'cause it would be a little bit easier for me if I could put that in writing and send that to you for each --
MR. GRIFFON: I think that's --
MS. BEHLING: -- one of those items.
MR. GRIFFON: -- that's sort of what I'm looking for as a general rule, instead of an e-mail saying we've looked at it and it looks fine and close it. I think maybe just to go back through -- you know, have a little -- and I'm not saying --
MS. BEHLING: I agree.
MR. GRIFFON: -- a big report --
MS. BEHLING: I agree.
MR. GRIFFON: -- just a little update we -- we reviewed the revision, these old findings; you know, this one's no longer applicable, the

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

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

DR. MAURO: That's (unintelligible).

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

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

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

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

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

MS. MUNN: -- in some way.

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

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

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

MR. GRIFFON: Right.

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

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

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

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

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

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

MS. MUNN: This is OTIB-10.

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

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

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

DR. MAKHIJANI: This -- this is Arjun. I'm a little bit confused also --
DR. ZIEMER: There's a workgroup directive now, an SC&A follow-up. There was something that you did that doesn't show up here. That's what I'm saying.
DR. MAURO: I agree.
MR. GRIFFON: Abso-- yeah, that could go --
DR. MAURO: I agree.
DR. ZIEMER: And if we had that, that SC&A reviewed this and they -- and here's what they found, and we could look at that and we could say well, let me see that or okay, if you found that, let's close it.
MR. GRIFFON: Something --
DR. ZIEMER: That's all you're --
MR. GRIFFON: -- something more than SC&A review--
DR. MAURO: Says yes --
MR. GRIFFON: -- something more than an e-mail that says SC&A reviewed it and we like it, yeah.
DR. ZIEMER: It needs to show up right there.
MR. MARSCHKE: Actually it shows up on the ne-- if --

MR. HINNEFELD: Yeah, if you go to the bottom.
MR. MARSCHKE: -- goes to the next one, it shows up there.
MR. HINNEFELD: (Unintelligible) answer is (unintelligible).
MR. MARSCHKE: On the 17th we made this, and then it was -- on the 24th it was the -- the --
MS. MUNN: SC&A --
MR. GRIFFON: What does that say? I can't --
MS. MUNN: SC&A reviewed --
DR. ZIEMER: It adequately addresses the concern --
(Whereupon, multiple participants spoke simultaneously.)
MR. GRIFFON: The same idea, it can go in that field, yeah.
DR. ZIEMER: Right.
DR. MAURO: There's a rationale there.
DR. ZIEMER: Maybe just a couple sentences that the --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- paragraph so-and-so --
MR. GRIFFON: Exactly.
DR. ZIEMER: -- states this and that adequately --

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

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

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

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

DR. ZIEMER: Just clarify what that means.

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

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

MS. BEHLING: -- resolved.

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

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

(No responses)

Arjun, are you with us?

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

DR. WADE: Yes.

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

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

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

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

DR. ZIEMER: Doesn't have the documentation.

DR. MAKHIJANI: -- on the resolution.

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

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

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

MS. MUNN: -- revision of the --

MR. HINNEFELD: Looks like procedure.

MS. MUNN: -- procedure.

MR. HINNEFELD: Or something (unintelligible).

MS. MUNN: Yeah. And we do not -- I guess the issue here is -- is the procedure available? Has the workgroup seen the procedure?

MR. HINNEFELD: (Off microphone) (Unintelligible)

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

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

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

MS. MUNN: Uh-huh.

MR. HINNEFELD: Or Kathy -- Kathy.

MS. MUNN: Yeah.

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

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

MR. GRIFFON: Kathy.

DR. ZIEMER: Kathy.
MS. MUNN: We've got to stop this.
MS. BEHLING: See what happens when you don't show up at the meeting? They forget your name.
MS. MUNN: No.
MS. BEHLING: Yes, I have my marching orders.
MS. MUNN: All right. So you feel this won't be a lengthy matter.
MS. BEHLING: No, not at all. I'll get it out to you within a few days --
MS. MUNN: Good.
MS. BEHLING: -- day or two.
MS. MUNN: If Kathy's going to be able to do that for us within a few days, then all three of these issues will be on our slate for our follow-up meeting at Redondo Beach, and we will at that time have information back and hopefully -- Steve, will you have an opportunity to populate the database by then?
MR. MARSCHKE: I'm kind of hoping that Kathy might even do this directly in the database.
MS. MUNN: What do you think, Kathy? Is that a possibility?
MS. BEHLING: Sure -- certainly, yes, I can do that.

MS. MUNN: Good. All right.
DR. MAURO: So as a ground rule, this last step -- something I guess we really haven't talked about was when we get to the point where the OTIB has been revised and, in the mind of S-- of NIOSH, yes, we -- we have responded to all of the issues, SC&A is asked please review to see yes, in fact it is fully responsive to your concerns.
MS. MUNN: Uh-huh.
DR. MAURO: We have that last step is when we get back and say -- just happens yes -- this is -- this is your rehearsal now.
MS. MUNN: Uh-huh.
DR. MAURO: When we say yes, it is fully responsive and here's --
MS. MUNN: And this is why.
DR. MAURO: -- why -- here's why --
MS. MUNN: And this is why.
DR. MAURO: -- is why, that's got to be captured.
MS. MUNN: What we're missing here is this is why.
DR. ZIEMER: Yeah.
DR. WADE: And then the -- the workgroup or the

Board needs to say --

DR. ZIEMER: We'll have a basis.

DR. WADE: -- yes, we agree.

MS. MUNN: Yes.

DR. MAURO: We accept that --

MS. MUNN: Yes, that's fine.

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

MS. MUNN: Yeah.

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

MS. MUNN: Yes.

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

MS. MUNN: Absolutely, yes. That --

DR. MAURO: Make sure we got it right.

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

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

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

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

little bit, and we'll -- we'll take a look at OTIB-52 and see where we are with that when we get back. Ten minutes -- folks on the phone, we'll be back at five minutes till 11:00.

DR. WADE: We're not going to break the line, we're just going to go on mute.

(Whereupon, a recess was taken from 10:47 a.m. to 10:59 a.m.)

DR. WADE: Let us know that lunch is likely to be at noon, Eastern Daylight Time, or thereabouts, so curtail your appetites till then.

OTIB 0052: NEW CLARIFYING STATEMENTS AND ELECTRON DATA REVIEW

MS. MUNN: Uh-huh. Do we have 52 up? Yes, we do. Very good. I won't keep trying to fight this --

DR. WADE: Kathy, can you hear us?

(No responses)

Kathy?

(No responses)

MS. MUNN: Are you ready, Mr. Green?

DR. WADE: Is somebody on the phone who can hear us?

(No responses)

Just doing a voice check. I don't hear

anybody.

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

DR. WADE: Okay, thank you.

MS. HOMOKI-TITUS: We can hear you.

DR. WADE: Okay, thank you. Okay.

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

THE COURT REPORTER: Yes, ma'am.

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

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

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

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

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

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

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

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

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

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

MS. MUNN: Uh-huh.

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

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

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

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

MS. MUNN: Jim's psychic.

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

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

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

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

DR. NETON: A call --

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

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

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

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

MR. GRIFFON: That's okay.

MS. MUNN: Thank you.

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

DR. ZIEMER: Stu has.

DR. NETON: Stu has.

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

DR. MAKHIJANI: To arjun at ieer.org. Thank you.

DR. ZIEMER: How many items were...

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

MS. MUNN: Uh-huh.

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

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

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

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

DR. NETON: We did use Hanford and INL.

MR. GRIFFON: You did?

MS. MUNN: Yeah.

MR. GRIFFON: Then why does it say --

DR. NETON: I think --

MR. GRIFFON: -- five says a comparison -- it says five major DOE sites. This section it says --

DR. NETON: Hang on --

MR. GRIFFON: Well, anyway -- yeah.

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

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

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

MS. MUNN: Yeah.

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

MR. GRIFFON: Yeah, yeah, yeah.

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

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

MR. GRIFFON: That's fine.

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

MR. GRIFFON: Yeah.

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

MR. MARSCHKE: Not right now.

DR. MAURO: Not right now.

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

DR. MAURO: Okay.

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

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

DR. MAURO: Gotcha.

MR. MARSCHKE: -- white paper.

DR. MAURO: It's better that way.

MR. MARSCHKE: It'll go in --

DR. MAURO: By issue.

MR. MARSCHKE: -- by issue.

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

DR. MAURO: Proposed changes.

MR. MARSCHKE: Proposed changes to the --

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

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

MS. MUNN: Uh-huh.

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

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

MS. MUNN: Correct. However --

DR. MAURO: In between that conference call.

MS. MUNN: Right.

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

MS. MUNN: Uh-huh.

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

MS. MUNN: Correct.

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

MS. MUNN: That's correct.

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

MS. MUNN: Yes.

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

MS. MUNN: Correct.
DR. MAURO: Okay.
MS. MUNN: And Steve, this -- my interpretation would be you will not load this entire response. You will capture the thought here and indicate that this appears in Section 3.1 -- will appear in Section 3.1 of the new procedure, the corrections that appear in Section 3.1 will meet the requirements of item five of OTIB-52. Rather than have the entire --
MR. MARSCHKE: If --
MS. MUNN: -- paragraph.
MR. MARSCHKE: -- if you prefer it that way, then we -- then we -- then we can do that. I mean --
MS. MUNN: I believe that's what we really and truly need. We don't need to have the entire list of changes. The -- in many cases the changes that go in are going to be excruciatingly long, so what we really and truly want is assurance that we can go to the new document and find the wording that we've approved. That's what --
MR. MARSCHKE: Then -- then I would agree that

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

DR. MAURO: Lose it.

MR. MARSCHKE: -- lose it.

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

MR. MARSCHKE: Okay.

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

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

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

MS. MUNN: Yes.

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

MS. MUNN: Exactly.

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

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

this single sheet gets lost.

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

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

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

MS. MUNN: Uh-huh.

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

DR. NETON: NIOSH response is --

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

-- this is not really a --
DR. MAURO: Okay.
MR. GRIFFON: -- white paper. It's like a -- excerpts from the procedure itself.
DR. NETON: This is a little different than a --
MR. GRIFFON: Yeah, it's a little different than --
DR. NETON: -- typical NIOSH response.
MR. GRIFFON: -- a white paper, so I would say in this case Wanda's probably -- it's probably fine to keep it more streamlined and go to that.
DR. MAURO: So -- so the way to look at this, then really this is your draft revisions that you plan --
MS. MUNN: Yeah.
DR. MAURO: -- to put into your document, which is a little different than a white paper.
DR. NETON: That's the language --
MR. GRIFFON: That's what I'm saying.
DR. NETON: -- suggested language to modify -- which would be -- most of our discussions at the last meeting were about clarification and expansion of -- of what we were -- you know,

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

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

MS. MUNN: It may be.

MR. GRIFFON: -- and attach it.

MS. MUNN: It may be.

MR. GRIFFON: Yeah. But this is different, yeah.

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

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

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

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

DR. MAURO: That's what goes in there.
MR. GRIFFON: -- right.
DR. MAURO: Okay.
MR. GRIFFON: And then SC&A reviewed the paragraph, discussed in a technical group; the workgroup agrees that it -- so people know --
MR. MARSCHKE: Okay.
MR. GRIFFON: -- know the details of what was modified to address -- and we can agree or disagree, but that's the discussion we can have, but --
MR. HINNEFELD: Are we saying -- (unintelligible) extend this, but are we saying that -- that our -- the action is to clip and insert into the NIOSH follow-up action (unintelligible) --
MS. MUNN: *Au contraire*, we're saying --
MR. GRIFFON: Right.
MS. MUNN: -- not --
MR. GRIFFON: Not to do that, right.
MS. MUNN: The action is to capture the sense of this here and say where it's been --
MR. HINNEFELD: Okay.
MS. MUNN: -- it's going into -- where it has been inserted in the new --

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

MR. GRIFFON: Yeah.

DR. ZIEMER: -- has been revised.

MS. MUNN: Uh-huh.

MR. GRIFFON: Exactly.

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

MR. GRIFFON: Right.

MS. MUNN: Correct.

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

DR. ZIEMER: Comment --

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

DR. ZIEMER: -- well, there -- there is a point --

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

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

MR. GRIFFON: Right.

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

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

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

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

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

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

MS. MUNN: Well, you may not want it six months from now. It will already have been incorporated into the -- it's -- it's not going to --

MR. GRIFFON: But it may -- it may change, is what --

MS. MUNN: None of this is going to go away. We all are going to have this in our file until it's incorporated. When it's incorporated it's

not going to be closed until this has been done. When this has been done, yeah, it's in the procedure. The procedure's issued now, and we're done, and it's okay.

MR. HINNEFELD: But don't you have (unintelligible) to be archived if you --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- put this document in a -- in here as a link?

MS. MUNN: Why do you want a duplicate archive?

MR. HINNEFELD: I -- because --

MS. MUNN: If -- if he puts it --

MR. HINNEFELD: -- it may not be a duplicate because --

DR. ZIEMER: This -- this --

MR. HINNEFELD: -- the final --

DR. ZIEMER: -- this doesn't exist anywhere.

MR. HINNEFELD: -- the (unintelligible) of the product may be different.

MR. GRIFFON: May change after discussions, right.

MR. HINNEFELD: And there's going to be discussions after this. See, suppose there's disagreement, and SC&A says no, that doesn't fix it --

MR. GRIFFON: Yeah.
MR. HINNEFELD: -- and that comes out in a technical conversation and there's adjustments to be made. You have then this technical conversation about something that you don't know what it was. You don't have an archive of what they were talking about that they had the disagreement about. You understand what I'm saying?
MR. GRIFFON: I -- I think it makes sense.
MR. MARSCHKE: I mean it's -- it's not a hard thing to do, it's basically to put a link on there --
MR. GRIFFON: Yeah.
MR. MARSCHKE: -- throw the document into the -- into a -- a --
MR. GRIFFON: And it doesn't make the screen any busier.
MR. MARSCHKE: It doesn't make the screen any busier.
MR. GRIFFON: It's just a link, it's not taking text -- it's not a lot of text on the screen.
MR. MARSCHKE: Right.
MS. MUNN: So how do you --
MR. GRIFFON: I think it's fine, yeah.

MS. MUNN: -- where do you put this related link? Where do I go to?

(Whereupon, Mr. Griffon and Mr. Marschke spoke simultaneously.)

MS. MUNN: No, no, no, I -- I know you're putting your reference there. What am I referring?

MR. MARSCHKE: You -- you click on that --

MS. MUNN: What am I --

MR. MARSCHKE: When you want to look at that related link, you just --

MR. GRIFFON: (Unintelligible) --

MR. MARSCHKE: -- box and you click on it.

MS. MUNN: And where have you put it?

MR. MARSCHKE: To the -- it'll be in a --

MR. GRIFFON: On the O drive --

MR. MARSCHKE: -- subdirectory on the O drive --

MR. GRIFFON: -- (unintelligible), right.

MR. MARSCHKE: -- which, when you click on that, it'll automatically bring it up and display it as a PDF file.

DR. ZIEMER: And it'll be called NIOSH/ORAU proposed changes -- draft of a certain date, I guess. Right?

DR. NETON: Yeah, 8/22.
DR. ZIEMER: 'Cause these are still proposed, are they not?
DR. NETON: They're draft changes that we propose.
MS. MUNN: All right. If we're doing that any time that you propose more than one change, then are we doing that at every change that we have requested? Is every single one of those -- - because the normal routine, to this point, has been one item at a time, and we have not placed all of the discussions, and I never had any -- personally never had any intention of placing all of the discussions --
DR. ZIEMER: Well, it seems to me the other option would be to put in the proposed wording for each item there, then --
MR. GRIFFON: Then it gets too busy, yeah.
DR. ZIEMER: Then this becomes pretty busy, but NIOSH proposes the following word changes.
MR. HINNEFELD: So you -- that's what I was saying, you would clip out --
DR. ZIEMER: And then you would clip this --
MR. HINNEFELD: -- you would clip the five, you would clip that out and you'd put it in your

NIOSH follow-up so you have that text in there, and then that provides the basis for what is discussed in the conversation.

DR. ZIEMER: Seems to me you could do it either way.

MR. HINNEFELD: So you could use it this way --

MR. GRIFFON: Either way.

MR. HINNEFELD: -- or attaching this, it seems like they both accomplish the same thing, which is to capture the archive of the discussion, 'cause if you don't capture it somehow, when there's a disagreement down here you don't have an archive of what you disagreed about.

MR. GRIFFON: My feeling is when you get into a longer text, you want the link. When you get -- if it's a short response, you want it right in the field, you know? Just from a user standpoint.

DR. ZIEMER: Well, an example would be this one on the bottom of the second page, revision of Section 6.1 for finding 12, they've got a whole -- little more than a page of text there.

MR. GRIFFON: Yeah.

DR. ZIEMER: So do you want that in this document or do you want to just be able to

click on it?

MS. MUNN: Or do you want a summary of the fact that it's there and an indication where it can be found? That's what I --

MR. GRIFFON: It can't be found anywhere.

DR. ZIEMER: It can't be found anywhere because it doesn't exist.

MS. MUNN: It ex--

MR. GRIFFON: The difference I have now is that -- that -- that Stu or -- I mean it's proposed language, you're right. It's not -- it's not a -- it's not a rev that exists out there as a existing revision of the procedure.

MR. HINNEFELD: Right.

MR. GRIFFON: So it's proposed language so I take back what I said. If it was an existing document, then I would say yeah, use the small excerpt and reference to it, don't include this as a separate document. But it's proposed, so it's on the table. We're discussing it. Have the link to it, then we can -- it may change by the time they publish a -- a revision of the procedure.

MS. MUNN: So it is actually the desire of the workgroup and the Board to have this reflect

all of the wording that was proposed, regardless of whether or not it is ever incorporated, somewhere in this archive? We want every comment that's made and every suggested change, regardless of whether it's incorporated? It was my intention that we would -- when it was incorporated, it would appear here, or the direct reference to where it is would be --

MR. GRIFFON: Well, it's -- it's got to have some -- some meat on the bone. I mean you can't -- this thing, at the end of the day, is just going to say we reviewed everything and everything was appro-- you know, revised and approved and --

MS. MUNN: No, it isn't. It's going to say where -- it's going to say where the change was so that you can go to it. So if --

MR. GRIFFON: But --

MS. MUNN: -- if we want all of our -- all of the machinations --

MR. GRIFFON: But it -- this is only -- it's not only an archive. You're telling us that we're going to use this real time in our meetings, so if I want to come into a meeting

and I want to be able to discuss a certain finding, if I -- if I just pull up and it says that NIOSH and SC&A had a technical phone call about this and they both agreed that it's okay, if I don't ha-- if I don't have some of that -- that detail or links to that detail, then you know, how do I know what -- what I'm okaying?

MS. MUNN: Because it was sent to you --

MR. GRIFFON: I go to the --

MS. MUNN: -- by e-mail.

MR. GRIFFON: -- final version of the publi--

MS. MUNN: No, you go to your e-mail.

MR. GRIFFON: Oh, you go ba-- oh, so now we're going back to --

MS. MUNN: No --

MR. GRIFFON: -- a matrix we're going to send around by --

DR. ZIEMER: E-mails are --

MS. MUNN: No, we aren't. No --

DR. ZIEMER: -- unofficial documents, I -- I think this is not different than -- you -- if you go back to the very first finding, there's a NIOSH response. Now there can be another response to the response, and so on. This -- this is a -- this -- each of these is a

response.

MR. GRIFFON: A response, yeah.

DR. WADE: Wanda posed the right question. You just need to answer the question. Do you want to keep track of all steps along the way?

DR. ZIEMER: Well, that's what we're doing here.

MR. GRIFFON: We've been doing, yeah.

DR. WADE: So I think the answer to Wanda's question is yes. The question is, at what cost? It doesn't seem to me the cost is particularly high.

DR. ZIEMER: Or at what level of detail.

MS. MUNN: At what level of detail, because we have a list of what has transpired, but what we have done in the past is capture the sense of the item. We have not repeated verbatim the item that was before us.

DR. ZIEMER: Yeah, and I think the difference here is in the past NIOSH has said we plan to revise the document, and so then it's sort of -- it goes into abeyance and we're sort of awaiting that to occur. And that's sort of where we are here, except now you've come back and said here's how we plan to revise it.

MR. GRIFFON: Propose -- right.
DR. ZIEMER: And we haven't always had that detail. So you're right, it's a little different kind of step, 'cause we usually don't have detail on the proposed revision. You would revise it, and we may or may not see it before it's revised, at which point it would get looked at again. Right?
DR. NETON: We could do it that way, too, if you'd be happy with that, but --
DR. WADE: It seems to me this document contains intellectual information. I don't think you want to lose it. Whether or not you excerpt from it and put it there, or you link to it, I think one or the other would be appropriate.
MS. MUNN: If we're going to do that, then I propose that we be very cautious in the language of the titles of this kind of material that we put up, and I would suggest that we very clearly -- that the first word in the title be "draft" -- "draft of proposed NIOSH changes to" -- and the date, as a part of the title.
DR. WADE: Thank you.

DR. NETON: I -- I suspect that there are going to be some changes here. There's going to be a little give and take. We put our best shot here, but I -- my sense is that there may be some suggestions by SC&A that are going to be made to change this wording. I mean that's one of the reasons --

MR. GRIFFON: Well, I know that's one of the reasons you put it out as a proposed change -- right? -- instead of a final revision.

DR. NETON: It wasn't so -- it wasn't as clear-cut last meeting -- oh, yeah, we will modify this sentence and say that. These are more sort of qualitative arguments that we presented that, in principle, everyone agreed to. But I thought it'd be best if we put them on the table. Are they sufficiently robust, I guess --

DR. ZIEMER: Is this a little different from -- for you where, in the past, you would develop a procedure and it's -- goes through your internal process, it's reviewed, approved, comes out, then we and our contractor look at it. Versus here we're sort of given an opportunity to input it as you're developing

it.

DR. NETON: Yeah.

DR. ZIEMER: Is that better for you or worse for you?

DR. NETON: No, it's -- actually we would prefer to stay out of that issue then, but in this particular case I think these were more qualitative issues. They were -- they were -- there's nothing quantitative here. These are qualitative descriptions of why we did what we did, and I just sensed that it was better in this particular instance --

DR. ZIEMER: In this case, so this is --

DR. NETON: I wouldn't make it a practice.

DR. ZIEMER: -- a little different than normal practice anyway.

DR. WADE: But the good news is you have the flexibility in your tool to do this. Wanda's suggestion of draft and date in the title -- it seems to me that's what we do when we move forward.

MS. MUNN: Then we're going to have to therefore build what we have heretofore not had, another file bin that we can link to.

MR. MARSCHKE: It's available --

MR. GRIFFON: It exists.
MS. MUNN: Uh-huh.
MR. MARSCHKE: The -- the user of the tracking system won't -- won't need -- that'll be all transparent to the use of the tracking system.
DR. WADE: If it's agreeable to you, Wanda, I'd say we modify the title, we put it there, and we -- we track this and we think about it. And if it becomes unworkable in the future, so be it. It seems to me, at least for now, that's a reasonable --
DR. ZIEMER: But you can link to any number of documents easily -- right?
MS. MUNN: Yes.
DR. ZIEMER: I mean you just have a --
MR. MARSCHKE: Only one document per --
DR. ZIEMER: No, no --
MR. MARSCHKE: -- issue.
DR. ZIEMER: -- no, no.
MR. MARSCHKE: Right.
DR. ZIEMER: No, no, but I mean --
MS. ADAMS: In the future you'll be able to link --
DR. ZIEMER: -- there's all kinds of documents you could link to.

MS. MUNN: Uh-huh, definitely. We just have not done this type of draft --
DR. ZIEMER: Right.
MS. MUNN: -- or preliminary document.
DR. WADE: Well, that's because, in part, NIOSH normally doesn't --
MR. GRIFFON: Right.
DR. WADE: -- come forward this way.
MS. MUNN: All right, we'll build the new bin. We don't know what its name is -- at least I don't know what its name is, but we'll build a new bin. We'll re-title this document and --
DR. ZIEMER: Well, do -- do we need to know what the bin is? All we need to know is --
MR. GRIFFON: No, there's nothing there -- it's right there, related document.
DR. ZIEMER: -- a link will have the -- will have "draft, NIOSH proposed changes" -- right? That's the --
MR. MARSCHKE: The title will come right up in the -- in the link there and you just click on it and it'll come up as a -- you know, as a PDF file in -- in Acrobat and you'll be able to read it.
MR. GRIFFON: Right.

MR. MARSCHKE: And it'll be transparent to the -- to the use of the tracking system.
DR. WADE: Let's make sure the title reflects the changes that --
MR. MARSCHKE: Yes.
DR. WADE: -- Wanda has specified.
MR. MARSCHKE: Yes.
DR. ZIEMER: Just move this information.
MS. MUNN: So done.
DR. WADE: That's right. That's what you really need is that lower left-hand corner at the (unintelligible). That'd be good practice all the time, as a matter of fact.
MS. MUNN: Very good. We'll still get a preliminary report from SC&A --
DR. MAURO: Oh, I would --
MS. MUNN: -- that --
DR. MAURO: That -- that begs the question, okay, we are going to respond.
MS. MUNN: Yes.
DR. MAURO: And we're going to -- response, I'm presuming, is going to be loaded into the system.
DR. ZIEMER: Well, are you going to have your detailed responses by then or is this just an

early --

MR. GRIFFON: Technical call --

DR. ZIEMER: -- feel for --

DR. MAURO: Well, that's a good -- let's talk about -- yeah, I --

DR. ZIEMER: It wasn't -- it wasn't clear to me that we were tasking you or just to get an early feel. What -- I mean you only have less than two weeks to prepare anything.

MS. MUNN: Yeah, all we've asked for is just their acknowledgement of how -- their progress and --

DR. ZIEMER: Oh, oh, not -- not the initial respon--

MS. MUNN: The technical call is not going to take place until after --

MR. GRIFFON: Yeah.

MS. MUNN: -- that -- that tentative (unintelligible).

DR. MAURO: Well, let -- tell by the logi-- okay, certainly SC&A is going to carefully review this. We have a group of individuals -- Arjun and Steve are probably the two principal authors of the original review. They will review it. I don't know how long that'll take.

We will call, schedule a conference call. We will take minutes, as we always do for all of these technical conference calls, and then there will -- then we will have that. So we'll have some -- we'll have, in writing, SC&A's opinion or position regarding each of these issues, the results of the dialogue that took place written up as minutes of the conference call. Now, what do we do with that?

MS. MUNN: It'll go on a link, apparently.

DR. MAURO: It goes on a link?

MR. MARSCHKE: No, it goes -- well, it either goes on a link or it goes in the --

MR. GRIFFON: Each field.

MR. MARSCHKE: -- each field. You know, you have to -- I think, depending upon the -- the -- the volume of it -- I mean -- and how wordy we want to get. You know, if we get -- if we get a white paper and we want to put it -- you know, or -- or ten pages of -- of discussion, we want to put it in the link. If we get a sentence or two --

MR. GRIFFON: Then it's in --

MR. MARSCHKE: -- then we just want to put it in the field.

MR. GRIFFON: Right.
MR. MARSCHKE: I think -- you know --
MR. GRIFFON: Easy enough.
MR. MARSCHKE: -- we have to be flexible. The other thing is -- you know, the question is -- I mean you -- you set up the -- the -- the outline of how to do it. The question is when we do it, and I don't -- like Wanda said, I don't think we're going to get it done by the next meeting --
MS. MUNN: No --
MR. MARSCHKE: -- unless Arjun and I --
MS. MUNN: -- it won't be done.
MR. MARSCHKE: -- look at these and say yeah, we agree with everything here; there's nothing for us -- further for us to add. Then I -- you know, in that -- in that case, then we may be able to, you know -- we may be able to, at the -- at the September 4th meeting, say, you know, we recommend that, you know, these changes be made and these issues be closed. But --
MS. MUNN: That would be nice, but I don't anticipate it. I -- all I'm expecting --
MR. GRIFFON: And -- and this is my problem -- I mean the technical call's fine --

MS. MUNN: It doesn't happen --
MR. GRIFFON: -- but I would also ask that the technical call -- you -- you're going to notify workgroup members. Right?
DR. WADE: As always.
MR. GRIFFON: (Unintelligible) a call.
MS. MUNN: It's not going to happen until after September anyway.
MR. GRIFFON: Right, right, right.
MS. MUNN: So...
MR. GRIFFON: But I mean --
(Whereupon, Mr. Griffon and Dr. Wade spoke simultaneously.)
DR. NETON: Workgroup members are always invited --
MR. GRIFFON: Yeah. Right, right.
DR. MAURO: The only thing that's different -- we're doing everything the way we've always done it in the old way --
MR. GRIFFON: Yeah.
DR. MAURO: -- except now we're trying to put it into a database that is accessible and forever available for the world to see at some time in the future. That's the only thing that's changed, as opposed to a piece of paper

in a file cabinet.

DR. NETON: It's not that different from how we approached Bethlehem Steel. I keep going back to that one, but we went back and forth on -- on what we're going to do over here, and SC&A in fact never did review the final document -- the final approved document, but we sort of bartered -- not bartered, but went back and forth on all the technical pieces that we were --

DR. MAURO: See, to me, the --

DR. NETON: -- that we were at.

DR. MAURO: -- there's nothing really different that we're doing right now except we're making it a more accessible record for posterity.

MS. MUNN: Uh-huh.

DR. MAURO: So at any time anyone who wants to know what did we talk about on this day during that meeting, and here's what we did. And I think it's very valuable to have that.

MS. MUNN: Yes, I think the only place in which we may differ at little is our -- is our view of the level of detail that's required here.

DR. MAURO: That's true.

DR. WADE: That's what we're arguing about,

what's reported. But I would say take a -- take a read of the document. If you find complete concurrence, then let the workgroup chair know. If not, then schedule your technical call.

DR. MAURO: If you recall, one of the things we talked about was ultimately the rock we're standing on is a transcript. But everyone -- but the transcript is enormous, so really all we're really -- I mean we could always say, you know, it's in the transcript. If you want to find out the history of how we got to where we got --

DR. ZIEMER: Go to the transcript.

DR. MAURO: -- read the transcript, but that's thousands of pages.

DR. ZIEMER: But this isn't in the transcript even.

DR. MAURO: But that would not be in the transcript, that's -- that's true.

DR. WADE: Unless we read it in.

DR. MAURO: That's correct.

DR. ZIEMER: Unless you read it in.

DR. WADE: This is a good plan.

MS. MUNN: Uh-huh, we're fine. I think we know

what we're doing. At least I have some idea of what I think we're doing. We'll see how close I come.

Let's see, we did close nine and ten so we don't have to worry about that. And thank you very much for having that ready.

OTIB 0070: STATUS (SC&A REPORT EXPECTED BY 8/31 FOR NIOSH RE-REVIEW)

The next item that we're going to talk about is OTIB-70. We had said earlier that SC&A was working on the report, and Hans I think was going to be putting it together and that should be ready for re-review before the end of this month. So the question is where are we, how close are we, is the date good or what do we have to look forward to. Hans, are you on?

DR. BEHLING: Yes, I am. Can you hear me?

MS. MUNN: I can.

DR. BEHLING: Okay.

MS. MUNN: You're good.

DR. BEHLING: I wasn't sure exactly, Wanda, as to what I was supposed to have sent you today, other than what you just mentioned as a confirmatory date for a draft deliverable. I'm also prepared to give you a brief overview as to what I am at this very moment preparing to

put down in the draft report.

MS. MUNN: That would be appreciated very much if you would.

DR. BEHLING: Okay. Let me just give you, for those who are at this point going to be looking at this but may not remember fully all the details, OTIB-70 used to be used for AWEs that were engaged in some uranium and thorium activities for a period of time, but for these facilities that data may not be available with regard to internal exposures in the form of the conventional bioassays. And the principal concern is for those AWE facilities where there may have been residual contamination in the workplace and the AWE may have continued to operate for some period of time thereafter, but not in a capacity that supported the Manhattan Engineering District or the AEC. For -- for -- just for reference purposes, the Dow Chemical Company would apply -- would -- would potentially be assessed by OTIB-70, and perhaps in retrospect even Bethlehem Steel would be, because they were rolling steel and then for a period of a few years they were engaged in rolling uranium. So OTIB-70 would apply to

those AWEs engaged in uranium and thorium activities, but it would apply to those AWEs where there is very little data in terms of dose reconstruction from the internalization of either uranium and thorium.

So having said that, the OTIB-70 then proceeds to provide you with a series of methods by which this particular dose reconstruction may proceed. And I think for the -- for the sake of simplicity, those methods are summarized in Table 4-1 of -- of the OTIB, which is on page 16, so those who may have access to that it would be easy to really look at that table, and I'll just briefly go over it.

What, in essence, OTIB-70 tries to do is to give you seven different methods by which a dose reconstruction can take place that focuses on the internalization of uranium and thorium. And so for those of you who may have access to Table 4-1, the methods include the following. There are a total of three methods, and they are really in descending hierarchy. The first method you will see on that table would be considered -- the top would be the -- the most desirable, on the assumption that these data

are available. So the Table 4-1 really provides you with a series of X's in the various columns that says, for method number one, what we have available to us for dose reconstruction are operational air sample data -- meaning we have picocuries or becquerels or dpm per cubic meter during the period of that facility's operation that is of concern, that -- namely that period when they were supporting the Manhattan Engineering District or the AEC involving uranium or thorium. And in -- in the first one we have, in addition to operational air sampling data, we have post operational. And there the dose reconstruction would really rely on really two sets of -- of air sample data; namely operational and post-operational. And obviously the assumption is that once you stop processing or refining or working with either uranium or thorium, the -- the source term would go down and, at some point in the post-operational period, you would only be dealing with the residual contamination as a source term for airborne material. And -- but the use of operational to -- post-operational, you would then develop a decay factor or source

term reduction factor, Lander* -- much like the Lander we -- we use when we decay-correct for -- for a given isotope. And so that's method number one, and there's really very little to be said about it other than obviously the fact that in all of these cases you're still far removed from the most desirable approach to dose reconstruction for internal, namely urinalysis, whole body counts, chest counting, and those kinds of bioassay, either *in vivo* or *in vitro*. But the first method that is defined in Table 4-1 is probably the most reliable one because it really relies on empirical air sampling data. And there's very little to be said other than to recognize the limitation of using air sampling data as a way of doing bioassay -- as a way of substituting for other bioassay data that might be the most preferable.

In -- in method two, which the available data consists of is strictly operational, and at that point you obviously have to determine what is the post-operational air sampling data. And of course that raises the question as to how you would go about doing this. And if you look

at -- in Table 4-1, the -- the preferred method there is to basically estimate the post-operational air sampling data by decaying the operational air sampling data using a decay factor of one percent per day. And of course that is a number that was derived in OTIB -- and I do have some serious questions about it because I do believe it's likely to be a value that is perhaps not supportable. The -- the value of one percent per day as a removal rate for source term removal rate was derived by a formula that was identified in the TIB, and that formula makes use of ventilation rate, meaning that if a building is assumed to have a ventilation rate of one change-out per hour, and it also is based on an assumed resuspension factor which turns out to be considerably different from the one that's ultimately employed. And so I have several issues with the use of a one percent per day removal factor as is required for dose reconstruction using method two.

Also the issue -- and I'll just briefly go into it. I won't obviously try to completely document the various issues that I have raised

in my draft report, but the ventilation rate is certainly one that has to be looked at very carefully in terms of what it implies with regard to source term removal. Obviously we know that facilities in the '50s, '60s, '70s and '80s may have had a different ventilation system that we are used to today, and it's also important to note that perhaps these AWEs were never really intended to be radiological facilities, meaning that we're not looking at facilities as we might design today using engineering controls, ventilation systems, sealing all surfaces that would minimize the buildup of contamination, so we have to take all this in consideration and realize that perhaps some of the assumptions with regard to resuspension that are used here, and also ventilation, may not apply here. In other words, the -- the source term removal rate of one percent is really predicated on the notion that when a certain volume of air has been removed containing resuspended airborne particulates, that those airborne particulates are now permanently removed. That would be the case if we had a very highly efficient HEPA

filter system. In days past, perhaps in facilities that may not have been operated as a radiological facility, the use of HEPA filters may or may not even (unintelligible) issue. Secondly, the -- the -- there would be a gradient for airborne contamination. If the floor surface, for instance, were to be the source term for the contamination that gives rise to resuspension, we all do know that the -- - the rate of resuspension from loose contamination will be affected by the particle diameter, and of course the redeposition is also affected by the particle diameter, which means that when we talk about the -- the airborne contamination levels that may reach up to a five-meter-high ceiling where perhaps the return vent is located, you will see a gradient that will obviously have been maximized -- or will be maximal at the surface of the floor, but thereafter gradually decrease. And there's data that I've looked at that suggests that the air that's subject to ventilation may be a factor of five lower in terms of airborne concentration than at the breathing zone at approximately five foot. So these are all

variables that I talk about in terms of perhaps looking at this removal rate of one percent which is used in other -- not just in method two but in several other methods as you go through that table. And -- and I do believe that when you look at that, it is possibly a factor of ten, or even more, higher than it should be.

Let me just briefly go on to the third level. Again, the first three all are based on air sampling data, which, on the hierarchy of measurable empirical data, would be much higher than the -- the subsequent ones which -- which will rely on surface contamination. But for method number three, again, we have -- we have the available data to us is post-operational, and then we have to really identify what is the operational air sampling concentration for which we have no data. And according to TIB-70, here we are looking at, for instance, O--ORAUT-206, which really is the Battelle team TBD 2000 -- 6000 for uranium and 6001 for thorium as a reference facility that says okay, we don't have, for this particular AWE in question, specific information on this

operational air concentration, but we will use surrogate data that is derived from the Battelle TBD 6000 for uranium and 6001 for -- for thorium. And there, too, we have potential questions, and those questions are really conditional questions or findings because those particular documents have been reviewed by SC&A and we had conditional findings that, as far as I'm concerned -- or I know, and you may want to correct me, John, or somebody else whether or not that review of Battelle TBD 6000 and 6001 have been fully resolved, but there are some issues that would potentially affect their use here in TIB-70 as is indicated in this particular protocol.

In method four we have a switch-over where the available data sources are not necessarily going to be available from air contamination, which is obviously the more direct approach to assessing what may be inhaled, but we now have to rely on surface contamination. In other words, dpm per 100 centimeters square, which we can translate into a square meter, and then we have to then take another leap of faith forward in saying well, what does surface contamination

really relate to in terms of air contamination, because that's what we're inhaling, and that would be obviously our principal exposure pathway.

And starting in -- in method four, we have operational and post-operational surface contamination, and so the recommended approach here is to now say we have two empirical sets of measurements, operational and post-operational surface contamination expressed usually in dpm per 100 centimeter square, either as removable or total. And then we have to supply -- or apply a resuspension factor in order to determine how to convert surface contamination into airborne contamination. And the choice defined by TIB-70 is the use of a resuspension factor of one times ten to the minus six.

Now that potentially raises some significant questions because we -- we don't really have empirical data that is frequently available for facilities such as the AWEs and -- and what we are at this point required to do here is to essentially take literature data and see how typical that is to the partic-- potential AWE

that we need to look at. And the TIB-70 defines or identifies certain measurements in -- - in table form. And I looked at those, and I have to say they are obviously documented values of -- of resuspension factors from literature that for a facility that has a high level of activity, as would be expected if an AWE that was at this point rolling uranium or thorium but then ceases to do so and goes back, in the case of Dow Chemical or Bethlehem Steel resumes rolling steel or doing something else that was not linked to -- to the AEC or the Manhattan Engineering District people. Obviously under those conditions you would have a substantial amount of -- of foot traffic, of other activities, of grinding, of ventilation and so forth, which would make the values that I see in the literature much more applicable than the ultimate value that was defined in -- in TIB-70 as the appropriate value, which they derived from the NUREG 1720. And looking at NUREG 1720, the value of one times ten to the minus six is documented there, but NUREG 1720 is really a document that is used for D&D of licensed facility awaiting license termination.

And what really I believe is -- is a serious flaw here in this assumption of applying a one to the minus six resuspension factor is the fact that that value is really derived for a facility that has undergone extensive decontamination in anticipation of license termination. And extensive decontamination usually focuses on the one component in -- in airborne activity that is most important and that is removable or loose or suspendable. When a facility is subject to D&D for license termination and to ensure compliance with 10 CFR 20 that says after -- after license termination, unrestricted use, light industrial, the exposure is limited 25 millirem TEDE/PEDE* in any given year, and of course what you would normally focus on obviously is the easiest thing and that is to clean up any removable contamination that is subject to resuspension. And so the value that is defined in 1720 as (unintelligible) minus six, while it may be an appropriate resuspension value for a facility that has already undergone extensive decontamination and is awaiting license termination, I would be hard pressed to apply

that particular value to -- to the facility such as Bethlehem Steel or Dow Chemical that for a period of time was subject to -- to a -- experiencing radiological work activities and then resumes normal activities without the extensive D&D that you would normally expect that would apply to NUREG 1720.

And so I have some concerns about the -- the loss of source term, namely the reduction of the source term of one percent per day. That's a key issue. I also have some serious con-- concern about the use of a resuspension factor that is a default value defined in 70 -- TIB-70 at (unintelligible) minus six. And there are other issues that I have problems with I won't go into because I think it's not something that I want to get into in this brief period today that I have, but you will see in my draft report that talks about appen-- attachment B, which is another default approach that makes use of empirical data from three facilities for the thorium facility, but I won't go into that.

Method five and six are -- are again facsimiles of method four, but in method five you don't have operational surface contamination and so

you have to at some point in time decide how to devise some post-operational surface contamination. And again, this makes use of the one percent per -- per day as a reduction factor or source term reduction factor that I've already mention.

And the same thing with method six, which is the reverse where you have post-operational surface contamination but you don't have pre-operational surface contamination. And -- and again, here we use what I've already mentioned, the Battelle TBD-6000 and 6001 or the -- the Attachment B values that (unintelligible) empirical dataset from -- from the literature. Again I won't really go into it, but I do have a fairly extensive and exhaustive analysis of those particular references that are cited as usable for -- for TIB-70.

The last one is method seven, and that is obviously at the bottom of the hierarchy. Method seven says we don't really have any air sampling data, operational, post-operational, nor do we have any surface contamination data available for the operational/post-operational period, and -- and we may not even really have

a source term. To me, source term for -- for method number seven would really be defined by the residual contamination. And for method seven, TIB-70 tells you to -- to use NUREG 1400, and I looked at NUREG 1400 and says how is NUREG 1400 related to this particular approach. And NUREG 1400 is really -- the title of NUREG 1400 is "Air Sampling in the Workplace" and it's really intended for a facility that has a very modest amount of radioactive material. And the -- the question -- it may be an NRC licensee, but the potential for radioactivity in the air is nominal and therefore the intent of NUREG 1400 is to give the licensee the option of saying do I need to monitor my employees for the internalization from airborne radioactivity. And it is basically defined by a simple protocol that says you -- you are bound by federal regulations defined in 10 CFR 20 to monitor any worker who may be exposed to airborne contamination in excess of ten percent of an ALI in a year, and therefore this is your criteria. How do I determine whether or not any potential worker may be exposed to in

excess of ten percent ALI and there -- and they provide you with a protocol. So this whole NUREG is really designed not to serve as a substitute for monitoring an individual, either to airborne air sampling -- by means of air sampling and/or by -- by actually -- but determine whether or not the whole issue of the sampling program is even necessary. And in that particular situation they provide you with a formula of potential intake that is reproduced in NUREG 70 that is based on a host of -- of variables that includes the value Q, which is really defined as the total quantity of unencapsulated material processed in a year at the facility and a host of other variables that include the release factor, the confinement factor, and dispersibility of the material. I won't go into the detail, but what is really a -- a conflict here is that for the use of this particular formula that involves potential inhalation that is Q times R times C times E, you need to have a value of Q, which is really the source term. And as I've already stated out, the -- the method number seven basically says I don't know any -- I don't have

any of that data. So it's almost a paradox that you would be asked to look at NUREG 1400 which, among other things, requires a -- an assignment of a value for Q, meaning the source term, which in this case would not be something that -- you work in the facility but in -- in TIB-70 the source term would be defined by the -- the total amount of surface contamination, but it's also -- based on Table 4-1, you're told that you won't have any -- any values that involves operational and/or the -- the post-operational surface contamination. So I'm not sure how that particular NUREG would apply, and -- and I raise that as an issue that would limit the use of NUREG 1400 as a viable option as part of method seven.

In addition there's the issue of ingestion, which basically defaults to one of the OCAS TIBs and -- and I have some comments about that. And that pretty much is a summary of what I intend to provide you with in a draft report that I will try to get into your hands on or before the last day of -- of this month.

MS. MUNN: That would be greatly appreciated. You clearly have done your usual

extraordinarily fine detailed review, and we're looking forward to seeing it, Hans. Do you think that we will in fact have it in electronic form before we all leave to go to Redondo Beach? I guess --

DR. BEHLING: Yes, you will.

MS. MUNN: I'm really wondering whether we'll have an opportunity to even bring it up on our agenda when we meet at -- following that -- that Redondo Beach.

DR. BEHLING: I will try to have the electronic version of this draft report in your hands on or before the end of this month, which would then give you approximately several days or almost a week, perhaps, to review its content and -- and to get familiar with the information. As I said, this -- this -- in my write-up I'm going to be including a lot of exhibits because this particular OTIB makes use of a lot of secondary documentation, including I mentioned the Battelle TBD-6000 and 6001, certain other reports for -- for surrogate data involving other facilities that had processed thorium in the past, so I'm trying to minimize the amount of effort that the Board members

will have to engage in in trying to really understand what are the issues by -- by which these other documents have been incorporated as a default approach for TIB-70. So you're going to see a lot of exhibits in my write-up so that it precludes the need to look at the other OTIBs or Battelle TBDs or other references (unintelligible) --

MS. MUNN: We do appreciate that. It will make it certainly much simpler for the workgroup members. I'm sure as NIOSH reviews it they're familiar enough with those other documents that it wouldn't be necessary for them, but I'm sure we'll certainly appreciate it. Understandably NIOSH won't have an opportunity to look at that before the next meeting, but speaking for myself -- and I think probably most of the other workgroup members -- we will appreciate having an opportunity to have a look at that at the same time that NIOSH begins their review.

DR. BEHLING: Yeah, if there's any problem, I will certainly inform the Board. But as it -- as it stands right now, I'm -- I'm pretty much -- I would say 95 percent done. I just need to sort of clean up a few things, but I hope

actually within the next two or three days to have -- have a rough draft available for in-house review, that may include Steve and John and others, and then hopefully a few days later you'll get your draft copy of that report.

MS. MUNN: That will be greatly appreciated. Thank you very much.

DR. BEHLING: You're welcome.

MS. MUNN: And now, without objection -- yes?

MR. GRIFFON: Before we break for lunch, can I just ask -- I think this is from NIOSH, really -- do we know -- I'm looking through TIB-70 -- which sites this is applicable to, or you didn't really list them in the -- in the TIB. Is it -- is it left open because you're not --

MR. HINNEFELD: Well, it's supposed to be -- it's not supposed to be specific to certain sites. I mean it -- it gives -- as I understand it, there are several situations described -- you know, various --

MR. GRIFFON: Right, right.

MR. HINNEFELD: -- types that Hans talked about, and so it's intended to be broadly applicable. And then you could use, depending upon what data you have for the site you're

interested in, you choose the section that you'd be doing, so it's supposed to be broadly -- broadly applicable.

DR. MAURO: In -- in general --

MR. GRIFFON: Yeah.

DR. MAURO: -- you have an AWE site that's -- its AWE operations have terminated --

MR. GRIFFON: Right.

DR. MAURO: -- but you are concerned about the post-AEC operation residual activity, and there's a need to somehow predict what the exposures would be to workers who still work there, but it --

MR. GRIFFON: Yeah, yeah, I understand the issue, I understand the issue, I just --

DR. MAURO: Oh, okay, and it did come up with, for example --

MR. GRIFFON: Yeah.

DR. MAURO: -- Dow. Dow is -- there's this post-1960 -- the Dow --

MR. GRIFFON: Yeah, and tha-- that's what I'm getting at is -- I think the -- the key -- the -- that's more review of implementation of this, I guess, because how this works on certain sites is not really part of this TIB,

be-- you know, 'cause I think -- I think --
DR. BEHLING: Can -- can I interrupt, Mark --
MR. GRIFFON: -- well, I think there's some big questions about how much data -- you know --
MR. HINNEFELD: How much is enough --
MR. GRIFFON: -- oftentimes this data in the non-operational period is -- you know, I mean we can all -- we all know that from 1990 to '92 ORAU did a lot of surveys for -- you know, for decommission and stuff --
MR. HINNEFELD: FUSRAP, yeah.
MR. GRIFFON: -- right, for FUSRAP, so you have a gap of 40 years --
DR. MAURO: Right.
MR. GRIFFON: -- and you have four -- you know, you have a -- a fair -- some weight data in the '90s, and the question of representativeness of that --
DR. MAURO: Need to fill it in.
MR. GRIFFON: That big gap, yeah.
DR. BEHLING: Can -- can I comment --
MR. GRIFFON: That's going to vary (unintelligible) sites --
DR. BEHLING: -- Mark? For instance, as John already mentioned, the Dow Chemical was

assessed using method one, meaning that they felt they had air sampling data during the operational period when -- when that facility processed material that is subject to OTIB-70 concerns, and then they had data that they felt was legitimately representative of a post-operational. And then what you do is you actually look at the two and you determine what lambda is, and then calculate your air concentration based on -- on the decay that is derived empirically from those two values for any year in between. And -- and I think if you look at the Dow Chemical document, the SEC petition for Dow Chemical or the evaluation for the SEC, you will see that approach.

Now the question is that -- and I'm sure that we will probably go into that with respect to how legitimate was the post-operational air sampling data, which for Dow Chemical occurred in 2006, and I won't go into details but at that time they had already undergone two D&D efforts. But they also, to -- to further complicate the issue, they continued to pro-- process thorium after that brief period when thorium was actually involved with the AEC, so

there are two complicating factors, the --

MR. GRIFFON: I mean the -- the other thing I think we at -- as the Board, the workgroup need to keep in mind -- and this'll be more site-specific considerations I think, but you know, the ac-- the activities of -- during the post-operational period. I mean I think -- you know, I'm just -- I'm just paying close attention to that 'cause I'm not sure that that's really accounted -- it's accounted for in a generic sense, but you know, I -- I -- having some experience in cleaning up several of these sites, I -- I know that those questions were raised to me by former employees that, you know, we've been working there for 30 years doing XYZ, and now you're in there with respirators on doing -- you know, I mean -- so that kind of thing, you know, we're almost assuming sort of non-intrusive activities went on in this interim period, and that's not always the case. In some sites they -- you know, so tha-- and then you-- then you have this question of are we really modeling the source term correctly, you know, so -- anyway --

DR. WADE: Uh-huh, this will be discussed.

MR. GRIFFON: -- put that on the table.

DR. WADE: Miss Wanda?

MS. MUNN: Yes?

DR. WADE: Ready to go to lunch?

MS. MUNN: We are ready to go to lunch, yes.

DR. WADE: Want to take an hour?

MS. MUNN: We'll take a full hour. We'll be back here at 1:10.

DR. WADE: We're going to break the line. We'll dial back in about 1:05. Thank you all.

(Whereupon, a recess was taken from 12:07 to 1:09.)

DR. WADE: Hello, this is the workgroup conference room and we're just about ready to begin. Ray, are you ready?

THE COURT REPORTER: Yes, sir.

DR. WADE: Ms. Munn?

INDIVIDUAL ITEM REVIEW - 2ND SET

MS. MUNN: It's our expectation this afternoon to try to do what I have heretofore found to be the impossible, which is track what we're doing from the second set. And if we have any opportunity at all to do so, we will take a look at the third set.

The second set of procedures that we had has been dated 6/8, I believe. Is that correct? There were originally 112 of them -- findings, that is. We have 37 open. So if what I have on my screen is anywhere near correct, that would start us with OTIB-12 or not?

MR. HINNEFELD: Yeah, I am waiting for my computer.

MS. MUNN: All right. It's very helpful that Stu can illuminate that end of the room with this data, rather than relying on --

MR. HINNEFELD: You're saying we're starting with OTIB-12?

MS. MUNN: Well, no, we're -- we're starting with the second set, and that would be dated 6/8/2006. And my first -- although I was supposed to have been sorted by date here, it didn't work out that way. My -- it appears that the first 6/8 that I have is OTIB-17.

MR. HINNEFELD: How are you sorting?

MS. MUNN: By date -- sorting by date.

MR. HINNEFELD: Procedure number?

MS. MUNN: Start by date, then by procedure number.

MR. HINNEFELD: Well, I just got thrown off.

MS. MUNN: Uh-huh, the date is 6/8/06, because that was when the second set was first provided to us. We're giving the -- the process a workout here.

MR. GRIFFON: What is TIB-17?

DR. MAURO: Non-penetrating?

MR. HINNEFELD: Shallow dose thing?

DR. MAURO: Is that non-pene-- non-penetrating radiation?

MS. MUNN: Do you have these all in your head, John?

DR. MAURO: That one I do.

MS. MUNN: I'll be interested to see if Stu's sort is more effective than mine. Kathy, if you're on, you and Steve, we're giving your -- I am personally giving your hard work a workout here. This is the crucial test. If Wanda can do it, anyone can do it. I don't quite understand why I am not getting the date sort that I asked for.

MR. GRIFFON: I don't think it's --

MS. MUNN: I'm going to go back and do that one more time.

MR. GRIFFON: Can you just sort by second set? I thought there was, you know, a little --

MR. MARSCHKE: You can sort by finding date or you have to put the -- you have to put it in twice. If you go --

MS. MUNN: I did put the --

MR. MARSCHKE: You have to put --

MS. MUNN: -- finding date --

MR. MARSCHKE: -- you have to put the date in. You have to tell it -- oh, okay. 6/8/2000 -- you probably have to put it in over on two, as well. And then you have to do a sort on it.

MS. MUNN: Yeah, I did the sort. Originally I had the date and --

MR. MARSCHKE: (Unintelligible) --

MS. MUNN: -- the first one --

MR. MARSCHKE: -- that's not...

MS. MUNN: Okay. And originally I sorted by finding date --

MR. GRIFFON: It doesn't look too good up there. Oh --

MR. HINNEFELD: Oh, well --

MR. GRIFFON: -- oh, you haven't --

MR. HINNEFELD: I want to get it up there before I turn (unintelligible).

MS. MUNN: And the second one was the procedure number, and the third one -- it shouldn't

matter that much. So if I put the date in, it works. If I don't put the date in, it doesn't work.

MR. MARSCHKE: Yeah.

MS. MUNN: Therefore the tracking system some (unintelligible) that we have becomes even more valuable and necessary. We have -- correction, now what comes up for me is PR-5 -- there it is.

MR. HINNEFELD: Well, I don't know why, but it came up for me, too.

MS. MUNN: Sure enough. Now with -- with a little help from my friends here, maybe I can get through this. There are --

MR. HINNEFELD: (Off microphone) (Unintelligible) one last screen (unintelligible).

MS. MUNN: It says Section 3 references do not contain any citations.

Steve is helping us here.

MR. MARSCHKE: (Unintelligible) helping her.

MS. MUNN: No, it's very helpful to know why I'm not getting what I'm getting.

MR. MARSCHKE: What did you want to get?

MS. MUNN: Oh, I got -- what we got.

MR. MARSCHKE: Okay.

MS. MUNN: Now what I need to do is take a look at -- what we need to look at is PR-5 to see -- no, I don't want to do that. That wasn't what I wanted to do. Oh, now I'm back where I started from. So if we sort by the finding date, which is 6/8 -- it gets me what I want. But then when I want to view PR-5, if I print new reports, it doesn't give me what I want. I click here --

MR. MARSCHKE: For some reason you're not showing the view details. Your -- for some reason your screen is not showing the details --

MS. MUNN: No --

MR. MARSCHKE: -- and I don't know why what's -- what's -- see where -- where Stu's arrow is up there?

MS. MUNN: Uh-huh, right.

MR. MARSCHKE: For some reason that doesn't show up on your screen.

MS. MUNN: No, it doesn't show on my screen, and I don't know why.

MR. MARSCHKE: Maybe if you hit the -- expand the -- hit that -- yeah, that -- there you go.

Now hit the detail screen right in there.
MS. MUNN: Ah, there it is. I wonder why it didn't come up.
DR. MAURO: You didn't have the full screen. What you -- you -- in other words, the full screen.
MR. MARSCHKE: There you go.
MS. MUNN: Okay.
MR. GRIFFON: The form wasn't showing up, yeah.
MS. MUNN: So now we have OCAS PR-5 and what do we have open? Section 3 doesn't contain any citations, although it's unlikely this procedure is -- oh, my goodness.
DR. MAURO: That's Steve Ostrow.
MS. MUNN: Holy cow, this procedure... there were no references, so is there --
MR. HINNEFELD: This procedure is not dose reconstruction procedure or anything like that. This is --
DR. MAURO: Was this a -- oh, is this one of these quality assurance ones? Steve Ostrow did all the reviews of the quality assurance ones, and I recognize Steve's --
MS. MUNN: The terminology.
DR. MAURO: The terminology.

MR. MARSCHKE: The -- the handout that I gave, basically what I did was, based upon the last workgroup meeting, I took the initiative to review the 37 -- or I thought I was given the direction to review the 37 open --

MS. MUNN: We tasked you to look at them.

MR. MARSCHKE: Right, the 37 open issues, and to look at the responses that NIOSH had given and see whether we agreed, disagreed or -- or -- or what, and that's the handout that I gave is basically the results of that review of those 37 open set two issues.

MS. MUNN: So what Steve has given us here show that the first four issues from PR-005 can be closed since the author of the finding agrees with the NIOSH response.

UNIDENTIFIED: That goes back to your comment.

MR. GRIFFON: That goes back to my point, yeah. Tho-- SC&A's not closing these so I think we need to --

MS. MUNN: No, that's right, we need to take a look at --

MR. GRIFFON: And it does say recommended, yeah.

MR. MARSCHKE: Place to start.

MR. GRIFFON: Yeah.
MR. MARSCHKE: So recommended status --
MR. GRIFFON: Right.
MR. MARSCHKE: -- I mean -- but the only thing you can do is you can look at --
MR. GRIFFON: Right.
MR. MARSCHKE: -- the finding and you can look at the response and see --
MR. GRIFFON: Right.
MR. MARSCHKE: -- whether you agree as well.
MS. MUNN: Right. And the NIOSH response was very straightforward. There were no references for item one. Can the members of the workgroup accept that as closure?
(No responses)
Any objection to that?
DR. ZIEMER: I'm not objecting, I just want to make sure I understand this. So initially the finding was they should have cited something -- it appeared that there was a -- there were comments about the assessment that they didn't cite any particular sources. Is that correct?
MR. HINNEFELD: Yes.
MS. MUNN: Uh-huh.
DR. ZIEMER: And the response is well, these

were experienced assessment people so they were basing it on their general knowledge without -- is that --

MR. HINNEFELD: They wrote it from their experience and it reads just like the previous -- what they'd done as assessors in previous jobs --

DR. ZIEMER: Right.

MR. HINNEFELD: -- in terms of establishing an assessment plan, the assessor -- you know, essentially starting out (unintelligible) assessment plan and with the criteria he had to compare (unintelligible) items (unintelligible).

DR. ZIEMER: So they weren't -- it wasn't somebody else's material.

MR. HINNEFELD: We didn't pull out a QA reference on (unintelligible) assessment (unintelligible) anything like that. (Unintelligible) sat down and wrote it from previous experience.

MS. MUNN: Is there any concern with this being closed?

(No responses)

Let's close it.

Item two, the next one would be -- no, can't do that, so that's...

MR. GRIFFON: So the-- there are no qualifications required for doing an assessment -- that's what this says, right? -- in the NIOSH response? And when -- when we're talking assessments, you're talking -- I -- just to refresh my memory, all these are --

MR. HINNEFELD: (Off microphone) We'll (unintelligible) -- they're assessments of the contract-- usually they're --

MR. GRIFFON: Oh, okay.

MR. HINNEFELD: -- assessments of the contractor.

MR. GRIFFON: Right.

MR. HINNEFELD: Some aspect of what the contractor is doing, whether -- you know, just as an arbitrary case, the filing of the hard copies, written responses from DOE or something, you know, is that being done appropriately or something like that. And I just made that up, I don't know --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- (unintelligible) ever did that or not. Or -- I -- I can't even think of

very many examples, but it would be --
MR. GRIFFON: Okay, that's --
MR. HINNEFELD: -- (unintelligible) could assess -- I don't know if they did this, but the implementation of the software, quality aspects for dose reconstruction (unintelligible) or something like that. So the assignment -- I mean personnel are selected and assigned based on their abilities, rather than just say well, anybody can go do any assessment. That -- that's not what we're saying here.
MR. GRIFFON: Right.
MR. HINNEFELD: You know, the assignments are made based on the abilities of the assessors, who are -- these are mainly done by health physicists, although sometimes we will have somebody else --
MR. GRIFFON: I like that response --
MR. HINNEFELD: -- (unintelligible) --
MR. GRIFFON: -- better than the one you've got in the database, quite frankly.
MR. HINNEFELD: Yeah.
MR. GRIFFON: It makes me feel better, you know.

MS. MUNN: Perhaps the wording is --
MR. HINNEFELD: Well, I can reword that.
MR. GRIFFON: Yeah.
MR. HINNEFELD: Because they're -- you know, the assignments to the teams --
MR. GRIFFON: Yeah.
MR. HINNEFELD: -- are made based on the abilities --
MR. GRIFFON: Obviously you're not going to have someone assess the database implementation that doesn't have experience in --
MR. HINNEFELD: (Off microphone) (Unintelligible)
MR. GRIFFON: Right, right.
MR. HINNEFELD: Right.
MS. MUNN: Can we just add the word "qualified" after "any" -- "any qualified OCAS staff" --
MR. HINNEFELD: I could -- well, I can put in the words about, you know, assignments are made based on the abilities and qualifications of the individual, you know -- or assignments to --
MR. GRIFFON: That's fine.
MR. HINNEFELD: -- are made on that.
MS. MUNN: All right. Will that meet the

concerns of proper language?

MR. GRIFFON: Yeah.

DR. MAURO: These -- these are related to the quality assurance procedures, which I -- am I correct, we're in a different realm now. We're not talking about any kind of technical assessment.

MS. MUNN: No.

DR. MAURO: We're making sure -- this is almost like an audit, an internal audit to make sure that the procedures are being followed? I recall -- see, I recall the series of procedures that Steve Ostrow reviewed, and -- and I remember they're dealing primarily with what you would call quality -- quality assurance audits. And there was -- there were a number of them. We're not really what I would call -- they were to make sure the procedures were being followed, so -- am I cor-- am I -- am I correct about what these are, as opposed to being a sci-- a scientific procedure, how do you go about doing a dose calculation. It's a procedure of -- to make sure that the dose calculations were being done in accordance with your procedures.

MS. MUNN: These are administrative.
DR. MAURO: Administrative -- these are administrative.
MS. MUNN: -- rather than technical assessments.
MR. HINNEFELD: Yes, these -- these tend to be administrative.
MS. MUNN: Yes. So we have an action that NIOSH will revise the wording and so do we want to see this again or not? Can we just accept it as closed?
DR. ZIEMER: He told us what the new wording would be.
MS. MUNN: Closed? Closed.
MR. HINNEFELD: (Off microphone) Then will the rewording go in there where we put our initial response? (Unintelligible) put that in or...
MS. MUNN: No.
DR. ZIEMER: No.
MS. MUNN: No, those --
DR. ZIEMER: (Unintelligible) your initial response.
MR. HINNEFELD: In other words, down in a NIOSH follow-up or something?
MS. MUNN: It goes down under NIOSH follow-up,

yeah, at the instruction of the workgroup, wording's changed to -- as it is.
Okay, very good. We'll see you in Redondo Beach.
Next item, item three, checklists are optional. They're referred to in the text as examples and terms such as may be used are included. Steve has accepted that and listed it as closed. Is there any objection?
(No responses)
If not, item three is closed.
Next, item four, which Ostrow has also accepted, shows the checklists provided are examples, as labeled. The assessor has the freedom to develop a checklist, if used, that best suits the needs of the assessment. Any problem with that response or with the agreement of SC&A?
(No responses)
It can be marked closed.
Our next item is PR-7, dose reconstruction review, item one.
MR. HINNEFELD: This procedure is the -- what is done by the OCAS health physicists when a draft dose reconstruction comes in from

(unintelligible). That's -- this is the review that's done by OCAS (unintelligible) it's the procedure for that review.

MS. MUNN: And our last instruction that I can see is to have SC&A review the modified TIB-8. I'm assuming that has been done. Is that the last -- I'm not -- I'm not getting down to the -- look -- look here.

MR. HINNEFELD: Okay, you're on seven.

MS. MUNN: Someone who is more conversant with this than I --

MR. HINNEFELD: Okay, we sent this one response at one point.

MS. MUNN: Yes.

MR. HINNEFELD: There were three TIBs, 6, 7 and 8 --

MS. MUNN: Yes.

MR. HINNEFELD: -- all which we said we would revise, and so only -- only part seven -- only 7 pertains to this and then SC&A will review the modified -- this should actually be seven. Okay.

MS. MUNN: Yeah.

DR. ZIEMER: Six or 7.

MS. MUNN: Says in either 6 or 7, and so my

question then is I'm assuming that -- has that been done? That -- that's been done.

MR. MARSCHKE: Steve reviewed the -- yeah, if you look, he -- he reviewed the changes made to revision two.

MS. MUNN: And has accepted them, and it's now marked closed. Any objections to that?

DR. ZIEMER: The original finding was they need to clarify the -- the authority under which the --

MR. HINNEFELD: The auth-- the authority that established the frequency of -- originally there were three types of reviews of -- of these dose reconstructions.

DR. ZIEMER: Right.

MR. HINNEFELD: (Off microphone) The basic review is what's -- it's sort of the default (unintelligible) over, you do it -- you do that and you do your review, and you approve it or make comments on it. The second level review is a documented checklist -- you know, the checklist items from the procedure, you have to complete the checklist when you do the review, and that -- the -- our -- NOCTS, our computer system that controls -- I mean the movement of

a case through the case process, and so we do all of our interactions with the case in NOCTS, so one of the things we do is either review it and then either approve it or return it. So five percent of the time when a health physicist opens up a case to review -- or is ready to approve it, he's presented -- he's presented with a form, a checklist -- I guess it's either way, whether he returns it or not, approves it, the -- the system automatically presents him with a checklist that he has to complete in order for -- to move the case on. So five percent of -- so there's no -- you know, so that -- that is the authority of what -- I guess the frequency of the various types in the first procedure was -- you know, wasn't so -- who's going to tell you how many times to fill out the checklist. The third category, by the way, which blind reviews which we don't do. (Unintelligible) a blind review -- in other words, completely duplicating the dose reconstruction, we don't do that. So this -- there are only two now, and the computer automatically pops up so that's essentially in the computer program in this way, where the

authority is (unintelligible) but the frequency -- or it's programmed -- the five percent is programmed into the computer program.

MS. MUNN: Yeah.

DR. ZIEMER: What were you asking in the finding? By whose authority do you decide what's to be reviewed or what -- what's --

MR. HINNEFELD: Well --

DR. ZIEMER: -- what's the finding?

MR. HINNEFELD: The finding was -- we list these three levels of review but we don't say how often we're going to do a basic or how often we're going to use the intermediate level or how -- how often we're going to use the blind, how many of those you're going to use, that's (unintelligible) --

DR. ZIEMER: That's not clear from the finding that they're challenging the frequency so much as who -- who made the decision --

MR. HINNEFELD: (Off microphone) (Unintelligible) wanted to say there was no one specified to decide who that -- what that was.

DR. ZIEMER: Oh, I see --

MR. HINNEFELD: The procedure doesn't specify who decides.

DR. ZIEMER: Okay. And now you don't need --
MR. HINNEFELD: (Off microphone) And now you don't -- the procedure in a -- in a subsequent programming of the computer (unintelligible) --
DR. ZIEMER: So now it's a policy of (unintelligible) --
DR. MAURO: So -- so is it automated?
MR. HINNEFELD: Uh-huh.
DR. MAURO: I understand.
DR. ZIEMER: So the decision has already been made --
MR. HINNEFELD: The decision has already been made --
DR. ZIEMER: -- (unintelligible) there's a policy, this is --
MR. HINNEFELD: Yeah.
DR. ZIEMER: -- how it's done procedurally, so nobody has to -- like we don't have to say that Stuart Hinnefeld will decide --
MR. HINNEFELD: Yeah, I don't have to see how many we've reviewed and say gee, we reviewed 80; we need another -- we need four -- we need four higher level, you know, documents.
DR. ZIEMER: Computer select these at random?
MR. HINNEFELD: As far as I know. They -- the

computer guys tell me it's random, but I -- you know how that works.

MS. MUNN: Uh-huh.

MR. HINNEFELD: As far as I know, it's randomly selected.

DR. ZIEMER: There -- there were so many that came up at --

MR. HINNEFELD: Yeah, yeah, every 20 or whatever, however often -- however it selects. I don't even know -- I don't know if it's every 20th one or it has some other selection.

MS. MUNN: Is -- is the problem we're discussing right now our failure to capture the -- the real thought of the finding correctly?

MR. HINNEFELD: Well --

MS. MUNN: 'Cause remember we -- we populated these as quickly as we could and -- and the whole idea was to be brief but to catch the sense of it. Was authority the incorrect word here? Perhaps it --

MR. HINNEFELD: No, as -- as I recall, the finding was -- as I recall the finding, it was you don't specify who decides how often to do the various levels of review.

DR. ZIEMER: Yeah, is it the person that's

doing the review, is it Larry or --

MR. HINNEFELD: Is it the HP or is it Larry or -- or who is it? You don't specify who is it who decides how often.

MS. MUNN: So authority is adequate or correct.

MR. HINNEFELD: Yeah, I believe it's captured okay.

MS. MUNN: All right. Fine. Then we can accept the assessment of the -- of the original finder that the response is adequate and it's closed?

DR. ZIEMER: I'm okay with it.

MS. MUNN: Okay, 7-01 is closed. Next is 7-02, the role of the contract oversight team leader should be delineated in Section 4.

MR. HINNEFELD: (Off microphone) I believe that was a (unintelligible) like a responsibilities section or something? I suppose the contract oversight team leader was mentioned in the procedure in some fashion, but he wasn't mentioned in the procedures -- in the responsibilities section. I think that's what (unintelligible).

MR. MARSCHKE: It's the other way around, probably.

MR. HINNEFELD: Or maybe it's the other way around.

MR. MARSCHKE: Or maybe -- no, I think you're right actually.

MR. HINNEFELD: Anyway, the revi-- the revision of that kind of took that out, the -- it -- it's -- dose reconstruction review is assigned to all the health physicists as a -- and they fit it into the rest of their work -- into their work time. Certain health physicists have a lot of -- do a lot of work on SEC petitions, evaluation reports and things like that, so they don't do very many dose reconstructions. Some health physicists primarily do dose reconstruction. So -- and everybody understands that they are to get dose reconstructions out of the -- what's called the un-- the unassigned queue in -- in NOCTS and put them in their queue and do the revisions as they can get to them. And certain guys have that high on their -- high on their list because they don't have other tasks competing so much. Other guys have it a little lower on the (unintelligible) 'cause they have competing activities.

DR. ZIEMER: Okay, but in the original -- before you revised, this -- this document mentioned the contract oversight team leader but didn't say what their responsibility was, that's --

MR. HINNEFELD: (Off microphone) I believe that's what the finding (unintelligible).

DR. ZIEMER: The new revision doesn't even --

MR. HINNEFELD: (Off microphone) Doesn't even (unintelligible), right.

DR. ZIEMER: -- include that because that person has no responsibility. Is that your --

MR. HINNEFELD: That's my under-- that's my understanding. There is no specific responsibility for dose reconstruction review assignment.

DR. ZIEMER: There is a person called that.

MR. HINNEFELD: I don't -- I don't know -- I guess I don't really know how that fa-- I'm not famil-- that part of the procedure, sitting right here, but there is a person called that. But the -- but in terms of his specific responsibilities with dose reconstruction review, I don't know if they're spelled out in this procedure or not 'cause the procedure more

describes what is a health physicist supposed to look at when they do a dose reconstruction.

DR. ZIEMER: And what's the last -- S-- SC&A said what?

MS. MUNN: SC&A said that they were told to review the modified OTIB-8, and either 6 or 7, if those documents are determined to be documents reviewed as the result of this review, or await workgroup instruction if either 6 or 7 are to be considered new documents.

MR. HINNEFELD: Those are the same for all the DR (unintelligible).

MS. MUNN: Yeah, for all the -- of this entire procedure, so SC&A apparently has looked at this and Ostrow is accepting of the fact that there are no specific responsibilities that are necessary.

DR. ZIEMER: Or that this person's even involved in the --

DR. MAURO: Exactly --

DR. ZIEMER: -- process.

DR. MAURO: -- he's out of the picture -- he's out of the picture now.

DR. ZIEMER: Yeah. So it's a moot point.

MS. MUNN: Okay, closed. Next issue, number three, the procedure is not clear on how the cases are chosen for review. NIOSH says the document was revised. Every DR is reviewed according to the requirements of Section 5.1.1. Five percent of all DR reviews are selected at random automatically by NOCTS.

MR. HINNEFELD: (Off microphone) (Unintelligible)

MS. MUNN: And that's been accepted without issue.

MR. HINNEFELD: See, there's no real selection --

MS. MUNN: Right, huh-uh.

MR. HINNEFELD: -- because they all get reviewed.

MS. MUNN: Right.

MR. MARSCHKE: And five percent get the --

DR. ZIEMER: Five percent --

MR. MARSCHKE: -- get the random review.

MR. HINNEFELD: (Off microphone) Five percent (unintelligible) checklist (unintelligible).

MS. MUNN: Okay, closed. Next issue, item number four. The procedure mentions training for health physics personnel reviewers, but

does not reference the procedure covering their training process. Both NIOSH and SC&A have looked at this and -- prior to the response of NIOSH that says the document was reviewed -- was revised and there are no training requirements.

MR. HINNEFELD: Okay, now there are qualification requirements to be hired.

MS. MUNN: Uh-huh.

MR. HINNEFELD: Once we have a health physicist, then the process is sort of a -- work under the direction of a more senior person until you're in -- and demonstrate the ability to -- to do the work on -- independently, and then you're allowed to do the work independent -- that's essentially the process by which people are brought up to speed. And we -- we rarely hire -- I think we have hired a few people in the last year, but (unintelligible) couple in the past year, but it's not like we're hiring and having (unintelligible) turnover and a lot of new -- new people coming in and doing dose reconstruction, but the process is not so much that -- here's your training manual, do this

training and then you're -- then you can go do dose reconstruction reviews. The -- it is here -- here, start with this one, but you don't approve it; you tell me what you would -- what would you write on it (unintelligible) you pass this on a particular finding and someone else (unintelligible) kind of a (unintelligible).

DR. MAURO: We do it the same way.

MS. MUNN: So Stu, if there are no training requirements in this document --

MR. HINNEFELD: Right.

MS. MUNN: -- do they appear elsewhere?

MR. HINNEFELD: Well, they're in the qualification requirements for the position.

MS. MUNN: Qualification requirements should be adequate for the job.

DR. ZIEMER: Okay, but why does the procedure mention training? Why does the procedure mention it?

MR. HINNEFELD: I don't think it does.

DR. ZIEMER: Well, it says the procedure mentions training.

MR. HINNEFELD: It did originally.

DR. ZIEMER: Oh, it doesn't anymore?

MS. MUNN: It says the document was revised;

and that may have been the revision, I don't know.

DR. ZIEMER: SC&A know the answer to that, is -- was --

DR. MAURO: I'm assuming the fact that Steve agreed, he checked item --

MR. MARSCHKE: Steve --

DR. MAURO: -- Steve Ostrow.

MR. MARSCHKE: -- Steve -- yeah, he was given the revision, too, and I'm assuming that he checked as well. I should have -- I should have asked Steve Ostrow to be on the phone for this meeting and I forgot -- slipped my mind.

DR. MAURO: I can give him a call.

MR. MARSCHKE: I might have the phone number, John.

DR. MAURO: I take it --

MS. MUNN: Do we have the ability to pull up the document?

DR. ZIEMER: So let -- well --

MR. MARSCHKE: Yeah.

DR. ZIEMER: -- I -- I'm okay with it, I --

MR. MARSCHKE: We do have the ability to pull up the document.

DR. ZIEMER: If the document's --

MR. MARSCHKE: Yeah, we got a few more. We're up to -- we have four or five more.
DR. ZIEMER: What we're saying is the document doesn't re-- mention or require training.
MR. HINNEFELD: Yeah, it originally talked about training for the health physics personnel.
DR. ZIEMER: Right.
MR. HINNEFELD: And I believe that was written before we did any.
DR. ZIEMER: And you also were telling us actually there is some training that's not formalized in this document --
MR. HINNEFELD: Right.
DR. ZIEMER: -- so --
MR. HINNEFELD: And in fact it is a -- it's -- you know, sort of construction as they, you know, work under the observation or, you know, the guidance of somebody until you can demonstrate the ability to do it, and they you -- then you're allowed to do it on your own, so that's the -- that's the process. I think the original version -- the version of the procedure that was reviewed was probably written as things were starting --

MS. MUNN: Uh-huh.
MR. HINNEFELD: -- before I was even there --
MS. MUNN: I think this was very early on.
MR. HINNEFELD: -- and they said well -- and so they put these things together, envisioning that -- what would happen, and then as people -- as they -- 'cause there were -- they started with what, maybe three health physicists, so as they started adding staff to review these dose reconstructions that were, they adopted a different practice that -- rather than a formal training package, so...
DR. ZIEMER: Is there a final SC&A response?
MR. MARSCHKE: It hasn't been added at this point. What we would do is --
DR. ZIEMER: In other words, would they say yes --
MR. MARSCHKE: What -- what -- what --
DR. ZIEMER: -- we have reviewed this and we --
MR. MARSCHKE: -- what you have on the -- on the -- on the page, we can basically take it and stand upon this or -- or -- or we have not added --
DR. ZIEMER: Well, I'm wondering if there should be a sentence similar to what we talked

about in that other document --
MR. HINNEFELD: Right.
DR. ZIEMER: -- where SC&A says we have reviewed this and we agree that the procedure no longer mentions --
MR. MARSCHKE: You need a little bit more explanation as to why we agree.
DR. ZIEMER: Yeah, that's what I'm asking.
MR. MARSCHKE: Yes, I would --
DR. ZIEMER: Something like a sentence similar to what we talked about in that earlier --
MR. MARSCHKE: Yes.
DR. ZIEMER: -- what -- why did you agree.
MS. MUNN: Right.
MR. MARSCHKE: Right.
DR. ZIEMER: We agreed because either -- either it no longer mentions, if it did originally, training --
MR. MARSCHKE: Training --
DR. ZIEMER: -- or if it does, Stu just described what the training is. There -- there is some training, but maybe it's not mentioned here.
MR. MARSCHKE: Yes.
MS. MUNN: But the SC&A follow-up area down

there is probably the appropriate place to close it out. Right?

MR. MARSCHKE: Yeah, we can put it in there.

DR. MAURO: I think as -- again, as a ground rule, what we've been doing is sending the response to our folks that originally had the comments, saying what do you think, and they said oh, it looks okay --

DR. ZIEMER: Yeah.

DR. MAURO: -- but what we need is more than that. We need it looks okay because.

DR. ZIEMER: Yes.

MS. MUNN: Exactly.

DR. ZIEMER: I mean I'm -- I'm, again, agreeable to closing it, but the basis for the closure is -- is not delineated.

MR. MARSCHKE: I believe --

DR. ZIEMER: And I think that would be --

DR. MAURO: Steve is calling in right now.

MR. MARSCHKE: Steve Ostrow is just calling in so we'd be able to get his input as to why he agreed.

DR. MAURO: But still I think we still have to fill in -- fill in --

MR. MARSCHKE: We have to -- yeah, we have to -

-

DR. MAURO: -- fill in the record, essentially.

MR. MARSCHKE: Yeah.

MS. MUNN: Yeah, it will.

DR. ZIEMER: Good.

MS. MUNN: Is this the kind of thing that we can have another report on in September when we're at Redondo Beach, or is it going to take a little more --

MR. MARSCHKE: Oh, I don't think --

DR. ZIEMER: I'm satisfied that we -- if we know how to close it, as long -- as long as they agree to put the reason in the --

DR. MAURO: Uh-huh.

DR. ZIEMER: -- I mean if it's what he just described.

MS. MUNN: Yeah. And I -- I'm saying that it would be wise for us to take a look at their resolution --

DR. ZIEMER: Make sure that it's --

MS. MUNN: -- to see that the wording does indeed fulfill our desires.

MR. MARSCHKE: So I'll hold off making any closing of these 37 until after the September 4th meeting?

MS. MUNN: Assuming that you'll have the database filled in with the final closure comments at that time.

MR. MARSCHKE: Yes.

MS. MUNN: And then -- yeah, that's what we'll be looking for is --

MR. MARSCHKE: I'll put it in the SC&A follow-up; we'll put some --

MS. MUNN: Uh-huh, yeah.

MR. MARSCHKE: -- words to that effect.

MS. MUNN: Yeah, right.

MR. MARSCHKE: Okay.

MS. MUNN: And if you've got a date up there, then that's the closure date for us.

All right, that's good for number four. The next one is item number five, the procedure does not reference OCAS PR-005 for basic reviews or for detailed reviews. NIOSH says it was revised in 2007, it's a stand-alone document, PR-5 is referenced in Section 3. That's adequate. Any problems with that or any of the language on it? It would simply be accepted as-is.

(No responses)

Closed?

(No responses)

Closed.

DR. ZIEMER: Just for my understanding, what would SC&A's statement be on this particular case?

MS. MUNN: NIOSH response is adequate, accepted as-is.

DR. MAURO: Or that we loo-- we -- I guess as to the response or let the -- good question. The document was revised on 2/1, so that was quite a while ago. The question is, was our response because we read the revised document and see that yes, in fact it has made -- the changes have been made and, as changed -- or is that document is now fully responsible -- responsive to our originally concern, or is it that all we simply say was well, we saw the response -- I mean I guess I'm not sure whether we actually reviewed the new procedure. You see what I'm getting at? Whe-- whether or not our -- our current position --

MR. MARSCHKE: Steve -- no, Steve has looked at Rev. 2 of the procedure.

DR. MAURO: Okay, he did look at that then. All right. So the word -- the word should be

we reviewed --

DR. ZIEMER: We have verified that.

DR. MAURO: -- verified that this has in fact occurred. Okay.

MR. HINNEFELD: I think the -- the meaning of the response, if -- I think -- well, first of all, I think -- well, part of the response is okay, we added OCAS PR-5 as a reference.

MS. MUNN: Uh-huh.

MR. HINNEFELD: That's part of it.

MS. MUNN: Right.

MR. HINNEFELD: I think the other part is that we don't -- there was no need to refer back to PR-05 for the basic and detailed review because the -- PR-7 describes to you as you do the review that five percent of the time the form's going to pop up and you have to complete the checklist on it during your review. And so I believe that's what it means by "this is a stand-alone document" is that it's described there, you know, the differences are described there, so there's no need necessarily to talk back to PR-05 for what's a detailed and what's a basic review.

DR. MAURO: I -- I have to say, what I'm --

this is -- this is our first time through. Probably we need to do a little bit more writing -- not a lot more --

MS. MUNN: Not much.

DR. MAURO: -- probably just a --

DR. ZIEMER: Probably just a sentence, just a sentence.

DR. MAURO: -- just another sentence just to make sure that -- see, the way you're explaining it right now, Stu, is very --

MR. HINNEFELD: I think that's what it is. Now I'm --

DR. MAURO: Yeah, that would do it.

MR. HINNEFELD: -- I'm -- this is not very fresh in my mind --

DR. MAURO: Yeah.

MR. HINNEFELD: -- I don't --

DR. ZIEMER: But that's why we want something here, that we've --

DR. MAURO: Yeah.

DR. ZIEMER: -- confirmed that this appears there --

DR. MAURO: Yes.

DR. ZIEMER: -- or whatever it is.

MS. MUNN: And that's all it needs, actually,

to confirm that that's taken place --
MR. MARSCHKE: The question --
MS. MUNN: -- and we agree.
MR. MARSCHKE: The question I would have is why did we find that it -- why did we feel that it needed to reference PR-5 in the first place?
MR. HINNEFELD: It -- it might be that the original PR-7 didn't include any particular -- I don't know what it did. Maybe it didn't include a difference -- it wasn't sufficiently clear on the difference between a -- a basic and a detailed or maybe it was there was no instruction in PR-7 for how often you had to do a detailed, or something could have been -- I mean it could have been along those lines, but I don't -- I don't know.
MR. MARSCHKE: We'll have to go back and read the -- read our report.
DR. MAURO: Exactly. With -- with regard to the first item, SC&A's original finding, that's something that's easy to work with because we can just go back to our report --
DR. ZIEMER: 'Cause you have it, right.
DR. MAURO: -- we have it so we can go back -- and you know, maybe we could have done a better

job in summarizing that finding -- you know, our concern and why we had that concern, so --

DR. OSTROW: John, this is Steve Ostrow.

DR. MAURO: Yeah, hey, Steve, good. Thanks for joining us.

Steve, right now we're looking at the review of PR-007, item number five.

DR. OSTROW: Okay.

DR. MAURO: Okay? And if you have your reports, you -- you -- right now where we are is -- we're looking at our database, which I'm --

DR. OSTROW: Okay.

DR. MAURO: -- sure you're not looking at, but in effect what it does is it says okay, our original comment, your comment, in our original report regarding this particular matter is described and one -- in a one-liner.

DR. OSTROW: Uh-huh.

DR. MAURO: And I guess step one is when we summarized, very briefly, the one-liner --

DR. OSTROW: Yes.

DR. MAURO: -- did we do it justice in making it --

DR. OSTROW: Oh, okay, I see.

DR. MAURO: In other words, right now -- I'll read the words to you. We say the procedure does not reference the OCAS PR-005 for basic reviews, Section 5.1.5, or the detailed reviews, Section 5.1.2.

DR. OSTROW: Okay.

DR. MAURO: And I guess the first thing that happened here was within what context was that concern. Other words, this very brief description of your finding --

DR. OSTROW: Oh, all right.

DR. MAURO: -- may be a little too brief, and that's -- you know, that's more of our concern in loading up the database.

MS. MUNN: The question, Steve, really was why did you feel that 05 should be referenced to begin with. That was the question.

DR. OSTROW: Well, because OCAS-7 is on dose reconstruction reviews, but OCAS-5 talks about the -- the conduct of a-- of assessments, the basic reviews and the detailed reviews, so I thought that 07 should just reference 05.

MS. MUNN: Okay, that makes sense.

DR. OSTROW: I mean there's nothing profound about it.

MS. MUNN: No, understand that.
DR. OSTROW: I thought it was a related procedure, so this one I thought should reference the other one, too. And there's no deep meaning in that one.
MS. MUNN: Understand, okay. So -- so the statement that -- that since the revision has been made and the reference now appears in Section 3, you've confirmed that, and that therefore takes care of the -- of the issue.
DR. OSTROW: Yes.
MS. MUNN: Yeah, good. All right, that's what we need to know.
For this one, uh-huh. Thank you.
DR. OSTROW: You're welcome.
MS. MUNN: All right, we can mark this one closed.
DR. ZIEMER: Now there's still going to be a statement though. Right?
MS. MUNN: One more -- oh, yeah. Oh, yeah.
DR. MAURO: Well, we've got to load it now.
MS. MUNN: Yeah. Uh-huh.
DR. MAURO: That's part of our story.
MS. MUNN: Yeah, yeah. Yeah, we're -- we're making sure that Steve here has plenty to do.

MR. MARSCHKE: Right now I'm not going to close anything --

MS. MUNN: Nope.

MR. MARSCHKE: -- until after -- until we get these all -- all --

MS. MUNN: Until --

MR. MARSCHKE: -- all loaded and agreed -- and wording agreed to.

MS. MUNN: Right. Correct. Next issue is 7-6, the procedure should provide guidance on what is meant by "a significant overestimate," and the NIOSH response was it's been revised. The term "significant overestimate" does not appear in the current revision. That would seem to take care of the problem. Does anyone have any issue with that?

(No responses)

All right.

DR. MAURO: Other than -- when you -- I just --

DR. ZIEMER: And you'll state the -- exactly what she said.

DR. MAURO: Yes, right. And Steve, just for you -- now when -- when -- when you checked this -- I mean I guess the last step in this, did you read the revised procedure and confirm

that those words are no longer there?
DR. OSTROW: I didn't find it.
DR. MAURO: Okay. You di-- you di-- wait a minute, I'm sorry. You didn't find the procedure?
DR. WADE: He didn't find the words.
DR. MAURO: Oh, you didn't find the --
DR. OSTROW: I didn't find the words.
DR. MAURO: -- words, okay. Good.
DR. OSTROW: I read the procedure but I didn't see that -- those words in it.
DR. ZIEMER: They were well-hidden this time.
DR. WADE: He's not saying they're not there 'cause this is a lawyer we're talking about.
MS. MUNN: But the nice thing about electronic documents is it's easy to check to see if "significant overestimate" is there.
DR. OSTROW: Right.
MS. MUNN: Next item would be item number seven for the same procedure, the procedure should not be limited to, quote, radiological workers, end quote. Response from NIOSH is the procedure is not limited to radiological workers. The term "radiological worker" appears in the section which describes the

likelihood of exposure. No issue beyond that. Mr. Ostrow has accepted that, SC&A accepts it. Any issue around the table here?

(No responses)

Okay.

DR. ZIEMER: That one appears to still be an interpretation. Right?

DR. MAURO: I -- I'm going to have to leave this to Steve.

DR. ZIEMER: Steve, in other words, there's -- there's no revision or anything. You thought what they said that they were limiting it to radiological workers, and they're saying no, we only use that term when we're talking about the likelihood of exposure.

DR. OSTROW: That's true, and I re-read the procedure and I agree.

DR. ZIEMER: Yeah.

DR. MAURO: So -- so in effect you're withdrawing your comment. In other words, you --

DR. OSTROW: Yeah.

DR. MAURO: -- after -- after this clarification was made, you see that in fact it wa-- it was okay as it was.

DR. OSTROW: That's right.
DR. MAURO: Okay.
MR. MARSCHKE: Steve, what we're going to have to do, we're going to have to ask you on your -- for this PR-007 and PR-005 that --
DR. OSTROW: Right.
MR. MARSCHKE: -- we're going to have to -- we understand that you agree with the NIOSH responses, but we're going to -- you're going to have to add a little why do you agree --
DR. OSTROW: Certainly.
MR. MARSCHKE: -- for each one of the -- each one of the --
DR. ZIEMER: Yeah.
MR. MARSCHKE: -- responses --
DR. OSTROW: Okay, I can do that.
MR. MARSCHKE: -- so that we have it on -- on record.
DR. OSTROW: All right.
MR. MARSCHKE: So -- and we can add that to the database.
DR. OSTROW: Okay, no problem.
MS. MUNN: Thank you.
DR. WADE: And you don't have to say you're a bad person in that --

DR. OSTROW: I won't put that in.
DR. WADE: Okay.
MS. MUNN: The next item is PR-7-08. It is suggested that the record of issues/revisions provide more detailed information, and that the revised sections are denoted.
DR. OSTROW: That was just a general comment I made. It doesn't detract from the usefulness of the procedure. It's just that it's not that cl-- clear in the recommended issues and revisions what exactly has been revised.
MS. MUNN: That's a good suggestion. Historical versions are maintained.
DR. OSTROW: Yeah. So I suppose the answer is if someone is really interested in what's changed, you can look at one of the previous revisions.
MR. HINNEFELD: We do -- we do try -- we get varying levels of success in records of revision page describing what changed, so we understand that it's -- it's really helpful to have a pretty good idea why was the revision done and what was revised. But if you have a large number of revisions, then the record of revision becomes kind of tedious, or sometimes

-- when you're changing so much, record of revision just says "complete rewrite" --

MS. MUNN: Yeah.

DR. MAURO: I've seen that.

MR. HINNEFELD: -- and so -- "complete rewrite", so at that point it's -- it's really hard to tell unless you're going to go back.

DR. WADE: Remember our discussion of before lunch. We had just this discussion about how to maintain our own record of revisions.

MS. MUNN: Uh-huh. So that's -- response is accepted and we can close that. And --

DR. ZIEMER: Isn't -- I have a question, though. Is this -- this generally applies to all revisions, I guess, not just this particular -- you have a section called -- let's see, where did this arise? It was on a particular page where you must have listed revisions that you had made? Do you remember, Steve, what --

MR. HINNEFELD: It was a -- they re-- they reviewed Rev. 1, so --

DR. OSTROW: All the procedures have a -- near the beginning, a record of issue and revision, so they have like Rev. 0, Rev. 1, Rev. 2,

whatever, and each one gives a short description of what pages are affected and what sections and what the changes are. I mean all the procedures have that. I just noted it here for this particular procedure 'cause I was reading it. Since it's a revision, it's Rev. 1, I was trying to look at the record of issue and revisions to see what's changed since Rev. 0, and I ended up I just re-read Rev. 0, then read Rev. 1 so I saw what changed. It's more of a convenience issue. It's not really a -- a criticism of the procedure.

DR. ZIEMER: Well, I -- I was just saying I think it has broad ap-- applicability probably to other procedures as well, and I think your comment probably is even generic in that sense.

MS. MUNN: And was -- appears to have been accepted as such by NIOSH.

DR. ZIEMER: That would close it.

MS. MUNN: Uh-huh.

DR. ZIEMER: I -- I don't know that you could say anything more in this one, NIOSH simply accepts that.

DR. MAURO: Yeah, in effect this was just a -- what I -- what I'm reading there is it would be

helpful to all users that there -- if -- to -- the extent to which you can make it a little con-- you know, so it's -- it's not even really a -- a finding. It's almost like a constructive criticism.

MS. MUNN: Yeah.

DR. ZIEMER: Yeah.

MS. MUNN: It's not even a criticism --

DR. MAURO: It's not even a criticism.

MS. MUNN: -- it's just a good suggestion.

DR. MAURO: A suggestion.

MS. MUNN: And it's accepted. Next item is number nine, it would be helpful to the reader to include an acronym section in the procedures. Response is it's a good suggestion, and as a matter of fact that's frequently done now, is it not?

MR. HINNEFELD: Yeah. Yeah, I frequently have those. I don't know -- I don't know that this has ever been revised to include it, but -- this specific procedure, but it is fairly common, you know, to put in an acronym.

MR. MARSCHKE: Steve, did -- do you recall Rev. 2 of the -- of -- of this procedure included an acronym list?

DR. OSTROW: I don't think it did. I don't think it did. I'd have to check it again, but I don't think it did include an acronym list.

MR. HINNEFELD: (Off microphone) I think Rev. 2 was -- see, there's a little (unintelligible) the (unintelligible) issue here, you know, because, you know, Steve reviewed Rev. 1 and then I think Rev. 2 may have come out before we wrote the responses here.

MS. MUNN: I think so, too.

MR. HINNEFELD: And it would be like well, it's a good suggestion.

DR. MAURO: Didn't catch up.

MR. HINNEFELD: Too bad we didn't catch up -- we didn't catch it --

DR. MAURO: Should have told us sooner.

MR. HINNEFELD: -- should have caught it; wish we'd done it.

DR. OSTROW: Okay, I just took a look at Rev. 2 on my computer and it -- it does not have an acronym list.

MS. MUNN: And it does --

DR. ZIEMER: But you're -- Steve, you're recommending closing it on the basis that NIOSH agreed with you?

DR. OSTROW: Well, it's not a -- I mean this is not like a crucial issue.

DR. ZIEMER: No.

DR. OSTROW: I mean I wouldn't expect them to issue another revision just to put an acronym list in.

DR. ZIEMER: No, no, no.

DR. OSTROW: This is like in the future they -- it would be a good idea to include acronyms.

MS. MUNN: And for the most part, they do.

DR. WADE: Uh-huh. Make a note.

MS. MUNN: Yes. The next issue is -- when I just do "next issue," I get TIB-9, which is transferred to global issues.

MR. HINNEFELD: Where do you want to go?

DR. ZIEMER: What -- what was the one we just closed?

MS. MUNN: We just closed PR-7, item nine.

DR. ZIEMER: Oh, 7-9.

MS. MUNN: And before we get to the next one on the printed list that we have here -- just checking, since I have everything that is considered open, this is one of those interesting things. We have TIB-9-01, which is transferred to global issues, and I believe

we've agreed to leave them in transferred state until it's closed out somewhere else. That was our -- our agreement. So in the follow-up down here, perhaps it would be wise to indicate that the workgroup has determined that transferred items will be retained in the database until they're closed by the transferring -- by the transferred agency --

DR. MAURO: Question --

MS. MUNN: -- or group.

DR. MAURO: -- it's one thing to say yes, this issue now is -- is in the hands of OTIB-9 procedure review group, or you know, that group that's looking at -- or the folks that are concerned with OTIB-9. Now does -- does that mean that this stays in abeyance until that issue is -- I gue-- I'm -- I'm a little -- other words -- let me see if I can (unintelligible). This item here, one, has been --

MS. MUNN: We're --

DR. MAURO: No, no, I'm sorry.

MS. MUNN: -- not looking at this.

DR. MAURO: No -- no, I -- O--

MS. MUNN: It's not -- this is one that isn't

on here.

DR. MAURO: Okay, O-- okay, OTIB-09, I know -- I think I know what that is, and it -- right, the ingestion intakes.

MS. MUNN: Right.

DR. MAURO: Now, I believe that's a global issue.

MS. MUNN: Yeah. Yes, yes, yes.

DR. MAURO: Oh, you -- see it is glo-- good.

MS. MUNN: I see it is global.

DR. MAURO: Now the que-- and -- and it's been identified as transferred.

MS. MUNN: Uh-huh.

DR. MAURO: Okay. And it stays in that mode?

MS. MUNN: We -- it stays in that mode until global issues have addressed this --

DR. MAURO: Got it.

MS. MUNN: -- so that we don't lose track of it.

MR. HINNEFELD: Now there is no global issues working group.

MS. MUNN: Well, we -- we --

DR. WADE: Jim Neton -- Jim Neton was one of the bodies that we decided you could assign things to, so this is Jim Neton's global issues

--

DR. MAURO: It's in it already. I know Jim gives a summary of his globals.

DR. WADE: Right, so that's one of the elements we can track. Now he has to do his work.

MS. MUNN: Yes.

DR. MAURO: Then that's -- by the way, that's -- that's also a -- in this particular case, it's an easy one because there already exists --

MS. MUNN: Yes.

DR. MAURO: -- in Jim's global scientific investigations a body that's looking at this particular issue.

MS. MUNN: Yes.

DR. MAURO: Now the -- is it pos-- I guess -- have we ever run across a situation where we feel that this is a generic issue that has global implications, but there is no global place for it to be handled, but there prob-- there should be one?

MS. MUNN: The global place is Jim.

DR. MAURO: Okay -- okay, so in effect we could transfer something, even though it doesn't have a home yet.

MS. MUNN: That's true.

DR. WADE: But the Board would have to recommend to NIOSH --

DR. MAURO: Okay.

DR. WADE: -- that it develop a global issue around that.

MS. MUNN: Uh-huh.

DR. MAURO: Okay.

MS. MUNN: The next one that comes up is one that we have on our list, TIB-10-01. This is the best estimate external dose reconstruction for glovebox workers. The finding was the TIB lacks transparency. The radioactive source is not identified. Neither exact dimensions nor location are given, nor is the thickness of the walls presented. NIOSH response is good comment, information will be added as an appendix to the report. However, since the ratio is completely a function of geometry and not of radionuclide or material thickness, specification of radionuclide and material does not add real value. If a photon or neutron makes it through the shield, it will hit the upper torso approximately two times less intensely than the lower torso. And it's shown

as being in abeyance, then Anigstein concurs with NIOSH's proposal to specify the organs in a revised TIB. Is that your understanding as well, Stu?

MR. HINNEFELD: Yes.

DR. MAURO: I got a phone call from -- I -- Bob's probably not on the line because he's on travel somewhere else, but he called me yester- - last night or yesterday sometime. He mentioned something that may be -- or -- he says he agrees completely that the adjustment factors -- this had to do with the glovebox, film badge worn on the lapel versus the dose, let's say to the bladder.

And he agrees completely that the adjustment factor -- the factor of two is based entirely on geometry, so this business of the thickness of the walls of the glovebox and all that really are not important. But then he said but he recently was looking at another OTIB where it became apparent to him that well, there is another factor at play here that should be brought up before the workgroup, and that is the angle of incidence. So unfortunately when he reviewed this, he -- he did not evalu-- this

particular procedure, he did not look into the issue of angle of incidence, and the way he explained it was he did -- he did not have the software -- which is a MCNP version, fairly sophisticated -- to look into that matter, and -- but subsequent to reviewing this he now has access to that and he ran it to see what happens if you factor in not only the geometry but the fact that the film badge -- the angle is coming in at the edge of the film badge as opposed to perpendicular, and he said that might have another factor of two effect. So he asked me to pass on to the workgroup the fact that there is an angle of incidence concern here that should have been raised at the time of the review, but at the time of the review he did not have the tools that allowed him to evaluate that. So -- Steve, did you talk to Bob about this --

MR. MARSCHKE: No.

MR. HINNEFELD: He's got tha-- he's got it written in number five.

DR. MAURO: Oh, so it's written on a little further down?

MR. HINNEFELD: Yeah.

DR. MAURO: Oh, okay, so -- never mind. Sounds like we've got it.

MR. HINNEFELD: It's here.

DR. MAURO: It's here.

MR. HINNEFELD: It's here in the information provided. I -- I don't really have a response. I'll have to get some -- you know, got it and so --

DR. MAURO: Okay.

MR. HINNEFELD: -- may not have had it -- if I'd had it for a few days (unintelligible) have a response. We'll have to go back and -- and consider that. So in general, though, we believe there are probably some revisions -- some clarifying that should be done here as well anyway. Regardless of where we end up on this issue, we believe there are some clarifying things and so we expect there will be a revision, and then -- is there -- if this -- this is a substantive change that we adopt -- Bob's got another one here, too, number three -- these are substantive comments that would affect the numbers --

DR. MAURO: Yes.

MR. HINNEFELD: -- and so in other words

there's going to be a more lengthy resolution of that --

DR. MAURO: Yes.

MR. HINNEFELD: -- and -- than what we would -- you know, that -- that may take some -- some back and forth, you know, as would a number of (unintelligible).

MS. MUNN: It appears this status changes from open to in progress. And their -- the workgroup directive for this date would be for SC&A and NIOSH to identify what changes will be made and what TIB is affected.

The next issue then would be TIB-10-2, which appears to be essentially the same thing. The finding was lower torso organs not specified. Response is the lower torso organs are generally considered to be those that would be below the stomach. The TIB will be revised to clarify which organs are considered to be in the lower torso. So again, the status changes to in progress, and the direction is for NIOSH to continue with the specification of organs.

Next issue is TIB-10-3, correction factors do not represent worst case assumptions -- was the finding. The response was correction factors

do not need to be worst case scenarios. The uncertainty identified by the lognormal distribution incorporates worst cast scenarios and gives the worst case scenario the proper weight. Most recent response from SC&A says they would concur with the use of a distribution only if the TIB listed the 95th percentile correction factor and recommended its use in the DR.

MR. HINNEFELD: Okay, now this -- this may be a philosophical --

DR. MAURO: Yes.

MR. HINNEFELD: -- it's just philosophical.

MS. MUNN: Yes.

MR. HINNEFELD: And -- and I think Jim would be (unintelligible), so maybe whoever Jim designates.

MS. MUNN: I would think so.

MR. HINNEFELD: From our standpoint, you know, as a general rule we believe a distribution is a satisfactory representation of -- of a quantity, and it's not automatically necessary or appropriate to choose the 95th percentile every time you generate a distribution value to say well, we're doing that -- that has to be

done in order to be claimant-favorable. We think the use of the distribution itself in occasion can be favorable -- can be sufficiently favorable or is the appropriate distribution. Remember, a claimant-favorable decision is -- is selected when you have alternative explanations that are equally plausible and you can't really sort them out, so you make the claimant-favorable choice. In a situation where you have a more plausible explanation, there's no need to choose a somewhat -- a -- a plausible, but less-plausible, explanation that is more claimant favorable. So the -- the language about claimant favorability in -- probably in the preamble to one of the rules, has to do when there are alternative explanations that are essentially of equal probability. Because the other language in there talks about the weight of the evidence, and you develop a dose reconstruction that incorporates the weight of the evidence. And in those cases where you don't have a -- a weight of the evidence, a convincing weight of the evidence, then in those cases then you would choose the more

claimant-favorable option when you have equally weighted probabilities -- equally -- equally plausible approaches. So just laying that out there as kind of background for where I think the discussion would start on our side, and it could be that Jim will read this and say well, Bob's right. He might, 'cause I'm -- I'm pretty sure -- I'm sure Jim has not seen this. Or -- but it may -- we may get into a discussion along those lines.

DR. MAURO: And I -- I think this is a very important philosophical -- because what this means is when we do -- when a dose reconstruction's being done and there is some uncertainty, and say well, this guy's dose could be anywhere between here and here, and we really can't do much better than that, and the geometric mean of betw-- is here's the value -- so here's the value we're going to use with this uncertainty, so therefore you're -- or do you say no, it's between here and here, we're going to use a fixed value and assign the upper val-- value, and I agree. I think it's -- it's a judgment -- a policy decision that will have a big effect on the outcome, and I don't -- and

I know in some venues when we entered into this discussion, it usually went toward the fact that well, we have a building and someone's working in the building, and we know that some rooms have higher concentrations than others. But we also know that this worker -- his job was to work in all the different places, he didn't stay in one buil-- one room. He worked in a lot of different rooms. So for him, the median of the -- of the entire building is probably the right number for him. But for this other guy, let's say we don't really know where he worked, but we do know by and large that -- that peop-- there are people working one location, and we don't know really what location that was. In those circumstances, this has been something that we all -- we did discuss. We assigned the guy to the wor-- to the 95th percentile location --

MR. HINNEFELD: Yes.

DR. MAURO: -- 'cause if -- 'cause we don't know any better.

MR. HINNEFELD: Right.

DR. MAURO: Now we're talking about something similar where we're saying well, we -- when we

modeled this guy's dose, there's enough uncertainty on how you go about the mathematics of the process that we know we could put it -- it's between here and here. The question is what do you -- what do you -- what do you -- and right now you're picking the full distribution.

MR. HINNEFELD: For this -- this TIB came out originally using, I believe, the dis-- the full distribution --

DR. MAURO: Yeah, yeah.

MR. HINNEFELD: -- of -- I guess it's a (unintelligible) factor (unintelligible).

DR. MAURO: And -- and I think this is a -- a needed and healthy discussion with -- to -- you know, right now I -- I don't know what the right answer is but I think that this is something that needs to be discussed.

MR. HINNEFELD: Yeah, and I think that we'll have -- we'll have to bring a few people to the discussion, but that'll be part of this.

MS. MUNN: So our status changes from open to in progress. The SC&A comment that is shown on the printout that we have will be incorporated into the database with today's date, and the

workgroup's directive will be for SC&A and NIOSH to discuss this and attempt to reach a resolution.

DR. MAURO: I have a feeling it's going to be regulatory-driven. There's probably going to be some language in the regulations that will help us make a judgment where we should come down on this.

MR. HINNEFELD: Might be. Might be, and I'm -- I'm just laying out there, you know, a thought process and I don't know, it may not even be.

MS. MUNN: Next item is TIB-10, item four. Finding was analysis is needlessly complex. NIOSH response is noted, no revision is proposed. Anigstein accepts the fact that they've taken note of it, and that's -- was more of an observation rather than -- that should change to closed, and the wording that's identified here should be incorporated into the database.

Item five --

DR. ZIEMER: Well, wait. So on this one what did NIOSH actually do?

MS. MUNN: Nothing.

MR. HINNEFELD: Meaning wha-- in the original -

-

DR. ZIEMER: It's needless complex.

MR. HINNEFELD: Needless complex.

DR. ZIEMER: I mean did you simplify the analysis or --

MR. HINNEFELD: No.

DR. ZIEMER: -- is it still needlessly complex?

MR. HINNEFELD: Yeah. Yeah, some -- some of (unintelligible) complexity.

DR. ZIEMER: Well, maybe it's not needless then. Maybe it's --

MR. HINNEFELD: I have to go back on --

DR. ZIEMER: I mean -- I mean did --

MR. HINNEFELD: -- when the original report was --

DR. ZIEMER: -- did Steve think there was a --

MR. HINNEFELD: This was Bob.

DR. ZIEMER: -- some way to do it -- this is Bob's?

MS. MUNN: Yeah, Anigstein.

MR. HINNEFELD: He probably felt like you could have done this simpler.

MS. MUNN: Yeah.

MR. HINNEFELD: You said -- you were a lot more complicated in your description of this than

you need to be. You know, what you -- what you actually do there is not complicated, but it sounds a lot more complicated.

DR. ZIEMER: Well, when it said you'd taken note of the findings and were aware that -- you think it's needlessly complex?

MR. HINNEFELD: Yeah. I mean --

MS. MUNN: Well -- well, he said it was actually more of an observation. He identified it more of an observation than a finding, in any case.

MR. HINNEFELD: And I'm not familiar enough with which calculation they're talking about. It's -- it had to do with -- this -- this whole thing has to do with how you calculate the adjustment to a --

DR. ZIEMER: Well, I mean if --

MR. HINNEFELD: -- based on the geometry.

DR. ZIEMER: -- if you had an easier way to do it, then it would be fine to know that, but --

DR. MAURO: I mean if I recall, this is -- what I -- what I believe it is, there's this factor of two adjustment. In the end you have to into further calculations --

DR. ZIEMER: Yeah.

DR. MAURO: -- crunch, crunch, crunch, crunch numbers and model it and model the different geometries. In the end, we both come down to the same place, notwithstanding the angle of incidence issue but so -- just the issue related to geometry and -- the inverse square law -- you know what I think he was saying? I think that when all's said and done, all you have to do is apply the inverse square law.

MR. HINNEFELD: Yeah.

DR. MAURO: Why are we going through all these calculations? Except when you start to enter into the question of angle of incidence on the badge, that might have been the basis for his --

MR. HINNEFELD: It could very well have been. I mean we went -- I think -- I think Bob used MCNP on this. Right?

DR. MAURO: He probably did.

MR. HINNEFELD: And we did a different model.

DR. MAURO: Attila.

MR. HINNEFELD: Yes, we used Attila, and got about the same number.

DR. MAURO: And we got the same number.

MR. HINNEFELD: And so we said well, hey,

that's pretty good. You know, we got independent confirmation using two different platforms, that sounds pretty good.

DR. MAURO: It's funny that he would say it's needlessly complex because you don't get more complicated than MCNP.

MR. HINNEFELD: MCNP, right. We chose Attila 'cause it was simpler.

MS. MUNN: But this may be closed also in light of the fact that the author of the finding is preparing to -- in another item, is preparing to complicate the issue even further, adding in yet more --

MR. HINNEFELD: I guess we could presume --

MS. MUNN: -- calculations must be desig--

MR. HINNEFELD: -- that that's necessary complication.

MS. MUNN: Yes.

DR. MAURO: Yes, I think that --

DR. ZIEMER: Yeah, so he's not saying you get the wrong result or anything like that, he's just saying that --

DR. MAURO: Easier way to do it.

MR. HINNEFELD: You know, it could -- it could very well be with the description of what was

done --

MS. MUNN: Yes.

MR. HINNEFELD: -- as well. I mean, God help us, we don't necessarily write that clearly all the time.

MS. MUNN: No, you don't.

MR. HINNEFELD: And so it just be with the description of how the -- how the HP went about describing what was done. I -- I don't remember. If we pulled up the report, we probably (unintelligible) clear. You know, if we -- if we pulled up SC&A's report, it would probably be relatively clear.

DR. ZIEMER: Okay.

MR. HINNEFELD: Most of the time they are.

MS. MUNN: Can we just accept this?

DR. ZIEMER: Yeah, it's kind of a non-finding.

MS. MUNN: Yeah, it is a non-finding to begin with. Let's accept it as closed, incorporate the language that's been provided for us, including specifically that it's more of an observation than a finding at the outset. And in view of the fact that TIB-10 has four -- five more items on it and one or two of them is likely to be a little long-winded, let's take a

15-minute break here to see if we can get out -- ourselves in proper condition for another onslaught for a couple of hours.

DR. WADE: Okay. We're going to take a break for 15 minutes. We'll be back at about 20 minutes of 3:00. We're not going to break the line, we're just going to put the phone on mute.

(Whereupon, a recess was taken from 2:25 p.m. to 2:40 p.m.)

DR. WADE: Okay, this is the workgroup conference room and we're about to go back into session.

MS. MUNN: You set, Ray? Our next issue -- we're still on TIB-10. This is item five. We question the design of the analysis. It compares the particle flux over locations on the torso rather than modeling the variation of dosimeter response with location. NIOSH's response was the dosimeter effectively measures particle flux. Through the use of filters, the film density is correlated to exposure/dose. According to the review, SC&A has conducted the same analysis using Hp(10) dose rates and MCNP-5. In SC&A analysis similar correction factors

as indicated in the TIB were obtained. Modem dosimeters were calibrated to measure Hp(10). Thus we believe the additional work of modeling the individual dosimeters is not warranted. The response that we have now from SC&A is we disagree with the NIOSH statement that dosimeters effectively measure particle flux. The conversion of particle flux to dose rate depends on the type of particle, the energy and the angle of incidence. The SC&A analysis of TIB-10 did not address the angular dependence of Hp(10). In our later review of TIB-13, which employs analytical methods similar to those of TIB-10, we did incorporate the angular dependence and found a large discrepancy with the NIOSH results. Finally, although we agree that modern dosimeters are calibrated to measure Hp(10), the correction factors may be used in conjunction with early dosimeters, which were not calibrated in the same manner. So, clearly this is not going to be accepted. There's a difference of opinion with respect to more than just the angle of incidence here, it would appear. Is there anything we can do in this meeting to move this along, or is this

going to be something we simply have to kick back to NIOSH for response and technical resolution?

MR. HINNEFELD: I think you at least need a response.

MS. MUNN: Oh, yeah.

MR. HINNEFELD: The -- before you do anything -- in progress means we've talked about it, so I think that's the appropriate status (unintelligible) it to, but the -- I think the basis of the issue is our model did not put a dosimeter at various places across a person's torso and see what kind of response you get (unintelligible) dosimeter. It just looked at the particle (unintelligible) across various -- across the torso. And our position would be that well, the badges are good -- you know, particle (unintelligible) is a good indicator it's essentially -- for a given spectrum, particle (unintelligible) is proportional to the dose. So -- so our position was look, you -- you've got -- you know, any kind of question about is the badge reading the -- the radiation correctly is apart from the actual glovebox part of this question, and so -- but is the

badge reading the dose correctly is sort of the -- the -- the additional thing. It's relevant, certainly, and it's what Bob has raised here because the angular dependence would be a big piece of is the badge reading the dose appro-- appropriately. So angular -- I knew angular dependence had come up somewhere else. I didn't remember it was TIB-13, but I knew it had come up somewhere, and so there'll have to be a resolution effort for angular dependence that would relate to this as well as the other place it came up.

MS. MUNN: No, I didn't --

MR. HINNEFELD: I don't know if --

MS. MUNN: I didn't --

MR. HINNEFELD: -- we can go any further today.

MS. MUNN: I didn't remember where it came up, either, but it's -- it's not a new -- it's nothing new on the table. We already have it. If no one has any objection, we will move this to in progress rather than open. We will incorporate the words from the SC&A response into the follow-up section, and the working group's directive will be for NIOSH to communicate with SC&A to attempt resolution of

this.
The next issue is TIB-10, item six.
MR. MARSCHKE: Excuse me, Wanda. When you say communicate, do you mean like a -- a telephone conference or do you mean --
MS. MUNN: Yes.
MR. MARSCHKE: -- e-mails back and forth or --
MS. MUNN: I mean telephone conferences --
MR. MARSCHKE: Telephone conference?
MS. MUNN: -- and e-mails, whatever is required.
MR. MARSCHKE: All -- whatever is needed? Whatever's needed.
MS. MUNN: Yes, whatever is needed.
MR. HINNEFELD: Well, I think the first point would probably be for us -- if we have a tentative position to write, we could write that --
MS. MUNN: It would be helpful.
MR. HINNEFELD: -- to help get started.
MS. MUNN: Yeah, helpful.
MR. MARSCHKE: And all that communication should be -- again, coming out of the --
MR. HINNEFELD: Should we go through the workgroup on that or should we just go directly

to each other?

MS. MUNN: I think you should go directly to each other until you have at least a position.

MR. HINNEFELD: Anything -- anything we write, we'll share with the --

MS. MUNN: Yes.

MR. HINNEFELD: -- share with the subcommittee.

MS. MUNN: Yeah, we'd appreciate that.

MR. GIBSON: And the technical calls, I think Mark likes to be on those a lot of times, too.

MS. MUNN: Yeah, he's always --

MR. HINNEFELD: Yeah, we always -- we always let the -- the subcommittee or workgroup know when one gets scheduled.

MS. MUNN: Yep, just keep us in the loop. TIB-10, item six, we question the assumptions made concerning the glovebox model; e.g., wall thickness, Lexan windows, et cetera. And NIOSH response was the model was to evaluate a typical glovebox in a claimant-neutral or favorable manner. As illustrated in the TIB, glovebox designs vary from facility to facility and may have steel-faced plates that greatly reduce the photon flux to the lower torso compared to where the badge would be worn on

the lapel. Since the SC&A MCNP model resulted in a similar correction factor using a different glovebox design, assumptions about glovebox model, wall thickness, et cetera, do not seem to be a serious issue.

SC&A's comment is the use of glovebox model with walls over four centimeters thick does not represent any actual glovebox design, past or present. The thickness of the glovebox may well affect Hp(10) if angle of dependence were considered.

Does this not appear to be essentially the same type of concern as item five?

MR. HINNEFELD: Yeah, I think it'll be wrapped in with that. I mean our position is that we didn't pick an actual glovebox and model it because there's a wide variety in gloveboxes that were used throughout the complex and we wanted to have a document that was applicable and favorable, you know, so it could be used everywhere, rather than trying to do one for a redesigned glovebox and trying to figure out what design a person used. So that was the approach here, so we didn't really try to make it look like a glovebox, and the fact that the

design we chose doesn't fit any real gloveboxes kind of doesn't really matter to us. That there were no gloveboxes that truly looked like that, to us that doesn't matter. But the other question about does that -- you know, is there some design feature there or something about it that will affect the -- the issue we already know we're going to have to work it, which is the angle of dependence --

MS. MUNN: Angle of dependence.

MR. HINNEFELD: -- then, you know, we can go into that as well.

MS. MUNN: Is there a possibility that we can combine these two?

MR. HINNEFELD: I have -- I don't know, I think you'd have to get with Bob on that -- (unintelligible) anybody else could comment on that.

MR. MARSCHKE: I think I'm going to talk to Bob before I agree to combining them or, you know, make this addressed in number five or something like that, and --

MS. MUNN: Would you, off-line, communicate with --

MR. MARSCHKE: Yes, I will.

MS. MUNN: -- Bob about that --
MR. MARSCHKE: And I will e-mail the --
MS. MUNN: -- and ask him --
MR. MARSCHKE: -- workgroup the --
MS. MUNN: -- ask him if, in his view, it's -- it's reasonable to combine them.
MR. MARSCHKE: Reasonable to combine them, and if answering one -- answering five would also answer six, I'll -- I'll talk to him and see.
MS. MUNN: We'll talk about that at the -- at Redondo Beach.
MR. MARSCHKE: At Redondo Beach we can put that in.
MS. MUNN: Very good. All right. Yes, Paul?
DR. ZIEMER: I have a question on this particular one. Stu, do you recall -- did -- did NIOSH assume a four-inch -- four-centimeter thick glovebox --
MR. HINNEFELD: I don't recall.
DR. ZIEMER: No, it's still pretty thick --
MR. HINNEFELD: Pretty thick.
DR. ZIEMER: -- depending on -- unless it's -- unless it's, you know, intentionally made to shield in some way. Sometimes gloveboxes (unintelligible) some shielding, particularly

in nuclear (unintelligible). Otherwise, that's -- that is pretty thick.

MR. HINNEFELD: Yeah. I don't know if it doe-- I guess it does, I don't know.

DR. ZIEMER: And also in connection with this and the previous one, are assumptions made about these source geometry -- I mean typical glovebox, the source is pretty well spread out. It's not just one thing. Right?

MR. HINNEFELD: My -- I don't know much about typical glovebox work. I think that that's the case many times, and there may be other applications where there's (unintelligible) work on at a time. I -- I really don't know.

MS. MUNN: Where there's what? I'm sorry.

DR. ZIEMER: Well --

MR. HINNEFELD: Many sources in the glovebox, or is there a particular item that's worked on and then removed and another one -- one single item brought in.

MS. MUNN: Oh, that depends on what's going on at any given site.

DR. ZIEMER: Right, and they're -- and they are often not point sources, they're --

MS. MUNN: No, they're multiple.

DR. ZIEMER: -- they may -- yeah, multiple, and also there's a lot of scattering going on, so --

MS. MUNN: Yeah, yeah.

DR. ZIEMER: -- I'm not sure -- well, I'm just --

MS. MUNN: No, when -- when you get into production facilities where all the remote handling's taking place, you've got -- you've got a whole glovebox full of differing -- often even differing isotopes, so -- okay, action on it is to change --

DR. ZIEMER: Same as the previous, I suppose.

MR. HINNEFELD: Probably the same -- same action as the previous. Whether they -- whether it's the same -- whether it's the same finding and the same resolution, or whether they're two separate resolution discussions, but it's still the same action.

MS. MUNN: Still the same action. We change it to -- to in progress rather than open. And Steve's going to let us know what Bob thinks with respect to combining them.

Next item is 07. The finding was we question the use of an anatomical illustration of a

human torso rather than the ORNL-developed ICRP reference man-based anthropomorphic phantoms. And NIOSH response -- again, since the correction factor based on the Hp(10) dose rate calculated by SC&A MCNP model -- which, by definition, is the dose ten millimeters into tissue -- was the same as the correction factor calculated using the anatomical illustration, we do not feel the additional work needed to model the ICRP-referenced man is warranted. And Anigstein concurs and recommends that it be closed.

Any problem with any of that?

(No responses)

Hearing none, we will change the -- the status to closed and the SC&A follow-up will be the wording identified here on Steve's list, that SC&A concurs with NIOSH response, closed.

MR. MARSCHKE: So that one I can actually make the closed change to the database.

MS. MUNN: Huh?

MR. MARSCHKE: That one we can make the change to the database --

MS. MUNN: I see no reason why not.

MR. MARSCHKE: -- without any further approval

from the workgroup.

MS. MUNN: I see no reason why not, unless there's objection raised, which I don't hear.

DR. ZIEMER: I'm trying to remember if Hp(10) is really a -- 10 millimeters. It's actually pretty shallow. Isn't the -- the standard sphere, isn't it a 20-centimeter sphere -- could you have someone check on that, Stu?

MR. HINNEFELD: For which, the definition of Hp(10)?

DR. ZIEMER: Yeah.

MR. HINNEFELD: Hp(10) --

MS. MUNN: Ten mil-- ten millimeters?

DR. ZIEMER: I think it's centimeters. I -- I think -- I think it's the center of a 20-centimeter sphere, not a 20-millimeter sphere, which is a --

MR. HINNEFELD: So you're saying Hp being the center of a 20--

MS. THOMAS: (Off microphone) (Unintelligible)

MR. HINNEFELD: Well, no, I know what you're talking about. You're talking about some quantity's measured at the center -- and it's the highest point --

DR. ZIEMER: It's the highest point --

MR. HINNEFELD: -- the highest point in a 20-centi-- in a sphere.

DR. ZIEMER: But the distance is taken to the -- to the -- the distance is taken to the ten-centimeter point. You know what I'm saying?

MR. HINNEFELD: I know what you're saying.

DR. ZIEMER: The -- the depth of the maximum is never specified. It's the center of the sphere that's specified.

MR. HINNEFELD: I know you're -- I know you're talking about how --

DR. ZIEMER: So if -- if your -- if your source is here and this is the body, you claim that the distance is this distance, it's the -- I think it's the center of a 20-centimeter sphere, it's the maximum dose in there, wherever that occurs. It's somewhere between .7 millimeters and 20, I think, and I -- I don't think it's the (unintelligible), ten centi-- millimeters of tissue. I think that's wrong. I noticed that before, but...

MS. MUNN: There'll be a brief pause while we see if we can get yet one more health physics expert to weigh in on exactly what Hp(10) does.

MR. GIBSON: (Unintelligible) one of our HP

experts not here.

MS. MUNN: Exactly.

DR. ZIEMER: Well, in fact, the -- the definition of deep dose is never at a specified distance (unintelligible) shallow dose is --

MS. MUNN: Yeah, shallow dose is --

DR. ZIEMER: -- so that's -- that's wrong.

(Pause)

MR. HINNEFELD: Okay, Brant thought it was the dose at ten millimeters.

(Pause)

Just to warn the Chair, I may be interrupted in a little bit by a phone call.

MS. MUNN: Oh, that's -- that's quite all right. That's no interruption, it's fulfillment of our destiny here. So we will come back to item seven when we get feedback from yet another HP expert.

We'll move on in the meantime to the next issue, which is item eight, the use of the Attila software is questioned. And the response is Attila was used out of convenience. Apparently we also ran MCNPX models and obtained similar results. Attila allows for an easy grasp of representation of the particle

flux/dose rate that we feel is more informative to the casual reader and is therefore more transparent than MCNP. In addition, since the SC&A review comments indicate concurrence with the correction factor based on SC&A MCNP-5 model, we feel this comment is simply a matter of preference.

The response that came back is Anigstein concurs with NIOSH response, but awaits a presentation of the confirming MCNPX calculations in the revised TIB. Is that in the offing, Stu?

MR. HINNEFELD: No, I'd like to ask SC&A, and I know you will have to go to Bob, for a little additional explanation here. Is he expecting us to write a revision that includes an MCNP version of the same calculations?

MR. MARSCHKE: I think what he would be looking -- I think if we can delate -- delete in the revised TIB, from -- from his response, maybe we could take a look -- I mean it says in your response that you've made the MCNPX runs. We -- do you have that -- a document, quality assurance packet or something, that -- that compares the results of your MCNPX runs to your

Attila runs? If we could look at that comparison, I don't know that it has to be revision to the TIB, but maybe just a -- a -- you know, some kind of a -- a calculation package or something that -- that shows the comparison, then we would be happy.

MS. MUNN: Is that reasonable?

MR. HINNEFELD: I believe so. I thought that Bob ran MCNP and got similar results, but I could -- I could be mistaken.

MS. MUNN: Maybe he's just wanting to get it on the record here. So at this moment I'm marking out "in the revised TIB" from the SC&A response, and we're going to hold this in abeyance on -- and we're going to add SC&A's follow-up with these words, absent "in the revised TIB", and will expect a NIOSH follow-up at some time after the first week in September. Acceptable?

(No responses)

Hearing no problem with that, we'll move forward.

Next item is TIB-10-9, the use of Rocky Flats to validate the model is questionable. Rocky Flats data is for glovebox and non-glovebox

workers. Information is lacking regarding radiation sources, et cetera. NIOSH's response is RFP data was used only as proof of principle for the use of Attila. It was added as an appendix for this reason. It is not used in the justification of glovebox factor in the TIB. Also the RFP data used was from glovebox workers.

And the response from SC&A says on page 11 of the TIB it was stated the claims involve glovebox and non-glovebox workers. If only data on glovebox workers were used in the validation, this should be stated in the revised TIB.

MR. HINNEFELD: Okay. We'll have to provide another response to that. It could be as simple as saying -- we've already promised to revise this TIB from like one and two, so it could be as simple as saying we'll include the -- that statement -- you know, take this statement out, in quotes, and put in the statement that the claims used were just from glovebox workers, if that's the case.

MS. MUNN: All right.

MR. HINNEFELD: And that may be as simple as

doing that. We may not need any kind of technical resolution.

MS. MUNN: Excellent.

MR. HINNEFELD: And if that's not the case, I've got to figure out what we meant by our response.

MS. MUNN: We'll call it in progress. This wording should go in as an SC&A follow-up, and we'll anticipate a NIOSH response when available.

Do we hear an answer?

MR. HINNEFELD: Yeah.

MS. MUNN: We'll hold up here a minute.

(Pause)

MR. HINNEFELD: Okay. What he found was each -- this is from ICRU-43, Hp(D), the individual dose equivalent penetrating at depth D is the dose equivalent in soft tissue below a specified point on the body at a depth D that is appropriate for strongly penetrating radiation, and recommended depth is ten millimeters for personal monitoring. So Hp(D) is a general term for dose in depth --

DR. ZIEMER: It's kind of a minimum of depth -- minimum depth.

MR. HINNEFELD: -- and -- and then -- and you specify the depth --

DR. ZIEMER: Yeah.

MR. HINNEFELD: -- Hp(7) or Hp(10) -- Hp(0.07), so that's the -- that's the -- the definition of Hp(D), and then Hp(10)'s definition derives from that. He's looking some more at the ICRU sphere about dose --

DR. ZIEMER: This is probably then a general -- it's like a generic -- he specified ten as --

MS. MUNN: Uh-huh.

MR. HINNEFELD: Yeah, ten is what's recommended for radiation protection. Hp(D) is the generic --

DR. ZIEMER: Yeah.

MR. HINNEFELD: -- for whatever depth you want to -- want to do -- whatever depth you are -- you're interested in the tissue.

MR. SIEBERT: Hey, Stu, this is Scott.

MR. HINNEFELD: Yes.

MR. SIEBERT: I seem to recall that the sphere issue is when you're doing H*(10) or whatever depth.

MR. HINNEFELD: Okay.

MR. SIEBERT: Which is a slightly different

concept. To tell you the truth, I'm -- I'm flipping through to see if I can find it, too, but that -- that seems to be the difference.

MR. HINNEFELD: Okay. All righty. Thanks. Well, let us know if you get anything, Scott.

MR. SIEBERT: Sure.

DR. ZIEMER: I don't -- I don't think it'll affect the finding.

MR. HINNEFELD: No, it's just --

MS. MUNN: I don't think so, either.

MR. HINNEFELD: -- it's just a comment in the response.

DR. ZIEMER: And they have apparently used that correctly. There is a -- obviously is an -- Hp(10) is -- is one specific --

MR. HINNEFELD: One specific depth.

DR. ZIEMER: -- depth, yeah. And whatever --

MS. MUNN: Which is ten millimeters.

DR. ZIEMER: -- depth you chose, the -- the issue doesn't change.

MR. HINNEFELD: Right, right.

MS. MUNN: Yeah, it's moot for this purpose.

DR. ZIEMER: Yeah, moot for this purpose. Thank you.

MS. MUNN: Now we encounter -- we -- that

completes TIB-10, and we now encounter one of those things which is going to require some definition I think from the workgroup. When I click to the next issue, the next issue that comes up is a closed one, TIB-11-01, and it is one of the original findings regarding lung dose conversion factor for thorium -- thoron. NIOSH provide further clarification of how the values of Table 1 of the TIB were derived. We were not able to reproduce the values of Table 1, even using the same assumptions as the ones provided in the document.

NIOSH replies in the course of evaluating this finding and revising TIB-11 to include progeny of Rn-219, NIOSH has discovered mathematical mistakes that caused the values in Table 1 to be erroneously high. NIOSH will revise the document, correcting the Table 1 values, and will provide the supporting calculations.

Now this shows closed, but I see nothing on my screen which gives us any of the additional verbiage that we were just talking about earlier substantiating that those calculations have appeared, that they've been done, that --

MR. MARSCHKE: Yes, I bel-- I believe they

have. That is the case, they have appeared. I believe Stu gave them to -- to us and we sent them down to Joyce and she looked at them, and she concurred with the -- the NIOSH revised calculations. And we have to -- I have to take the action item to fill in the -- that informa--

MS. MUNN: Yes, yes.

MR. MARSCHKE: -- to provide that information into the database.

MS. MUNN: Yes. Would you, please --

MR. MARSCHKE: Yes, I will.

MS. MUNN: -- Steve? All right. Thank you. 'Cause that's -- if we're going to be thorough in this business of -- of how it's closed and by whom, under what circumstances, then we have to do this.

And the next issue that comes up is another closed one from the same TIB, 11, that is essentially the same situation. SCA doesn't agree with the statement this causes lead-212 to produce less lung (unintelligible) dose per unit, et cetera. And we have a response from NIOSH, which appears to be responsive and -- and just fine, referencing the mathematical

errors from before. But again I'm assuming that the conclusion of this and the reason for its closure is the same as item one, but --

MR. MARSCHKE: Yes, I would -- I believe that's the case.

MS. MUNN: So we would hope that you also have the action to fill in that group as well. The next one is -- that comes up is TIB-4, item 12 shows it's transferred to global issues, and -- as of October of 2007, so this will remain as it is. We agreed that we would leave these transferred items reading just exactly that way until something happens with global issues.

MR. MARSCHKE: (Off microphone) Prior issues (unintelligible)?

MS. MUNN: This is the same TIB, different finding, same resolution, a number of issues under TIB-4, 16, 17, 18, 19 -- hold on -- up to 19 we're all reading transferred into glo-- no --

MR. MARSCHKE: (Off microphone) Should be (unintelligible) --

MS. MUNN: -- 04-18 is -- transferred, it says review of OTIB-9 -- oh, no, we're going to have to -- we're going to have to have follow-ups to

several of these OTIB-14s, it looks like. OTIB-4 is okay, but when we get to item 14 of OTIB-4, the status is transferred to OTIB-53. Now what we'll have to have in order to make this into a closed item is to see that transfer go into OTIB-53 and have the resolution of it there. Correct?

DR. ZIEMER: These aren't listed on their sheet --

MS. MUNN: No, no.

MR. MARSCHKE: No, I only looked at the open it-- this only addresses the ones that were open.

MS. MUNN: Yeah, I asked Steve for the open items and that's what he gave me. So I'm -- I'm doubling our pleasure and extending our scope considerably by doing what I'm doing here, but if we -- if we're going to be consistent in the way we approach these things, then we do have to review -- at least one time we have to go through these items that we have closed or transferred and identify how we are going to do them. Before we discuss that any further, Steve -- Stu, you have something else you wanted to --

MR. HINNEFELD: Yes, Brant called me back on the issue we were talking about a while ago, and he found the quantity dose equivalent index, which is the maximum dose equivalent in the ICRU sphere standard at the point of space to which the quantity is assigned. So it's each --

MS. MUNN: So we're okay?

DR. ZIEMER: Yeah.

MR. HINNEFELD: Yes.

MS. MUNN: Still does not affect what we're doing here.

So I would call your attention now to an item that's not on Steve's list because it is not an open item, TIB-4, item 14 shows as transferred and review OTIB-53.

MR. MARSCHKE: My first question, Wanda, would be do we -- are we -- is OTIB-53 a procedure that we have been chartered to review?

MR. HINNEFELD: OTIB-53's not published yet.

MR. MARSCHKE: Then I guess we have not done a review on it.

MS. MUNN: That's -- I'm struggling with exactly -- determining whether or not any additional information needs to be on this at

this particular time. Perhaps not. There's no way that we can flag this as something we need to look at following the release of OTIB-53. We'll just have to --

DR. WADE: I don't know, does the Chair of the workgroup keep a little list of potential procedures for review?

MS. MUNN: She has not. And OTIB-53 will, however, be of sufficient magnitude that I feel fairly certain it will come before this workgroup.

DR. WADE: I would suggest then that SC&A normally would keep a list of items that potentially would need to be reviewed, so I would ask SC&A to make sure that OTIB-53 is on their list. John Mauro would normally come to the...

MR. HINNEFELD: We can -- if it helps, we can send a list of procedures, TIBs and Technical Basis Documents that are published, and then from that you would, you know, subtract anything that's been reviewed and then see what's --

DR. ZIEMER: What it looks like.

MR. HINNEFELD: -- see.

DR. WADE: I think when the workgroup is considering its next assignments to SC&A appropriate, as long as we have a way to realize that -- that part of the workgroup's unfinished business is OTIB-53 --

MR. HINNEFELD: Right.

DR. WADE: -- and SC&A can provide that.

MS. MUNN: I am more concerned with what's under development that we do not currently have on our list than what we do have on the list. We -- we can seek out the -- the list --

DR. WADE: Whenever you want it, Stu can provide it.

MS. MUNN: -- almost anywhere.

MR. HINNEFELD: I can send you the list of published. Under development, I'll have -- I -- I'll have to get with the contractor. I mean I can get -- just put my hands on this list that's out there, that's published. And there are a number, like coworker pop-- you know, coworker studies, coworker TIBs, things like that --

MS. MUNN: Yeah.

MR. HINNEFELD: -- that are pretty technical analyses --

MS. MUNN: They are.

MR. HINNEFELD: -- so there's a (unintelligible) out there in the already published realm. Other than TIB-53, what's coming, that would have -- I'd (unintelligible) to just (unintelligible) the contractor. I have no way of knowing that for sure.

MS. MUNN: I'm just -- I'm just concerned about this reference to something that we're doing in the future. As long as it's transferred to something that is already done or to global issues, we have a handle to hang our hat on. But when we're looking at something that's still under development, I'm searching for an expedient method for us to track it here without interfering with the business of -- of NIOSH's day-to-day requirements.

DR. WADE: Well, you'd have to have some way of flagging it --

MS. MUNN: Yes.

DR. WADE: -- there, or an independent list is kept.

MR. HINNEFELD: Or you could -- if you want to keep it on the -- you've still got to worry about this list, you could change the status

back to in progress.

DR. WADE: Probably be better.

MR. HINNEFELD: If you just change the status back to in progress --

DR. WADE: Then it keeps things --

MR. HINNEFELD: -- it's on the things -- the list of things we have to finish. And when we get to this point we'll see oh, okay, that's how we're going to finish it.

MS. THOMAS: Just leave it as transferred in reports -- you know, search for the transferred, because didn't -- didn't you say earlier that you're going to -- when you transfer it to something else it'll be an open item under that new procedure?

MS. MUNN: Yes, we did.

MS. THOMAS: So your transfer is really your flag -- your transferred status is your flag.

MR. MARSCHKE: Right now I'm not sure when we print out -- if we have any report that will print out -- except for the -- we don't have any summary report that will print out the fact that it's been transferred and the -- the review in OTIB-53, that that informa-- both those pieces of information. We'd be able to

print out the fact that it's been transferred. We'd be able to sort on the fact that it's been transferred. But we'll just -- you know, we'll have this whole group of -- of -- of issues that have been transferred. We won't know where they've been transferred to. We would have to come up with a new report form or something to -- to -- to include that additional bit of information associated with transfers.

MS. MUNN: Well, it appears, though, that -- you know, transferred is going to be one of those items that we will continue to check, as we do open and in abeyance and in progress.

MR. MARSCHKE: Yes.

MS. MUNN: We'll cons-- we're going to consider that as one of the forms of open items. And when they've been transferred to something that is clearly another procedure, then we can -- as a matter of routine process in this group -- do that. I had not considered that in the past, but that's one of the reasons for this run-through, is to identify future process.

MR. MARSCHKE: I don't think there's all that many ones that got transferred, so I don't --

MS. MUNN: No.
MR. MARSCHKE: -- I don't think we can -- you know, I think we can be able to run through it --
MS. MUNN: I think we can do that --
MR. MARSCHKE: -- rather quickly.
MS. MUNN: -- fairly easily.
MR. MARSCHKE: Yes.
MS. MUNN: Yeah.
MR. MARSCHKE: So maybe --
MS. MUNN: I don't believe it's going to be a burden.
MR. MARSCHKE: So maybe the best thing is -- to do is to do nothing at this --
MS. MUNN: I think so, just adjust in -- in our own heads the fact that when we are looking at open items, those open items will include for us transferred.
MR. MARSCHKE: Yes.
MS. MUNN: And from time to time we will review the transferred items to see what progress is being made. It's just a matter of how you think about the tools you have to --
DR. WADE: He has a double-check -- I used to always keep a running list of procedures that

were indicated to be reviewed so that when we chartered SC&A with the next round, we started with that list. John Mauro does the same thing.

MR. MARSCHKE: We will -- we will --

MS. MUNN: Yes, he does.

MR. MARSCHKE: -- from now on make sure that -- that way that we -- we -- I'm not aware that we're doing that at this point. Maybe John is. But I'll make sure when I get back that -- that somebody, either John or myself, will maintain such a list.

DR. WADE: 'Cause in the course of a Board deliberation you'd hear two or three procedures that the Board would say we want to review that, and we would collect that up for the next charter.

MS. MUNN: I think that's workable.

DR. WADE: Yes.

MS. MUNN: We'll just continue with our -- leading up to the next issue, which is another transferred, OTIB-53, no problem. We've resolved how we're going to deal with that. Here's one that's transferred to review of OTIB-9. Again, as long as we know what we're -

- dealing with it.
Here is OTIB-4, item 17, that says addressed in finding, PROC-61-04. So there's no action for us there. That's essentially closed for us.
Eighteen is closed with adequate information.
Nineteen is transferred to global issues. We know how we're dealing with those.
Item 20 is closed. All right, adequate information, addressed in finding 05.
Next one -- ah, should that be addressed in finding or should that be transferred?
MR. HINNEFELD: Which one are you talking about?
MS. MUNN: 04-21, OTIB-4, item 21. Its status is reported as addressed in finding.
MR. MARSCHKE: It should be in OTIB-4 -- it should be -- oh, I think what this is saying is that this is identical to or sufficiently similar to issue five.
MS. MUNN: Well, we said we'd transfer it over there.
MR. MARSCHKE: Oh, and we said -- on four -- and on issue five we said we were transferring it to 53.
MS. MUNN: Yes, which wasn't done yet, but

OTIB-4 is done, and so I'm -- I'm saying this addressed in finding should be, in my mind, closed because we've -- once we assure ourselves that it's been transferred to four --

DR. WADE: And addressed.

MS. MUNN: -- and addressed there -- no.

DR. WADE: The key thing -- it says SC&A look to see that it's been addressed in...

MR. HINNEFELD: Well, five -- 4-5 hasn't been resolved yet --

DR. WADE: So it's --

MR. HINNEFELD: -- it's been -- it's been transferred to 53 --

MS. MUNN: Yeah.

MR. HINNEFELD: -- and so this -- you know, this allows you to track it. I mean you've got to do a two-step track to find it but I mean it allows you to track it the way it is. I mean the alternative is to say transferred to 53, but I think this is better. This is more definitive in terms of really knowing what's going on.

MS. MUNN: Addressed in finding -- it's then closed, I guess -- if we accept addressed in finding as being a closed item. That appears

to be the logical thing at this -- in this case. We'll see what happens as we go on down the list.

The next item that comes up is OTIB-11-01, closed, says -- okay, we have a reason for having closed it. We recommended it, it's closed.

11-02 was more of that same discussion, I think -- all that tritium business.

OTIB-12-01, SC&A submitted a white paper discussing OTIB-12's finding. Is this one of those -- is this --

MR. HINNEFELD: I think this is where we are holding open -- yeah -- a comment about the derivation of this correction factor, and that's where we're holding this open. My recollection is that the original findings in TIB-12 -- in OTIB-12 did not speak to whether those correction factors were correctly derived from (unintelligible), and that after we had done some other -- you know, some of our other responses and SC&A looked at the revisions or whatever was done on OTIB-12 in response to the other findings here -- it was Bob Anigstein who said but we don't agree with the -- what you

did -- calculations you used to generate the dose correc-- correction factors in IG-1.

MS. MUNN: Then --

MR. HINNEFELD: Is this where we're tracking that? Am I off-base on this?

MS. MUNN: I don't know. It may be that we don't have an accurate listing of the finding. This doesn't appear to be a finding to me.

MR. HINNEFELD: Yeah.

MR. MARSCHKE: A couple of other -- yeah, there's a couple of other statements there. I mean if you look on the bottom -- if you click, there's a couple more -- additional things that were said.

MS. THOMAS: And there's been a whi-- I have in my notes, too, there's been a white paper.

MS. MUNN: Yeah, discussing the findings, but -- but the thing that I'm concerned about was the finding itself. Do we -- I don't suppose we still have Kathy on the line. Kathy, are you there?

(No responses)

I wouldn't be, if I were Kathy. But --

MR. HINNEFELD: If you want to excuse me for a minute I'll see if I have something so you can

see it at the same time I do.

MS. MUNN: Is this one of those ideal times where the white paper should be shown as a related link?

MR. HINNEFELD: Yeah. If I'm not mistaken, I don't have anything convenient. I could find it, but it would take a long time.

It would -- no, I mean I'll be able to find it, but it's going to take a long time for me to search 'cause the retrieval is so slow back to the system. So if -- if -- I'll -- after we get to a break or something, if you want to go ahead and have another break, or at the end, I'll go back and verify this. But my underst-- my recollection is I know we have in front of us a task to provide additional technical support for the dose correction factors, external dose DCFs, that are in IG-1. And if I'm not mistaken, it came up in this context, that there were originally some findings on -- on this OTIB-12, and as -- during the resolution of those findings SC&A -- it was Bob Anigstein -- said wait a minute, these -- this -- DCFs, we have a problem with how -- what you used -- how you generated the DCFs, these

triangular distribution DCFs.

MS. MUNN: Uh-huh.

MR. HINNEFELD: And so our action now is to come back with additional technical support for that -- and this has been around for a couple of meetings. This is not a Johnny-come-lately.

MS. MUNN: No, it isn't.

MR. HINNEFELD: It's been around for a while.

MS. MUNN: No, it -- it says, though the workgroup directive says that we were to report back to the workgroup on December 11th, and I don't know what happened on December 11th, whether that was on --

MR. MARSCHKE: Yeah, there's another --

MS. MUNN: -- my scope or not.

MR. MARSCHKE: Look at it again, Stu, there's something --

MR. HINNEFELD: Another one after this -- no?

MR. MARSCHKE: It says December 11th, no?

MS. MUNN: No.

MS. THOMAS: (Off microphone) There's another -- it's ORAUT Procedure 6 (unintelligible) procedure and in that follow-up action (unintelligible) Revision 1 to Procedure 6 is (unintelligible) proton (unintelligible) the

dose reconstructor to (unintelligible), but IG-1 hasn't been modified, so that one can't be closed, it's in abeyance. I don't know exactly what (unintelligible) --

MR. HINNEFELD: No.

MS. THOMAS: -- that one to OTIB-12 is the same (unintelligible).

MR. HINNEFELD: As I -- my recollection is that OTIB-12 was were the DCFs correctly prepared. You know, were they -- were they generated correctly. Triangular distributions for DCFs, were those really generated correctly. I'm almost sure this is what we're tracking.

MS. MUNN: Let the Chair take the prerogative here of asking SC&A and NIOSH to confer on this particular item, which has several apparent administrative issues associated with it. The first is, in the view of the Chair, this is not a finding. If there's a finding here, let's try to identify precisely what the finding is. And if no response is required, then what are we tracking? We need to have further data with respect to what NIOSH's response was requested to be last December, and apparently there is a white paper from SC&A that's out there that

needs to be put in the new related link bin and clickable here, so there's several things that appear to be remiss with this particular item. Would NIOSH and SC&A both take the action to communicate with one another about this and try to see if we can have a cleaner feel for what this item is and why we are tracking it? Can do?

MR. HINNEFELD: Yeah.

MR. MARSCHKE: Yes.

MS. MUNN: Okay. No point in trying to resolve it here. It takes a lot of going back and forth.

Next thing that comes up for me is OTIB-14-01. There's agreement. No direction from us. This is one of those things that went to OTIB-52. I think that's correctly identified at this moment.

OTIB-17-01 --

MR. MARSCHKE: We need to add a issue to OTIB-52 to receive -- receive this.

MS. MUNN: Yes.

MR. MARSCHKE: Is that correct?

MS. MUNN: That's correct, it needs to be transferred into -- you need to have a

transferred tracking item.

MR. MARSCHKE: And then when we talk about our OTIB-52 responses and -- and everything, we need to make sure that we did in fact -- that this has also been addressed --

MS. MUNN: Yes.

MR. MARSCHKE: -- in -- in -- in 52, I guess.

MS. MUNN: That's correct. That's what --

MR. HINNEFELD: Well, yeah, I think you're right, but I think that you -- you want to be a little careful about assuming that this particular finding -- this can be written right into OTIB-52 because if you read it, it says -- you know, first of all, we're talking about a TIB that -- about assigning an environmental dose to people --

MS. MUNN: Uh-huh.

MR. HINNEFELD: -- who were monitored --

MS. MUNN: Uh-huh.

MR. HINNEFELD: -- but not exposed. And the -- and the finding is an admonition to be careful when you do that about construction workers because there were sites where construction workers were not monitored when they should have been.

MS. MUNN: Uh-huh.
MR. HINNEFELD: Which is really the intent of OTIB-52 --
MS. MUNN: Right.
MR. HINNEFELD: -- and the construction worker approach. And so the -- the actual existence of OTIB-52 may be sufficient to answer this finding. Now we may know more when we go back and read the actual report and the full text of the finding, but it just seems to be right now an admonition that's saying, you know, you can't assume the same thing about construction workers that you can assume about the -- the main -- the principal contractors, the operating contractor staff in terms of their -- their monitoring status. And like that -- that agreement, our agreement with that finding is the whole reason why OTIB-52 was written.
MR. MARSCHKE: And I think maybe words to that effect is way -- the way that this answer -- this issue gets resolved.
MR. HINNEFELD: Right.
MR. MARSCHKE: Basically it's just -- at this point all's (sic) we have to do is add some words to that effect, that OTIB-52 was -- the

intent was to really --

MR. HINNEFELD: Yeah.

MR. MARSCHKE: -- address this --

MR. HINNEFELD: Right.

MR. MARSCHKE: -- this exact issue.

MR. HINNEFELD: Right.

MR. MARSCHKE: And so there's no -- not spe-- not anything specific in OTIB-52, it's O-- it's just the fact that the procedure itself --

MR. HINNEFELD: Yeah.

MR. MARSCHKE: -- addresses the issue, so -- and -- and maybe we can craft some words to that effect and -- and then come back and close this out.

MS. MUNN: That would be very nice, and it shouldn't take very many words on this -- that's the intent of OTIB-52 and every -- we've -- it's been done.

The next issue that comes up is 17-01, dosimetry data, (unintelligible). The working group found NIOSH's response acceptable and closed this item. That appears to be an appropriate closure, with adequate information in here.

The next is item two of 17, working group

accepted, closed, fine.
The next one is 03, NIOSH and ORAU disagree with this position, consideration of geometry. I cannot make my screen show me the rest of that comment at the bottom. Issue was discussed in OTIB -- discussed in the DOE (unintelligible) and is incumbent on DR staff to analyze and discuss the potential for overestimating or underestimating electron dose with respect to (unintelligible). In addition, ORAU TIB-17 recommends a favorable dose correction factor of 1.0 for application of measured electron dose to the skin. So this is outstanding. It's not on our list, but it appears to be still open. There does not seem to be an agreement, and there's no recommendation from the working group.

MR. HINNEFELD: If I'm --

MS. MUNN: Well --

MR. HINNEFELD: If I understand this finding, it's that of just because you have a shallow dose measured by a person's dosimeter, that may not be sufficient because there are chances -- opportunities for heart -- hot particle deposi- - well, hot particles specifically for skin --

skin contamination that the badge would not measure but would, you know, add to the dose to an individual. So that, as I understand, is the nature of this. And as a matter of practice, we have not postulated or speculated the occurrence of a skin contamination absent evidence to the contrary, and the reason being that there's -- there's nowhere to stop, you know.

MS. MUNN: Yeah. Yeah.

MR. HINNEFELD: If you're going to postulate skin contamination without evidence, then you might as well postulate an infinite skin contamination in terms of, you know, integration of -- of level and -- and time, if you're going to do that.

MS. MUNN: We have too many situations where we're already postulating possibilities for which we have no evidence. Let's not add to it.

MR. HINNEFELD: That's -- that's the practice we've taken so far. If this may -- for resolution of something like this, it may involve specific discussion about this or -- or not, but I know -- I think Mark would probably

want more discussion than just what I said.
MS. MUNN: I am quite sure he would, but it appears obvious to me that a response from SC&A is required for the NIOSH follow-up. Is anyone else reading that any differently than I? Looks like the ball's in SC&A's court to respond to the NIOSH follow-up and express either agreement, disagreement or qualification.
(No responses)
It will hopefully appear on our next open items list, since it didn't pop up this time.
MR. MARSCHKE: It -- because it's an in progress list --
MS. MUNN: It's an in progress --
MR. MARSCHKE: -- sort of an in progress item, and I wasn't -- this -- this was just --
MS. MUNN: This is just open.
MR. MARSCHKE: -- pure item-- open --
MS. MUNN: I know, I know.
MR. MARSCHKE: Yeah.
MS. MUNN: We'll -- we'll expand it the next time we go through it to include these. 17-04 is addressed in finding 17-03. We agreed to transfer it, so that's all right. It's

closed.
The next one is item five, also addressed in item three, for which we are expecting a response. That's all right.
Go on to item six, which is closed. There is a related link -- aha, there's a white paper. (Unintelligible) white paper, it appears SC&A and NIOSH agree, closed -- appropriate, and a nice link. Thank all involved.
17-07, closed by recommendation of the working group.
Next item is 08, closed. Working group did not actually state that this issue is -- it closed, with the transcript to indicate that for all intents and purposes this issue -- still need some words out there -- has been fully addressed, should say. Discussion -- extensive (unintelligible) -- I remember talking about this, at considerable length. I think that all that this requires is this issue has been addressed and is closed. The addition of those words in the workgroup directives should do it for us.
MR. MARSCHKE: Yeah, when they were -- when they were populating the database, basically

they did cut-and-paste from --

MS. MUNN: Right.

MR. MARSCHKE: -- other documents, and obviously something got --

MS. MUNN: Yeah.

MR. MARSCHKE: -- didn't get --

MS. MUNN: Yeah.

MR. MARSCHKE: -- copied right.

MS. MUNN: Yeah.

MR. MARSCHKE: So we'll go back to the original document and find out what the remainder of that statement is.

MS. MUNN: If you would. I believe it should say has been addressed and is closed, but if you would do that, I'd appreciate it.

Then our next issue that comes up would be item nine, closed, Board agrees, no further action, that's appropriate.

Ten, recommended closing it, no further action, fine.

Eleven, same. I remember doing a lot of work with 17.

Yeah, we're fine, all fine -- 13, 14, 15.

Now we're back to 18-01 has been transferred, review of OTIB-9 will catch that one. Okay.

18-2 is closed. And 18-3 is closed; 18-4, closed.

And now we come to the outstanding one, 18-5 shows open, but here is the response -- the finding was a more thorough evaluation of air monitoring programs at DOE facilities is required to ensure that OTIB-18 represents favorable -- claimant-favorable approach to assessing internal dose.

And the NIOSH response is the OTIB was developed to apply to individuals who were not routinely exposed to radioactive materials of facilities with rigorous air monitoring programs. It does not assign intakes based on air monitoring, per se. The assumption is that air monitoring was performed at the site and work areas, and the work performed in them were controlled based on the air sample results. Actions taken based on air samples could take from limiting time in the area, requiring respirators, moving the work to a hood or glovebox, et cetera, making it unlikely that workers with lower potentials for intakes were consistently exposed at levels exceeding these limits. In the case of workers with negative

bioassay results, the OTIB contains tables of results that yield smaller intake rates than those assigned to OTIB -- by OTIB-18. A list of applicable sites was generated with TBD authors familiar with the sites, in general, sites to which this would apply, include the large DOE facilities and some of the smaller ones. For other small sites and AWE facilities, the DR must provide justification for using this approach. The user's guide for using the tool is attached. This includes the list of approved sites. The related link is given and the recommendation is to close, and SC&A agrees with the response.

Any objection?

MR. GIBSON: Yes.

MS. MUNN: Yes.

MR. GIBSON: I'd like to look into this some more.

MS. MUNN: Okay.

MR. GIBSON: Any -- to say any DOE facility had a robust air monitoring program, I -- I'd like to look into that a little bit more.

MS. MUNN: All right. Hold.

MR. HINNEFELD: Would we change that to in

progress then? (Unintelligible) a problem with that?

MS. MUNN: Yes, we would. All right, it's in progress, awaiting further review.

MR. HINNEFELD: The addition discussion you're -- Mike, then is about -- are you interested in the -- which specific sites are included here? Because it's not all sites. There are certain sites that are supposed -- that -- you know, where this is going to be applicable to (unintelligible) I guess it's not supposed to be applicable to, and is it just -- what --

MR. GIBSON: Just -- yeah, just any information you could provide me and I'll just -- I'm really not familiar with this TIB -- you know, the section of this TIB right now.

MR. HINNEFELD: Yeah, I'm not, either. So -- but -- so it's sort of like you want -- you know, we just say here that there -- these sites have robust air monitoring programs, and you want -- rather than just take it at face value that these sites had robust -- you would want to know what evidence do we have that they did.

MR. GIBSON: Right, and what evidence that the

worker was less likely to be exposed and, you know, just all the caveats that you had in your response.

MR. HINNEFELD: Okay, so you're -- okay, so what evidence do we have that they had robust air monitoring program and what evidence do we have that they had appropriate controls and took appropriate action based on -- on those -- on air monitoring results, if -- if in fact (unintelligible) program.

MR. GIBSON: Yeah.

MR. HINNEFELD: That kind of stuff?

MR. GIBSON: Uh-huh.

MR. HINNEFELD: Okay.

MS. MUNN: So we'll call it in progress, and the workgroup directive will be requests additional details from NIOSH.

Next issue comes up for me is 18-6. This is another one that is suggested to be in abeyance by SC&A, concurs with NIOSH's proposed solution in a revised TIB, so SC&A agrees, but we need to hold it in abeyance for a revision. Correct? Awaiting revision? OTIB will be revised to include this information, so it's in abeyance, awaiting --

UNIDENTIFIED: Correct.
MS. MUNN: -- a revision of the TIB. Okay. Do we want to take a five-minute break?
MR. HINNEFELD: It would be helpful for me.
MS. MUNN: Okay, let's do five minutes.
DR. WADE: If anyone is still with us on the line, we're going to take a five-minute break. Is anybody out there?
MS. HOMOKI-TITUS: This is Liz. I'm still here.
DR. WADE: You're a trooper.
MS. MUNN: Yeah, sure are. Thank you.
DR. WADE: We're just going to take five.
MS. HOMOKI-TITUS: I appreciate it, too.
(Whereupon, a recess was taken from 3:56 p.m. to 4:03 p.m.)
DR. WADE: Okay, this is the workgroup conference room. We're back in session. This is the last call, we think.
MS. MUNN: Uh-huh, we think. We've just completed 18-06 with a recommendation that the status be changed to in abeyance, awaiting a revised OTIB.
The next item that comes up on the screen is 18-07, transferred to the new expec--

anticipated OTIB.
Next item is 19-01, shown as in progress. The OTIB's recommendations for interpreting the regression are two. Do not take into account the fact that there is a conditional dependence within the data, and that there is censored data. The R-2 values need to be adjusted to account for conditional dependence. NIOSH's response was information was intended as general guidance, not a requirement. Each set of data has its own unique properties and those taken into account as much as possible.
Then there was some additional verbiage there, which had been requested, I believe. Our directive had been to have additional data provided -- a suggested revisions to the OTIB that address this issue. I don't see whether the second NIOSH response, 9-18, fulfills that request. It appears the workgroup directive was made after that. It's difficult to see why we still have this -- there's an extensive discussion over in the NIOSH/SCA discussion. It's not appropriate to rank numbers -- rank order a set of numbers from low to high, assign a Z score to the numbers and fit a line to a

high correlation coefficient -- to conclude that a high correlation coefficient indicates a good fit for a lognormal distribution. It's only when you have paired measurements; that is, time and urine concentration (unintelligible) values do a test of a curve fit of the data to a lognormal distribution. SC&A suggests simply rank ordinary numbers and directly plucking off a 50 to 90 percent value rather than imposing an artificial distribution to the values. NIOSH understood and agreed to some degree with SC&A concerns, but agreed to do some editing of the OTIB. The end progress appears to be appropriate. It appears that we have an action item that has not been addressed elsewhere, mainly a potential edit of the OTIB, or in any case a resolution of the issue between the two groups.

MR. HINNEFELD: As a --

MS. MUNN: The last thing I have is NIOSH will confer with Jim on the issue and get back to the --

MR. HINNEFELD: Yeah, we've done -- our staff has done quite a lot of work on this. We worked on every -- we looked at every coworker

dose (unintelligible) distribution we've used as of the date we did the analysis, and that was a lot --

MS. MUNN: Uh-huh.

MR. HINNEFELD: -- and compared the various approaches, whether you rank order the data or do the fit (unintelligible) doing it, so apparently we've never delivered that to the working group. I'll have to get with Jim and see -- we may not have actually gotten to a final product of how exactly we're going to phrase this and what does this mean in terms of doing -- you know, (unintelligible) some modification of TIB has been made or not. So -- but I'll have to get back with Jim and -- and see where we were on that 'cause I know they've gotten fairly far along and to the point of having a tabular comparison of the techniques for various work -- you know, coworker or work population distributions. But I don't know now what happened (unintelligible) got to get with Jim and sort out where we are.

MS. MUNN: Yeah, it looks as though the -- the last thing I see down here is that Jim was going to get back to us -- it says to the work

-- I am assuming that means workgroup instead of Board --

MR. HINNEFELD: I think he was going to Warner Brothers Park.

MS. MUNN: I think so, yeah -- at the next meeting. So we'll have a report from Jim -- I'll ask -- I'll have that on my agenda for the -- that Redondo Beach meeting, not with the anticipation he will do any more work, but that we'll get a status of what has been done and --

MR. HINNEFELD: Right.

MS. MUNN: -- whether it is closed or not.

MR. HINNEFELD: Right, I'll see what Jim will (unintelligible).

MS. MUNN: Status only. Just so -- primarily so we can make sure we're on the right track here in the database.

The next issue, OTIB-20-01 is closed, with a review, transcript -- general concurrence, it's recommended the issue be closed -- yeah, that one's okay.

The next issue, 20-02, is closed, see item one, which was -- we talked about it. It's gone to PROC-6 and other places, and we're good to go. 03 is the same closure; 04 -- I think we've

closed that whole -- that whole coworker dosimetry data for external dose assignment, I think we've closed them all.

20-06 and 22-01, SC&A finds no issue here. It's judged to be a closed issue. The finding was SC&A's review of this document produced no comments, and SC&A agrees with its contents and conclusions, so I don't know why this is even listed on our (unintelligible), but I guess it is.

23-01 --

DR. ZIEMER: This gives us the record.

MS. MUNN: Gives us the record. 23 -- Yeah. 23-01, missed neutron doses based on dosimetry records. SC&A --

MR. HINNEFELD: Well, this is the one we talked about at the start of the meeting.

MS. MUNN: Right.

MR. HINNEFELD: We went through the exposures at the start of the meeting.

MS. MUNN: This is OTIB-23, we've done this, and it's closed --

DR. ZIEMER: 24s.

MS. MUNN: Yeah, it's closed appropriately.

MR. MARSCHKE: This is -- Kathy's going to give

the additional information.

MS. MUNN: Right. (Unintelligible) go away, and 24-01, which is in abeyance, shows open. The dose rates are expressed as per gram of source isotopes rather than per gram of compound. NIOSH response says OTIB-24 will be revised using a model computer code and dose rates will be expressed appropriately. Do we have any report of where we are with the revision to OTIB-24?

MR. HINNEFELD: I don't have any report on that. This is on the -- the list that Steve handed out.

MS. MUNN: Uh-huh, yes.

DR. ZIEMER: We did all the 24s.

MS. MUNN: It's --

MR. HINNEFELD: We have -- NIOSH has talked about them, but -- Steve and Bob Anigstein has looked at them and --

MR. MARSCHKE: Well, the answer to all the -- the res-- NIOSH response to all the -- the comments were we're going to run this modeling computer code and do all the -- the doses. And -- and so it's essentially if you just -- if you run through all the NIOSH responses, it's -

- you know, we'll -- we'll be done with the revised modeling computer code and -- and everything will come out the way the issues want them to, so...

MS. MUNN: So we'll list all of these 24s as in abeyance, waiting on revised TB-- TIB. Right?

MR. MARSCHKE: Yes, revised OTIB.

MS. MUNN: And this will happen sometime in the foreseeable future. This is neutron dose rates from alpha neutron reactions in uranium and thorium compounds. I don't know where we are on that, but are we in agreement that in abeyance is the proper change in status, awaiting revised TBD -- TIB, excuse me. In agreement? No disagreement?

(No responses)

Very good. That gets us through 24. Let's see what comes up on the screen, just scrolling through that.

The next thing that comes up is 25-01, which is closed. That was radium-226 activity from breath radon measurements. The workgroup said closed after SC&A's follow-up. That's appropriate.

The next one I show is 28-01, elevation of

thorium annual dose, conversion factors, was resolved with the working group's approval. 28-02, resolved with the working group's approval. It's in abeyance, the listing of files in the TIB is incomplete. A page change will be initiated to include all files used.

MR. HINNEFELD: And we've -- we've revised that procedure.

MS. MUNN: 28?

MR. HINNEFELD: Yeah.

MS. MUNN: So it looks as though NIOSH has an action to --

MR. MARSCHKE: Or it may be already -- what you're saying, Stu, is --

MR. HINNEFELD: It's revised.

MS. MUNN: It's revised.

MR. MARSCHKE: It's already been revised and -- and the --

MS. MUNN: It's revised. SC&A has a --

MR. MARSCHKE: The list of file has been updated.

MR. HINNEFELD: Yeah, actually it was -- we did -- we don't refer to those files anymore because we've generated (unintelligible) so the -- the TIB I believe contains the data tables

that formerly were referred to as these files.
MR. MARSCHKE: Okay.
MR. HINNEFELD: I believe that's the situation.
MS. MUNN: So the final data entry on this sheet should be NIOSH follow-up that --
MR. HINNEFELD: I think -- I believe that (unintelligible) SC&A, if this is the practice you want to follow, SC&A look at the revision to see if in fact it did --
MS. MUNN: Right.
MR. HINNEFELD: -- resolve the issues.
MS. MUNN: Right. SC&A verify that the -- the page change has been initiated and the files were included, and then we can close it out next time. That's OTIB-28-02. (Unintelligible) revision. Okay.
The next one that comes up is 28-3, it's the same thing, same requirement.
And now we come to the next one that Steve has on his list, OTIB-33-01. He recommends that being closed, that SC&A agrees with the NIOSH response. Is there any problem with that from anyone here? This is the --
MR. GIBSON: I would -- I would say Mark would want to look over this.

MS. MUNN: Application of internal doses.
MR. GIBSON: Coworker data.
MS. MUNN: Is included in document attached to 18-05. You want to hold it for Mark?
MR. GIBSON: I would say so -- he may just say go ahead and close it.
MS. MUNN: Okay, it'll be on our list next time.
The next issue is 01, procedure's been revised -- this is the ORAU procedure for Privacy Act compliance, which is consistent. Well, this is under additional requests for DOE information, so the most recent information we had was a year ago that the procedure is in the process of being revised. Do we have any information on the current status of PROC-22? It's an administrative, rather than a technical, procedure.
MR. HINNEFELD: No, I don't have any status.
MS. MUNN: It will appear on our next list.
The next one that comes up is 22-02, this is the same procedure, so it's -- it says the issue is satisfactorily resolved, but it shows in abeyance.
MR. HINNEFELD: Well, because we promised we'd

be revising it.

MS. MUNN: Uh-huh. And the next issue is 31 -- PROC-31-01, DOE TBD development and approval process. It's closed appropriately.

Next one is 02, closed appropriately; 03, closed appropriately.

PROC-60-01, currently open. It's on Steve's list. He suggests closed, replaced by PROC-60-02 of the review of PROC-0060, Rev. 1. It's external on-site ambient. Procedure provides direction in the last two paragraphs under Section 5. It appears to be appropriate to close it since the method for maximum doses is addressed in Section 5, it says.

Any problem with accepting SC&A's recommendation to close?

MR. GIBSON: Which -- which one are you on now?

DR. ZIEMER: 60-01.

MS. MUNN: This is 60-01. It's been replaced.

MR. MARSCHKE: What happened was the -- when we did the revision, we reviewed the revision to PROC-60. We essentially cut and paste this first issue on -- and brought it forward as a -- an issue under -- under the re-- you know, the fact that this had not been addressed yet,

we brought it forward as a -- as a issue, so there's really -- this issue is really in here twice --

MR. GIBSON: Okay, so that's --

MR. MARSCHKE: -- under Rev. 0 and under Rev. 1.

MR. GIBSON: It's closed here, but it's not been resolved; it's just been moved.

MR. MARSCHKE: It's just been moved.

MR. GIBSON: Okay.

MR. MARSCHKE: This is almost the same as transferred to.

MR. GIBSON: Okay.

MR. MARSCHKE: But it -- you know.

MS. MUNN: But it really isn't.

MR. MARSCHKE: 'Cause there's al-- but there's already --

MR. GIBSON: Okay.

MR. MARSCHKE: -- an issue there.

MS. MUNN: Yeah. Accepted?

MR. GIBSON: Yeah.

MS. MUNN: Close it, and identify the proper words.

The next one that comes up is on the list, PROC-61-01. It says we suggest that NIOSH

implement a system that updates all referenced and any procedure where an updated document is cited. NIOSH's response is good suggestion. It has remained open. As SC&A indicates, it's covered in PROC-61 Rev. 2. It's appropriate to close it and incorporate those words, hearing no objection.

(No responses)

All right, Steve. The next item that comes up is PROC-61-02. It's the same response, it's covered in PROC-61 Rev. 2, and the recommendation here is that it be closed because it's outstanding there, it's covered. No objection here?

(No responses)

So ordered. The same is true of PROC-61, item three. Again, it's covered in PROC-61 Rev. 2, so it's appropriate to incorporate those words and call it closed.

DR. ZIEMER: Well, let me --

MS. MUNN: No?

DR. ZIEMER: It looks like NIOSH didn't understand the finding.

MS. MUNN: It says they want more information about the comment.

DR. ZIEMER: The response is they can't provide a response.

MR. HINNEFELD: I'm not -- I'm not familiar with (unintelligible).

DR. ZIEMER: It's not obvious to me why this one was closed.

MR. MARSCHKE: I'll have to get with Harry Pentagail*. He's the one who basically did the review on this, and I'll have to ask him why he feels that this is appropriate to close, given NIOSH's -- 'cause he did not just look at NIOSH's response. He looked at the Revision 2 to this -- to this procedure, so -- and why he felt that Revision 2 addressed the issue, even though the response there doesn't -- indicates that there wasn't enough information for NIOSH to understand what the issue was.

MR. HINNEFELD: Could be we fixed it by accident. You know, may have written a more clear set of directions.

MS. MUNN: That's possible.

DR. ZIEMER: Cleared up.

MR. HINNEFELD: It cleared it up. I don't know.

MR. MARSCHKE: I don't know, I'll try to get --

DR. ZIEMER: The basis for closure, though, is not obvious.

MR. MARSCHKE: Right, I'll have to go get more information from Harry.

MS. MUNN: Good.

MR. HINNEFELD: So will this be then in progress?

MS. MUNN: This will be in progress. Uh-huh. And the next issue that comes up is 61-04, which remains open. The dose reconstructor is not advised to make corrections for retakes or additional exposures due to poor technique in processing, yet estimated maximizing dose may not be claimant favorable. Retakes were usually recorded. Reference is Trout, and there was no -- no response to NIOSH's initial response, nothing back from SC&A. It appears to remain open. SC&A says on our list today that it's not addressed in the new version of PROC-61, so it appears that -- I'm interpreting that to mean that SC&A does not accept NIOSH's response here.

MR. MARSCHKE: I think we kind of accepted the response, but I don't think the revision really incorporated that response. I think -- that's

the way I -- I read this, if I recall correctly. I -- again, I'll have to talk to -- to Harry and -- and get that confirmed.

MR. HINNEFELD: Yeah, I think -- our response was intended -- I mean certainly you need to talk to Harry. Our response was intended to say that we feel like the numbers are okay, retakes are -- are appropriately considered based upon this, you know, 'cause -- and so I don't know that we proposed to include language to that effect in the -- in the site -- in the TBD or the TIB, or the procedure, but -- I mean if that -- if you feel like that's important -- well, you know, at some point we -- you know, at some point we can get to it, you know.

MS. MUNN: Well, let's -- if -- if the words that were being used here in NIOSH's response are not adequate -- I mean if -- if these were adequate to meet the concern, then it would not appear that the new revision would require anything additionally, unless there was some -- some elimination of -- of material in the new procedure.

DR. ZIEMER: Well, it seems to me if the retake rate was -- was substantial, like if was 50

percent rather than three percent, then you'd think seriously about correcting for that. But at three percent, the other correction more than compensates for that.

MR. HINNEFELD: Well, that's what we said.

DR. ZIEMER: In other words, for every -- for every 100 X-rays a worker got -- if he worked there 50 years, he got two a year -- you'd throw in a --

MR. HINNEFELD: Three more.

DR. ZIEMER: -- three more, it's not going to change their total very much, or you'd increase it by three percent or whatever it is. If retakes were 50 or 60 or 70 percent --

MR. HINNEFELD: Yeah.

DR. ZIEMER: -- on average, then you -- then you could justify okay, we're going to double it.

MS. THOMAS: I think what they're saying in the response, too, is if they worked for 20 years but there may be only a record of ten procedures performed --

DR. ZIEMER: You're still --

MS. THOMAS: -- they get 20 --

DR. ZIEMER: -- you're still going to have 20

anyway.

MS. THOMAS: -- so -- and if those are double exposures, meaning a lateral and PA chest, for example, you know, that's -- they get assigned the dose from all of those for 20 years to (unintelligible). Now that, you know, depends on what the site profile says. It's not going to be the same --

DR. ZIEMER: Right.

MS. THOMAS: -- in every case, but -- in other words, the -- it's more at a macro level than a repeat of one projection at one time.

DR. ZIEMER: Well, I guess we --

MS. THOMAS: (Unintelligible) what I'm saying?

DR. ZIEMER: -- we don't have SC&A's response in any event to --

MS. MUNN: No.

MR. HINNEFELD: Yeah, I think --

MS. MUNN: The SC&A --

MR. HINNEFELD: If you can just let us --

MS. MUNN: -- here's -- we need clarification from SC&A about exactly what this means. That'll be on our -- our list next time. And the next issue that comes up is PROC-65-01, which is closed, issue resolved to the

satisfaction of the workgroup.
65-02, likewise; 66-01, likewise; 67-01, likewise; 67-02, correctly done; 69-01, the right words; 77-01, correct; 77-02, correct; 03, correct; 80-01, fine; 80-02, correct; 91-01, correct; 91 -- and that's the end of it.

MR. HINNEFELD: The end of the line.

MS. MUNN: And we have come to the end of it.

DR. WADE: Oh, shucks.

MS. MUNN: And here we were looking forward to a nice midnight lunch.
All right, you've heard my expectation for what we hope to have on our fairly abbreviated agenda at the end of the full Board meeting in Redondo Beach in September.

MR. GIBSON: You going to start on the third set now?

MS. MUNN: We will start on the third set at that time, if we do not get through our abbreviated agenda. But for the time being, I will make an effort to -- I'll ask Steve to pull together a revised set two items that we did not clear here, and I'll -- will ask you to give me an e-mail of what you have your action items to be for that group so that I can verify

that it's the same for me. And Stu, could I ask the same of you, if you'll give me, at -- at your --

MR. HINNEFELD: My -- my notes of what I think our action items are?

MS. MUNN: Just -- yeah, what you believe your action items were from this one.

MR. HINNEFELD: Yeah.

MS. MUNN: That would be helpful. Does anyone have any additional information they feel needs to go on the record for this meeting?

MR. HINNEFELD: What are we covering next time? We talked about that. I just want to be sure I got it. We're starting on those two other reports --

MS. MUNN: We're going to do those -- just incorporate them in our -- our overview list. We're going to try to clean up as much of this set two as we can. We've had several -- going through set two where we've had a number of items jump back out at us that we still have outstanding.

DR. ZIEMER: Have a number of SC&A closure statements --

MS. MUNN: Yes.

DR. ZIEMER: -- that we're looking for.
MS. MUNN: That's true.
DR. ZIEMER: In this group that -- in set two.
MS. MUNN: Exactly, so we'll go through --
DR. ZIEMER: I'm not sure you guys have anything --
MS. MUNN: I don't think --
DR. ZIEMER: -- much for our next meeting.
MS. MUNN: I don't think so. We tried to leave anything other than just an occasional status report --
DR. ZIEMER: I think -- I think Jim pretty well said (unintelligible).
MS. MUNN: Yeah.
MR. HINNEFELD: I was -- that's what I was just going to say, I don't know that we can do anything --
MS. MUNN: No.
MR. HINNEFELD: -- before the next meeting.
MS. MUNN: No.
DR. ZIEMER: No, I think Jim said you couldn't.
MS. MUNN: The only -- the only thing that I have here is on OTIB-19-01. We had said that -- that Jim was going to give a status report several months ago to the Board, and we -- all

we were just asking is what is the status now. We weren't asking for any action other than what's already been done. We just don't have any knowledge of where we are.

MR. HINNEFELD: That's OTIB-19?

MS. MUNN: OTIB-19-01, uh-huh.

DR. ZIEMER: John Mauro was going to give us sort of their sense of this draft. Right?

MS. MUNN: Yes, uh-huh.

DR. ZIEMER: And I don't know where SC&A will be on the closure statements with -- will those be ready or not. That's not very much time.

MS. ADAMS: No, some will be --

MR. MARSCHKE: I don't know.

MS. MUNN: I imagine some will --

MR. MARSCHKE: I don't think it would take a lot of effort on Steve -- basically they were Steve Ostrow's --

DR. ZIEMER: Yeah.

MR. MARSCHKE: -- PR-5 and PR-7. I don't think --

DR. ZIEMER: So that he can perhaps --

MR. MARSCHKE: We will shoot for that. I'll talk -- talk to Steve Ostrow tomorrow on line, send you an e-mail, Wanda, about my action

items. I will let you know what he thinks.
MS. MUNN: Thanks, Steve. I appreciate that.
UNIDENTIFIED: And Steve, you'll do one more database update so that we can get that transferred early in the week before -- early in the week of the meeting so that by Thursday afternoon we'll have a revised (unintelligible).
MR. MARSCHKE: Which week? There was a -- Labor Day week? I will stop updating it -- I will update it up until the Friday before Labor Day. When is that? That's the 30th?
MS. MUNN: Something like that.
UNIDENTIFIED: Something like that.
MR. MARSCHKE: 29th, something like that?
MS. MUNN: Yeah.
MR. MARSCHKE: Then I will freeze it at that point and you can take it --
MR. HINNEFELD: But anytime that next week we can bring it over --
UNIDENTIFIED: Bring that over to --
MR. HINNEFELD: -- to our side so we (unintelligible) looking at it up there.
MS. MUNN: That'll be great. Anything else?
DR. WADE: Last chance.

MR. HINNEFELD: Did we say earlier we were going to do a similar kind of thing on -- not OTIB-52 but one of the other products, the 9-20-07?

MS. MUNN: We're going to look at those. I think in each case those are -- there's only one or two --

MR. HINNEFELD: Okay.

MS. MUNN: -- procedures involved, and we just wanted to incorporate them, get through that fiscal year, before we start the set of three. I think we probably already have statused them in one way or another.

MR. HINNEFELD: Okay.

MS. MUNN: I doubt there'll be any work to do. We just want to get them on our list as having been covered.

MR. HINNEFELD: Okay.

DR. WADE: Okey-doke?

MS. MUNN: All right.

DR. WADE: Okay, we're going to sign off, all you on the telephone line. We are done.

MS. MUNN: Thank you so much. You can stick a fork in all of us.

(Whereupon, the meeting adjourned at 4:40 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Aug. 21, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of Sept., 2008.

_____

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102