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PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

WORKING GROUP

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held in Redondo Beach, California, on September 4, 2008.

STEVEN RAY GREEN AND ASSOCIATES
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-- "*" denotes a spelling based on phonetics, without reference available.

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P A R T I C I P A N T S

(By Group, in Alphabetical Order)

DESIGNATED FEDERAL OFFICIAL

KATZ, Theodore M., M.P.A.

Program Analyst

National Institute for Occupational Safety and Health

Centers for Disease Control and Prevention

Atlanta, Georgia

MEMBERSHIP

GRIFFON, Mark A.

President

Creative Pollution Solutions, Inc.

Salem, New Hampshire

MUNN, Wanda I.

Senior Nuclear Engineer (Retired)

Richland, Washington

PRESLEY, Robert W.

Special Projects Engineer

BWXT Y12 National Security Complex

Clinton, Tennessee

ZIEMER, Paul L., Ph.D.

Professor Emeritus

School of Health Sciences

Purdue University

Lafayette, Indiana

IDENTIFIED PARTICIPANTS

ADAMS, NANCY, NIOSH
CHEW, MEL, ORAU
CRAPPS, PAT, ORAU
HINNEFELD, STUART, NIOSH
HOMOKI-TITUS, LIZ, HHS
HOWELL, EMILY, HHS
MAKHIJANI, ARJUN, SC&A
MARSCHKE, STEVE, SC&A
MAURO, JOHN, SC&A
MORRIS, ROBERT, ORAU
NETON, JIM, NIOSH
RAFKY, MICHAEL, HHS
SIEBERT, SCOTT, ORAU
THOMAS, ELYSE, ORAU

P R O C E E D I N G S

SEPTEMBER 4, 2008

(1:30 p.m.)

OPENING REMARKS

MS. MUNN: This is Wanda Munn. I'm chairing this meeting of the procedures workgroup, which is going to become -- supposedly -- the subcommittee on procedures, if our anticipations of current Board action continue to completion. Before we get started I believe our Designated Federal Official has a few things he needs to say. Ted?

MR. KATZ: Right. The first thing is just to poll and see who's in attendance here, starting with the Board members. Wanda?

MS. MUNN: Wanda Munn, chair of the group.

MR. PRESLEY: Bob Presley, alternate.

DR. ZIEMER: Paul Ziemer.

MR. GRIFFON: Mark Griffon.

MR. KATZ: Okay. Now -- and I don't believe there are any Board members on the phone since we were all here. Now for the ORAU/NIOSH team?

MR. HINNEFELD: Stu -- Stu Hinnefeld from NIOSH.

MR. SIEBERT: Scott Siebert from the ORAU team.

1 **MR. CHEW:** Mel Chew from the ORAU team.
2 **DR. NETON:** Jim Neton, NIOSH.
3 **MR. KATZ:** And anyone on the line --
4 NIOSH/ORAU?
5 **MR. MORRIS:** Robert Morris, ORAU team.
6 **MS. CRAPPS:** Pat Crapps, the ORAU team.
7 **MR. KATZ:** Can you repeat that again, please?
8 **MS. CRAPPS:** Pat Crapps, the ORAU team.
9 **UNIDENTIFIED:** Pat Crapps.
10 **MS. THOMAS:** Elyse Thomas, ORAU team.
11 **MR. KATZ:** I'm sorry, can you repeat that last
12 one, too, please?
13 **MS. THOMAS:** Elyse Thomas, ORAU team.
14 **MR. KATZ:** Thank you. And now SC&A in the --
15 in the hall.
16 **DR. MAURO:** John Mauro, SC&A.
17 **DR. MAKHIJANI:** Arjun Makhijani, SC&A.
18 **MR. MARSCHKE:** Steve Marschke, SC&A.
19 **MR. KATZ:** And anyone on the line from SC&A?
20 (No response)
21 Okay, and now other -- other federal employees,
22 both HHS and DOL or other agency.
23 **MS. HOMOKI-TITUS:** This is Liz Homoki-Titus
24 with HHS.
25 **MS. ADAMS:** Nancy Adams, contractor to NIOSH.

1 **MS. HOWELL:** Emily Howell, HHS.

2 **MR. RAFKY:** Michael Rafky, HHS.

3 **MR. KATZ:** Anyone on the line?

4 (No response)

5 And last, but not least, members of the public
6 on the line?

7 (No response)

8 Okay, great. Just last thing, just to remind
9 the few on the line that -- please mute your
10 line when you're not speaking, mute or star-6,
11 and don't put us on hold, please. Thanks.
12 It's all yours, Wanda.

13 **INTRODUCTION BY CHAIR**

14 **MS. MUNN:** Thank you, Ted. I recognize we've
15 had a long two and a half days here and that
16 everyone's tired. We don't want to push
17 through any more of this than we can absolutely
18 tolerate, but it's necessary for us to try to
19 move this along as we can.

20 I trust that all of you have the action item
21 list that I sent out by e-mail. Is that
22 correct? That's what we're going to working
23 from, pretty much. If you don't have it or if
24 you can bring it up on -- on your screen, it
25 may give you a good feel for where we are, what

1 we're going to do.

2 **MR. MORRIS:** Wanda, is that something you sent
3 just recently?

4 **MS. MUNN:** I believe I sent it early last week.
5 It's --

6 **MR. HINNEFELD:** August 29.

7 **MR. GRIFFON:** 8/29, yeah.

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

9 **MR. MORRIS:** Okay, thank you.

10 **MS. MUNN:** All right. It includes general
11 items for NIOSH action, general items for SC&A
12 action and items that we specified that we were
13 going to address at Redondo Beach. Because we
14 do have those specific items, it is my
15 suggestion that we begin with the items that we
16 broke out for Redondo Beach and go from there
17 back up to the general NIOSH and SC&A actions.
18 Some of those have already been taken care of
19 in the natural course of events.
20 We also have a series of handouts that Nancy
21 has made available for us. I don't know
22 whether any of you -- all of you have those are
23 not. If not, we'll get to those -- we'll hand
24 them out as we get to those particular items on
25 our list.

1 **OTIBS 18-5 AND 3301**

2 Mark, the first thing we had identified was a
3 request for you to take a look at the proposed
4 changes of the closed status on ATIBs (sic) 18-
5 5 and 3301. There had been some concern in his
6 mind, I think, that you might not have the
7 information that you felt necessary in order to
8 close those out. Have you had an opportunity
9 to take a look at those?

10 **MR. GRIFFON:** Yeah, yeah, I looked at them
11 quickly. So -- so we're -- we're not doing
12 those first items? Is that off the agenda for
13 this -- just the Redondo Beach stuff we're
14 covering or -- or...

15 **MS. MUNN:** No, we're starting with the Redondo
16 Beach --

17 **MR. GRIFFON:** Starting with Redondo Beach,
18 okay.

19 **MS. MUNN:** -- then we're going back --

20 **MR. GRIFFON:** Right.

21 **MS. MUNN:** -- to the others.

22 **MR. GRIFFON:** I -- I looked at them and...

23 **MS. MUNN:** Do you have any problem with the
24 closures?

25 **MR. GRIFFON:** Yeah, I -- I mean I have

1 questions, anyway. It's a -- I think they're
2 both related so I guess I can talk to -- I'm
3 trying to pull up the findings, Wanda. I
4 apologize, I'm trying to pull them up why we --
5 I thought that was a little later on the
6 schedule.

7 **MS. MUNN:** Oh, I'm sorry, I didn't mean to
8 blindside you.

9 **MR. GRIFFON:** That's all right, that's all
10 right, I was looking down the li-- but if I
11 remember right, they're very TIB-18 and TIB-33
12 are sort of -- are very similar. I guess my
13 remaining question on -- on the TIB-18 number
14 five was -- was more of -- of the application -
15 - there's a -- TIB-18 -- I'm just pulling the
16 details of this number five up now.

17 Oh, okay, I -- I guess my -- the -- the
18 questions I have, maybe they can be answered in
19 this meeting, is in this TIB -- first of all, I
20 wasn't clear on when this TIB was used and for
21 whom it was used. The other part of it was
22 there's an attachment in the -- on the TIB that
23 lists the sites, and I -- I'm assuming that
24 SC&A's review did not include -- I wouldn't
25 expect a procedures level review to do this,

1 but it wouldn't include, you know, was -- is
2 this -- is this procedure appropriate for all
3 those sites. I guess that would be my first
4 question is -- you know, 'cause it seems to me
5 that that's the -- the -- this is -- that's the
6 critical part of this whole procedure. You're
7 just applying ten percent of a -- you're just
8 applying a high number, really, is what -- for
9 people that you don't have records for,
10 assuming they weren't exposed, and that's the
11 big assumption is assuming that the rad control
12 programs are in place at these sites and they
13 effectively kept those people who were not
14 supposed to be, you know -- were not supposed
15 to have potential for exposure, out of those
16 areas. So that list of sites -- I'm wondering
17 if SC&A looked at that level or if that sort of
18 thing goes to an application review. In other
19 words, if we get a dose reconstruction that
20 uses TIB-18 for a certain site, then would
21 those kind of comments come out in that
22 process, or in a site profile review. I mean
23 that -- that may be where that -- that end of
24 it's covered more, but that's my main question
25 -- my first question, anyway, on that.

1 **DR. MAURO:** And the response to that, we would
2 not normally go and appl-- test it out at each
3 of the sites on a case by case basis. We'd
4 more look at it from the point of view of
5 generically does it appear to be a bounding
6 assumption. So the answer to your question is
7 no, we didn't -- we did not go to that level of
8 detail.

9 **MR. GRIFFON:** Okay. And then -- then the
10 second part is -- is I guess -- I think for
11 NIOSH, who does the procedure -- when is this
12 procedure used? Is it in -- I had some side
13 conversations but I just want to clear -- clear
14 it on the record, when -- when would you use
15 TIB-18? Is it only for non-compensable claims
16 -- overestimating approach for non-compensable
17 claims? When do you distinguish between using
18 an ambient air model versus this -- this TIB-18
19 approach, the ten percent MPC or DAC model, you
20 know.

21 **MR. SIEBERT:** Scott Siebert from the ORAU team.
22 Basically the OTIB-18 model was developed only
23 for non-compensable cl-- cases as an
24 overestimate. As we all know, there was a
25 period of time where that -- it was used for

1 some compensable cases for a very short amount
2 of time, but the general meaning of the TIB was
3 always to be a non-comp type claim.

4 As to using it versus ambient, if we believe
5 that the individual did not have exposure
6 potential, we would go with the ambient as per
7 OTIB-14, if I recall correctly. If we believe
8 that there may have been some exposure, then we
9 use the OTIB-18 overestimating assumptions.

10 **MR. HINNEFELD:** From the -- from the last
11 workgroup meeting I wrote down a note, as our
12 action, to provide evidence of the robust
13 nature, what -- what evidence did we have to
14 conclude that these sites had, you know,
15 healthy air monitoring programs and took
16 appropriate actions at appropriate control
17 points, so that's an action that was ours, I
18 believe, and we haven't done anything since the
19 last meeting. I haven't provided anything
20 since the last meeting.

21 **MS. MUNN:** Yes, it's -- I have that listed on
22 the -- for attention as possible list.

23 **MR. HINNEFELD:** Right.

24 **MR. GRIFFON:** I tell you, this -- I'm -- I'm
25 thinking about how to open this up or not open

1 this up, but I mean this has a -- you know, I
2 looked at one -- one case, because I couldn't
3 open the -- the TIB workbook on the O drive so
4 I looked into a case file. Kathy Behling
5 recommended that, you know, I'd have better
6 luck that way. It just happened that it -- in
7 our -- in our sixth set we have a case that
8 uses TIB-18, and it was for a compensable
9 claim, and it was for a lung cancer, and the
10 assigned -- you know, I looked at -- it was a
11 short -- I think it was a short -- I'd -- I'd
12 have to look back at the case, but I remember
13 being struck by the fact that, number one, it
14 was compensable, and number two, that it was
15 like a -- the -- the lung dose was like 35 or
16 40 rem or something like that. And it strikes
17 me that, you know, we're -- we're -- this --
18 this -- this almost, in my mind, starts to get
19 into that realm of are we -- are we looking at
20 cancers rather than dose, you know. We're
21 throwing a high number at it, and in this case
22 it was weird 'cause it was a compensable claim,
23 but would you really expect somebody, if you
24 had an effective rad control program, somebody
25 to get a 30-rem lung dose. The answer, I

1 think, would be no. So then is it --

2 **MS. MUNN:** We would pull --

3 **MR. GRIFFON:** -- plausible -- is that a
4 plausible dose? Can they really reconstruct or
5 are you just saying we have no data so we're
6 going to throw this high number, but only when
7 we don't have rec-- only when we know it's
8 going to be non-compensable? I mean I think --

9 **DR. NETON:** Well, I -- I'll answer that. I
10 think it's plausible because at 9.99 percent of
11 the ambient air concentration you're not
12 required to post it. Right? I mean is that
13 not tr-- in that time period that these cases -
14 -

15 **MR. GRIFFON:** So -- so you think --

16 **DR. NETON:** -- were processed?

17 **MR. GRIFFON:** -- a pr-- a place had an
18 effective program if they were --

19 **DR. NETON:** I'm not saying effective, I'm
20 saying a compliant program that said that at
21 ten percent of the DAC you had to do
22 monitoring, or ten percent of MPC.

23 **MS. MUNN:** In view of the fact that this is one
24 of the things that we've also listed as action
25 item for NIOSH and it hasn't been yet

1 addressed, perhaps it would be wise for us to
2 set this aside for our next meeting, which will
3 give NIOSH an opportunity to respond to the --
4 to the supporting evidence for it, and perhaps
5 the questions that you've raised will play into
6 that answer, if we're fortunate. So --

7 **MR. GRIFFON:** And I -- again, I think most of
8 mine are on the -- on the when to use it side,
9 so we may or may not deal with that in the
10 procedures workgroup, but --

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

12 **MR. GRIFFON:** -- just put them on the table.

13 **MS. MUNN:** Will that be satisfactory with you,
14 Stu, to postpone this --

15 **MR. HINNEFELD:** Sure.

16 **MS. MUNN:** -- until you've had an opportunity
17 to --

18 **MR. HINNEFELD:** Sure.

19 **MS. MUNN:** -- to respond? Is the same going to
20 be true of -- of TIB-3301?

21 **MR. HINNEFELD:** That's -- that's much the same
22 issue, because --

23 **MS. MUNN:** Yes, I thought that it was.

24 **MR. HINNEFELD:** Yeah, 33 kind of provides for
25 less than 100 percent of the standard -- you

1 know, exposure at less than 100 percent of the
2 standard.

3 **MS. MUNN:** Yes, the question in the chair's
4 mind is whether or not the response to TIB-18
5 is going to satisfy any question that -- that
6 Mark might have with respect to TIB-33. Is
7 that --

8 **MR. GRIFFON:** Yeah.

9 **MS. MUNN:** Do you think it will?

10 **MR. GRIFFON:** I -- I think they're connected,
11 is that what you're --

12 **MS. MUNN:** Yeah.

13 **MR. GRIFFON:** Yeah.

14 **MS. MUNN:** Yeah, they are, essentially.

15 **MR. GRIFFON:** So I think the response to one
16 will lead to the other, yeah.

17 **MS. MUNN:** Fine, then we'll move on from that
18 one since there's action yet to be taken; we
19 know what that action's going to be.

20 The next item that we have specifically for
21 action at Redondo Beach is for SC&A. As a
22 matter of fact, we have one, two, three, four
23 items for SC&A. Do you want to take those one
24 at a time, John, or --

25 **DR. MAURO:** No, I -- I spoke to Steve last

1 night and he loaded up a lot of data that --
2 where we were given instructions on --

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

4 **DR. MAURO:** -- actions to take. I -- you saw
5 us --

6 **MS. MUNN:** Right, I --

7 **DR. MAURO:** -- the other night.

8 **MS. MUNN:** -- I saw you working last night.

9 **DR. MAURO:** That's what we were doing and --

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

11 **DR. MAURO:** -- and Steve, I -- I'm sort of
12 holding -- holding till Steve gets back, so --

13 **MS. MUNN:** Okay. Your timing's perfect, Mr.
14 Marschke.

15 **MR. MARSCHKE:** Yeah. Well, we're not in yet.
16 Turns out the hotel just basically allows you
17 access on a day by day basis.

18 **MS. MUNN:** Oh, yeah, this is -- this is often
19 true. So you are not -- you're not hooked up
20 the way you need to be?

21 **MR. MARSCHKE:** I wanted to get on the O drive.
22 I'm not on the O drive yet.

23 **DR. MAKHIJANI:** Steve, I'm on the O drive. You
24 want to use my computer?

25 **MR. MARSCHKE:** I think I should be able to get

1 on the O drive now.

2 OTIB-1901

3 **MS. MUNN:** Let's see. Let's give Steve an
4 opportunity to do that. And as he's doing it,
5 I notice the first of the NIOSH actions looks
6 to be a fairly straightforward one that is a
7 status report only on OTIB-1901.

8 **MR. HINNEFELD:** Yeah, 1901 is the finding about
9 the validity of using R squared to -- R squared
10 test when you're -- when you're essentially
11 showing or confirming your belief that there's
12 a lognormal distribution to coworker data. And
13 we are -- we have drafted a response. I should
14 be able to provide it to the working group and
15 SC&A I would think next week. I have a -- I
16 kind of have a busy week coming up, but I think
17 I could put that out then. So we do have a
18 draft response on our evaluation of -- and we
19 loo-- what we did is we looked at the
20 populations of the sampling -- or the
21 populations that have been used in workgroup --
22 or in coworker studies in the program so far.
23 These are from -- there are like seven
24 different sites where they've been done -- or
25 where they have been compiled at this time,

1 when -- when we did this analysis, and we
2 looked at each individual distribution. Now
3 those were generally done -- this is internal
4 monitoring data. Those were generally done on
5 bioassay cycle, so you may have weekly
6 populations at some places for some years, so
7 there are huge number of populations we
8 analyzed and compared the fitted 50th and 95th
9 -- or 50th and 84th percentiles of the data to
10 the rank-ordered 50th and 84th percentiles, and
11 it shows that comparison and essentially it
12 does a little analysis of the likely -- you
13 know, the -- what does the results mean. So I
14 should be able to have that out next week.

15 **MS. MUNN:** That's good. We'll expect that to
16 be out so that everyone will have an
17 opportunity to take a look at it before our
18 upcoming meeting for our next time.
19 Steve, how are you doing? Did you make it?

20 **TIB-52**

21 **MR. MARSCHKE:** Well, I'm on the O drive now and
22 we're into one of the -- I've -- I did a sort
23 on TIB-52, and one of the action items was to
24 add the related link to that NIO-- the
25 responses that NIOSH provided us last time, or

1 the proposed respon-- responses that NIOSH
2 provided us last time, and we have done that.
3 And you can see if you click on this related
4 link here, you can see the -- this is the
5 document that NIOSH provided us. I added the
6 word "draft" and the date, 8/22, on the top.
7 That was really the only change I made. We did
8 lose a little of the formatting. If you get
9 down in here it says "highlighted in red," we
10 lost the red highlighting when I went from the
11 Word file to the PDF file. You have to have it
12 in a PDF file in order to put it in here. So -
13 - but it is in here and, you know, all you have
14 to do to look at it is basically click on that
15 -- click on the link here. And if you --
16 again, if we go back to that --

17 **MR. GRIFFON:** That was under TIB-52 finding
18 what? What is the --

19 **DR. MAURO:** It applies to all of them -- a lot
20 of them.

21 **MR. MARSCHKE:** No, it applies to a lot -- it --

22 **DR. MAURO:** Where do you --

23 **MR. MARSCHKE:** -- it's under -- hang on --

24 **DR. MAURO:** -- get -- get --

25 **MR. MARSCHKE:** -- what did I just do? If you

1 look under -- if you look under -- under five,
2 it's on five. It's also on -- anywhere they
3 basically identify the -- the responses, so I
4 put the same words in each -- each of the
5 findings, and so if you go to finding 13 or
6 finding 14 here, you'll also be able to click
7 on and -- and pull up this document.

8 (Pause)

9 And Arjun and I -- one of the -- one of the ta-
10 - the other task associated with this was for
11 SC&A to get back to the workgroup with our
12 preliminary evaluation of these responses, and
13 Arjun and I have worked that up and we have
14 that in the -- in a separate file. And once I
15 get off the O drive we'll be able to look at
16 that and discuss, but we did have some concerns
17 about some of the wordings and some of the
18 responses and so on and so forth, so that -- we
19 will be able to -- you know, once I get off the
20 O drive, I can -- we can put that up on the
21 screen.

22 **MS. MUNN:** All right. How can we do this best?

23 **MR. MARSCHKE:** Well, I mean we can -- I can log
24 off here and get back on the O drive, you know,
25 if that's the way we want to go back and forth.

1 **DR. ZIEMER:** While he's on the O drive, Madam
2 Chairman, could I request that you go back and
3 -- I don't have the O drive open, so can you
4 show us what's on the O drive for the previous
5 item, 1805, because -- is this one that we said
6 was closed and Mark said well, they closed it
7 but we didn't?

8 **MR. GRIFFON:** No, that was TIB-8, 10 and 23.

9 **MS. MUNN:** No -- yeah.

10 **DR. ZIEMER:** Well, I'm -- I'm showing, from
11 what -- from the August meeting, TIB-1805 --
12 the handout shows it as closed --

13 **MS. MUNN:** Yes, that wa-- that was correct, we
14 -- we had said -- we were suggesting that it be
15 closed, and Mike said let's don't close it
16 until Mark's had an opportunity to look at it
17 because -- yeah.

18 **DR. ZIEMER:** Yeah, and I just wanted to see
19 what was on the O drive for that item. What
20 does -- what does it show?

21 **MS. MUNN:** For -- the current status is open,
22 because we did not -- we didn't go there
23 because of the concern that was expressed.

24 **UNIDENTIFIED:** Which one is that, 18?

25 **MR. HINNEFELD:** 18-5.

1 **DR. ZIEMER:** 180-- ITIB (sic) 18-05.

2 **MS. MUNN:** Slash 150-151, et cetera.

3 **MR. MARSCHKE:** 1085 is showing as being open.

4 **MS. MUNN:** It's open, uh-huh.

5 **MR. MARSCHKE:** In the O drive.

6 **MS. MUNN:** Because we -- we made no change
7 because of the request for Mark to --

8 **MR. GRIFFON:** It's open, so --

9 **MS. MUNN:** -- have an opportunity to look at
10 it.

11 **DR. ZIEMER:** I just wanted to make sure that we
12 agreed then.

13 **MR. GRIFFON:** Yeah.

14 **DR. ZIEMER:** Now --

15 **MS. MUNN:** And we -- we --

16 **DR. ZIEMER:** -- the other comment that's in
17 here -- is that still there, that SC&A agreed
18 with NIOSH's response?

19 **MR. MARSCHKE:** We nev-- I --

20 **DR. ZIEMER:** I mean what shows in the hard copy
21 is SC&A, paren, Steve Marschke, concurs with
22 NIOSH response.

23 **MR. MARSCHKE:** Yes. We haven't added that to
24 the database at this point. That -- that
25 information has not been added into the

1 database, not -- just because we haven't gotten
2 to it.

3 **DR. ZIEMER:** Okay.

4 **MR. MARSCHKE:** But I don't think -- that
5 position has not changed. We still -- SC&A
6 agrees with what NIOSH has done.

7 **MS. MUNN:** Essentially what we need to do is to
8 satisfy Mark's concern and --

9 **DR. ZIEMER:** Yeah, I just was trying to -- I
10 didn't have the O drive open and I was trying
11 to correlate what was in our hard copy last
12 time with what was said here. Couldn't
13 remember the details.

14 **MR. GRIFFON:** I think you also said, Wanda,
15 that NIOSH is following up on this as well?

16 **MS. MUNN:** NIOSH is following up on it as well.

17 **MR. GRIFFON:** Yeah.

18 **MS. MUNN:** They're charged with providing
19 evidence support for robust air monitoring
20 programs on site and that the site took
21 appropriate action based on air sampling
22 results. Those were the two concerns we're
23 following up on.

24 Steve, how are we doing?

25 **MR. MARSCHKE:** If you want to look at the

1 markups of the -- of the proposed NIOSH's
2 changes to OTIB-52, I was showing how we could
3 do that, how we could flip back and forth, so
4 these -- these are the markups that Arjun and I
5 had -- this is the -- had made on this
6 document. We want to walk by -- we have some
7 comments -- requested teleconference, I think
8 that's one of the things that we -- one of the
9 things that we had agreed to was that -- or
10 that we were going to do was have a
11 teleconference and -- or schedule a
12 teleconference, and maybe we want to do that
13 today after we look at all these -- at the
14 comments.

15 The second comment here was this paragraph on
16 the response to finding five, this second
17 paragraph, this is ver-- we were anticipating a
18 little bit more general wording. This is --
19 this is very specific. It's very specific to
20 Savannah River. It's very specific to
21 pipefitters. And it's very specific to time
22 periods. We were kind of hoping and
23 anticipating a little bit more generic
24 statement as to -- and I'm not sure -- that may
25 be one of the things that Arjun and I will work

1 on before we have a teleconference is what kind
2 of wording were we -- would we suggest if we
3 were writing this.

4 **MS. MUNN:** Yeah, what are you looking for.
5 That always helps.

6 **MR. MARSCHKE:** Yes. Yes.

7 **DR. MAKHIJANI:** Could I just say that, in
8 clarification of Steve's comment, it was -- not
9 to wordsmith what NIOSH is doing or anything
10 like that, it's just that there was a sense of
11 our review and we'd just like to reflect on
12 that, go back to it and provide you with what
13 the sense of our review was.

14 **MR. MORRIS:** This is Bob Morris. I'd -- I
15 actually tape-recorded the workgroup meeting
16 and I listened to it before I wrote it, so if
17 there's something that's nuanced in there, it
18 wasn't clear, and I don't think it will become
19 clear once the transcripts are published. You
20 need to actually make more clear what you
21 really want.

22 **MR. MARSCHKE:** Okay. We will come up with some
23 suggested wording or what we're looking for,
24 and we can discuss it when we get on the
25 teleconference.

1 The other -- the next comment going down is --
2 in the -- in the paragraph, talking about
3 findings 13 and 14, the last sentence there --
4 I was hoping to -- this is basically -- to get
5 a little bit more information about what is
6 negligibly, how do -- how do we determine that
7 it's negligible? And one of the things that I
8 did, which helped me convince myself that it's
9 pretty small, was I took an example of -- of
10 two sites and compared them, the two different
11 ways of doing it. This -- this is an Excel
12 file with just some made-up data in here, when
13 -- and when you calculate the ratio of
14 construction worker dose -- the average
15 construction worker dose to the average other
16 worker, and you have a 1.4 multiplier here,
17 when you do the construction worker to the
18 total workers, you get a number which is a
19 little less than 1.4 with the same -- exact
20 same data. What they're doing in the -- in the
21 OTIB is sometimes they're comparing site A,
22 calculated this way, to site B, calculated this
23 -- the other way, and they're saying okay,
24 they're both .4 -- or 1.4, the multiplier. You
25 can see there -- it's not a big difference,

1 it's maybe ten percent or something like that.
2 Here's a -- here's the ratio of the two
3 columns, two different ways of calculating the
4 multiplier, and you can see it -- it's about a
5 -- maybe a nine percent difference. And if you
6 -- if we consider nine percent to be
7 negligible, then we agreed with -- with the
8 NIOSH statement, but you know, that's -- this
9 is kind of -- the exercise that I had to go
10 through to convince myself that it was a small
11 contribution, and -- and I think I have
12 convinced myself. I don't know if anybody else
13 was concerned about it or not, but -- so I -- I
14 think that the -- you know, that -- that's what
15 I was hoping to see in the response, something
16 along those line -- what I just put up on the
17 Excel sheet, some -- some mathematical showing
18 -- showing that they -- it doesn't matter which
19 way you go, they are -- the differences are
20 pretty small and they're probably within the --
21 within the -- the noise level of -- of the
22 values anyways, and --

23 **MR. MORRIS:** So you would prefer -- you would
24 like us to make up data and show how it works?
25 I'm just --

1 **MR. MARSCHKE:** At this point I -- no, at this
2 point -- right now I don't think --

3 **MR. CHEW:** I think you want us to define what
4 negligible is.

5 **MR. MARSCHKE:** I think -- what are we defining
6 what negligible is, within ten percent,
7 something along those lines?

8 **MR. MORRIS:** Well, if -- if you read the
9 section 4.2 where the special -- where
10 adjustment is defined, that -- that's 1.2 for
11 the threshold of adjustment.

12 **MR. MARSCHKE:** Okay.

13 **DR. ZIEMER:** This is below that.

14 **MR. MARSCHKE:** This is below 1.2, right.

15 **DR. MAKHIJANI:** I -- I have a question. I mean
16 if -- if -- if the total dose is -- like
17 external dose is 30 or 40 rem, .2 could make a
18 difference, couldn't it?

19 **MR. CHEW:** (Off microphone) (Unintelligible)

20 **DR. MAKHIJANI:** No, the total dose over -- over
21 a period of 20, 30 years of employment, could
22 be -- could be 30 or 40 rem. I mean I have --
23 I have certainly seen numbers like that. So
24 I'm just wondering why the threshold is 20
25 percent. That seemed rather high.

1 **MR. MORRIS:** Well, that was what -- and already
2 discussed in our -- in our meetings up to now.
3 This -- this is going back a long way to pick
4 that topic up.

5 **MR. MARSCHKE:** I just -- you know, all's I said
6 by the dataset that I made up there on -- on
7 the example, I just wanted to get in my own
8 mind what was -- how much of the impact, what
9 was the impact, and I see it's probably less
10 than ten percent. And if you're saying you
11 have a -- you think the data is -- is -- is --
12 has a plus or minus of 20 percent, then it
13 really doesn't matter.

14 **DR. NETON:** Yeah, I'd suggest that, you know,
15 we haven't had time to look through these
16 comments that you're presenting here, and it's
17 probably not productive to engage in some --
18 some real time discussion here. Rather maybe
19 we should just hear these out and ask for
20 clarifications as we go and -- and move from
21 there.

22 **MR. HINNEFELD:** I believe there's still the
23 obligation of a technical conference call on
24 these issue anyway, so --

25 **DR. NETON:** Well, exactly, so we're -- you

1 know, we're --

2 **MR. HINNEFELD:** -- this is an update.

3 **MR. MARSCHKE:** This is just our --

4 **MR. HINNEFELD:** This is not supposed to be the
5 technical conference call.

6 **MS. MUNN:** No.

7 **DR. NETON:** I mean it's helpful for us to hear
8 these in person because we can go back and
9 reflect on them, but I -- I would -- from both
10 sides, NIOSH as well, I think we should refrain
11 from really getting into the weeds on these
12 particular issues.

13 **MR. MARSCHKE:** The third comment we had is
14 purely an editorial comment or -- or -- I
15 guess. We wanted to add the word -- not -- the
16 HPAREH data alone, we wanted to add the word
17 "alone" in that response, just to be clear that
18 you were talking -- that's what you were
19 talking about. That's more or less editorial.
20 We -- the next comment we want to look at a
21 little bit more befo-- and we will revisit and
22 discuss on the phone call is -- is -- we'd like
23 to look at that a little bit more.
24 I think the last three of these comments are
25 still in that same vein. We haven't really

1 looked at the document and the -- and the
2 response to the -- or the modification for
3 finding 11. We have not reviewed the document
4 that's -- that's in there and so we would like
5 -- you know, take a little bit more time to --
6 to see that we agree with -- with that. And
7 the same is true for the fol-- the last one, a
8 little bit more time. And then the -- you go
9 to the end of the document.

10 What we'll do is we'll send this -- or I can
11 either give it -- give you this file or I can
12 send -- e-mail this file to -- to everybody
13 when I get back, over the weekend or whatever,
14 and this is -- the last comment is, you know,
15 again, just a little -- when everybody agrees,
16 then we -- then we can put this statement in, I
17 guess.

18 **MS. MUNN:** Yes, it would be the request that
19 you do provide the workgroup and NIOSH with
20 your comments.

21 **MR. MARSCHKE:** Yes.

22 **MS. MUNN:** And it would -- would it be
23 productive for us to try to establish a time
24 for your technical conference call now, or do
25 you need to do that off line?

1 **DR. NETON:** From -- from at least my
2 perspective, I'd like to go back to my office
3 and figure out what we've all committed to in
4 the last two days here and look at the schedule
5 a little bit.

6 **MS. MUNN:** Can we assume that it's probable to
7 be able to do that a couple of weeks from now
8 so that we will have some information, some
9 feedback on the same item at our next meeting,
10 or is that pushing it too far?

11 **MR. MORRIS:** Well, these are fundamentally easy
12 questions. They're editorial at this point.

13 **MS. MUNN:** Correct. Very good. If we could
14 prevail upon you to attempt the conference call
15 in a -- in a couple of weeks so that we can
16 look forward to a report next time, without
17 pushing anyone too hard. Okay, next time.

18 **MR. MARSCHKE:** Wanda, you want to be advised
19 when that conference call is -- is going to be
20 taking place so that you can participate if you
21 wish?

22 **MS. MUNN:** I would appreciate that very much.
23 Thank you, Steve.

24 **MR. GRIFFON:** I would appreciate if all the
25 workgroup members were advised when the --

1 **MR. MARSCHKE:** Okay.

2 **MR. GRIFFON:** -- technical call is taking place
3 'cause that seems like where the meat's going
4 to be discussed these days, yeah.

5 **MS. MUNN:** Uh-huh, yes.

6 **DR. ZIEMER:** Question.

7 **MS. MUNN:** Yes, Paul.

8 **DR. ZIEMER:** I'm wondering if Steve's annotated
9 item here now, is this going to appear in the
10 record in some form or...

11 **MS. MUNN:** I don't believe so. I think it's
12 just going to come to us until it has been --
13 it's -- it's a temporary document, internal
14 document. It will end up on a --

15 **DR. ZIEMER:** It does represent in a sense the
16 basis of today's discussion, however, and -- I
17 -- I'm sort of asking --

18 **MS. MUNN:** It does.

19 **DR. ZIEMER:** -- that in terms of how this --
20 you know, we --

21 **MS. MUNN:** Getting familiar with how we do
22 this. Uh-huh.

23 **DR. ZIEMER:** -- how we are tracking progress on
24 these, and obviously you can go too far, but
25 this annotated document basically identifies

1 issues that SC&A has asked to focus on in sort
2 of response to the NIOSH document, so I'm --
3 I'm just wondering how we capture that.

4 **DR. NETON:** I have a thought, not necessarily a
5 rec-- maybe a recommendation, but we will have
6 a -- a conference call, tele-- technical
7 conference call that are us-- are always
8 captured with meeting minutes that go point by
9 point over all the issues that we just talked
10 about. And I think that would be the vehicle -
11 - a good vehicle to capture our discussions on
12 -- on these issues --

13 **DR. ZIEMER:** Well, yeah --

14 **DR. NETON:** -- rather than have a document --

15 **DR. ZIEMER:** -- the discussion will be
16 captured. I'm again asking about the database,
17 what -- does anything show up there --

18 **DR. NETON:** Well, I just wonder the relevance
19 of having a -- a Word document in redline mode.
20 If we capture each of those points in the
21 meeting minutes and discuss them point by
22 point, you would essentially have the same
23 thing. I don't want to advise the Board. I
24 mean that's just my personal opinion.

25 **MR. MARSCHKE:** We have a problem with the

1 database in that we can only -- for each issue,
2 we can only have one related link, so if we
3 want to put the annotated version in, then we
4 would have to remove the -- what's in there now
5 and replace what's in there now with the
6 annotated version. So it's whichever way the
7 workgroup wants to go, but we're only allowed -
8 - each issue is only allowed one link.

9 **MS. MUNN:** On the other hand, if in the
10 database itself, under our -- our individual --
11 rather than have a related link there, in our -
12 - our statement of -- of what has transpired at
13 this -- this meeting, if we indicate that
14 wording was provided in draft form by SC&A and
15 indicate there that a technical teleconference
16 is anticipated for the next meeting, then we
17 are aware of the fact that there's a document
18 out there. It refers to it, but not
19 necessarily places it in permanent record for
20 us.

21 **DR. ZIEMER:** In fact, it occurs to me, Steve,
22 that maybe a few sentences in the meeting
23 record could summarize the items in the
24 document that you were focusing on.

25 **MR. MARSCHKE:** Exactly, right -- right here we

1 have basically -- this was the -- the last time
2 we met this was basically what we -- we put the
3 -- the document in. Now we have an SC&A
4 follow-up, we have a space right here where we
5 could add, you know, today's --

6 **DR. ZIEMER:** Yeah.

7 **MR. MARSCHKE:** -- discussion and just say that,
8 you know, kind of capture the --

9 **DR. ZIEMER:** You know, you asked about what
10 "negligible" means and --

11 **MR. MARSCHKE:** What "negligible" means --

12 **DR. ZIEMER:** -- so on, you --

13 **MR. MARSCHKE:** -- and so on and so forth, we
14 could capture that in there --

15 **MS. MUNN:** Yeah.

16 **MR. MARSCHKE:** -- and it could be --

17 **MS. MUNN:** Identify the specific items --

18 **MR. MARSCHKE:** Exactly.

19 **MS. MUNN:** -- we discussed.

20 **MR. MARSCHKE:** Yes, and we could do that for
21 iss-- each one of the issues, yes.

22 **MS. MUNN:** That we can do, and probably it's
23 more effective in the long run than trying to
24 capture the document itself.

25 **DR. MAURO:** I think this is a -- a -- we're

1 getting to the point where trying to find that
2 special place of balance between granularity
3 and not, and I think that we're rap-- it's
4 becoming -- I was wondering myself about the
5 level of granularity, and I -- and I think that
6 as long as the -- for example, getting the
7 white paper in, I think that was -- was needed.
8 Now we're working off that white paper and
9 there's discussion. To try to capture
10 everything is going to make this too
11 cumbersome. I think that we should capture
12 enough that if we want to know more about that
13 particular topic, that's when we go to the
14 transcript. It al-- so we have to always
15 remember we do have the transcript. And all
16 we're really doing here is -- is trying to
17 create a shortcut that we can address issues
18 expeditiously without having to continually
19 resort to the transcript. But I -- but I do
20 think that, you know, the -- the -- the safety
21 net is always going to be the transcript, and
22 use this to facilitate -- we have to navigate
23 our way through our decision-making process, so
24 I -- I was -- last night when sitting down with
25 Steve and we -- we engaged in this discussions,

1 we don't want to make this try to in effect
2 capture the transcript in here, and so I -- and
3 I think we just found that balance. You know,
4 we got -- we got a major white paper that is
5 respons-- I think it was good that we captured
6 it. Now we're really working off that white
7 paper and -- and there will be some notation
8 from this meeting regarding what we discussed.

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

10 **DR. MAURO:** The reali-- and to the ext-- and
11 try to capture that in abbreviated fashion.
12 But in the end, if you really want to get into
13 the nuts and bolts of it, you're going to have
14 to go back to the transcript. But that's okay,
15 it'll get us there if we need to go there. So
16 it -- I -- I like where we're coming down.

17 **MS. MUNN:** The key issue is the database will
18 give us an up to date status of where we are at
19 any given time, and will point us to the last
20 discussion so that we know which transcript to
21 look for the information in if we need it. Are
22 we happy with where we are on this one? And we
23 have our marching orders. Right?

24 (No responses)

25 That was TIB-52. We started at the bottom.

1 You want to work up with TIB-1006?

2 **TIB-1006**

3 **MR. MARSCHKE:** 1006, okay, that was basically
4 talking to Dr. Anigstein and seeing whether
5 1006 and 1005 could be combined.

6 **MS. MUNN:** Correct.

7 **MR. MARSCHKE:** And basically Dr. Anigstein
8 feels that they are two distinct issues. The -
9 - the issue -- they're related to -- to the --
10 to the angular dependency of the flux, but --
11 but they are two distinct -- actions have to be
12 -- or different actions have to be taken to
13 solve each one. But you can take those two
14 actions and implement them both in a single
15 MCNP run, so it's -- it's really -- we feel
16 that they are two distinct -- they should be
17 kept as two distinct issues, but the solution
18 to them may come out simultaneously when --
19 when you make your MCNP run, it would be a
20 simple -- a single MCNP run where you would
21 make a change to correct for -- to -- to -- to
22 adjust for the -- that this -- five was the
23 photon flux versus the dose, and -- and --
24 because of the strong angular dependency, and
25 six was the model of the glove-- glovebox, as I

1 understand. Let me see if we can pull those --
2 actually we can pull those up here.

3 **DR. MAURO:** And if I recall, the -- there --
4 oh, you have it in front of you -- conceptually
5 I guess it had to do with simply -- in one
6 respect -- we're talking about the inverse
7 square law, the -- the -- whether if you -- you
8 know, if you're wearing the film badge on your
9 lapel but you're being exposed at the waist at
10 a glovebox, and I thought we agreed with that,
11 even though we didn't think they used the best
12 model -- I think they used Attila and we used
13 something else -- but we both came to the same
14 place, it was about a factor of two. So I
15 guess I didn't think there was a substantive
16 difference of opinion in the -- in the
17 adjustment factor --

18 **MS. MUNN:** I didn't think there was, either, in
19 my --

20 **DR. MAURO:** -- but I thought there was a
21 substantive opin-- concern regarding the angle
22 of incidence because -- because -- and that
23 needed to be explicitly addressed. So in my
24 mind, I thought the first issue was a non-
25 issue, and I don't want to -- but the second

1 one was a real issue where -- you know, if you
2 don't take angle of incidence into
3 consideration when you do this, you -- you
4 could really miss the dose. And I think that
5 it -- when -- that's what it really came down
6 to.

7 Steve, did I misrepresent that in any way?

8 **MR. MARSCHKE:** It might have been wrong -- I
9 don't -- I don't -- I don't know, to tell you
10 the truth, John. Let me -- let me try and pull
11 up the comments.

12 First comment was we question the angular --
13 the analysis compares the prodigal* flux over
14 the location of the torso rather than modeling
15 the variation of dose emitter response with
16 location.

17 And our response was -- you know, the -- the
18 NIOSH response was that -- one of the things
19 was SC&A analysis of similar correction
20 factors. I think at the time we did come up
21 with similar correction factors of -- I think
22 if we had to do it now, we might not come up
23 with the same correction factors. We -- we did
24 not take into account the -- the angular
25 dependency, I don't think, when we -- when we

1 did our verification at that point. And when
2 we looked at TIB-13, I believe it was, which is
3 very similar, we -- we -- we came up with -- we
4 did do the angular dependency and we came up
5 with some differences. So the bottom line is,
6 we would like to -- the question that was posed
7 at the last meeting was can we change the
8 status of six to say "addressed in five" and --
9 and I don't -- and -- and the thing is, I don't
10 -- we don't think that you can do that.

11 **MR. GRIFFON:** My point is address the issue. I
12 don't care how --

13 **MR. MARSCHKE:** Right.

14 **MR. GRIFFON:** -- if it comes up once or twice
15 in the database, I mean --

16 **MR. MARSCHKE:** Right.

17 **MR. GRIFFON:** -- if it's one response, let's
18 get the response.

19 **MR. MARSCHKE:** Right.

20 **MR. GRIFFON:** Yeah.

21 **MS. MUNN:** So where are we?

22 **MR. HINNEFELD:** I know that you -- we owe the
23 response to the finding -- or to the --
24 actually to the follow-on. I believe we added
25 -- we provided an initial response but there

1 was some additional discussion after, if I'm
2 not mistaken, and so it's up -- it's up to us,
3 you know, the next action.

4 **PROC-60**

5 **MR. MARSCHKE:** The next -- I guess in the next
6 -- moving back up the -- the table was PROC-60
7 -- 61.

8 **MS. MUNN:** 61 three and four.

9 **MR. MARSCHKE:** Three and four?

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

11 **MR. MARSCHKE:** I did ask Harry Pentingale* to -
12 - to give some additional reasons. He did
13 provide those additional reasons for -- in case
14 of three, why we agreed with NIOSH that this
15 should be closed. Basically his response was he
16 felt the revision to PROC-61 added a lot of
17 clarity and examples, and that would help the
18 dose reconstructor decide which approach to
19 take, and so he -- he's made that explanation
20 as to why he agrees with -- with the NIO-- or
21 he -- he thinks the issue should be closed.
22 And again, I have his e-mails and I can send
23 them to -- to the workgroup and to NIOSH.
24 On item four, I unfortunately -- unfortunately
25 I cannot bring them up on the screen at this

1 point.

2 **MR. GRIFFON:** PROC-61.

3 **MR. MARSCHKE:** This is PROC-61. Item four, we
4 do not agree with the -- and we wanted to keep
5 item four in abeyance, and he -- Harry has
6 given me a -- an e-mail which describes why he
7 wants to do that. I unfortunately have not had
8 an opportunity to add that into the database at
9 this point and I was hoping to be able to bring
10 it up, but I don't think I can bring it up on
11 the screen.

12 **MS. MUNN:** Do you remember the sense of why --

13 **MR. MARSCHKE:** Well, I can read it to -- I can
14 read it to the workgroup if -- if that would --

15 **MS. MUNN:** Good.

16 **MR. MARSCHKE:** As for PROC-61 four, NIOSH has
17 never really responded other than to refer to
18 the Trout study. The problem as I see it is
19 the black lung survey was a special group study
20 where they tended to do the radiography often
21 at a federal center using similar equipment,
22 the same X-ray technique, some -- same
23 processing procedure, and often limited readout
24 by a select group of radiologists. It should
25 surprise no one the retake rate would be low

1 under that circumstances. During the time
2 frame in question, 1950 to 1970, remember there
3 were a lot of different equipment, uses,
4 techniques, and unbelievable problems in
5 processing. Every large medical facility has
6 done retake reviews at some point because it
7 affects the bottom line. Film was never cheap.
8 I have often seen it range from ten to 50
9 percent in the worst case. It appears NIOSH
10 doesn't want to look at it relative to the
11 institution, but rather use one value for
12 everyone. I would accept it if they hadn't
13 chosen such a low value.

14 **MS. MUNN:** So what we need here is kept in
15 abeyance for the moment and NIOSH response
16 necessary. Yes? No?

17 **DR. MAURO:** What I just heard is that we don't
18 agree. What I'm getting at is that it's not
19 tha-- usually wha-- we put something in
20 abeyance when we agree in principle, and it
21 stays in abeyance until the procedure is
22 revised. What I just heard is that the retake
23 assumption embedded in the way in which medical
24 X-ray dosimetry is performed -- there's an
25 assumption, but it's too low. In Harry's

1 experience, the basis for the number selected
2 by NIOSH for retakes was obtained from a
3 situation where it was unusually low because of
4 the circumstances under which that particular
5 activity took place. In the real world, in his
6 experience, the retake rates are likely to be
7 much higher, especially in some of the earlier
8 years. So -- I -- I mean -- so what I'm
9 hearing is no, we don't -- we don't agree.

10 **MR. MARSCHKE:** It should be --

11 **DR. MAURO:** And so it's -- yeah, so it's open.

12 **MR. MARSCHKE:** We think it should be in
13 progress.

14 **DR. MAURO:** Yeah, in progress.

15 **MR. MARSCHKE:** That would be our
16 recommendation.

17 **MS. MUNN:** What is the workgroup's reaction?
18 In progress?

19 This gives us an opportunity to address
20 something that we had a brief discussion about
21 off line last night with John and Steve and I
22 when we were discussing whether it's going to
23 be feasible for us to manipulate this database
24 in such a way that when we do what we just did
25 here -- that is, when we say does the workgroup

1 agree and I see a group of nodding heads --
2 that we can in real time, on the screen, change
3 the rating that we have to -- from in abeyance
4 to in progress. Is that going to be -- do all
5 of you feel that that's workable in some cases?
6 Not all, but in some cases? Shall we undertake
7 to do that as a routine whenever we have the
8 material up and access to make that change?

9 **MR. MARSCHKE:** I can change it right now. Can
10 it be changed in the -- I have to go back and
11 add Harry's paragraph into the -- in to the
12 SC&A follow-up section --

13 **MS. MUNN:** Right.

14 **MR. MARSCHKE:** -- and I guess what we're doing
15 now is we are changing this one to in progress.

16 **MS. MUNN:** Progress, uh-huh.

17 **MR. MARSCHKE:** And what we would do is come
18 down here and say --

19 **MS. MUNN:** And the status date is automatic
20 there.

21 **MR. MARSCHKE:** -- 9/4/2008, change --

22 **DR. MAURO:** I think when we can do this, it's
23 really the way to do it, and not wait until we
24 go back to -- to try to do it on our own. I
25 mean if we can do it in real time, boy, that

1 makes it a lot easier --

2 **MS. MUNN:** That's very helpful.

3 **DR. MAURO:** -- because we're here now, and if
4 it's a sentence or two in a -- let's just do
5 it.

6 **MS. MUNN:** Then we know tomorrow when we check
7 where we are. But for the moment, now that
8 it's in progress, we're back in the realm of --
9 of technical negotiation between NIOSH and
10 SC&A, and the action is NIOSH response.
11 Correct?

12 That covers the specific items that I had
13 listed for SC&A for certain action at Redondo
14 Beach.

15 **MR. GRIFFON:** Can I just clarify what happened
16 to PROC-61 03 Rev. 2, and there's an e-mail --

17 **MS. MUNN:** Nothing has happened to it.

18 **MR. GRIFFON:** So it's open or --

19 **MS. MUNN:** We are going to get an e-mail seeing
20 the suggested language, and after we see the
21 language, then at our next meeting we'll have
22 an opportunity to identify whether or not we
23 agree with the closed status.

24 **MR. GRIFFON:** But it -- right now it's listed
25 as open.

1 **MR. MARSCHKE:** Did you say 03?

2 **MR. GRIFFON:** 03, yeah.

3 **MR. MARSCHKE:** 03, we had -- we would agree
4 with -- that that could be -- we would
5 recommend closing that one.

6 **MR. GRIFFON:** But we haven't even seen the
7 response, the workgroup hasn't.

8 **MR. MARSCHKE:** Well, I just -- what Harry wrote
9 is basically -- as for PROC-6103, the reason
10 you suggest is exactly why I suggested closing
11 it. And the reason I suggested wa-- what I
12 suggested was the revised PROC removed our
13 concern.

14 And then Harry goes on to state the revision to
15 PROC-61 seemed to add a lot of clarity and
16 examples to help define -- to help the dose
17 reconstructor decide which approach to take.
18 And that was -- that was Harry's clarification
19 as to why he would recommend closing 03 --

20 **DR. ZIEMER:** In essence he's saying you
21 withdraw your comment then.

22 **MS. MUNN:** Yes.

23 **MR. MARSCHKE:** In essence we're saying we're
24 withdrawing our comment in light of the
25 revision to PROC-61.

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

2 **DR. ZIEMER:** So the finding kind of goes away.

3 **MR. GRIFFON:** Well, it -- I think the revision
4 took care of the finding.

5 **MS. MUNN:** That's correct. So it's now closed.
6 And we can, if we have it on screen, close it.
7 Correct?

8 **MR. GRIFFON:** Well, SC&A's recommending
9 closing, I guess, would -- if we're in
10 agreement --

11 **MS. MUNN:** Well, it was my understanding that
12 the purpose in reissuing the procedure, one of
13 the reasons, was to take care of this finding,
14 and they've just agreed that it did in fact
15 take care of it.

16 **MR. GRIFFON:** Yeah, I -- this is a -- not
17 completely nuanced, but I mean it's the
18 workgroup's decision to close it, and I'm in
19 agreement with it, I'm saying. It's not SC&A
20 closing it.

21 **DR. ZIEMER:** They're recommending --

22 **MR. MARSCHKE:** We're recommending --

23 **MR. GRIFFON:** They're recommending to us --

24 **MS. MUNN:** No -- no, they're recommending that
25 we close it, and -- yeah.

1 **MR. GRIFFON:** The workgroup, yeah.

2 **MS. MUNN:** Yeah. Is there -- is this --

3 **MR. GRIFFON:** Yeah, I'm good with that.

4 **MS. MUNN:** Happy? Good. Closed. Now I think
5 that closes the issue for us. Steve, you may
6 want to send that e-mail to us anyway --

7 **MR. MARSCHKE:** Yes.

8 **MS. MUNN:** -- just so we'll have it for the
9 record.

10 **MR. MARSCHKE:** I was hoping to be able to put
11 it up on the screen, but I have a different --

12 **MS. MUNN:** That's all right.

13 **MR. MARSCHKE:** -- browser here or whatever; I
14 can't get it up.

15 **MS. MUNN:** Only so many things can go up at one
16 time, so if you'd just e-mail us --

17 **MR. MARSCHKE:** I will do that.

18 **MS. MUNN:** -- we'll all be aware of the fact
19 that it is closed in the database.

20 **MR. GRIFFON:** Could -- could I ask one --

21 **MS. MUNN:** Yes.

22 **MR. GRIFFON:** -- one process thing going
23 forward, the -- the -- I mean if we have -- if
24 -- if we have these kind of items, it really
25 would -- is nice for the workgroup to get those

1 e-- you know, those e-mail -- I mean I don't
2 have a problem with that last one, but if we
3 can get those ahead of time, then I can look at
4 the rev, make sure I'm in agreement and, you
5 know -- I mean I want to vote with all the
6 facts in front of me. I'm looking at this real
7 time and trying to -- so, just like we always
8 do, if we're going to change --

9 **MR. MARSCHKE:** Understood. We'll try and get
10 that to you --

11 **MR. GRIFFON:** Yeah.

12 **MR. MARSCHKE:** -- or we'll get -- in the future
13 we'll get that to you be-- be-- you know,
14 before the meeting, as much as -- in advance of
15 the meeting as -- as we can.

16 **MS. MUNN:** We all have problems with getting
17 action items closed in adequate time for all of
18 us to think about it before the meeting.

19 **OTIB-1201**

20 The one last item under specifics is for NIOSH
21 and SC&A to report the result of your
22 conference and correction to OTIB-1201. Did
23 that happen?

24 **MR. HINNEFELD:** Well, what happened was, I -- I
25 confirmed what the actual item was, what the

1 finding was, because at the last meeting we
2 were kind of pondering now which finding is
3 this, is this -- and it is in fact the one --
4 the finding about dose con-- dose conversion
5 factors in IG-1 and the way that they were
6 developed, the way the triangular dose
7 conversion factors were developed. So you
8 know, I found that in the -- in the notes of
9 the earlier meeting, or maybe even on the
10 database response, but that is -- that's the
11 issue that's being tracked. It didn't actually
12 come up in the original review of that
13 document. It came up sort of in the review of
14 our initial responses to that document. We
15 kept it in that -- in that finding, tracking it
16 under that -- under that document.

17 **MS. MUNN:** So what's the status of the -- of
18 the item right now?

19 **MR. HINNEFELD:** Well, I guess it's open because
20 we owe you our response to the DCF finding.
21 It's either open or in progress.

22 **MS. MUNN:** I can't get my screen back. The --

23 **MR. MARSCHKE:** The O drive doesn't seem to be
24 responding.

25 **MS. MUNN:** Yeah, I couldn't get my screen back

1 at all.

2 (Pause)

3 I can't get to where I need to be. I hope we
4 can blend this on the O drive.

5 **MR. HINNEFELD:** Which one are we looking at?

6 **MS. MUNN:** We're trying to take a look at OTIB-
7 12-01.

8 (Pause)

9 **MR. HINNEFELD:** The status right now is listed
10 as in progress, and I gue-- I think that's
11 probably correct. We've had some discussion on
12 this, but there's more discussion due, and the
13 next product is ours to deliver.

14 **MS. MUNN:** All right. Can we put a time on it,
15 or do we -- no?

16 **MR. HINNEFELD:** No.

17 **MS. MUNN:** Very good, we'll continue it as
18 open.

19 **MR. HINNEFELD:** In progress.

20 **SUGGEST ALTERNATE LANGUAGE FOR COWORKER IN VARYING**

21 **USAGES**

22 **MS. MUNN:** Having reached the end of our
23 specific items, let's turn to the general items
24 before we undertake the "as necessary"s --
25 general items for NIOSH action, suggest

1 alternate language for coworker or varying --
2 in varying usages. Have we had an opportunity
3 to pursue that? That's going to be --

4 **MR. HINNEFELD:** No -- well, that --

5 **MS. MUNN:** -- a fairly pervasive issue that --

6 **MR. HINNEFELD:** That's going to be a lot of
7 things to do and --

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

9 **MR. HINNEFELD:** -- there may be a way to
10 describe -- you know, to -- to do a better job
11 of explanation in the -- you know, in the
12 places where we use that coworker, as what --
13 what we mean in this instance.

14 **MS. MUNN:** That's --

15 **MR. HINNEFELD:** I mean if you choose a word
16 like "colleague" or, you know, whatever you
17 want to -- whatever word you choose, you're
18 going to have to explain what you mean anyway.

19 **MS. MUNN:** That's true.

20 **MR. HINNEFELD:** So I think probably just -- the
21 key issue is -- 'cause it came up originally I
22 believe in CATI, the --

23 **MS. MUNN:** It did.

24 **MR. HINNEFELD:** -- meaning in the CATI review,
25 and --

1 **MS. MUNN:** And in the closing reports.

2 **MR. HINNEFELD:** Right, and -- and so I think a
3 -- a better explanation of what -- the kind of
4 person we're asking about is -- is probably
5 what's needed because no matter what word you
6 choose, you're going to have to explain it.

7 **MS. MUNN:** Let's continue it on our "pay
8 attention to this" list until we sort of reach
9 a resolution with it. It really is a bit of a
10 thorny issue and may vary from one time to the
11 next, much less one case to the next, so --

12 **MR. GRIFFON:** Wanda, that doesn't really fall
13 under an item --

14 **MS. MUNN:** No, it doesn't. It doesn't, no.
15 This is -- but it comes up in several
16 procedures, which is why we're keeping it as a
17 general thing rather than specific.

18 **CATI INTERVIEWS**

19 Report on the number of coworkers contacted as
20 a result of CATI interviews.

21 **MR. HINNEFELD:** I can send that pretty soon, to
22 -- to the extent that we can reconstruct it,
23 we'll be able to find specific interviews that
24 were done and collected on a specific form--
25 name in a particular convention in the

1 database, when the file was saved to the
2 database. There could very well be other
3 interviews that are simi-- that were done for a
4 similar purpose or like purpose or to provide
5 that interview that we won't be able -- you
6 know, we won't be able to find because they
7 just weren't filed under a naming convention
8 that allows us to find it. It'll be a low
9 number.

10 **MS. MUNN:** The report will --

11 **MR. HINNEFELD:** It will not be --

12 **MS. MUNN:** -- have to be --

13 **MR. HINNEFELD:** -- a large number.

14 **MS. MUNN:** -- as reported, yeah, not -- not as
15 --

16 **MR. HINNEFELD:** Yeah, it'll be a very --

17 **MS. MUNN:** -- actual --

18 **MR. HINNEFELD:** -- small number.

19 **REVISION OF CATI SCRIPT**

20 **MS. MUNN:** Yeah, understand. Provide the
21 workgroup with revision of CATI script for
22 comment and review. Is it done yet?

23 **MR. HINNEFELD:** It's not prepared yet. We will
24 -- we'll -- we'll do that. We have -- the
25 process for the resubmittal, what's happening

1 here is we have to resubmit those forms to OMB
2 because our approval to use the form, you know,
3 expires. And so we have to go back to OMB to
4 get a renewal of the approval. At that time
5 we're going to make some modifications to the -
6 - to the form at that -- when we submit it.
7 We'll provide the modified form when we have
8 it. And -- and there is -- you know, from the
9 time of the *Federal Register* announcement,
10 there is a -- a public comment period as well,
11 I mean, so you know, we'll -- we'll be -- you
12 know, any public comments we would happen to
13 get, we would be resolving at the same time as
14 we can resolve any comments we get here at the
15 same time.

16 **MR. GRIFFON:** Wanda, is --

17 **MS. MUNN:** Yes?

18 **MR. GRIFFON:** -- can you tell us, 'cause I've -
19 - we've gone around on this a little bit. Is
20 this Rev 2, Rev 3?

21 **MR. HINNEFELD:** Of the form?

22 **MR. GRIFFON:** Of the form.

23 **MR. HINNEFELD:** No, this -- this will be the
24 first revision of the form.

25 **MR. GRIFFON:** First revision of -- of the

1 questionnaire?

2 **MR. HINNEFELD:** Of the CATI -- of the CATI
3 form.

4 **MS. MUNN:** It was my understanding it had been
5 reviewed, but hadn't been -- I mean it had been
6 renewed, but had not been changed.

7 **MR. GRIFFON:** Right, it was but not changed.

8 **MS. MUNN:** Yeah, renewed --

9 **MR. GRIFFON:** So you've never --

10 **MS. MUNN:** -- but not revised.

11 **MR. GRIFFON:** -- used a different
12 questionnaire?

13 **MR. HINNEFELD:** No. No, I don't -- I think the
14 questionnaire's been the same all along.

15 **MS. MUNN:** Uh-huh, I think it has been.

16 **MR. HINNEFELD:** Now we're going back like six
17 years.

18 **MS. MUNN:** Yeah.

19 **MR. HINNEFELD:** I believe it's been the same
20 script all along.

21 **DR. ZIEMER:** There were -- had been a
22 suggestion on the floor by Larry earlier this
23 week that it might have -- might have been an
24 intermediate revision, but that was not clear.

25 **MR. GRIFFON:** That's why I was asking --

1 **DR. ZIEMER:** 'Cause Larry was referring to this
2 as rev 2 or --

3 **MR. KATZ:** I believe that we've had to resubmit
4 just to get another approval, but I believe
5 they didn't make any changes in the script as
6 part of that resubmittal.

7 **DR. ZIEMER:** Just to extend the date.

8 **MR. KATZ:** Right, 'cause you have to re--
9 resubmit every three years, even if you make no
10 changes. You have to get a new approval.

11 **DR. ZIEMER:** That -- so that may be the case.

12 **MS. MUNN:** Now that was my understanding, that
13 it had been renewed, but this is --

14 **DR. ZIEMER:** But not revised.

15 **MS. MUNN:** -- the first time -- this is the
16 first time we were talking about the revision.

17 **MR. GRIFFON:** And this is the -- when you're
18 talking about the script, it's the same -- is
19 that the questionnaire itself or is this a
20 different entity? I'm --

21 **MR. HINNEFELD:** It's a questionnaire.

22 **MR. GRIFFON:** -- (unintelligible) the term.

23 **MR. HINNEFELD:** It's -- it's a questionnaire.

24 **MR. GRIFFON:** Yeah.

25 ORAU TECHNICAL DOCUMENTS

1 **MS. MUNN:** The next question was provide a list
2 of ORAU technical documents, both current and
3 in preparation. I have a copy of those. Has -
4 - has anyone else received them? I did not
5 make copies for distribution. I should have.

6 **MR. HINNEFELD:** I -- I sent that to the working
7 group and to SC&A.

8 **DR. MAURO:** Yeah, we received them.

9 **MS. MUNN:** I have it, so I was impressed at the
10 number of potential --

11 **MR. HINNEFELD:** Now I didn't delete ones that
12 have already been -- have already been reviewed
13 --

14 **MS. MUNN:** You know what, I --

15 **MR. HINNEFELD:** -- so the -- the issued ones,
16 you know -- a lot of the ones that have been
17 reviewed should be on the -- the current -- not
18 the proposed list but the current -- the ones
19 that are currently issued. That would include
20 ones that have already been reviewed.

21 **MS. MUNN:** Yes, but the proposed TBDs and OTIBs
22 and PROCs were significantly greater in number
23 than I had anticipated. I don't believe that
24 there was any action for us to take. I think
25 it was a matter of information more than

1 anything else, so that we could assess whether
2 or not there was something really pressing
3 coming down the pike immediately that needed to
4 go to SC&A's attention.

5 **DR. MAURO:** Steve just -- Steve, I -- I see you
6 put up that form that you -- you talked about
7 last night.

8 **MR. MARSCHKE:** This is -- yeah, what we did was
9 we took the Excel file that Stu gave us and we
10 -- in column F here, we compared the document
11 number to all the documents which are in the
12 database. And so --

13 **MS. MUNN:** We have hard copies of that, if
14 anyone wants it.

15 **MR. MARSCHKE:** We -- basically then we identify
16 -- if it shows up in the database, we say -- in
17 column F here we say it's been reviewed, and if
18 it doesn't show up, then it's not reviewed.
19 This is not perfect. There are some that --
20 John has pointed out that there are some
21 documents that were reviewed but are not in the
22 database -- OTIB-54 being one of them.

23 **DR. MAURO:** Yeah -- yeah.

24 **MR. MARSCHKE:** So -- but as you can see, I
25 guess the -- the big thing here is, like --

1 like Stu was saying, most of these documents
2 have already at least gone through one revision
3 or one review of one revision. It's not
4 necessarily the revision that's listed here
5 that we reviewed, but we did review a revision
6 of that particular document.

7 **DR. MAURO:** Version. We -- we were trying our
8 best -- given the magnitude of the number of --
9 of procedures, both generic and site-specific,
10 that have been issued and have been reviewed by
11 SC&A, this is I guess our first attempt to say
12 okay, let's -- let's put this all in a -- one
13 place. And -- and that's what Steve did, so
14 this way we have a table that, perhaps
15 periodically, might be worth updating, say
16 okay, listen, here's all the procedures, both
17 generic and those that are site-specific, that
18 -- that are on the system, that have been
19 issued by -- by NIOSH, and here's all of the
20 ones that SC&A has reviewed. And you know, you
21 can run down the list and see which ones we
22 have and haven't reviewed. Now it doesn't
23 capture I guess revision one, rev 2, rev 3, but
24 at least there was at least one review. We --
25 we thought that would be useful for us and

1 perhaps for the working group to have something
2 like this. And when we were working on that
3 and talking about it last night, it's apparent
4 that it -- it's -- you know, we have to -- it's
5 not only -- for example, we missed OTIB-70.
6 Well, we just sent that out last week. We --
7 we did recently review I believe OTIB-54, which
8 is the fission product one, and -- and we --
9 you know, and that -- so I mean we were trying
10 to do this. We think that this could be a
11 valuable -- us-- useful for all concerned, but
12 right now I think there's still some
13 imperfections in the way in which we've
14 characterized whether or not we reviewed a
15 given document. But I think it's something
16 that we'd like to be able to have.

17 **MS. MUNN:** Certainly when the time comes that
18 we're ready to send a second report to the
19 Secretary, this kind of information will be
20 particularly helpful I think to incorporate
21 into that report.

22 **MR. MARSCHKE:** The other thing you can see from
23 this is that most of the documents that we have
24 not reviewed are site-specific documents. The
25 one that we got highlighted here now is for Y-

1 12, not reviewed; Mound, not reviewed --
2 **DR. MAURO:** And that -- that's another
3 limitation. We have a little bit of a dilemma.
4 We did review a lot of those as part of a site
5 profile review. Other words -- so we're in a
6 funny kind of place. We -- we have a -- it
7 might be a little misleading. We've reviewed
8 the -- we reviewed many, many site-specific
9 OTIBs as part of the closeout process or part
10 of the initial site profile review, and that's
11 not captured in this table. So it might
12 indicate here that we didn't review it, but I'm
13 -- I'm pretty sure, for example, there was -- I
14 recognize a lot of these that I remember we
15 reviewed as part of the site profile process.
16 So I think it's important that we don't miss
17 that. And we -- we don't want to -- and this
18 is a good -- good a place as any to keep an
19 accounting, so I would say all -- all
20 procedures, whether site-specific or generic,
21 that have been issued, the -- you know, we --
22 there should be something that indicates
23 whether or not SC&A has reviewed them. And I
24 think that there's a little work on our part to
25 make this thing current.

1 **MS. MUNN:** Perhaps an additional category.
2 Instead of reviewed, perhaps considered in site
3 profile review?

4 **DR. MAURO:** Well, we are actually mandated --
5 when we're given a site profile review, our
6 scope and the budget is to review that --

7 **MS. MUNN:** I understand.

8 **DR. MAURO:** Yeah.

9 **MS. MUNN:** I'm just thinking about language in
10 this particular format. Perhaps language of
11 that sort would be helpful in defining, even
12 though it says not reviewed, you know you have
13 -- have in fact considered it. So that's a
14 partial rev-- it's certainly a review, if it's
15 identified as being not an individual review
16 but as a part of the site profile, if that's
17 what you're saying.

18 **DR. MAURO:** Well, ye-- yes, right now I was
19 just planning on saying yes, we did review
20 this. But you're saying that it's probably a
21 good idea to clarify that it was reviewed not
22 as part of Task III, but reviewed as part of
23 Task I, or part of Task V when we were doing an
24 SEC petition -- perfect example is the -- the
25 high-fired plutonium, OTIB-49 -- I think that

1 was the number -- we reviewed that very
2 thoroughly, but that was done as part of the
3 Rocky Flats --

4 **MS. MUNN:** Rocky Flats.

5 **DR. MAURO:** -- SEC petition review.

6 **MS. MUNN:** Yeah.

7 **DR. MAURO:** Yeah.

8 **MS. MUNN:** Yeah, but reviewed with site profile
9 would be appropriate, it seems.

10 All right -- became so engrossed in that I
11 forgot where we are.

12 **LANGUAGE COVERING CLOSED FINDINGS**

13 General items for SC&A action is where we were.
14 Provide language covering the reason for
15 closure when findings are adequately addressed.

16 **MR. MARSCHKE:** I believe Kathy sent an e-mail
17 to the workgroup --

18 **MS. MUNN:** Yes.

19 **MR. MARSCHKE:** -- for -- that was for OTIB-52 -
20 - not OTIB-52, that was OTIB-10, 23 and 8.

21 **MS. MUNN:** Yes, she did.

22 **MR. MARSCHKE:** And she attached the file that
23 had indicated her changes, and so I --

24 **MS. MUNN:** She did --

25 **MR. MARSCHKE:** -- there's one where the route -

1 - I mean we did -- Kathy did do that for those
2 -- those three particular OTIBs and I believe
3 the working group has that. We als--

4 **MS. MUNN:** I believe we do.

5 **MR. MARSCHKE:** We also --

6 **MS. MUNN:** I can't find mine.

7 **MR. MARSCHKE:** -- added for PROC-5 and 7, Dr.
8 Ostrow added his comments -- clarification as
9 to why he was recommending status changes to
10 closed, and it -- the workgroup does not have
11 Dr. Ostrow's recommendations and they have not
12 been added. Dr. Ostrow's recommendations have
13 not been added to the database at this point.
14 This is another item which I will send to the
15 workgroup when I get back to my office.

16 **MS. MUNN:** All right.

17 **MR. MARSCHKE:** But this is the type of -- I
18 guess this is the type of lev-- level of detail
19 of information that we are -- are anticipating
20 to include when we have to, you know, provide
21 the reason for closure.

22 **MS. MUNN:** If we can have that, then I'll leave
23 this item open until we've all had an
24 opportunity to review this language and see if
25 the members of the workgroup agree that this

1 language is adequate for our purposes in the
2 database. Is that fine with all of you here?
3 We'll see the -- see the e-mail and address
4 this next time.

5 **LIST OF DOCUMENTS FOR POTENTIAL REVIEW**

6 Second item, maintain list of documents for
7 potential review. I think that's essentially
8 what we just saw, so that's continuing and
9 current. We may just simply ask to see that
10 from time to time to see where we are.
11 Add an issue to any reviewed procedure when an
12 issue is transferred in from elsewhere.

13 **MR. MARSCHKE:** We did this --

14 **MR. GRIFFON:** I almost hate to -- to do this,
15 Wanda, but can I go back to the last item --

16 **MS. MUNN:** Yes, you may.

17 **MR. GRIFFON:** -- just for a second?

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

19 **MR. GRIFFON:** TIB-10, I'm looking at the PDF
20 files that -- because I got kicked off the O
21 drive for some reason so I'm on -- Kathy
22 Behling sent out the PDF files with those
23 responses. I'm looking at TIB-10 response, and
24 I would think -- I was hoping it would be the
25 newest -- like the latest response at the

1 bottom of the -- the document, but I don't --
2 maybe --

3 **MR. MARSCHKE:** Which -- which --

4 **MR. GRIFFON:** I mean I'm -- I'm assuming
5 there's ano-- an SC&A response in this -- it's
6 ten pages, first of all.

7 **MR. MARSCHKE:** Yes, it's ten -- because there's
8 --

9 **MR. GRIFFON:** TIB--

10 **MR. MARSCHKE:** -- a response for each --

11 **MR. GRIFFON:** Oh, it's broken up -- I see what
12 you did --

13 **MR. MARSCHKE:** -- issue.

14 **MR. GRIFFON:** -- okay.

15 **MR. MARSCHKE:** So the issue is -- and the SC&A
16 response is at the end of each --

17 **MR. GRIFFON:** Each issue, I see.

18 **MR. MARSCHKE:** -- each issue.

19 **MR. GRIFFON:** So for that one there were
20 multiple issues, that's why I couldn't find it.

21 **MR. MARSCHKE:** Multiple issues.

22 **MR. GRIFFON:** So they should be entered around
23 August of '08, whatever the newest response is.
24 Right?

25 **DR. ZIEMER:** August 21st. Right?

1 **MR. GRIFFON:** August 21st.

2 **MR. MARSCHKE:** She's got them issued -- I think
3 they were -- she's got them in here as June
4 17th, it looks like.

5 **DR. ZIEMER:** Okay, I --

6 **MR. MARSCHKE:** Yeah, she's got them all in here
7 as June 17th.

8 **MS. MUNN:** OTIB-10 --

9 **MR. MARSCHKE:** I think that might be --

10 **DR. ZIEMER:** Yeah, the 21st is when we actually
11 looked at them.

12 **MR. GRIFFON:** Thank you, that's fine.

13 **MS. MUNN:** Are we okay, Mark?

14 **MR. GRIFFON:** Yeah. I just wanted to find what
15 I have to look at later, so I...

16 **ADD AN ISSUE TO ANY REVIEWED PROCEDURE WHEN AN ISSUE**
17 **IS TRANSFERRED IN FROM ELSEWHERE**

18 **MS. MUNN:** Back to general items for SC&A
19 action, add an issue to any reviewed procedure
20 when an issue is transferred in from elsewhere.
21 The ones that we had outstanding have been
22 done. Correct?

23 **MR. MARSCHKE:** The -- that got started, I think
24 -- the -- the reason we came up with that
25 general guidance was there was an issue in

1 PROC-90 which we felt needed to be transferred
2 to PROC-92 --

3 **MS. MUNN:** 92, uh-huh.

4 **MR. MARSCHKE:** -- and you can see here that I
5 have -- if you look at the general summary of
6 PROC-92 issues, I have added one here which --
7 which has a odd issue finding date of -- of
8 1/17/2005. That is the one that we brought in
9 from -- it was form-- you can see up here in
10 the issue, it was -- it's now 92-9. It was
11 formerly PROC-90-23, and before that it was
12 PROC-17-3. So we basically transfer-- I mean
13 what happened I guess was we -- we closed those
14 three PROCs and collapsed them all into PROC-
15 90, so this issue got transferred from 17 to 90
16 and then we decided that it had to go from 90
17 to 92 --

18 **MS. MUNN:** 92.

19 **MR. MARSCHKE:** -- so this issue has been moving
20 around. And that's -- for this one particular
21 issue, that's the -- I have made that transfer
22 and opened a new issue in 92. This is a -- I
23 think right now, if you look at -- do a summary
24 status of the database, you'll find that there
25 are 29 issues which we identified as being

1 transferred, and this is really my analysis of
2 those 29 issue. A lot of the ones that were
3 transferred are going over into the new
4 workgroup -- the TBD-6000, 6001 workgroup, the
5 whole -- 13 out of the 29. And we have a
6 couple -- four of them which are global issues,
7 which are not in the -- we're not tracking
8 global issues in this database so they -- they
9 wouldn't have to open anything new. PROC-90
10 has I guess three issues we identified to go
11 into 92. I only transferred one, or opened one
12 new issue in 92. I've got to open I guess two
13 more in 92. 52, we were going to transfer a
14 couple issues from 52 to -- to OTIB-20, and
15 they would have to be opened. OTIB-4 and OTIB-
16 18 had a couple of issues, or three issues
17 total, that were being transferred to OTIB-53,
18 which is the recycled uranium OTIB which has
19 not been issued yet so it has not been
20 reviewed. It's not in the system.
21 So I guess the question -- one of the questions
22 to the workgroup is do we want to open an OTIB-
23 53 issue in the database to receive this and so
24 that if and when we get to review OTIB-53 we
25 would already have a starting point of these

1 three issues that have been transferred into
2 it, or do we just want to not -- not do that, I
3 guess would be the other option.

4 **MS. MUNN:** I guess the first question would be
5 to NIOSH, how close are we on OTIB-53? Is that
6 -- is that hanging over someone's head
7 somewhere? Is it in -- has it been written
8 yet?

9 **MR. HINNEFELD:** Yeah.

10 **MS. MUNN:** And -- so where is it?

11 **MR. HINNEFELD:** It's gone -- it's gone back and
12 forth. I'm trying to remember which one it is
13 exactly.

14 **MS. MUNN:** But it's not yet --

15 **DR. MAURO:** Recycled -- recycled uranium --

16 **MR. HINNEFELD:** Yeah, I know that, but I'm
17 trying to remember in my head which -- what --
18 what status it is, where it is. Do you
19 remember, Jim?

20 **MS. MUNN:** Not quite ready for prime time, in
21 any case.

22 **DR. NETON:** Yeah, I don't recall. I know we're
23 down to like basically one issue that we're
24 looking at, and it's close but I can't give you
25 a date at this -- at this point.

1 **MS. MUNN:** What's the feeling of the group?
2 When we know something's coming and we know
3 we're going to have to track it --

4 **DR. ZIEMER:** It seems to me you can put a
5 marker in there and have the place ready for
6 it.

7 **MS. MUNN:** It would seem logical from my point
8 of view. Does anyone disagree with the idea of
9 opening the -- the page for it and getting
10 ready to receive it?

11 **MR. MARSCHKE:** I think that would be safest.
12 That way we wouldn't lose it.

13 **MS. MUNN:** Will the first item be -- yeah.

14 **MR. MARSCHKE:** And then the --

15 **MS. MUNN:** Be ready -- ready to transfer, I
16 guess. Uh-huh, good.

17 **DR. ZIEMER:** Could I ask two questions?

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

19 **DR. ZIEMER:** One, is the table that was just
20 passed out to us, does that get generated
21 automatically from the database --

22 **MR. MARSCHKE:** Yes.

23 **DR. ZIEMER:** -- by an inquiry --

24 **MS. MUNN:** Yes.

25 **DR. ZIEMER:** -- where you'd simply ask it to

1 sum all the categories?

2 **MS. MUNN:** It's a query.

3 **MR. MARSCHKE:** Here, basically just click on
4 that button.

5 **DR. ZIEMER:** I mean is there -- oh, you're
6 doing it here, okay.

7 **MS. MUNN:** Yeah.

8 **DR. ZIEMER:** Okay.

9 **MS. MUNN:** Click on their status summary --

10 **DR. ZIEMER:** Right, so that --

11 **MS. MUNN:** -- and it'll come up for you.

12 **DR. ZIEMER:** So -- good.

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

14 **DR. ZIEMER:** My second question is, the other
15 table that you just showed us which is the
16 status of the -- of the transferred items --

17 **MR. MARSCHKE:** No --

18 **DR. ZIEMER:** -- is that something you're just
19 tracking manually?

20 **MR. MARSCHKE:** Yes. Well --

21 **DR. ZIEMER:** This, yeah.

22 **MR. MARSCHKE:** -- the only thing you have is
23 what you -- the only thing what you get now is
24 under the summary where you can --

25 **DR. ZIEMER:** You have to go back in each one,

1 look at it --

2 **MR. MARSCHKE:** You can't go to -- you go to
3 filter and sort, you can cross off all these --

4 **MS. MUNN:** Everything but transferred.

5 **MR. MARSCHKE:** -- everything but transferred --

6 **DR. ZIEMER:** And then they'll come up.

7 **MR. MARSCHKE:** -- and then just the transferred
8 --

9 **DR. ZIEMER:** Yeah.

10 **MR. MARSCHKE:** -- will come up.

11 **DR. ZIEMER:** I think -- you're doing that, then
12 it makes sense to have a marker in for like --
13 that other one, so it would show up. Right?
14 Maybe it would, anyway.

15 **MS. MUNN:** It would.

16 **MR. MARSCHKE:** I don't know if we have a -- we
17 don't have a status -- when we transfer it, we
18 don't have -- I don't know if we'd be able to
19 track it on the -- when we open an issue to
20 receive it. Those receiving issues, there is
21 nothing -- a marker in there to identify those
22 as receiving issues --

23 **DR. ZIEMER:** I see.

24 **MR. MARSCHKE:** -- as something that received
25 the transfer, except for -- you know, that we

1 could sort on at this --

2 **DR. ZIEMER:** Well, I like the idea that you
3 could tell us where each transferred item was.
4 I just -- you know, as you go forward you say
5 well, are you going to continue to be able to
6 do that in a simple way or does somebody have
7 to get back and sort of count things up
8 manually.

9 **MR. MARSCHKE:** I think the only way you can do
10 it is go back something like this. This will
11 tell you -- this usually tells you where it
12 went to, and if it goes to an issue, like this
13 one goes to OTIB-53, so if you were wanting to
14 -- interested in this, you would know that this
15 went to OTIB-53. Now you could get the issues
16 for OTIB-53 and -- and see -- and find this.
17 It's a little bit convoluted.

18 **DR. ZIEMER:** No, I was wondering if you could
19 sort of do a double filter where you filter out
20 -- get all the transferred one, and with a
21 separate filter show where they went, but --

22 **MR. MARSCHKE:** Right now you can't.

23 **DR. ZIEMER:** -- but I'm not suggesting you do
24 that, I'm just asking.

25 **MS. MUNN:** Yeah, that's a bit much. We need to

1 take a 10-minute break here, just a quick one,
2 so that we can come back and we'll go through
3 some of the "for attention as possible" and
4 probably when we get to the end of that I don't
5 think any of us are going to be up for
6 addressing the third set. So let's take a very
7 quick 10-minute break, not disconnect from the
8 phone line, and we'll be right back.

9 (Whereupon, a recess was taken from 3:05 p.m.
10 to 3:22 p.m.)

11 **MS. MUNN:** We're back, folks.

12 **MR. KATZ:** Is anyone on the phone line?

13 **UNIDENTIFIED:** Yes.

14 **MR. KATZ:** Is that -- did I hear a yes?

15 **UNIDENTIFIED:** Yes.

16 **MR. KATZ:** Okay, great, we're -- we're about to
17 start up again.

18 **UNIDENTIFIED:** Okay.

19 **PROC-90, ITEM 23**

20 **MS. MUNN:** For attention as possible, first
21 item, PROC-90, item 23, change status from
22 abeyance to transfer to PROC-92. I think Steve
23 just showed us that had happened. Didn't we
24 see that? I believe we saw that. That's done.

25 **PR-5, ITEM TWO**

1 PR-5, item two. NIOSH was going to reword it.

2 **MR. HINNEFELD:** We haven't done that yet.

3 **MS. MUNN:** Next time.

4 **MR. HINNEFELD:** Yeah -- yeah, that won't take
5 long.

6 **TIB-1001**

7 **MS. MUNN:** TIB-1001, SCA was going to add
8 "Workgroup has determined that transferred
9 issues remain in the database until closed by
10 the receiving document language." Did we not
11 just talk about that? Have we closed this
12 item, from previous discussion?

13 **MR. GRIFFON:** Is this the ones that Kathy sent?

14 **MS. MUNN:** TIB-10, no.

15 **MR. HINNEFELD:** No, this is the -- this is the
16 one that Anigstein -- you know, we were having
17 a conversation about Dr. Anigstein and his view
18 of the five and six, what Anigstein had said.
19 We have not submitted our next round of -- our
20 next response.

21 **MS. MUNN:** Item 10 -- TIB-10 two.

22 **MR. MARSCHKE:** No, it hasn't been changed --
23 status has not been changed yet.

24 **MS. MUNN:** No action yet. 1005, have you had a
25 chance to talk yet?

1 **MR. HINNEFELD:** I mean we talked earlier -- we
2 talked earlier about it here, but no --

3 **MS. MUNN:** Right, but --

4 **MR. HINNEFELD:** -- we've not had a --

5 **MS. MUNN:** -- you haven't had a resolution
6 call.

7 **MR. GRIFFON:** Can I -- can I understand that,
8 too, Wanda? I -- the --

9 **MS. MUNN:** Yes.

10 **MR. GRIFFON:** -- what's a resolution call? I
11 mean --

12 **MS. MUNN:** A technical ca--

13 **MR. GRIFFON:** -- isn't our --

14 **MS. MUNN:** -- a technical --

15 **MR. GRIFFON:** -- workgroup to resolve --

16 **MS. MUNN:** No, a technical call between the
17 contractor and the agency to attempt to resolve
18 this, with a notification to us if we want to
19 listen in on what they're doing.

20 **MR. GRIFFON:** But I -- I -- I would -- I -- I
21 would just hope -- I'm hearing this more, and I
22 would hope that that would be the exception
23 rather than the rule, 'cause that's why we have
24 the workgroup or the subcommittee is to discuss
25 the technical parts of it, not just the status.

1 So I -- I mean I -- I unders-- I accept it, but
2 I just want to --

3 **MS. MUNN:** Since we had -- we've -- the item
4 has been discussed. There's a disagreement.
5 We've asked that the technical issue be
6 discussed further and bring back to us the
7 result of the discussion. That's essentially
8 what I'm --

9 **MR. GRIFFON:** But I --

10 **MS. MUNN:** -- I'm saying when I say resolution
11 --

12 **MR. GRIFFON:** -- I just don't want the
13 workgroup to miss out on -- on all -- I mean
14 that's what we're here for, not to hear that --
15 NIOSH and SC&A come back and say we're in
16 agreement and --

17 **MS. MUNN:** We wouldn't do that if we --

18 **MR. GRIFFON:** -- I mean we look at each other
19 and go --

20 **MS. MUNN:** -- if we didn't have the -- if we
21 didn't have the issue defined. If you'd like,
22 we can pull this up and look at what the issue
23 is. I wasn't intending to do that. But when I
24 say report progress of resolution, I mean see
25 if you can identify where, if -- if there is a

1 common ground that can be agreed to, and if so,
2 tell us what your discussions led you to and
3 why. Otherwise, we can't -- we as a group
4 can't resolve this if the technical issues
5 haven't been clearly defined and moved along as
6 far as they can be --

7 **MR. GRIFFON:** No, I agree with that, I'm --

8 **MS. MUNN:** -- between the two.

9 **MR. GRIFFON:** -- just saying we -- when at all
10 possible, we should -- we should have those
11 technical discussions here. That's what the
12 workgroup's for.

13 **MR. HINNEFELD:** I think any kind of
14 conversation would be -- I'm not exactly sure
15 100 percent clear on the -- the nature of the
16 finding. You know, it says -- the finding I
17 think Steve had up on the screen here has to do
18 -- is that the right --

19 **MR. MARSCHKE:** (Off microphone)

20 (Unintelligible)

21 **MR. HINNEFELD:** Yeah, yeah, 1005.

22 **MR. MARSCHKE:** Well, TIB-10.

23 **MR. HINNEFELD:** TIB-10 -- TIB-10, number five.

24 **MR. MARSCHKE:** Number five.

25 **MR. HINNEFELD:** It has to do with -- you know,

1 this is the -- the glovebox TIB.

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

3 **MR. HINNEFELD:** The -- the calculation of the
4 glovebox TIB looked at phot-- at the fluence,
5 photon fluence and the variation of fluence.
6 And --

7 **MR. GRIFFON:** So you think there might be some
8 talking past each other and you want to talk to
9 -- that -- that's fine.

10 **MR. HINNEFELD:** That's just it. I think the --

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

12 **MR. HINNEFELD:** -- conversation was to get the
13 nature of the finding --

14 **MR. GRIFFON:** Okay.

15 **MR. HINNEFELD:** -- not to try to get to the
16 resolution.

17 **MR. GRIFFON:** I was just making a generic
18 comment that we don't do this too often. It's
19 needed once in a while, I agree, but just that
20 we don't -- okay, that's fine.

21 **DR. ZIEMER:** Or -- or they weren't sure how
22 NIOSH was doing it or NIOSH wasn't sure how
23 they were doing it.

24 **MR. HINNEFELD:** Well, I think the -- the
25 question might come -- the question really

1 comes down to why -- we -- we -- our analysis
2 looked at variations in fluence and, to our way
3 of thinking, that's the same. I mean the dose
4 to the -- the dose will vary in the same manner
5 'cause you have a spectrum, the spectrum's not
6 going to be that much different from place to
7 place. And so the -- the dose will vary in the
8 same manner as -- as to fluence and so that's
9 what our response was. That wasn't accepted.
10 You know, that wasn't -- you know, Bob -- or
11 Dr. Anigstein didn't necessarily agree with
12 what we said, so we've got to kind of
13 understand what the source of disagreement is
14 in conversation. Once we have that, then we'll
15 be able to better respond.

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

17 **MR. MARSCHKE:** Dr. Anigstein did write some
18 additional explanation in an e-mail to me as I
19 was leaving the house on Tuesday, and I will
20 forward that -- it's up on the screen now and I
21 will forward that to the workgroup and to
22 NIOSH, along with everything else that I
23 forward. I hope that helps explain our
24 concerns and so on.

25 **MS. MUNN:** Thank you, Steve. You're going to

1 have a real e-mail load.

2 Next item is TIB-10-09, NIOSH was going to
3 respond to the comment.

4 **MR. HINNEFELD:** We haven't done that yet.

5 **OTIB-1100**

6 **MS. MUNN:** No? 1101 and 02, SC&A would bring
7 data fields up to date in the database.

8 **MR. MARSCHKE:** We haven't done that.

9 **MS. MUNN:** 1101? Do we -- my memory isn't
10 working well enough to tell me what bringing it
11 up to date would entail.

12 **DR. ZIEMER:** I think the -- there were some
13 actions that didn't get put into the database,
14 wasn't that --

15 **MS. MUNN:** I think so, uh-huh.

16 **DR. ZIEMER:** But I don't recall what they were.

17 **MR. MARSCHKE:** We need to get the history --
18 okay, yes, basically what we have to do is
19 NIOSH provided us with the Excel spreadsheets
20 that they utilized when they revised the TIB.
21 We sent them down to Joyce and she reviewed
22 those and she was in agreement with what NIOSH
23 has done. They -- they made some modifications
24 to the -- to their models and so on and so
25 forth, and she was in agreement with the way

1 NIOSH was doing that and what we need to do is
2 we need to add that history --

3 **DR. ZIEMER:** That piece of information.

4 **MR. MARSCHKE:** -- to -- to the database and we
5 have not added that history.

6 **MR. GRIFFON:** And NIOSH provided the
7 spreadsheets, could those -- can those be put
8 on as a link or something that the rest of us
9 can look at those?

10 **MR. MARSCHKE:** Right now the only thing we can
11 put on is we can -- if we can convert them to
12 PDF files, we can put them on as data links.
13 The only thing -- the only thing that we can
14 put on as links is PDF files.

15 **MR. HINNEFELD:** We -- we can provide them; we
16 can provide them.

17 **MR. GRIFFON:** Well, you may -- you may have,
18 so...

19 **MR. HINNEFELD:** Yeah, it's a --

20 **MR. GRIFFON:** Okay.

21 **MR. HINNEFELD:** -- we -- it was -- we had to
22 revise the document. I mean there was valid
23 findings about the information in the document,
24 and so we revised the document and -- and then
25 I believe the comment was where -- where's your

1 -- what about the num-- where'd you get these
2 numbers that are in the -- in the new document,
3 so we provided them the Excel spreadsheet on
4 which they had been calculated.

5 **MR. GRIFFON:** If you can send those to the
6 workgroup, or let us know -- maybe you already
7 sent those and --

8 **MR. HINNEFELD:** I can --

9 **MR. GRIFFON:** -- sent --

10 **MR. HINNEFELD:** Yeah, I'll -- I'll --

11 **MR. GRIFFON:** You probably, Stu --

12 **DR. ZIEMER:** But the specific thing here was to
13 enter what SC&A had done on that item, just
14 enter it into the record. Right, Steve?

15 **MR. MARSCHKE:** Right. Yeah, NIOSH gave us the
16 Excel file and SC&A agreed with their approach,
17 the approach used.

18 **MS. MUNN:** This is another one of those issues,
19 I should think, where the real question is do
20 we want those files to be the only link, and my
21 personal instinct would be no, that --

22 **DR. ZIEMER:** As long as they're identified that
23 we can get to them in some way, they're --

24 **MR. GRIFFON:** Yeah, he just answered that I
25 think, the Excel file.

1 **DR. ZIEMER:** But you can identi-- you can
2 identify that -- what that is so that someone
3 can find it somewhere --

4 **MR. GRIFFON:** Right.

5 **DR. ZIEMER:** -- on the O drive or wherever it
6 is.

7 **MR. GRIFFON:** And Stu's sending them out
8 independently anyway, so we'll have that.

9 **MS. MUNN:** How you can reference them without
10 linking them, you know --

11 **MR. GRIFFON:** Right.

12 **MR. MARSCHKE:** Okay.

13 **OTIB-1401**

14 **MS. MUNN:** -- that's all we'll need. OTIB-
15 1401, NIOSH provide closure language referring
16 to OTIB-52.

17 **MR. HINNEFELD:** Right, we haven't done that,
18 but it -- it shouldn't take us long to do it
19 actually in the office a couple of days.

20 **MS. MUNN:** Uh-huh. It's nice when one can go
21 to the office, isn't it?

22 **MR. HINNEFELD:** Well, depends on what's waiting
23 for you in the office.

24 **OTIB-17-03**

25 **MS. MUNN:** Yeah. SC&A was to provide follow-up

1 to the latest NIOSH response on OTIB-17-03.

2 **MR. MARSCHKE:** I don't believe we have.

3 **MS. MUNN:** Okay. SC&A was to add missing text,
4 quote, workgroup direction --

5 **DR. ZIEMER:** Wait, was that -- was it there or
6 not in the previous --

7 **MS. MUNN:** He said no. At least I wrote no.

8 **MR. MARSCHKE:** The last thing -- the last thing
9 in the database was 2007, so it hasn't been
10 done.

11 **MS. MUNN:** So we're due a follow-up.

12 **MR. MARSCHKE:** Due a follow-up.

13 **UNIDENTIFIED:** Excuse me, it's very hard to
14 hear the gentleman speaking.

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

16 **MS. MUNN:** What we said was that we're due --
17 SC&A is going to provide a follow-up to the
18 latest NIOSH response on OTIB-17-03.
19 SC&A add missing text "workgroup direction" to
20 OTIB-1708.

21 **MR. MARSCHKE:** What was added was this issue is
22 closed. I...

23 **MS. MUNN:** Is there --

24 **MR. MARSCHKE:** I'm not 100 percent sure that
25 that's the correct -- I was --

1 **MS. MUNN:** The transcript would --

2 **MR. MARSCHKE:** -- hoping to find the original
3 transcript so that I could --

4 **DR. ZIEMER:** There was -- this identifies that
5 there was some direction given by the workgroup
6 that was supposed to be inserted.

7 **MR. MARSCHKE:** Well, what happened was, if you
8 recall back in -- at the last meeting when we
9 pulled this one up, I think the issue was
10 closed. The -- the phrase ended "proposed --
11 proposes this" and it was not a complete
12 sentence, so something was missing. And I was
13 -- went back and I looked -- tried to find the
14 -- the original document that had the workgroup
15 directives in it, and I was not able to find
16 it, so I'm -- I guess I'm proposing that we
17 complete the sentence by saying -- again -- I
18 don't know. I put in "this issue is closed" --
19 that we complete the sentence by saying "this
20 issue is closed," primarily from the fact that
21 the status shows this issue being closed. Now
22 I guess the workgroup would have to really
23 concur that that is the way this sentence
24 should end 'cause right now I cannot find the
25 original notes from this 10/2/2007. Maybe if

1 we have the -- the transcripts -- I'll have to
2 go to the transcripts and find that, so I guess
3 this is still open.

4 **MS. MUNN:** I -- I would suggest that we not
5 accept this language quite yet until we have
6 verified in the transcript what we actually
7 said at that meeting and --

8 **MR. MARSCHKE:** I -- we -- I will remove that
9 language and -- and go to the transcript.

10 **MS. MUNN:** Thank you, Steve. We can use this
11 as a test case to see if the last date that
12 appears there is of any value at all in
13 identifying the proper transcript to search
14 out.

15 **OTIB-1901**

16 We've already discussed 1805. OTIB-1901, NIOSH
17 to provide completed response.

18 **MR. HINNEFELD:** We talked about that one, too.
19 That's the R squared test in the coworker data
20 thing.

21 **MS. MUNN:** Ah, yes, that's 01, and that's
22 coming next week. That's a duplication,
23 essentially.

24 **OTIB-2802 AND 03**

25 OTIB-2802 and 03, SC&A was to revise -- to

1 review the revised OTIB to see if the findings
2 were then resolved.

3 **MR. MARSCHKE:** We have not had an opportunity
4 to do that.

5 **PROC-2201 AND 02**

6 **MS. MUNN:** No. PROC-2201 and 02, NIOSH provide
7 status on revisions.

8 **MR. HINNEFELD:** It's not revised yet. This is
9 administrative procedures, making additional
10 requests to DOE, you know, and so it's sort of
11 administrative, and so we've had it kind of low
12 on the priority list for revision, you know.

13 **MS. MUNN:** All right.

14 **MR. HINNEFELD:** I think we can drag it out,
15 though, and get something moving on it.

16 **MS. MUNN:** We'll continue to carry it, but will
17 not expect immediate action on it.

18 **FUTURE PLANS**

19 That's the end of the workgroup action items
20 that you were provided with earlier, and the
21 hour is approaching 4:00 o'clock. What is your
22 pleasure? Shall we attempt to take a look at
23 the third set, or shall we call this the best
24 we can do for the day and we move on to greener
25 pastures and plan to take up the third set and

1 the remaining items on the list that we have
2 not yet had an opportunity to address at our
3 next meeting in October? What is your
4 pleasure? I -- I saw a lot of heads nodding
5 when I said October.
6 October?

7 **MR. GRIFFON:** Yeah.

8 **MS. MUNN:** Very good. Let us -- is there any
9 other specific item that anyone wishes to
10 address before we close this session of the
11 workgroup -- which may, by the way, be the
12 final session of the workgroup, or not,
13 depending on what transpires in the next few
14 weeks.

15 **DR. ZIEMER:** As a workgroup, you mean.

16 **MS. MUNN:** Yes, that's what I mean.

17 **DR. ZIEMER:** That may take a while to get the
18 status changed, so --

19 **MS. MUNN:** I expect so.

20 **DR. ZIEMER:** -- don't let that hold you up.

21 **MS. MUNN:** We won't let -- we won't let that
22 hold us back. You all have on your calendars
23 October 15th, 9:30 a.m., Cincinnati Airport
24 Marriott, Blockson -- excuse me, mark that out.
25 That's what I did this morning. It's not the

1 procedures workgroup.

2 Are -- are the members of this group going to
3 be available during that week of -- during that
4 second -- second week of October for the next
5 workgroup meeting?

6 **DR. MAURO:** Excuse me, you said October 15th?

7 **MS. MUNN:** Well, no, the October 15th --

8 **DR. MAURO:** Oh, I misunderstood. Okay, so --

9 **MS. MUNN:** I'm being selfish here. I'm trying
10 to organize my own schedule around when I'm
11 going to be in Cincinnati. And since the 13th
12 is Columbus Day, then the only logical thing
13 for us to do, since we still would be
14 infringing upon the NIOSH staff's real life if
15 we went for the 14th, is it possible for us to
16 meet on the 16th of October?

17 **MR. GRIFFON:** 14th's better for me if we made
18 it --

19 **MS. MUNN:** The 14th's better for you?

20 **MR. GRIFFON:** -- if we made it at 9:30,
21 traveling in that morning -- I know some people
22 can travel in the day of the meeting, but...

23 **MR. KATZ:** Can I ask -- is there a workgroup
24 already meeting on the 15th now?

25 **MS. MUNN:** Yes, Blockson is.

1 **MR. KATZ:** Blockson?

2 **MS. MUNN:** Uh-huh, correct.

3 **MR. KATZ:** Okay. Well, I mean I have a -- a
4 general concern, which was raised earlier by
5 David Staudt, which is several members are
6 going to be needed one of these weeks, and
7 they're starting to fill up with workgroup
8 meetings and I'm concerned about that because
9 they're going to need time, not just at -- at
10 the meeting, but they're going to need time to
11 actually do some analysis and thinking, so --

12 **MS. MUNN:** I thought I had heard that they were
13 looking at the week of the 20th for those
14 meetings.

15 **MR. KATZ:** It could be --

16 **MS. MUNN:** I didn't --

17 **MR. KATZ:** -- the week of the 15th or the week
18 of the 21st, which there's a lot of wishes for
19 workgroup meetings that week, too, but...

20 **MS. MUNN:** Well, we have -- we have three
21 identified for the week of the 27th -- the
22 27th, 28th and 29th, but I did not hear
23 anything during our full Board meeting with
24 respect to the week of the 20th -- the
25 19th/20th of October.

1 **DR. ZIEMER:** Do we know what week is most
2 likely for the --

3 **MR. KATZ:** Well, it's -- it's hard to be
4 certain, but it's -- the week of the 20th is a
5 -- is a likely one.

6 **MS. MUNN:** Uh-huh. I'm not available that
7 week, nor the following one, so --

8 **MR. KATZ:** But it is -- David particularly
9 wanted to keep as many days as possible
10 available the week of the 13th and the week of
11 the 20th.

12 **DR. ZIEMER:** If we meet in October, is the
13 focus going to be on the third group then?

14 **MS. MUNN:** Yes.

15 **DR. ZIEMER:** Because some of these other
16 issues, if -- if SC&A or if NIOSH is unable to
17 address them, then the time is rather short.
18 We don't accomplish much just by learning that
19 they haven't been able to do anything --

20 **MS. MUNN:** No, that's true.

21 **DR. ZIEMER:** -- so -- yeah.

22 **MS. MUNN:** That's -- it had been the original
23 intent -- I think I --

24 **DR. ZIEMER:** And on the --

25 **MS. MUNN:** -- relayed that in my -- my

1 transmission --

2 **DR. ZIEMER:** -- the third set, without pulling
3 it out, can you remind us where we are on the
4 matrix?

5 **MS. MUNN:** We have not --

6 **DR. ZIEMER:** Are we at a -- are we at a point
7 of --

8 **MR. HINNEFELD:** We owe -- we owe initial
9 responses on the third set.

10 **DR. ZIEMER:** That's what I -- I'm asking the
11 question then, if we -- if we don't have
12 initial responses, there won't be too much
13 point in meeting, and --

14 **MR. HINNEFELD:** I believe we'll have some by
15 then. I think it'll be unlikely we'll have
16 initial responses to all 145 findings by then.

17 **DR. ZIEMER:** Right.

18 **MS. MUNN:** But we will at least have an
19 opportunity to identify what we do know and how
20 many are outstanding. We have not even touched
21 --

22 **DR. ZIEMER:** Yes.

23 **MS. MUNN:** -- the third set yet.

24 **DR. ZIEMER:** Right.

25 **MS. MUNN:** So it -- even with a limited number

1 of responses -- of initial responses, at least
2 we will have again exercised our electronic
3 ability with the O drive and have identified
4 where we are with that third set. We haven't
5 even done that in a --

6 **DR. ZIEMER:** Well, I would be --

7 **MS. MUNN:** -- in a cursory fashion so far.

8 **DR. ZIEMER:** -- concerned if -- maybe we'll
9 know as we get closer, but if -- if NIOSH has
10 been able to address only a handful of them,
11 then it seems to me we ought to think twice
12 about whether it's worthwhile doing anything
13 but maybe a phone review of where we are or
14 something.

15 **MS. MUNN:** Well, I've been working on --

16 **DR. ZIEMER:** But I think it's wise to keep the
17 date available.

18 **MS. MUNN:** -- been working on the premise that
19 any time we have the agency and our contractor
20 preparing for a full Board meeting, they're
21 going to be very fully involved. We don't have
22 another Board meeting coming up until December.
23 And that being the case, I would hope that the
24 bow wave of -- of activity that always precedes
25 a Board meeting might make it possible for

1 folks to have a little bit more schedule time
2 to address these kinds of issues. If that's
3 not the case, please advise me.

4 **DR. ZIEMER:** Well, there's not a lot of time
5 between now and then. It's just --

6 **MS. MUNN:** Well, it's --

7 **DR. ZIEMER:** -- basically one month.

8 **MS. MUNN:** That's a month, uh-huh.

9 **DR. ZIEMER:** Yeah. Well --

10 **MR. HINNEFELD:** Well, it --

11 **MS. MUNN:** And no more holidays.

12 **MR. HINNEFELD:** Some -- some information can be
13 added, and some of the things that weren't done
14 today will -- are not long -- you know, long
15 lead time on. Some of the things we talked
16 about today can be done fairly -- fairly
17 quickly. Initial responses, contractor is
18 working to develop initial responses for the
19 third set for the documents that are contractor
20 documents. You know, but a big chunk of those
21 are OCAS documents and, frankly, no one right
22 now so far is working on developing initial
23 responses on the OCAS documents. So it's hard
24 to predict how much progress will be
25 accomplished in a month. We have -- you know,

1 in terms of complicating issues right now --
2 and we're -- right now, I personally am pretty
3 heavily involved in procurement discussions on
4 our own --

5 **DR. ZIEMER:** Yeah, and your -- your --

6 **MR. HINNEFELD:** -- contractor.

7 **DR. ZIEMER:** -- contractor is somewhat
8 handicapped also right now in terms of --

9 **MR. HINNEFELD:** They are somewhat handicapped
10 by the fact that they work on extensions. But
11 you know, we don't worry too much about that.

12 **MR. GRIFFON:** Wanda, I was thinking, what if we
13 -- because I'm considering a subcommittee
14 meeting in early November for the dose
15 reconstruction subcommittee, and what if we did
16 like a two-day in early November and that gives
17 -- not too far -- not too close to December
18 'cause, like you said, there's a lot of prep
19 work for the full Board meetings, but that way
20 -- and a lot of the -- the same people are
21 involved in procedures, so I think in the
22 procedures responses and the dose
23 reconstruction responses, and they've got
24 outstanding actions on both, so what if we
25 piggybacked meetings for that in Cincinnati --

1 **DR. ZIEMER:** Now we do have a conference --

2 **MR. GRIFFON:** -- one of those two weeks in
3 November --

4 **DR. ZIEMER:** -- call -- Board conference call
5 is on the 6th.

6 **MR. GRIFFON:** Oh, in November.

7 **DR. ZIEMER:** Election day is on the 4th, unless
8 you want to do an absentee ballot.

9 **MS. HOWELL:** Veterans' Day is November 11th.

10 **MR. KATZ:** That's right.

11 **MR. GRIFFON:** Anyway, it's just an idea.

12 **DR. ZIEMER:** Veterans' Day --

13 **MR. GRIFFON:** I don't have those holidays on my
14 calendar.

15 **MS. MUNN:** Actually my desire to -- to schedule
16 this is pretty much bound up with the fact that
17 I know I'm not going to be in physical
18 condition to be traveling in November, and I --
19 I literally am marking the month of November
20 out for travel. I could be available by
21 telephone, but not otherwise. And in -- in
22 this group, more than any other workgroup that
23 I'm involved with, it seems reasonable that I
24 try to be here in person if we're going to
25 meet. It's very difficult to do this by

1 telephone when I'm trying to chair it.

2 **UNIDENTIFIED:** (Off microphone)

3 (Unintelligible)

4 **MS. MUNN:** Yeah -- well, you could all come to
5 my house. Would you all like a trip to
6 Richland?

7 That's -- I -- I guess I'll leave it in the --
8 in the hands of either NIOSH or -- or the group
9 to make that decision with respect to
10 establishing an October date. I can't do the
11 last two weeks in October, and that's one of
12 the reasons I'm focusing on that preceding
13 week. But if it's not going to be worthwhile,
14 then --

15 **MR. HINNEFELD:** Well, from our standpoint, we
16 can proceed with a plan to meet on that date,
17 if -- if that's acceptable, and we could --

18 **MR. GRIFFON:** What's the date, the --

19 **MR. HINNEFELD:** The 16th, probably, right?

20 **MS. MUNN:** I'm looking at the 16th, uh-huh.

21 **MR. HINNEFELD:** And we could, you know --

22 **DR. ZIEMER:** The 14th is bad.

23 **MR. HINNEFELD:** The 14th -- well, a late start
24 on the 14th would be okay, for people who
25 travel in in the morning.

1 **MS. MUNN:** That's one, two, three, four --

2 **MR. GRIFFON:** That's what I would prefer, I --

3 I have a --

4 **MS. MUNN:** -- five -- that's -- that's almost
5 six weeks from today.

6 **MR. KATZ:** Well, let's scratch it in for the
7 14th, and if this other issue arises and is a
8 problem, we'll have to make other provisions.

9 **DR. ZIEMER:** Some will be staying over for
10 Blockson anyway.

11 **MS. MUNN:** Yes.

12 **DR. ZIEMER:** So you could even start a little
13 later if necessary, like 10:00 o'clock.

14 **MS. MUNN:** We could start at 10:00 on the 14th
15 --

16 **MR. HINNEFELD:** Yeah, but if --

17 **MS. MUNN:** -- if NIOSH is --

18 **MR. HINNEFELD:** -- people are going to have to
19 travel to Cincinnati --

20 **MS. MUNN:** -- if staff --

21 **MR. HINNEFELD:** -- you'll be traveling on
22 Tuesday. Do you know the travel ability? You
23 know, what's -- when can you get to Cincinnati?
24 'Cause you know, I don't travel to Cincinnati
25 all that much so I don't --

1 **MS. MUNN:** Well, I'd be --

2 **MR. HINNEFELD:** -- I don't know what the
3 traffic's like and --

4 **MS. MUNN:** I'd be traveling Monday, so it's not
5 a -- not an issue for me.

6 **MR. GRIFFON:** Yeah, but DC folks and maybe -- I
7 don't know --

8 **MR. HINNEFELD:** DC folks and Atlanta folks.

9 **MR. GRIFFON:** -- and John, we can all get in
10 one of those early flights.

11 **MR. KATZ:** So we're talking about a 9:30 or
12 10:00 start? Is that --

13 **MS. MUNN:** No earlier than 9:30.

14 **MR. KATZ:** Okay, let's --

15 **MS. MUNN:** If it's -- if it's --

16 **MR. KATZ:** -- make it 10:00, just to --

17 **MS. MUNN:** 10:00 will be fine.

18 **MR. GRIFFON:** Yeah.

19 **MS. MUNN:** If -- as long as -- you know, I -- I
20 really don't want us to do this if it's not
21 feasible for the agency.

22 **MR. KATZ:** Let's scr-- let's -- let's plan on
23 doing it, but if it gets scratched --

24 **DR. ZIEMER:** Easier to cancel than to add
25 later.

1 **MR. KATZ:** Absolutely.

2 **MS. MUNN:** 10:00 o'clock on the 14th,
3 procedures, face to face.

4 **MR. MARSCHKE:** Will we -- would SC&A be able to
5 look at the NIOSH responses before this 14th?

6 **MR. HINNEFELD:** What we'll do is, as we get
7 them available we'll send the -- we'll probably
8 send them to you to put in the database.
9 You know, or we may distribute them to
10 everybody -- you know, the -- the working group
11 members and -- and the SC&A principals, and you
12 know, say here are our initial responses on
13 these findings, and then ask you
14 (unintelligible) the database. So far at least
15 it seems they have read only over on the ORAU
16 side, and on our side we don't -- we don't --
17 we just can't --

18 **MR. MARSCHKE:** You know, if we -- if we get the
19 initial responses and we can send it to the
20 reviewers, send them to the reviewers, and we
21 will be able to give you our recommendation at
22 -- at -- on the 14th, whether we agree with the
23 response or disagree.

24 **DR. ZIEMER:** That's a plan.

25 **MS. MUNN:** That's fine. Then with no objection

1 from the group, this workgroup is dismissed.
2 We will see you in Cincinnati in six weeks.
3 Thank you all, and thank you folks who are on
4 the phone. We appreciate you sticking with us.
5 Bye-bye.
6 (Whereupon, the meeting was adjourned at 3:54
7 p.m.)
8

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 4, 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 24th day of Oct., 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**