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

WORKING GROUP

PROCEDURES REVIEWS

The verbatim transcript of the Working Group Meeting on Procedures Reviews held telephonically on June 26, 2007.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
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C O N T E N T S

June 26, 2007

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CHANG, CHIA-CHIA, NIOSH
HINNEFELD, STU, NIOSH
HOMOKI-TITUS, LIZ, HHS
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MARSCHAE, STEVE, SC&A
MAURO, JOHN, SC&A
OSTROW, STEVE, SC&A

JUNE 26, 2007

10:00 a.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

DR. WADE: This is Lew Wade and I have the privilege of serving as the Designated Federal Official to the Advisory Board. This is the meeting of –- work group of the Advisory Board, this is the work group focusing on procedures reviews. That's task three under the SC&A contract in support of the Board reviewing various NIOSH and ORAU procedures. The work group is chaired by Wanda Munn with members, Gibson, Griffon, Ziemer, Presley designated as an alternate. Is Mark Griffon with us yet?

(No response)

Okay, so we have Wanda with us, -- Mike and Paul. And, we should proceed I think. Ray, you're with us and functioning?

COURT REPORTER: Yes, sir.

DR. WADE: Very good. What I would do is ask first if there are any other members of the Board present on this call, other than the named members of the work group? Any other members of the Board?

(No responses)

That's fine then, we don't have a quorum of the Board and we can proceed. I guess I would ask, in turn, NIOSH, ORAU folks to identify themselves, SC&A folks and then other feds who are on the call by virtue of their employment. Then I will give you a little discussion of phone etiquette and Wanda will reinforce that, and then we'll begin our business.

So, let me start by asking members of the NIOSH/ORAU team who are on the call to identify themselves.

MR. HINNEFELD: There might not be any others Lew, I think that -– of -- given the situation of trying to get ready for this, I don't know that they -- they know about it, but I'm not sure that we instructed them specifically to be on there.

DR. WADE: That's fine, I'm sure you're more than enough, Stu. Members of the SC&A team?

DR. MAURO: Yes, good morning, this is John Mauro, SC&A.

DR. WADE: Good morning, John.

DR. BEHLING: Hans and Kathy.

DR. WADE: Thank you both for joining us.

MR. MARSCHAE: Steve Marschae.

DR. WADE: Could you repeat that name again, please?

MR. MARSCHAE: Steve Marschae.

DR. WADE: Okay, thank you.

MR. OSTROW: Steve Ostrow.

DR. WADE: Thank you. Other SC&A -– team members?

(No responses)

What about other federal employees who are on the call by virtue of their employment?

MS. HOMOKI-TITUS: Liz Homoki-Titus with HHS.

MS. HOWELL: Emily Howell with HHS.

MS. CHANG: Chia-Chia Chang with NIOSH.

DR. WADE: Anyone else?

(No responses)

Anyone else on the call who'd like to be identified for the record?

COURT REPORTER: Dr. Wade, excuse me, this is Ray, could I get the spelling of the last name of the first Steve with SC&A who identified?

MR. MARSCHAE: M-a-r-s-c-h-a-e.

COURT REPORTER: Thank you.

DR. WADE: Anyone else who would like to be identified?

(No responses)

By way of telephone etiquette, you know, a couple of different paths to follow. One, Ray has noticed that as we do more and more phone calls, the major participants get a little bit lax and we need you to -– when you're speaking, to speak clearly into the head-set -– hand-set, and make sure that you identify yourselves before you speak. Again, do your best to, to be sure that everyone, including Ray, can understand you so that we get accurate transcripts.

For all of the rest of us again, remember, use the hand-set when you're speaking -– mute whatever system you're on when you're not speaking, don't try and participate via a speaker phone, for a variety of reasons. You can listen by a speaker phone if you're on mute, but if you're speaking, speak into the hand-set; I think it works better for everyone. Again, remember the background noises, while they might be regular and common for you and your brain filters them out, it can be very distracting for others and again, be mindful of the fact that if you have to put your phone on hold and you get into Muzak, the rest of us

don’t want to listen that. So -- Wanda, I’ll turn it over to you and you can continue with the etiquette discussion and then begin your business.

MS. MUNN: Thank you, Lew. I intend to interrupt anyone who is talking over someone else and ask if you could be very cautious about doing this one at a time, for Ray’s benefit and for our future benefit and our minutes may serve us very well, especially in situations like this where we have been so long away from this particular topic and are having to go back quite a bit in our memories and in our records to pull out some of the items that we want to touch on.

LIST OF PROCEDURES REVIEWED IS/IS NOT ADEQUATELY COMPREHENSIVE

I’m assuming that all the work group members have my email from last week, asking you to look at some specific things and to address a few elementary questions in your review of what we had there. If it’s all right with all of you, I’d like to go through those questions first and make sure that we are all sort of on the same path, and thinking the same things

with respect to these reviews. The first question I posed was, whether the selection of the procedures that were reviewed was adequately comprehensive. This, of course, is not fully in our hands, the Board selects these things and -- but, you have a list of what they are and you hopefully have some memory of where we were last year in 2006 when we were looking at the previous group. So, does anyone have any thoughts or any comments with respect to that particular question?

DR. ZIEMER: This is Ziemer. I have a couple of comments. Number one, I think when we selected the list, we felt that it was comprehensive. It appears to me that it still -- that still is the case, however, I think I would like to hear also from either John Mauro or maybe one of the other SC&A staffers after they have had a chance -- they've now had a chance to look -- and we now have the supplement two -- I think it's the latest one which is the May report, and I wondered if SC&A felt that there were any gaps relative to -- what they see as they do the, both the dose reconstructions and the site profile reviews --

anything glaring that they thought was missing.

DR. MAURO: This is John Mauro, I -- yeah -- I -- perhaps I could help out a bit. As it stands, as of today, and this fiscal year, a total of a hundred and four procedures are -- were either completed reviewed, sixty of them, the reviews are complete and you folks have two reports in your hands where thirty of those procedures were reviewed. There's another forty-three that are very close to completion and Steve Marschae on the line is in the home stretch of putting that report together to deliver. So, in effect, all we have is -- the collective number of procedures from the beginning of the project is -- is a hundred and four. I believe the last round, the set of approximately forty-three, that are in the home stretch right now, a concerted effort was made at the time, in the living way, to try to make the current. That is, we had our initial list when we -- when we met -- about a year ago, to identify. But then as we went on it was clear that there are many other procedures that were being reviewed as a result of Y-12. K-25, Oak Ridge, Rocky Flats, all of which were

procedures that were being reviewed as part of the site profile and SEC process. And what we did is incorporate those reviews into this, the work product that you are about to get. So, I guess, my perspective right now is that we're pretty current with the product that you will be receiving in July. We will be pretty current with respect to making every effort to have reviewed all of the, I would say, important procedures that emerged. A lot did emerge over the past year because of the great deal of amount of work that was accomplished. Now, I guess I'm at a point now, where I guess I would have to look to Stu and NIOSH regarding either other procedures that have been in -- put on systems that are sort of really fundamental and have some generic applicability across the board, or revisions, major revisions of previous procedures that have been reviewed and I guess we -- it's really a matter of looking toward NIOSH to help us out in helping identify, you know, -- remember Task III is more oriented toward the generic procedures, and our expectation is that specific, you know, site-specific procedures are very much a part

of our site profile reviews. Now, so I guess in terms of looking to the future, the judgment will have to be made as, okay, there may be some new procedures that are -- have been developed, or, will be developed. And there are procedures that are undergoing revision, and I think there will have to be some collective judgment as to, out of those, which ones of those, really, we should address within the fiscal year 2008 and which ones of those are probably going to be addressed as a result of site profile reviews that are being planned for fiscal year 2008. So, it's -- it's -- it's a -- it's not a straightforward process, it's -- it's just -- I think collectively these judgments need to be made and that's how I see where we are right now.

MR. HINNEFELD: Well, okay, I'll follow onto what John has said and I would say that in general, the technical document production that we are engaged in is -- tends -- right now, tends to be sort of site specific, co-worker dataset type of approaches. And so, the generic procedure approaches are somewhat less prevalent in terms of current preparation than,

than it was earlier because of the existing biogeneric procedures and -- you know, kind of slowing down -- in the identification of cases when a generic procedure would be particularly helpful to us. So, I think I'm at a little disadvantage being on the road and I wasn't -- and I brought many of the procedure items with me onto my memory stick, but I've neglected to bring the Excel worksheet that I sent last week that was the updated list of technical documents of procedures and OTIBs from ORAU that kind of reflect work, the recent work since the last time that I generated that list. So, I'm working a little bit of disadvantage here, it would seem that some, you know -- if we can draw a line in the sand on some day and say, on this day we felt like we had been kind of fairly comprehensive in the selection of items to review, then we can use that as the -- as sort of the line in the sand and then just look at new documents or revisions of documents at that time as they come in, as potential items.

MS. MUNN: That certainly meshes with my overview of what I think I'm looking at, and

you have my sympathy, Stu, for not having your full component of information available to you. I discovered in mid-afternoon yesterday this rather comprehensive file I had put together in preparation for this call has been misfiled in my less than neat office and I was unable to resurrect it, so I'm also working from bits and pieces of sketchy reconstructed information, instead of my full file. So, my -- my feeling was very similar to what both John and Stu have expressed. It appears to me that we more than likely have covered the major generic issues that seem to affect the entire complex, but, I don't have a strong feel, personally, for how many major revisions have come out of the work that's been done over the last year.

DR. ZIEMER: This is Ziemer, could I ask a follow-up question on what has been done? Again, I think this may be to SC&A, but John, in your June 8th memo, you gave us a chart of the FY2007 Procedures Authorized for Review.

DR. MAURO: Yes.

DR. ZIEMER: And, there were maybe ten or so of those that are listed as "to be reviewed." Now, my question is, and this memo is as of

June 8th, are -- or maybe this should be directed to Steve -- those ones identified as “to be reviewed,” are those ones that will be covered in this upcoming report that you’re currently, sort of, bringing to closure now?

DR. MAURO: Yes. What we were trying to do in that table was to give a status report. Out of --

DR. ZIEMER: Right.

DR. MAURO: I think there are about forty-five on that list.

DR. ZIEMER: Right.

DR. MAURO: And, what we tried to do is -- in fact, that list actually was lifted directly from one of our latest progress reports. And, what we tried to do is to identify, okay, we have a code of I believe of forty-five on the list. And out of the forty-five, you can see that the vast majority of them say completed.

DR. ZIEMER: Right, there’s maybe ten or twelve that say “to be reviewed” and -- I kind of assumed that that simply means you hadn’t completed them, but that they would be completed by the time of your report that’s coming up next month or whenever it is or this

month perhaps.

DR. MAURO: That is correct. And there are a couple, I think two, that are not going to be reviewed because I don't think they're out yet and Steve Marschae or Stu, you may be able to help clarify, I believe those are items that -- so in effect, the original plan was to deliver a review of forty-five, but I think we're actually going to be delivering a review of forty--

DR. ZIEMER: Well, I think there were a couple that were identified as not having been issued actually.

DR. MAURO: Yeah, yeah.

MS. MUNN: I think that's correct, OTIB-45.

DR. MAURO: Yeah.

MS. MUNN: Program at Y-12 and --

DR. ZIEMER: Yeah.

MS. MUNN: And OTIB-63 --

DR. ZIEMER: Yeah, right, right.

MS. MUNN: -- bioassay data project.

DR. ZIEMER: And then maybe another Rocky Flats one that was awaiting revision, although maybe you've done that one by now.

DR. MAURO: It's -- yeah.

DR. ZIEMER: Fifty-eight.

DR. MAURO: We do have a little bit of a living process with the procedures and we try to stay current. But eventually, we do sort of draw a line and say, okay, this is what we've got delivered --

DR. ZIEMER: Right.

DR. MAURO: And we're at that point now, we've sort of frozen the fluid nature of which procedures are in it and which procedures are out and that was the intent of the last progress report and the handouts at the last meeting, so that everyone could say, okay, this is the product that you will be receiving in July. And, we've sort of frozen any further evolution of the list. What I think is of interest is when I looked at Stu's list that he sent out on June 18th, I have it in front of me, -- I -- I recognize a lot of those procedures and I have to say, I'm not sure which of those are in this list, Stu, are procedures that certainly -- like for example, the very first one -- this is a good example by the way folks. The very first one on Stu's list is OTIB001, related to Savannah River --

for example, I -- I -- and it's dated 7-15-2003. So, this looks like a relatively recent document. So, Stu, am I -- are we looking at right now --

DR. ZIEMER: No, '03.

DR. MAURO: Oh, I'm sorry, it says '03 --

MS. MUNN: '03.

DR. MAURO: So this is an old one.

MS. MUNN: Yeah, a very old one.

DR. MAURO: Yeah -- well, Stu -- is the list that we're looking at, a list that I guess that you -- that you captured as procedures that we -- or either have been revised and are not part of our current active program for review or do we need to do a little work, perhaps, SC&A could sit down with this list and cross-walk it back to our work products and identify which of these -- you know, we have in fact or are reviewing or which represent, perhaps, revisions, and perhaps major revisions to ones that we either have or are in the process of reviewing? I guess this boundary between, you know, new and old, is a little fuzzy. Would it be productive for SC&A to take a look at that and try to track these -- map these back onto

what we've already done or are currently doing?

MR. HINNEFELD: Are you speaking about the -- the Excel file I sent last week?

DR. MAURO: Yes. I have a file that you sent that's dated -- looks like the June 18th.

MR. HINNEFELD: Yeah, the list was prepared on 18, I -- I grabbed that off of our -- our storage location where we have the -- ORAU, you know, keeps up to date the procedure document list that they've provided or that are approved, those are the approved ones.

DR. MAURO: Okay, so these are -- okay, so these represent the universe of procedures?

MR. HINNEFELD: Yes.

DR. ZIEMER: These are all ORAU procedures?

MR. HINNEFELD: Yes, that's ORAU.

DR. MAURO: Okay, so it is the -- oh, okay -- So, what we really have then -- the question, I guess before us then would be, okay, for the ORAU procedures, not the -- not the OCAS procedures --

DR. ZIEMER: Right.

DR. MAURO: Is there anything on this list, that we have not already reviewed and -- I guess, you know, -- I -- I -- I couldn't do

that -- I did not do that or we did not do that for the purposes of this conference call, but certainly, that would be something worth doing.

MR. HINNEFELD: Right, and revision number is on there as well, revision number --

DR. MAURO: With the revision --

MR. HINNEFELD: So, you can tell whether they're -- for instance, if you had reviewed the document and there has subsequently been a revision --

DR. MAURO: Uh-huh.

MR. HINNEFELD: -- you can see if that situation has occurred and then you could -- there could be some judgments made about whether additional -- you know, based on the original comments is additional -- a look at it warranted, or something like that.

DR. MAURO: Yeah, I think that, that would probably be, be able to be done very expeditiously, that is we quick take a look -- go down our list, go down this list and cross, cross-walk it and see which ones have the little check mark, yep, this has already been reviewed, already been reviewed, or is being reviewed, or this is a new one that we've never

seen before and we didn't review it or this is a revision -- the -- the area that I think might be a little bit fuzzy is that I know you folks make revisions like yeah, PC1's and PC2's and sometimes those revisions are really relatively minor. They just mop up -- which really don't warrant a full blown treatment and I -- I guess, Kathy, you had -- you had mentioned the other day that probably by looking at the very front of each of these procedures to get a sense of how big the changes are from the previous one and we could probably, pretty quickly, judge whether or not this represents a significant change from a previous procedure or not, you know, it wouldn't take a large effort to make that judgment.

MS. BEHLING: This is Kathy Behling. Yes, that's correct John, and in fact when you see a revision that says PC1 and PC2, that's just a page change. And as I'm looking down Steve's list, at this point I don't see any procedures that we have not reviewed and I believe we're current even on these other revisions. But, we'll have to take one final look at it and --

be able to -- to verify that. But, yeah, up front, NIOSH puts in a little statement as to -- just how -- how many -- how many changes are -- are incorporated in that revision and whether it's a complete rewrite and whether the ORAU people need training on it. So, that can certainly help us determine which procedures that have been revised need to be -- looked at again by -- by -- NI -- SC&A.

MR. PRESLEY: Hey, this is Bob Presley. Let me ask you a question.

MS. MUNN: Hi, Bob, welcome.

MR. PRESLEY: Hey, I've been on here for awhile -- I had a little problem.

MS. MUNN: Well, I'm glad you solved it.

MR. PRESLEY: We -- if you did that, who would make the decision -- for which documents needed to be reviewed or which documents didn't need to be reviewed?

MS. BEHLING: This is Kathy Behling. And, if you're asking me to respond to that --

MR. PRESLEY: Yeah.

MS. BEHLING: What we typically have done is we will just bring that list back to the Board and let you make the decision as to whether you

want us to -- to review -- a revised procedure.

MR. PRESLEY: That's what I wanted to hear. Thank you.

MS. BEHLING: You're welcome.

MS. MUNN: Perhaps that's one issue that we can, at least, have a better handle on before we take our work group report to the full Board. I attempted to start doing just exactly that with the matrix that we have for the current group and discovered that a significant number of -- of items that were on the list had indeed been covered in this new matrix. But, I didn't have an opportunity to do that from the 2005 matrix from the original one. Which, if memory serves me correct, we had virtually completed with -- I think, John, you mentioned in one of your recent reports that there were one or two items from that first group that still had minor outstanding issues on them.

DR. MAURO: That's correct, it --

MS. MUNN: Do you know -- do you know -- can you give me a note, after we've completed our discussion here, itemizing those specific leftovers from the original report?

DR. MAURO: Yep.

MS. MUNN: If you could that, I'd certainly appreciate it because my -- the matrix that I have is pretty marked up and my own notes are now confusing to me.

DR. MAURO: We'd be happy to not only do that, but also provide a quick itemization of procedures we have not reviewed, using Stu's list, and revisions that have been issued that are some substance that -- that we haven't reviewed. So, this way you can actually have like a little lookup table that would allow you to -- to say, okay, here's what has not been reviewed.

MS. MUNN: Yeah.

DR. MAURO: Of course it would really identify those that we really owe you on, because there are a couple that we never reviewed.

MS. MUNN: Right.

DR. MAURO: But there are others that, you know, -- then there are the others that we -- that you may decide you'd like to have reviewed or not for fiscal year 2008. And, I think that could be done pretty easily, 'cause we're in pretty good shape.

MS. MUNN: That's good. Because, I -- I would

like to see those outstanding items since it wasn't immediately obvious to me when I looked at that matrix, what they were.

DR. MAURO: I know there are at least two, and they had to do with the outreach programs. They were like ninety-one and ninety -- ninety and ninety-two.

MS. MUNN: And --

DR. MAURO: They were -- they were problematic for some reason, I have to go back and resurrect some of the correspondence. But, you're absolutely right, there are a couple that we -- we put on ice, so to speak.

MS. MUNN: All right, I think we even said, didn't we, that ninety was kind of a moot point, that you didn't need to do that and we would delay ninety-two for some reason.

DR. MAURO: Yeah. I think it's important that the -- we close the loop, so to speak, on this --

MS. MUNN: Gap --

DR. MAURO: It would be a good idea to get out a memo to this effect, and that would be pretty straightforward if that's what you'd like.

MS. MUNN: That would be most helpful I think

for, not only the work group, but for our report to the Board as well. Since that kind of thing has been one of the things we've tried to capture in our overarching issues is how we, we track these things. If we can track them inside the work group, it's much more concise and much easier for the whole Board to deal with I think.

DR. MAURO: Good, okay.

WERE REVIEWS APPROPRIATE

MS. MUNN: Next, question. Were the reviews themselves appropriate? Were they reasonable in depth and level of detail?

MR. GRIFFON: Wanda, this is Mark Griffon.

MS. MUNN: Yes, hi Mark, welcome.

MR. GRIFFON: Hi. I've been on a little while too, but --

MS. MUNN: We're glad you're here. We thought perhaps we'd lost you.

MR. GRIFFON: I just had a comment on the first question --

MS. MUNN: Yes.

MR. GRIFFON: -- before we left that. I -- I think -- I agree that the -- you know, we're focusing on the generic procedures that -- I

think it might be worth asking now, and I'm not sure -- I was trying to pull my notes together now too and I don't have everything in front of me, but -- there are some procedures that have come up -- or are -- I don't even know if they've been completed or where they stand, but I think they're certainly important generic procedures like the overarching ingestion approach -- the approach for ingestion, you know, throughout the AWE's at least or the uranium sites, that's -- I don't know how exactly it's going to be handled, but it's definitely a broad, sort of, procedure that they're developing. This came -- some of these came out of the Bethlehem Steel discussions, off of the resuspension model approach I think was another one that was -- we were told was going to be turned into a broad, generic approach. The fission product internal dose, approach for fission products when you don't have all the information on radionuclides. So, I don't know if -- if Stu can give us, kind of, an update on some of these -- I think we at least need to feel -- be cognizant of those. I agree that any site specific ones going

forward, I think we handle them in the site profile review process, but -- but these broader ones have to probably be captured in this process.

MR. HINNEFELD: Yeah, I can offer a little of what I know on that of -- to my knowledge, the overarching issues on ingestion and re-suspension haven't been finalized yet. I have to check -- I have to get to Jim and see where we are and what the status of those is. My recollection -- or from this review I believe the -- one of the procedures reviewed in the first supplement, I believe, was an ingestion -- I think it was an OCAS TIB on ingestion, (unintelligible) from ingestion. Now we've commented on that review -- kind of reflected the comments that are outstanding on the ingestion approach and would be addressed by that. So, there may be a -- a revision to that TIB that -- it seems to be, you know, working, kind of, without everything in front of me, but it would seem to be the origin of that TIB would be the point to incorporate that, you know, the ultimate overarching -- resolution. And I also -- you know, it may be that that --

the resolution that this is the expected -- you know, coming to the Board with that expected resolution of that overarching issue and say this is the resolution. Maybe having that vetted in that form before or -- you know, before the TIB is reviewed or revised, or after, I'm not exactly sure what kind of -- we haven't even talked about what order of that -- those steps should occur in. So, that would -- I think -- there is a mechanism on the -- on the -- on the page already for ingestion. Re-suspension, I'm a little -- I'm not so clear on whether there was a review on that, if not it would be -- it may not be well spelled out on an existing document, so it would need its own. And, so it would be a new one that would come out. It would be one of tho -- a new generic that would be identified and probably a good one to prepare. And the internal dose on fission products, if I'm not mistaken, one was recently published on that, there was an OTIB recently published on that -- that describes the approach and I -- I think it might be forty-three, I don't have my list in front of me, but it might be forty-three, that addresses

that -- that issue and -- and so, would be subject to discussion. I know that topic is open on the procedure review subcommittee and so it -- that OTIB forty-three I think would be the document that would be the -- you know, the representation of NIOSH's initial response.

MS. MUNN: So, Stu can we leave that as an action item for you to report on the status for?

MR. HINNEFELD: Of those three issues?

MS. MUNN: Yes.

MR. HINNEFELD: Yes.

MS. MUNN: Very good, that's on my --

DR. MAURO: The -- we're an interesting boundary between -- I guess, selecting procedures for review or revise procedures for review and to close out of issues.

MS. MUNN: Uh-huh.

DR. MAURO: Because they're transitioned and -- it sounds like that we -- we have a process of course, whereby we -- I think a classic example would be OCAS001 on the -- the big one, the big -- the very first one we reviewed, the large procedure for external procedure -- (unintelligible due to telephonic

interruption).

DR. ZIEMER: You've got a lot of noise suddenly?

DR. MAURO: I don't know what that is, yeah.

DR. ZIEMER: There, it's stopped.

DR. MAURO: That's good. But what I was saying is that we have a close-out process where we discuss resolution and very often -- and Kathy, you're probably the closest to this of anyone, we basically leave it at a point that says, okay, there will be a revised procedure that's going to be coming out, that will address those issues that we've identified in an earlier version, and we could do one of two things, I guess, is wait until that revised procedure comes out and then review. Or, we can simply close out the issues or review the issues and close them out without having to review the procedure. I guess -- and Mark -- we discussed this before, that is, you know, what constitutes tu -- you know, the clo -- the end product, the sort of period at the end of the sentence. Is it -- is it the actual final -- review of let's say, a revised procedure and the close out of all the issues? You know, is

that how we -- the end of the process? Or do we end the process whereby we simply understand, based on our working group meetings that certain changes will be made and that, let's say SC&A has reviewed the proposed changes, for example the ingestion pathway's a good one, that was described in one of our meetings. And -- what was described to us was certainly sounds like a cogent sound approach, that was a new approach that was proposed by Jim. And -- but it was eventually going to be put into a procedure. So, I mean, you know -- it becomes a matter of you know, when -- when do we say a particular issue is closed?

MS. MUNN: Well, there -- that's -- I think the thing that's been bothering some of us for quite a long time. There's -- which end is the end? It's very difficult to not know whether these items that we have still outstanding on the matrix somewhere are in fact being tracked. And, we've talked about this in the full Board on more than one occasion and we continue to bring it up again and I don't think anyone is fully comfortable with our current process because from the work group point of view, we

are supposedly a temporary body. We do the job that's assigned to us and then we're done. But, if the job that assigned -- is assigned to us still has outstanding issues, we've identified what they are and have been assured that they're going to be taken care of, but we then have to make the decision as to whether to maintain our viability as a working group or whether these opened items go into another bin somewhere, and are all through.

DR. MAURO: A perfect example is right now, Mark had recently requested we forward to him the latest version of the -- the very first set of 30 procedures that were reviewed a couple of years ago.

MS. MUNN: Yes.

DR. MAURO: There is a -- there is a matrix -- you probably all have copies of it.

DR. ZIEMER: Yeah, we got it this morning actually.

DR. MAURO: -- and it's --

MS. MUNN: Oh, we did?

DR. MAURO: -- you know, goes back about a year, it was issued on July 26, 2006. Now, interestingly enough, one could say, okay,

here's the set of, I believe, about thirty procedures that were reviewed two years ago --

MS. MUNN: Uh-huh.

DR. MAURO: -- and -- a very extensive close-out process. But many of them terminate with the action being that there is going to be a revision.

MS. MUNN: Yes, that is true. And we accepted that at that time as being the closure.

DR. MAURO: Well -- and now it's continuing, interestingly enough, Kathy, I believe as part of the second batch or the third batch, I'm not sure, I think the third batch.

MS. BEHLING: The third batch.

DR. MAURO: The third batch. We are actually reviewing.

MS. BEHLING: Yes. If I can just interrupt.

DR. MAURO: Help me out, yes.

MS. BEHLING: Okay. Yes, in fact in our third set of procedures, two of the major procedures, the OCAS Implementation Guide One, which is the external dose reconstruction guideline and PROC006, which is ORAU's procedure for dose recon -- external dose reconstruction, there were major revisions to those two procedures

and that we have reviewed in this third set. And what I did was go back to that original matrix and each of the findings in the -- in the original procedures, I identified those findings in a separate table in the -- in the review of the revision and you haven't seen this yet, but -- the -- that -- review of this revised -- these two revised proceedings will have two tables in, not only our checklist, but a listing of all of the previous identified findings where NIOSH indicated that the resolution was going to be to make changes to a revision and I've identified whether those changes have been incorporated into the revisions. So, at least we're attempting to do that when there's a major revision to -- to one of the previously reviewed procedures.

DR. WADE: This is Lew. There's no question that this is an issue that the Board has grappled with and I'll make sure that it's on the agenda for our upcoming meeting. But, you know, ensuring closure between the work groups is not something that we've perfected yet, and I think it's something we need to address at this next meeting, spend some time at least

starting to address.

MS. MUNN: And, Kathy, such a list would be enormously helpful for me and I suspect the other members of the work group. It will make it possible for me to check against July of last year matrix, where my mark-ups have indicated watch this, watch this, watch this, and if I had your list of -- of what you are watching, that's very helpful for me to compare where we are.

MS. BEHLING: I -- I -- I will provide that to you, Wanda.

MS. MUNN: Thank you so much, Kathy. Any other comments on that -- that particular issue? My personal view is that the depths and level of detail that's being undertaken is more than adequate, it's quite thorough from my point of view. If anyone has a contrary view, please express that, otherwise my comments to the full Board when we report out will probably reflect my feelings with respect to how thorough -- how thoroughly we're doing our job.

MR. GRIFFON: This is Mark Griffon. Wanda, I just can -- if it's possible, can John or Kathy review, I know this section is in each report,

on review protocol and again, not having everything in front of me. But -- I -- I -- I tend to agree with you. I have a question on the -- I think we need to be clear of what the review protocol was for the procedures. We weren't looking here at application of procedures, certainly, we've -- I think we need to state what we were looking at. And, then on the workbooks, I'm not sure, maybe they could describe the review protocol for the workbook -- you know, "workbook procedures" that were reviewed and what -- you know, how far they pulled the string on those or did they (unintelligible) functionality or what exactly was done on those. It would be helpful for me just to -- just to -- just trying to come back to where we were, where we left off on these.

MS. MUNN: Now, that perhaps that would be a good idea.

DR. ZIEMER: This is Ziemer. The report we just got, a couple -- well, let's see, within the last couple weeks we got the May 2007 report where they actually covered a number of workbooks and that report covered their approach for doing -- SC&A's approach for

reviewing the workbooks. Is that what you're asking about Mark?

MR. GRIFFON: Yeah, yeah. Maybe I just don't have that right in front of me.

DR. ZIEMER: Well, I think we just got that report, probably just before our Denver meeting and probably no one had a chance to really look at it yet. I've only skimmed it.

MR. GRIFFON: Okay.

DR. ZIEMER: But, that may, in part, answer the question in terms of -- I think we have to look at that --

MR. GRIFFON: Yeah.

DR. ZIEMER: I think that tells us what they did. We need to look at that in depth and make sure that we're comfortable with -– 'cause each of the sections -- well, they have a section called SC&A's Approach for Task Three Workbooks, basically how they identified workbooks subject to review and how they approached that. I don't know if John, if you have any comments on that, but I think that should, in part, answer the question.

DR. MAURO: Yeah, let me add, with regard to the procedure reviews, as opposed to the work-

book reviews, I think it's important that we make a distinction. The procedure reviews and the protocol that we follow is very formal. We actually prepared originally what our procedure would be and we've developed this checklist, it's sort of a scorecard and every one of those procedures -- if you sort of thumb through, you'll see as a scorecard, you can see where it is. And, it was structured that way deliberately so that you could score them, similar to the way we scored dose reconstructions. And you could actually have a measure -- a metric of performance. So -- so, there is a formal procedure that has been approved by the Board. Now, certainly, if you find that it is not serving us well, that is that procedure and that checklist, we will, of course, amend it. But, I think that we do have -- we did go through a very formal process regarding how we go about reviewing procedures. Now, regarding workbooks, that didn't happen. The workbooks are interesting because they emerged on the scene sort of at the time we were preparing the second set. It became apparent that the workbooks are essential, they

really represent where the rubber meets the road. So, it was judged -- when we budgeted the last fiscal year, the previous fiscal year for 2006, that -- that, gee, there are all these workbooks out there that are very important to many of the key procedures and they need to be reviewed also. Because in the end, these are -- these are the tools that NIOSH is actually using to -- to do dose reconstructions. So, those workbook reviews became a very special project to fill a gap that became apparent only after we've completed or are well into the review of the second set, the thing called Supplement One. So, Steve Marschae as a matter of fact, is on the line with us, he ran that program and he prepared the report that you have before you, the May, I think it's May 7th or it's May 2007 report that contains our review of the selected workbooks. Now, the format, the approach, the procedures and scope of what was done was never discussed with the Board. We do now have a procedure for doing that and -- it was, basically, the judgment proposed by Steve and as agreed to by the team, that okay, this looks like a

reasonable approach. Now, bear in mind, you know, we're going to continue workbook reviews, but now they're not going to be a separate deliverable. The workbook reviews in the future are all going to be part of the review of the procedure because they really are coupled. But, we have -- we had a stop gap issue, that is, they only emerged, to our knowledge, in the last year (broken transmission)-- we had to capture those work-books. So, that's why there's a separate work-book deliverable that you folks have received. But, I don't think we're going to have anymore like that (broken transmission).

The rest -– in the future are going to be -- the workbook reviews are going to be part and parcel of the procedure reviews, where they belong. So, but nevertheless, the scope, content and approach that Steve adopted and used in the package you now have before you, we probably will continue to use unless certainly, we get other direction by the Board.

DR. BEHLING: John, can I interrupt for a second? I think I need to address Paul's comment. The original procedure that we used

was a Board approved procedure that I'd written back in September of 2004 and it was under tab three and is defined as a protocol for the review of procedures and methods employed by NIOSH for dose reconstruction. And, we issued that separately but it's also an appendix in the review of all of the implementation guides and procedures that were reviewed under tab three at the time. So, you will see the two locations. Now, that had some very, very specific global issues as part of the, I think, seven different objectives.

And, so that was very different from the work-books. The workbooks really is defined by to what extent does the workbook reflect a particular written procedure in terms of the technical content. So, there's quite a bit of difference between the review of workbooks as opposed to the review of the procedures themselves.

DR. MAURO: Yes, I agree. But, I think that that sets the stage for certainly the Board can make any judgment regarding either the procedures that we're following for the procedure reviews or the format and content of

the workbook reviews. Because even though there won't be separate workbook reports in the future, they will be part and parcel of the procedure reviews and the -- if there's any aspect of the way in which we went about doing our work in the workbook report that you just received, please let us know and we can make the appropriate accommodations.

MS. MUNN: There are two things there. One is I went back a couple of days ago and reviewed those original seven goals that we had approved as a Board as being comprehensive and fully acceptable as a -- the goals for the procedure reviews that were going to be done. And, the assurance that the workbooks are going to be incorporated with that same set of seven standards should be adequate for us, I would think. Does anyone have any problem with that? Your explanations, John and Hans, that -- that the workbooks are being incorporated with the procedure reviews would certainly seem to me to meet the criteria that we had established earlier. Does anyone else have any problem with that?

MR. PRESLEY: Wanda, this is Bob. I don't.

MS. MUNN: That's a good thing.

MR. GRIFFON: Wanda, this is Mark.

DR. ZIEMER: This is Ziemer -- oh, go ahead Mark.

MR. GRIFFON: Yeah, I was just going to say, I think -- I think John's indicated there was kind of a separate protocol which I haven't reviewed, I gotta admit, given getting all the Rocky stuff I'm sure I didn't focus on that when it came through. But the separate protocol on the workbooks, I still would like an opportunity to look at that and you know, I -- I think we -- we -- we approved the first protocol and I think that was fine for the generic procedures, but I think we should look at this other protocol at least --

DR. ZIEMER: Well, I agree with that and I think we should -- we should -- you know, we need to do a formal review of this report anyway and its findings.

MR. GRIFFON: Yeah.

DR. ZIEMER: I think there were -- I don't know, there were just a half dozen workbooks I think in this --

DR. MAURO: Steve, there were nine?

MR. MARSCHAE: There are nine workbooks.

DR. ZIEMER: There are nine workbooks, okay. But, we ought to look at the findings and the process and make sure we're comfortable with that as well, even though, in a sense, this is a special report that kind of kicks us into the workbooks, but as you say, you'll pick them up in a different way in the future, I guess.

DR. MAURO: Yes. But you're absolutely right though, I mean, when you read the introduction, the approach and the -- you know, the scope -- when you read the workbook report that you have before you, that will give you a pretty good idea of you know, what we're doing and if there's any aspect that you feel the -- that approaches could be improved, that would be part of the review cycle, the close-out cycle for the workbooks when we get to that point in this Task III working group. And, we certainly will then make those accommodations and when we're doing future workbook reviews -- or this one of course, if, you know, you certainly could bounce it back and say listen, we'd like you do x, y and z to improve the scope and coverage of the workbook reviews and we could

certainly do that. This -- the workbook report that you folks have is a draft and it's there for that purpose and certainly we're -- you know, if there are cert -- if there are significant deficiencies, we will make the appropriate revisions.

MS. MUNN: And John, as ashamed as I am to admit it, I read Supplement Two at the time that I had it in my hand. It was in that packet of materials which mysteriously disappeared from my hand day before yesterday and I was not able to find a place where I could restrict -- reconstruct it when I was trying last night. So, would it be possible for you to see that I receive a duplicate copy?

DR. MAURO: Certainly. This happens a lot by the way, we understand there's so much paper moving around, so many revisions, and we will send to you a -- the March -- I'm sorry, the May 2007 --

MS. MUNN: May, right.

DR. MAURO: -- workbook, it's called Supplement Two.

MS. MUNN: Yes.

DR. MAURO: We'll -- I'll have --

MS. MUNN: I saw it, I read it, I don't have it anymore.

DR. MAURO: Do you want a hard copy and electronic or just electronic?

MS. MUNN: Electronically will be just fine.

DR. MAURO: Very good.

MS. MUNN: Is there anyone else who is as sloppy as I am in their record keeping and who needs a copy of that?

DR. ZIEMER: I'm not going to claim sloppiness or not, but I -- I don't need a copy, I do have that one.

MS. MUNN: Yeah, I have the preceding one, but --

DR. MAURO: Yeah, please --

DR. ZIEMER: I do think we -- and I'm trying to remember, I don't think we've developed the matrix on this one yet, have we Kathy?

MS. MUNN: Not to my knowledge.

MS. BEHLING: No, we have not.

DR. BEHLING: And, while we're on that issue again, I want to restate what I said earlier, the whole objective of a workbook review is strictly and very simply that of determining whether or not the workbook is a facsimile,

electronic facsimile of a written procedure.

DR. ZIEMER: Of a procedure, that's correct.

DR. BEHLING: That's all it is. In other words, we've reviewed the procedure and then if there are deficiencies that were defined in that review, that should obviously also be reflected in the change in the workbook. But, a workbook review is strictly saying, it's what you stated in written format, transcribed into a workbook that is nothing more than a tool for the dose reconstructor to follow as opposed to a written, hard copy procedure. That's all the workbook does.

MS. MUNN: Yeah. And -- and I guess, before we leave the topic, I'd like some agreement among the work group as to exactly what the product is we are asking from SC&A, with respect to the workbook. If they are in fact incorporated into --

DR. ZIEMER: Now, there are findings.

MS. MUNN: Yes, yes, there are findings and we have nine workbooks that -- that are at issue. So, I guess what I'm asking is, do we really want a matrix for that, will we --

DR. ZIEMER: Yeah, for example, I just picked

out one here. I'm looking at the external ambient dose workbook, and SC&A said that there are instances where the tabulated ambient dose data used in the workbook do not agree with the data given in the procedure.

MS. MUNN: Uh-huh.

DR. ZIEMER: So, there they've identified the discrepancy between the procedure that the workbook is trying to reflect. I think -- again, that's a finding that needs to be resolved in some manner or other. Either the workbook has the wrong info or the procedure was out of date and it got changed. But, what -- whatever it is, it needs to be resolved and there's a number of findings like that, I think.

MS. MUNN: Yeah, and I guess my real question is, do we want a separate matrix with respect to the workbook or do we want the workbook findings to be incorporated in the procedure matrix? I guess that's my real question.

MR. PRESLEY: Hey Wanda, this is Bob.

MS. MUNN: Yeah.

MR. PRESLEY: If the procedure (broken transmission) -- the workbooks are on the

procedures, I could see both of them being incorporated into one and not have two separate matrix (sic) to have to go back and check a matrix procedure and a workbook procedure.

MS. MUNN: It would seem more efficient to me, but I need to get a feel for how others view that.

MR. HINNEFELD: Just speaking as an opinion here, this is Stu, and I don't -- you know, how however the Board and the workgroup decide to do this, we'll comply with them in that accordingly. The -- there is a -- a sort of a mode we've fallen into of a review product is produced and a findings matrix is produced that associates with that review product.

MS. MUNN: Uh- huh.

MR. HINNEFELD: And, that allows -- it leads me to think about it in an organized fashion that, okay, you know, I have a review product and I get that -- the findings matrix for that specific review product, I can work from those two documents. And, in an attempt, you know -- and continue following out the matrix. And when we -- and it will just -- I mean, it's not a -- it's not a flaw, a fatal flaw or anything,

but in a case where we have now decided that we will have a work product without a findings matrix, but rather we will insert its findings into previous existing matrices, then we'll need to remember a year from now, why we can't find a findings matrix for that -- for that review document.

DR. ZIEMER: I -- I -- This is Ziemer, I kind of agree with that. I think since there is a work product, that there is a report with findings, it needs a -- it needs a resolution process even though it refers back to a particular procedure -- the procedure itself may have been fine, it's -- it's how it's applied in the -- in the workbook. So, we need to -- that's what needs to be resolved I think.

MS. MUNN: Okay, so --

DR. MAURO: By the way, interestingly enough, we also see the reverse.

DR. ZIEMER: Sure.

DR. MAURO: Is that we encounter the procedure are corrected in the workbook. So, I mean, both of those are --

DR. ZIEMER: Yeah.

DR. MAURO: Yeah.

MS. MUNN: So, what I think I'm hearing is that the preferred approach is to have this to use the existing report as the report on the status of the nine workbooks and in addition, to produce a matrix indicating its short-comings in those specific workbooks, and we'll then use that as our primary focus for addressing the workbooks.

Somehow, we'll need to fold that back into the procedures matrix. Am I -- am I getting that correctly? Is that what I think I'm hearing? We want a separate matrix on the workbook. We have the report, but we do not have a matrix. We are asking for a matrix, is that correct?

DR. ZIEMER: Well, that would be my understanding.

MS. MUNN: All right, NIOSH, an item is going to say we need a matrix on a workbook.

DR. ZIEMER: It's basically a matrix for the supplement to report.

MS. MUNN: Right.

DR. ZIEMER: Which of course is the workbooks.

MS. MUNN: Correct. The one that I don't have right now.

DR. ZIEMER: Yeah, and we do have the

Supplement One matrix I believe, but haven't done anything with it, right?

MS. MUNN: Yes, we do have One.

DR. ZIEMER: So, we are at some point going to need to focus on that as well.

MS. MUNN: Yes. We do. Yes, Bob.

MR. PRESLEY: Would we have a separate matrix on each workbook then?

MS. MUNN: No.

DR. ZIEMER: No.

MR. PRESLEY: Oh, okay.

MS. MUNN: A matrix on all nine workbooks.

DR. ZIEMER: Yeah, it'd be on the report.

MR. PRESLEY: All right.

MS. MUNN: All right, so we're all on the same page with that.

SIGNIFICANT REVISIONS

My next question is, should a formal trigger for review of significant revisions of completed procedures be considered? I guess the corollary to that question is, whether the current process is adequate in that regard. We are apparently already making an effort to follow up on any revisions that are considered significant.

DR. ZIEMER: I'm trying to remember, this is Ziemer again, significant revisions, don't those show up then in terms of what we put out there as for consideration for the task for an upcoming year?

MS. MUNN: Yes. They are on our list.

DR. ZIEMER: So we do identify them and ask the question, should this be reviewed again?

MS. MUNN: We do -- we do -- we do that in the work group.

DR. ZIEMER: Right.

MS. MUNN: Whether we need to review that again. But we've never identified any specific level of concern of whether or not that -- I guess I'm putting too many words in front of my tongue.

DR. ZIEMER: I think -- I think the key is the word "significant." In other words if there's a minor revision like a page change and you know, some -- some editorial or even a minor change of a constant that was written wrong or something we wouldn't ask for a re-review. But if -- if ORAU or NIOSH says we have made a significant revision, whatever that means, it seems to me that's the point that we should

take a look.

MS. MUNN: Thank you for articulating that a little better for me.

DR. ZIEMER: I -- I don't know that we always know what significant is, but it certainly is not a minor editorial change.

MS. MUNN: No, it isn't and my --

DR. ZIEMER: It usually means there's some -- some change that will have an impact on -- on either dose or probability of causation.

MS. MUNN: Yes, how -- whether --

DR. ZIEMER: Models have changed or something.

MS. MUNN: Whether the end result is going to be affected.

DR. ZIEMER: Now, I think if the procedure simply involves inserting something that's already been approved, like, let's say that the Board now -- oh, let's say that the way that a particular risk is calculated, you remember we had the case where we eliminated at a threshold for one of the cancers and put in a continuous function at the low end.

MS. MUNN: Uh-huh.

DR. ZIEMER: Insofar as that changes any procedure, I don't think we need to go back and

review that procedure if we've approved that change.

MS. MUNN: Agreed. I guess what this really boils down to is whether we are comfortable with making that decision as we have in the past, in the work group as to what constitutes enough of a major change to require an additional review. We've done that in the past and so far it seems to have worked all right.

DR. ZIEMER: Well, I'm okay with it, the Board ultimately has to approve it anyway.

MS. MUNN: Right.

MR. PRESLEY: This is Bob. That would take -- if the Board did approve it, it would take some of the pressure off the Board. And then we could bring anything of what we considered a major change back to the Board for an approval.

MS. MUNN: Yeah, that's -- that's what we've been doing.

MR. GRIFFON: Yeah, this is Mark. I -- I -- I agree with -- I think if -- if we look back to this was supposed to be a base line procedures review. So, the idea being that if there's, you know, I -- I think we go -- we do this once over theoretically with the idea and then we're

going to see these procedures again in dose reconstructions. So, if there's a new revision of it, you know, -- I think -- the bottom line is I think we're doing fine and Kathy and SC&A is also monitoring this for us, looking at the significance, you know, if there's a small change (unintelligible).

DR. ZIEMER: Yeah, yeah, (unintelligible).

MR. GRIFFON: But I think beyond that, I think if we stop this process, even if there are significant changes, they end up showing up in the dose reconstruction reviews beyond this work group.

MS. MUNN: Right, right, now. I'm happy with it.

MR. GRIFFON: Yep.

MS. MUNN: Just wanted to make sure we all were.

SC&A'S FUTURE SELECTIONS

And this I think probably overlaps and leads into the next question. Does the work group want to suggest that these procedures to include in SC&A's future selections, as I interpret what we've done so far, virtually all of the procedures are being reviewed in one way

or another already. This is probably a moot question.

DR. ZIEMER: I guess we do need to crosswalk to see if there's any significant OTIB's that have been missed. I think we've caught most of the OTIB's. The P-R-O-C items, it seems to me there's a number of those that we don't need to look at. I'm looking at Stu's list for example, ORAU has a procedure for notifying employees of termination. We don't need to see things like that, I don't think.

MS. MUNN: Very true.

DR. ZIEMER: Or a procedure on their library operations.

MS. MUNN: No.

DR. ZIEMER: Or, I don't know, correspondence control. They have a number of internal procedures that have to do with how they operate their business that, you know, here's a stop work procedure and, I don't know, a number of odds and ends that have very little to do with dose reconstruction or site profiles, and we certainly don't need to look at those. We haven't looked at many of the P-R-O-C's, have we John? Or --

DR. MAURO: Well, we have a number of them.

DR. ZIEMER: Oh, no, I think we've identified ones that are the crucial ones. There probably is another set of those we maybe should look at. And then there's certainly some that we -- we can just forget about completely.

DR. MAURO: Well right now I have an action item from the conversation we had earlier where we're going to do a crosswalk.

DR. ZIEMER: Yeah.

DR. MAURO: This listing that we have here, the June 18, 2007 listing that Stu provided and the work we're doing now so that we can provide a table to you folks to identify which ones are already being reviewed and which ones are not currently in the process. And, including, revisions and we've identified those to the best we can. Now, this is where judgment comes in. If we are looking -- if we are currently reviewing one but there is a newer revision that is now out, I guess all we really can do is identify that to you, maybe with a brief paragraph explaining the nature of the revisions, similar to the way it's described in the front end.

DR. ZIEMER: Uh-huh.

DR. MAURO: And give you sort of a handy-dandy table that you could quickly say, okay, here are a list of all of the procedures that have not been reviewed by SC&A and are not currently being reviewed and here are all of the procedures that have been revised that are not -- you know, and what the nature of those revisions are. And then you could look at that and I guess from there, you know -- I'm sure Stu would probably want to take a look at that too to make sure we got it right. And then you would have a tool that would make, I think, life a little easier for you to decide which, if any of these, you would like to turn us on to do in fiscal year 2008.

DR. ZIEMER: And basically that -- if you looked at the table of contents for your task three report and the two or three -- three supplements once the final one's out, all of the items you've reviewed are indicated in there, is that correct?

DR. MAURO: That's correct, that was the reason we handed it out at the meeting.

DR. ZIEMER: Right.

DR. MAURO: So that you'd have --

DR. ZIEMER: So -- so, basically we can kind of do those crosswalks ourselves, but it would be good to have an official one.

DR. MAURO: Yeah -- it's your call. You know, if you'd like us to take care of that, we certainly are glad to do it, it should be -- or if you'd like --

DR. ZIEMER: Well, to make sure we're all working off the same page, I guess -- I mean in principle we can do our own crosswalks, but we need to be all looking at the same page in case we miss something. So, I'm happy to have them do it, Wanda.

MS. MUNN: It's on my action list right now.

DR. ZIEMER: And -- and that's something you can do probably -- probably pretty fast.

DR. MAURO: Yes.

MS. MUNN: Yeah, yeah. I'm now going to include that in the action list that I send out to you following this call.

PER'S

Then the last question that I had was one on which I had some personal confusion. Should we be establishing a separate approach to PER's?

I somehow had in my mind that SC&A was going to be addressing and reviewing PER's, but that that was going to take place under task five. Now, I don't know where I got that idea, but am I --

DR. ZIEMER: Lew, can you help us on that one?

DR. WADE: Yeah, I mean, I think that this is the task that I always imagined that PER's would be looked at, not task five.

MS. MUNN: All right, I don't know why --

DR. MAURO: In the past we have reviewed some PER's and Steve, you probably could give us -- Steve Marschae -- so we -- task three has in the past included some PER's and in this proposal that -- you folks haven't all seen this but, we have included a unit cost to perform a review of PER's, which is a -- is quite a bit different than the review of a procedure. Mainly because the PER review will include, likely, the review of actual cases that have been revised in accordance with the PER. So, it becomes a pretty special type of review, that for convenience, and its best home is probably task three. And, in our proposal of work that I just sent out to Lew and David

Staudt, I include a description. I may have sent -- I --

DR. ZIEMER: Well -- that's your June 22nd proposal and I don't know if you sent it to the full --

DR. MAURO: I -- You know --

DR. ZIEMER: I got it as Chair --

DR. MUNN: I have it.

DR. ZIEMER: but let me -- let me suggest --

DR. MAURO: Yeah.

DR. ZIEMER: Because it has in it a proposal for reviewing PER's and it seems to me the work group should look at that specifically, what you're proposing. There's five sub-tasks.

DR. MAURO: Yes.

DR. ZIEMER: And, it seems to me that before our meeting in Hanford, Richland, -- Wanda, it would probably make sense if we looked at that and if the work group could recommend to the Board whether this is the right approach for reviewing PER's.

MS. MUNN: (Unintelligible)

DR. ZIEMER: My reaction is it seems to make sense, but it seems to me it would benefit from having the work group at least look at it.

MS. MUNN: Actually, that -- that letter of yours John, is what triggered my -- my asking this question.

DR. ZIEMER: So, it did get distributed to everyone in the work group?

MS. MUNN: It may not have been, or I --

DR. MAURO: Yeah, Wanda, I may have just sent it to you, I -- I think that I -- you know -- when you've raised it. Did anyone else --

DR. ZIEMER: Mark, did you get it?

MR. PRESLEY: This is Bob Presley, I didn't.

DR. MAURO: You did not --

MR. GRIFFON: I didn't get it, no.

DR. MAURO: If you'd like I could -- right after this call, I could send you -- it is a draft proposal that went in for consideration by NIOSH and the Board to the formal process. But, if you'd like to get an advance view of the draft so that, you know, you could start to take a look at it. It eventually, of course, it will go through the -- not only that proposal but all the others, of course, will go through the review and approval process by the Board.

DR. ZIEMER: Now, that's a list of PER's that

are out there and we can --

DR. MAURO: Yes, it does.

DR. ZIEMER: And we can be looking at those as well.

DR. MAURO: Okay, I will send out to you, right after this, the proposal, the draft proposal to the working group. Or would you like me to send it to the whole Board?

MS. MUNN: No, I think -- especially since it's in draft form now --

DR. MAURO: Yeah.

MS. MUNN: And something may occur between now and the Richland meeting.

DR. ZIEMER: And I'm not sure you need to send out the -- the breakdown of work hour allocations.

DR. MAURO: Just the scope, yeah.

DR. ZIEMER: I think the scope is what the work group needs.

DR. MAURO: Sure.

DR. ZIEMER: I don't know, Lew, at this point --

DR. WADE: I will be sending the entire proposal to the full Board more formally so, for this work group I think the scope would

suffice. But the Board will see the full proposal before the Richland.

DR. ZIEMER: Yeah, yeah, right. But it's -- this document won't be available to the public per say, I don't think, in its present form, is that correct? It has --

MS. MUNN: It's a draft.

DR. ZIEMER: It has --

DR. WADE: Good to have a version that will be released to the public, I don't know --

DR. ZIEMER: Right.

DR. WADE: I think the documents you're talking about and --

DR. ZIEMER: The scope is what we need in any event.

DR. WADE: Right.

DR. MAURO: Although, Lew, yeah, I spoke to Liz about -- you know -- what in these proposals, just for everyone's information, there is the main body of the proposal, then there's an attachment which is the cost proposal. As I explained to Liz, the main body is a proposal, it includes a scope, the people --

DR. ZIEMER: It doesn't have hourly rates and such.

DR. MAURO: It doesn't -- so the hourly rates and the way in which we came to our hourly rates are in a separate attachment.

DR. ZIEMER: Oh, so if you leave off the attachment then you're fine.

DR. MAURO: Exactly, yeah, and the rest of it could easily -- it could be published to the public for release, you know, we have no problem with that. So -- so, it's pretty clean.

DR. WADE: For this work group, seeing the scope I think is important and then Wanda, having a bit of a caucus with your work group, you know, before the Board addresses it so you can signal the Board whether you're comfortable with the proposal as it relates to the review of PER's would be appropriate.

MS. MUNN: That's good. All right, then that goes on my action list as well. I assume that it will be taken care of before my action list gets out. That covers the specific questions that I had before addressing the matrix. Does anyone else have anything they want to bring up? It's been such a long time since we've had a meeting that it's a little difficult for us

to all get back on track here. But we have quite a task in front of us. The matrix is fairly comprehensive and so we need to make sure we are ready to look at that. Anyone else have any issues?

MR. PRESLEY: This is Bob, I'm fine.

MATRIX

MS. MUNN: All right. Summary of Task Three Supplement One Procedure Findings Matrix dated 6-22-07. The original working draft was May 21st of 2007. I assume everyone has had an opportunity to go through this at least in the perfunctory way, is that correct?

DR. ZIEMER: Uh-huh.

MR. PRESLEY: That's correct.

MS. MUNN: All right. The first thing I want to know is that there's no way we can possibly get through this today, especially in view of the fact that NIOSH has not had an opportunity to respond to any of these issues. What I would suggest that we do is discuss whether there are specifics on this matrix that we have a higher level of concern about than others and make sure that both NIOSH and SC&A are aware of our concerns. Other than that I'm not at all

sure that it's productive of our time and our efforts to really address the matrix in its totality.

DR. MAURO: I have a suggestion that might be helpful for the next meeting.

MS. MUNN: Yes.

DR. MAURO: And so that NIOSH has a chance to respond. When -- you all have the thick report and it's a lot of reading, you know, I read it cover to cover, the -- it did take the entire day for me to read it cover to cover, just in case we did get into today.

MS. MUNN: Uh-huh.

DR. MAURO: But, one of the things that I found that could be very useful to everyone is if for each one of the approximate thirty procedures that are reviewed in that -- in that Supplement One, there is a check-list and it's broken down according to the seven objectives that Hans described earlier. And if we put a little score next to it, now what happens is, you look down very quickly, within the matter of seconds, you could look down the check-list for each review and you'll -- and you'll see next to the criteria, it'll have a number and it

will be anywhere from one to five. If you see any ones, that means we've got a real problem with a particular issue. And -- and in terms of sort of like -- the degree to which you'd like to go after the more important issues first, you'll see, when I went over them I noticed that most of the procedures faired very, very well, they had all fives. Some have fives with a couple of fours. But there were a number -- I would say -- a fraction, a small fraction of the thirty, maybe -- maybe five or six had a couple of ones, a couple of twos and threes. So, what -- what I'm getting at is, to help you all, if it helps expedite the process, you could quickly zero in on at least the areas where SC&A feels that this might be something important. And, you may want -- so if you do want to prioritize items, that's one way to do it. Or alternatively of course, we could just march through each one of the issues as listed in the seventeen pages of the matrix once NIOSH has a chance to look at it. So, I mean, we do have the wherewithal to -- you know, to sort of focus in or just go systematically through the whole thing.

MS. MUNN: You're suggestions are focused and I don't know why I didn't pick up on your already having scored your view of concerns, but I didn't. There's a good one from my perspective.

DR. MAURO: You know what might be useful, now that I'm thinking about it. On the matrix itself, the score -- see each one of these items that you're looking at, these are basically findings --

MS. MUNN: Uh-huh.

DR. MAURO: -- associated with each procedure. What we don't have on here is a score where we assign that finding.

MS. MUNN: Right, we don't.

DR. MAURO: The fact that it's a finding, it could be a four. If it's a four it means that's really you know, something that needs to be taken care of but it's really not all that important. If it's a one, it's something that's important and I think if we had that on this table that might be very helpful. If you'd like us to reissue this with that little score next to it, that might make life a little easier for everyone.

DR. ZIEMER: Yeah, or -- or you can just go to the report. It's -- it's -- I don't know if you have your report handy but you have a roll up in the findings and it goes through each one and gives the let's see -- I guess it's the -- I guess the roll up is the number of -- of times the score showed up, right?

DR. MAURO: Yes, yes.

MS. MUNN: I think so.

DR. ZIEMER: I'm -- I'm looking at it now --

MS. MUNN: But again, we have to cross-walk if we --

DR. ZIEMER: We'd have to cross-walk it then.

MS. MUNN: And it would be much, much simpler I think, if we did have the score on the matrix, if you could incorporate that with (unintelligible) John.

DR. ZIEMER: Yeah. Well, and -- obviously NIOSH is -- in a sense, needs to answer all the items, but the ones that have the ones are the critical ones, right John?

MS. MUNN: Yeah.

DR. ZIEMER: And, I'm trying to look and see how many ones there are in here.

MS. MUNN: There are a couple, but not --

DR. MAURO: Not many.

MS. MUNN: Not many, no. Most of them were -- most of them were, as John said, fives. Okay.

DR. MAURO: Fives -- and if it's a five it doesn't make it to the matrix, that means it's perfect.

MS. MUNN: Yeah, right.

DR. MAURO: Now, if it's a four, it's -- you know, there were a number of fours, but very few ones.

MS. MUNN: Yeah, there are --

DR. ZIEMER: I guess I see seven ones.

DR. MAURO: Okay.

MS. MUNN: Uh-huh.

DR. ZIEMER: And, two, three, four, five, five twos.

MS. MUNN: Uh-huh, very few twos, I see but -- a number of threes.

DR. ZIEMER: But Wanda was your original question -- what was the thrust of the original question? Should we --

MS. MUNN: The original --

DR. ZIEMER: -- ask NIOSH to concentrate on certain ones or what?

MS. MUNN: Yes, my -- the thrust of my original

question was how best to address the matrix so that we can get to the thorniest issues without spending too much time on things that are going to fall out automatically.

DR. ZIEMER: Yeah. So obviously it's the ones and twos as a start; what about threes John, what does that mean?

DR. MAURO: Well, it's the level of importance -- it's a continuum that if you recall -- it's really a judgment call made collectively by the team when we score these.

DR. ZIEMER: Uh-huh.

DR. MAURO: And three, really -- it means -- you know, it's sort of in the middle.

DR. ZIEMER: Yeah.

DR. MAURO: And, you know, by putting the score on the matrix, at a minimum, you know, it at least gives you a feel for this particular set of thirty. That is, if we had the score there and you just quickly went down the seventeen pages, you'll get a quick feel of which procedure might be the ones that we probably want to pay a special attention to because it's got some ones and some twos. And, my opinion of ones with the -- you're going to find that

there are an awful lot that the most they have is a four and you know, in our opinion -- this is of course the SC&A judgment, it's something that is readily resolvable and not a -- you know, it's not a critical one. So it's just another tool that might help the process, if you'd like, and it's easy enough to do, to put the score associated with each line item in the matrix.

MS. MUNN: That would be very helpful for me. I'd like to hear something from Stu. Stu, is this a viable approach for you to -- I don't know how much of this particular matrix you and your team are going to have an opportunity to respond to before our next meeting and I have no intention of allowing this work group to go another year without having a meeting. We're going to have to address this very quickly. So, we're --

MR. HINNEFELD: Are -- are you talking about the -- the meeting with the full Board in Richland?

MS. MUNN: I'm talking about our next work group meeting. I -- I need to get some feel for how much time you and your team are going

to need to respond to these matrix items.

MR. HINNEFELD: Well, off the top of my head, I thought about that before this and -- so it's not entirely off the top of my head. It would seem that a -- a work group meeting approximately mid-way between the Richland Board meeting and the date of the following meeting, which I believe is the first week in October, would provide us sufficient time to -- or, you know, maybe a little closer to the October meeting, that would provide us sufficient time to get some responses onto the matrix and distributed to the working group and SC&A, in advance of that date so that there could be some, you know, some digestion of those responses before the meeting. I really despair of having anything of meeting ready for the July meeting.

MS. MUNN: No, I don't really anticipate that there's any way you can do that, given what's on everybody's plate. I doubt that the work group could be effective between now and then either.

DR. ZIEMER: No, uh-uh.

MS. MUNN: No, I didn't really expect that. I

just wanted this current meeting to occur and for us to get a better feel of how large the tasks were with this second group and when we're going to be able to get to it. If we don't do this, then we're not going to stay on the priority list and we have to do that.

MR. PRESLEY: Hey Wanda?

MS. MUNN: Yes.

MR. PRESLEY: This is Bob. Could we go back and instruct them not to -- to start with the ones and twos first?

MS. MUNN: Yes.

MR. PRESLEY: Try to knock some of the higher priority stuff out and the lower priority stuff we can look at down the road.

MS. MUNN: That's essentially what I'm -- what I'm asking, Stu, also, if that's a logical approach from his point of view.

MR. HINNEFELD: Yeah, we'll focus on ones and twos. Of course, my guess is that the ones and twos will be the most difficult to resolve and respond to and resolve. And, so it may be that we can, on the way, since we're evaluating that procedure anyway, we might be able to provide responses from the others, and so I wouldn't --

you know, I wouldn't --

MS. MUNN: Right.

MR. HINNEFELD: Which would be a relatively small effort.

MS. MUNN: Yeah.

MR. HINNEFELD: If you're working on a procedure and with only a slight effort you can say, you know, this -- this change is -- is going to be -- it will be incorporated in this revision, --

MS. MUNN: Yeah.

MR. HINNEFELD: -- that would be something we could respond to as well. The -- but, it would not be -- the focus of the work will be on the ones and twos and then probably the threes as well. And, so, that will be the focus of the work. And then we can provide, in advance of the next meeting, what we have accomplished by that time. And whether -- it may not be all of them, resource -- you know, being somewhat constrained for the next three months, it may not be all. But I think we can certainly provide decent responses to quite a number of them.

MS. MUNN: Understandable.

DR. ZIEMER: So, if we met sort of, maybe in September or something, we might be able to --

MR. HINNEFELD: That would -- that would be my suggestion, I think we could have some -- some useful information out in advance of a meeting on that date.

MR. PRESLEY: Okay.

DR. MAURO: Wanda, I have a question for the working group. In the process of preparing for this conference call, Kathy, Hans and myself, you know, we -- we reviewed the -- the package, and Hans had made a couple of very interesting observations. One of the procedures, one or two of the procedures, and remember, we did this review over a year ago, and we've gained a lot of experience with, over the past year, in reviewing particular cases.

MS. MUNN: Yes.

DR. MAURO: And, -- and, if we were to re-review that procedure today, this really only affects one of them as a matter of fact. We may come away a little bit more critical and I'm not quite -- and in light of the fact that, you know, I just want to alert the Board that we're in this sort of funny place, that we've

performed our review to the best of our ability about a year ago, of course -- over the course of the year, we know a lot more. And, now that we look back we realize that, well, maybe some of these procedures in some respects are fine and in other respects we do have some, it looks like a little bit more serious a problem than we thought we had.

DR. ZIEMER: I have a suggestion on that. This is Ziemer. I'll just throw this out as an idea. Why not issue a revision or an addendum, for example, for Task Three Supplement One or let's say, Supplement Two. You could have an addendum which could both change a finding and, and its ranking. I don't -- I don't see why you shouldn't use -- if there's newer information than -- and different concerns, it seems to me we need to deal with whatever it really is.

DR. MAURO: All right, that would be fine and we'd like to --

DR. ZIEMER: That's one suggestion and maybe the others don't agree with that.

MS. MUNN: Sounds reasonable.

MR. PRESLEY: This is Bob, that's fine with me.

A revision -- or to me what I think a revision would probably be --

MS. BEHLING: This is Kathy Behling. I also wanted to interject something here because I was a little bit caut -- I wanted everyone to be a little bit cautious about the ranking. But now I think we may clear that up based on your suggestion. Because there are some procedures that have fours on them that are going to require a little bit more attention. So, if you're going in the direction that -- that we're going to make changes to this -- to this current supplement, that'll be fine. But otherwise I would be a little bit cautious about just dismissing our fours.

DR. MAURO: Yeah, yeah. That's -- by the way Kathy, that's why I brought this up. I know the particular procedure where I assign the four to a particular issue when I review the procedure and subsequent to that, Hans and I have had a chance to discuss that particular issue, and my guess is Hans would more likely make it a one. So, I know at least one case we have that situation, one procedure. I -- I know from my perspective, an addendum would be

a lot easier for us rather than reissue the entire report, because I think in going over the entire report, it's ninety -- ninety-five percent I would not change. There is one, maybe two procedures out of the thirty that this issue of, you know, is important.

DR. ZIEMER: But if you do an addendum you may have to revise at least the executive summary and the roll-up.

DR. MAURO: Yeah, yeah.

DR. ZIEMER: But, however it's done, you can have a -- you could have a revised summary or something too.

DR. MAURO: Yeah. I'm -- I'm -- yeah, I'm not sure mechanistically how best to do that, we could have --

DR. ZIEMER: I mean I don't -- I don't see any point in reissuing a hundred and thirty pages if you're changing two or three.

DR. MAURO: Yeah, yeah. Maybe we could just send in replacement pages for the procedure reviews that we'd like to revise. They may only have the one to two procedures. Yeah, we pull this one, put this in --

DR. ZIEMER: Yeah, I don't know and maybe David

Staudt would have some recommendations on that in terms of how they'd prefer it done.

DR. MAURO: Yeah.

DR. BEHLING: This is Hans. There are a couple of problematic issues here in revising this because as John mentioned earlier, when we first started out, we were obviously novices like everyone else and we've changed our mind about a number of things. And, there are findings that, at this point, stand, but can't be corrected because some of the findings related to, for instance, the structure, the readability, the format of the implementation guide, etcetera, that at this point are questionable in terms of should they be revised. Because the implementation guide at this point has a very, very limited value to the dose reconstruction. For instance, we identified issues and findings regarding uncertainties as they were described in the implementation guide as being too tedious, too difficult and almost impossible. Well, the workbooks today have a radial button that says we're doing all these calculations for you and therefore the finding has been essentially

eliminated because of its advances in workbooks that have been made that take care of this very tedious task in the computerized fashion. So --

DR. ZIEMER: But that would come out in the resolution process anyway, wouldn't it, in the matrix process?

DR. MAURO: Yeah, Paul and Hans, I think that that type of change or issue is very manageable in the close-out. I'm more concerned right now about places where we assigned something a four or a five, when in retrospect now, we probably should have assigned it a two or a three. And -- and I don't want to -- the only reason this came to mind is while we were talking about assigning numbers on the matrix, I realized that some of those issues that are in there, we probably would want to assign a -- a more severe number to now. To one particular procedure. And that's the only reason I -- you know, I thought of it while we were talking. Mechanistically how we do the -- you know, I'd like to do it the most expeditious way. I'm not quite sure what that is right now.

MR. HINNEFELD: This is Stu Hinnefeld. For our

purposes John, if you could let us know and the work group know which procedures will be addressed in the addendum, then we, perhaps, could hold those -- our work on those in advance, you know, if we were going to do any work on them.

DR. MAURO: Uh-huh.

MR. HINNEFELD: Until the -- until the addendum came out, but we could proceed a pace on the remainder of the procedures that are not going to be addressed in the --

DR. ZIEMER: Well if you're only talking about two or three John, maybe you could get an addendum out fairly fast.

DR. MAURO: Oh -- oh, we could get an addendum out very quickly on these because we know exactly what they are.

DR. ZIEMER: A few weeks -- yeah, yeah.

DR. MAURO: So, I -- I'm more concerned about the mechanism -- however we do it, it could be done quickly. The -- I'm more concerned about the -- the cumber -- how cumbersome it is. Like for example, reissuing a two hundred page report is expensive -- but -- just issuing some type of addendum that's only maybe five or six

pages, that becomes a lot easier to do. But then again, I don't want to cause confusion, oh, what I do with this paper and what about the electronic file. I'm just not sure how best to handle this. Kathy --

DR. WADE: John, this is Lew. We can work through that I think. I think this is not a trivial change we're talking about, so certainly it needs to be well documented.

DR. MAURO: Uh-huh.

DR. WADE: I think we need to sit with David and talk about the most efficient way to do it.

DR. MAURO: Okay.

DR. WADE: But I think it is important that it be well documented.

MS. MUNN: Let me place a recommendation for addenda if at all possible, just simply from a mechanistic point of view, as long as we don't confuse the traceability of what we're doing.

DR. ZIEMER: Right.

MS. MUNN: It certainly is, by far, it appears the most effective and expeditious way to get this done. So, do we have an item for John and Lew to discuss this?

DR. ZIEMER: Uh-huh.

MS. MUNN: Okay. Very good.

MR. PRESLEY: This is Bob, that's fine.

MS. MUNN: Okay. Now, that being the case, can we agree then that we will postpone our -- our addressing the items on the matrix until this particular discussion has been -- has been -- has been taken place and the matrix has been reissued with the ratings. The question arises with respect to the ratings also, is there any objection to the reissuing of the matrix, including a change in the ratings, is there any problem with that with anyone?

DR. ZIEMER: It makes sense.

MR. PRESLEY: That's Bob -- This is Bob, I'm fine with that. I tell you -- I tell you what we ought to do though, they might want to asterisk the changes.

DR. MAURO: Uh-huh, yeah, yeah, good, good.

MS. MUNN: Yeah. If you do that, then that would -- would take another paper load off of our back.

DR. MAURO: That will be good. Yeah, and Hans, I think we know which ones they are so we could probably reissue the matrix with the score and those places where we have made a revision to

the score on that particular line item with a little asterisk next to it, so that everyone knows that this is -- this is, by the way, one of those, you know, that -- that are going to be affected by the supplement that eventually will be coming out. And that would allow the process to move forward pretty nicely.

MR. PRESLEY: Yes.

MS. MUNN: Excellent. All right.

SCHEDULING

Now, that being the case, let's take a look at calendars to see what we can do. Stu had said that he'd like us to push the date out towards September. I'll have to tell you, my September looks pretty bad right now.

MR. PRESLEY: Yeah, the only time that I have in September is the week of the 17th that I could possibly meet.

DR. ZIEMER: Are we talking face-to-face or phone?

MS. MUNN: I'm thinking face-to-face next time. I think as we start through this -- through the findings on the matrix, we need to be in the same place and we're -- we're starting to work on the nitty gritty then. My -- my preference

would be -- Stu tell me if this is even feasible, my preference would be a face-to-face along about the third week in August.

MR. HINNEFELD: Is that the week of the 20th?

MS. MUNN: The 20th, 21st, yeah.

MR. HINNEFELD: I'm on vacation that week.

MS. MUNN: Okay, you're on vacation that week. And, springing this on you early the next week would be ugly, wouldn't it?

MR. HINNEFELD: Well, I mean, if it's toward the end or later in the week, it would give me a couple days in the office to get my mind back around it, because our initial -- our initial responses would have to be out ahead of that --

MS. MUNN: Right.

MR. HINNEFELD: You know, before I went on vacation. That would give us, oh, something less than a month after the Board meeting to put them together. Of course, we wouldn't have to wait for the Board meeting, to start.

MR. PRESLEY: You talking about the -- the last week in August?

MS. MUNN: Yep.

MR. PRESLEY: The week of the 27th?

MS. MUNN: Uh-huh.

MR. PRESLEY: Okay.

MR. HINNEFELD: If we -- if we go the week of the -- I mean, August 27th we can shoot for and we can -- we can get to the -- to the Board and SC&A in advance of that date what we can accomplish at that time and address what we can address at that time.

MS. MUNN: How about the 29th?

DR. ZIEMER: I'm okay on the 29th.

MS. MUNN: How about the rest of the Board, Mark?

MR. GRIFFON: I'm sorry, the 29th of August?

MS. MUNN: Yeah.

MR. GRIFFON: Is that where we're at? Yes, I'm okay.

MS. MUNN: Good, Mike?

MR. GIBSON: Yeah, I believe so.

MR. PRESLEY: This is Bob, I can do that. I'd much rather meet on a Monday or a Friday.

MS. MUNN: Well, my Friday has me in Seattle with my spouse's spine.

DR. ZIEMER: Priorities --

MS. MUNN: That has been occupying a lot of my time.

MR. PRESLEY: If we have it in Cincinnati, I

can fly up there that morning and fly back that night.

MS. MUNN: Yeah.

DR. WADE: Okay, so that's the plan then, August 29th in the hotel at the Cincinnati airport. Do you have a preference for time, would anybody be trying to fly in that morning?

MR. PRESLEY: I can start by nine o'clock, that's no problem.

MR. GRIFFON: Yeah, I'm going -- I'd be flying in that morning, but I can get there by -- certainly to start by nine.

DR. WADE: Okay, let's tentatively say nine, with an understanding that we might have to wait a couple of minutes for people to taxi over from the airport.

MS. MUNN: Just to make real sure, let's say nine thirty. And that should cover everybody. My guess is this will take most of the day. Because, it depends of course on how NIOSH -- NIOSH can get that done between now and then and we just can't expect miracles.

The next issue then is how much we can get done actually before the October meeting. And if we're successful in getting what we need to get

done the end of August, could we look forward to the possibility of this group meeting the day before the October meeting? We haven't identified where we're going to be yet.

DR. WADE: The dates for the meeting in October are 3rd, 4th and 5th.

MS. MUNN: Yes, that's a Wednesday, Thursday, Friday. If we could plan on having work group meetings the preceding day, it might be productive for us to look at that.

DR. ZIEMER: Yeah, I could do it.

DR. WADE: Okay.

MR. PRESLEY: This is Bob, I could do that.

MS. MUNN: Do we have any clues, Lew, where we're going to be?

DR. WADE: No, I don't, I mean I'm open to suggestion. We'll talk about it you know, when we get together in Hanford. You know, I -- I hate to commit too early because I want to make sure that we go to where the -- the action is. But, at this point I don't know where, I'm open to suggestions.

MS. MUNN: Mark, Mike, is Tuesday, October 2nd going to be doable for you?

MR. GIBSON: Yeah, it should be.

MR. GRIFFON: Yeah, it looks okay with me.

MS. MUNN: Okay. Let's tentatively plan on that, regardless of where we are. That will put the two, probably key meetings for this work group, back on the calendar and we can plan accordingly.

DR. ZIEMER: Yep.

MS. MUNN: All right?

DR. WADE: Okay, sounds good.

MS. MUNN: All right, I'll get out a brief note of -- of -- a draft of what I think our action items are and we'll expect our work group members or SC&A or NIOSH, if you have additional items that should be on our to-do list that I've missed, will you please let me know before I send out a firm list and we will then plan on seeing you here in Richland.

DR. ZIEMER: Very good.

DR. WADE: Thank you very much.

MS. MUNN: Does that fit everybody's --

MR. PRESLEY: That's fine, Wanda, I apologize for being on, I had a little -- little problem with my telephone usage.

MS. MUNN: Well, that's all right, I'm glad you got on, I'm glad Stu's front desk was going to

allow him to talk with us today and Mark, I hope your tooth is okay, whatever those teeth were, I hope they're fine. One question for all of you, are all of you going to be here the night -- well, I guess Lew, you're not going to be here the first day are you?

DR. WADE: Correct.

MS. MUNN: Is everyone else planning on being in Richland --

DR. ZIEMER: Yes.

MR. PRESLEY: Yes.

MS. MUNN: -- the night before?

DR. ZIEMER: Yes.

MR. PRESLEY: Yes. Hey, Wanda?

MS. MUNN: Yes.

MR. PRESLEY: How long does it take to get from the airport on in to Richland?

MS. MUNN: About twenty minutes.

MR. PRESLEY: Okay.

MS. MUNN: Max.

MR. PRESLEY: So --

MS. MUNN: The airport's easy to negotiate. You're longest wait is going to be getting your -- getting your luggage. Your car won't take any time at all.

MR. PRESLEY: Okay.

MS. MUNN: And, the route here is straightforward.

MR. PRESLEY: Okay.

MS. MUNN: If you'd like I can send you a map.

DR. MAURO: Do we need a car or can we get a cab?

MS. MUNN: You can get a cab -- if you are going to get around Richland at all, you will need a car. But, yeah, can get a cab over and I would not be surprised -- I think our Red Lion here has a shuttle too.

DR. MAURO: Oh.

MS. MUNN: I'd have to double check just to make sure. But, I'm fairly sure they make airport runs. So, it's -- it's fairly easy to get here. My -- it's my hope that since -- looking at Lew's tentative agenda, it looks to me as though most of our evenings are going to be broken up into small chunks while we're here. I don't know how many people are going to stay over after -- after the end of the session. But, we have a really, really nice restaurant in one of the new winery's and I'd like for as many of us as possible to get a

chance to go up there for dinner, if possible.

MR. PRESLEY: Yeah, I'm not flying out until that Friday morning, I can't get a -- I can't get any flights out late.

MS. MUNN: Yeah, well it is hard to get out of here, that's why I had hoped, perhaps, people may stay over until Friday. Do you have any feel about that yet Lew?

DR. WADE: No, I would think more will be staying than not though.

MS. MUNN: Yeah, I would think so.

DR. ZIEMER: Yeah, probably.

MS. MUNN: Well, all right, I'll make some grand plan.

DR. ZIEMER: Okay, thank you.

MS. MUNN: We'll in touch by email very shortly. I will expect any additional data that needs to be on our -- our to-do list to come back to me fairly soon, I'd appreciate it.

DR. ZIEMER: Thank you.

MS. MUNN: Thank you all. Bye-bye.

(Whereupon, the meeting concluded at 12:15 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 26, 2007; 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 26th day of August, 2007.

_____

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102