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UNITED STATES OF AMERICA

NUCLEAR REGULATORY COMMISSION

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598TH MEETING

ADVISORY COMMITTEE ON REACTOR SAFEGUARDS

(ACRS)

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OPEN SESSION

+ + + + +

THURSDAY

OCTOBER 4, 2012

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ROCKVILLE, MARYLAND

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The Advisory Committee met at the Nuclear  
 Regulatory Commission, Two White Flint North, Room  
 T2B3, 11545 Rockville Pike, at 8:30 a.m., J. Sam  
 Armijo, Chairman, presiding.

COMMITTEE MEMBERS:

- J. SAM ARMIJO, Chairman
- JOHN W. STETKAR, Vice Chairman
- HAROLD B. RAY, Member-at-Large
- SANJOY BANERJEE, Member
- DENNIS C. BLEY, Member
- CHARLES H. BROWN, JR. Member

1 MICHAEL L. CORRADINI, Member

2 DANA A. POWERS, Member

3 JOY REMPE, Member

4 MICHAEL T. RYAN, Member

5 STEPHEN P. SCHULTZ, Member

6 WILLIAM J. SHACK, Member

7 JOHN D. SIEBER, Member

8 GORDON R. SKILLMAN, Member

9

10 NRC STAFF PRESENT:

11 DEREK WIDMAYER, Designated Federal Official

12 STEWART BAILEY, NRR

13 DONALD A. COOL

14 JOHN FLACK

15 ERVIN GEIGER, NRR

16 PAUL KLEIN, NRR

17 WILLIAM RULAND, NRR

18 STEPHEN SMITH, NRR

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

(8:28 a.m.)

CHAIR ARMIJO: Good morning. The meeting will now come to order. This is the first day of the 598th meeting of the Advisory Committee on Reactor Safeguards.

At today's meeting, the committee will consider the following: first, the proposed revision of 10 CFR Part 20 for conformance with International Commission on Radiological Protection Recommendations; 2) Safety Evaluation Report associated with WCAP-16793-NP, Revision 2, the "Evaluation of Long-Term Cooling Considering Particulate, Fibrous and Chemical Debris in the Recirculating Fluid" and the status of the resolution of Generic Safety Issue 191, "Assessment of Debris Accumulation of PWR Sump Performance"; 3) reactor pressure vessel fabrication and flaw assessment; 4) assessment of the quality of selected NRC research projects; and 5) preparation of ACRS Reports.

This meeting is being conducted in accordance with the provisions of the Federal Advisory Committee Act. Mr. Derek Widmayer is the Designated Federal Official for the initial portion of the meeting.

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1           We have received no written comments or  
2 requests to make oral statements from members of the  
3 public regarding today's sessions.

4           There will be a phone bridge line. To  
5 preclude interruption of the meeting, the phone will  
6 be placed in a listen-in mode during the presentations  
7 and committee discussions.

8           A transcript of portions of the meeting is  
9 being kept and it is requested that speakers use one  
10 of the microphones, identify themselves and speak with  
11 sufficient clarity and volume so that they can be  
12 readily heard.

13           The first topic we will consider this  
14 morning will be led by Subcommittee Chairman, Dr.  
15 Michael Ryan. Mike?

16           MEMBER RYAN: Thank you, Mr. Chairman. I  
17 appreciate it very much. Without further ado, I'll  
18 introduce Dr. Don Cool, who is providing the  
19 subcommittee with a fairly complete briefing. He will  
20 give us a summary here this morning. Don?

21           DR. COOL: Thank you, Dr. Ryan. Good  
22 morning, members. I will begin.

23           Today I am going to try and refresh where  
24 we are because we have been doing this for a bit of  
25 time now and then talk about several of the issues

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1 that in particular came up and we discussed during the  
2 subcommittee meeting, the SECY paper.

3 I realize that the title slide I put up  
4 there was rather cryptic. The staff's recommendations  
5 for possible options to proceed. It is possible we  
6 can the language with International Commission on  
7 Radiological Protection recommendations went to the  
8 Commission on April 25th. The Commission has not  
9 completed voting on that subject.

10 The staff met with the Subcommittee on  
11 Radiation Protection and Nuclear Materials on April  
12 27th and again on September 18th. We met with you and  
13 the full committee here on June 6th and we are back  
14 with you today.

15 One of the topics that was discussed  
16 during the subcommittee had the last time the full  
17 committee met was the discussion of what the actual  
18 radiation risks were. I put this up, not to spend a  
19 great deal of time, but just to refresh folks' memory.  
20 The underlying risk basis for the existing Part 20 is  
21 from 1977 from the one and a quarter times ten to the  
22 minus two per sievert. The current level, which has  
23 actually been the rough estimated risk since the late  
24 1980s, 1990 or so, is five times ten to the minus two  
25 per sievert. So those equations give us ratios of

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1 what the error bands or the uncertainty bands were.  
2 I have included those and that is my work on the  
3 screen.

4 I included those on the bottom. This is  
5 from EPA's latest publication, which was based on the  
6 BEIR VII report. The mortality number, the bottom  
7 number, 5.8 times ten to the minus two, notice the  
8 error bands is 2.8 times ten to the minus two to one  
9 times ten to the minus one. I still didn't manage to  
10 get that corrected from last time. That is how those  
11 -- you have to always have one.

12 And for purposes of this discussion, yes,  
13 the error bands of the old estimate and the new  
14 estimate overlap. However, the central values of  
15 those estimates are not within the errors, the other  
16 error bands.

17 MEMBER CORRADINI: So can I, since I am  
18 one of the least knowledgeable, just to ensure that it  
19 is right. So that means that incidents that the  
20 current radiation risk for incidents is a five percent  
21 chance -- no, I'm sorry. If I had a sievert of --  
22 yes, sievert. If I had sievert of exposure, I have a  
23 five percent chance of incidents.

24 DR. COOL: It's more or less a ten percent  
25 chance of incidents.

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1 CHAIR ARMIJO: A five percent chance of  
2 what, Mike?

3 DR. COOL: A five percent chance of  
4 mortality.

5 MEMBER CORRADINI: Oh, I'm sorry. Excuse  
6 me. I'm sorry.

7 DR. COOL: It is a ten percent chance of  
8 incidents --

9 MEMBER CORRADINI: Okay, I'm sorry.

10 DR. COOL: -- of some cancer or other  
11 effects showing up.

12 MEMBER CORRADINI: You're right. I said  
13 it incorrectly. So a five percent chance of  
14 mortality, a ten percent chance of incidents.

15 DR. COOL: That's correct.

16 MEMBER CORRADINI: Per sievert of  
17 exposure.

18 DR. COOL: Per sievert of exposure, which  
19 is 100 rem for those of us who, at best are bilingual  
20 when we work at it.

21 MEMBER CORRADINI: And -- sorry.

22 DR. COOL: No, go ahead.

23 MEMBER CORRADINI: And none of the current  
24 scientific studies that I was at another meeting for  
25 the Nuclear Radiation Safety Board for the National

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1 Academy and there were a number of studies that were  
2 presented to us of current research studies which  
3 indicate that dose rate is the key issue here and it  
4 is none of these consider what is the new research and  
5 low-dose rate effects.

6 DR. COOL: That is correct. The hot topic  
7 of discussion now is the dose and dose rate  
8 effectiveness factor, the DDREF acronym, which had  
9 been used to, in essence, lower the risk, assuming  
10 that there would be a smaller proportion than the  
11 ration that was seen at very high doses. Typically,  
12 and including ICRP, that number has been taken to be  
13 two, a factor of two reduction.

14 There is now a debate ongoing as to  
15 whether or not it is much closer to one, just use if  
16 you do that, although these numbers jump by a factor  
17 of two again.

18 MEMBER CORRADINI: Back up?

19 DR. COOL: Up. Yes, sir.

20 MEMBER SCHULTZ: Isn't there also  
21 positions that would drive it down? In other words  
22 the factor of two has also been represented as a lower  
23 bound, that the factor of reduction could be as high  
24 as four or five?

25 MEMBER CORRADINI: That is what was -- you

1 know, again, we are talking about scientific studies  
2 going on but that is, at least from NCRP, the head of  
3 NCRP when he gave his presentation to the Radiation  
4 Safety Board, that was the conclusion, at least at  
5 this, where he thinks things are going.

6 MEMBER SCHULTZ: The range of factors  
7 presented, even back in the '80s and '90s and beyond,  
8 that range of reduction factors has been in the range  
9 of two to five and even up to ten in the literature.  
10 It hasn't been accepted by the organizations UNSCR,  
11 ICRP, those have not accepted it in putting forward  
12 the regulations, proposed regulation and the changes  
13 to it.

14 DR. COOL: That is correct.

15 MEMBER SCHULTZ: So really, I haven't seen  
16 that the approach of these organizations has changed  
17 over 25 years.

18 MEMBER RYAN: Or more.

19 MEMBER SCHULTZ: Or longer.

20 MEMBER CORRADINI: I just wanted to make  
21 sure because my impression, not doing anything in this  
22 area except just listening to talks is there is a wide  
23 band. And so I guess I was thinking one to five but  
24 I don't know enough about the background.

25 DR. COOL: Depending on the type of

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1 radiation being used in study, depending on the  
2 cellular system and otherwise you can get lots of  
3 different end points. Biology is wonderfully  
4 variable, depending on exactly what you are looking at  
5 and the circumstances.

6 MEMBER RYAN: It is not unreasonable to  
7 expect these values to be within a factor of ten, up  
8 or down, and we have good justification for anything  
9 in that range, for the experiments that are considered  
10 in a particular study.

11 DR. COOL: For complete openness --

12 CHAIR ARMIJO: I'm certainly not a -- this  
13 is not my field but I was taken by a recent MIT study  
14 at the DNA level to the effect of low dose of  
15 radiation which we received. Their study they did  
16 really what seems to be very elegant experiments in  
17 vivo in mice studying DNA damage from low doses of  
18 radiation and repair of mechanisms of the DNA and they  
19 found no detectable damage even at something like 400  
20 times low background level. And that set is kind of  
21 consistent with at least a belief of some people that  
22 here are limits below which low doses of radiation are  
23 not harmful at all.

24 And so that is something in the back of my  
25 mind in saying if we are going to regulate, there must

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1 be some level of radiation that even the ICRP might  
2 consider as safe.

3 So you know, the issue I have is what is  
4 that and what is the upside and the downside and  
5 continuing to push the dose limits to lower and lower  
6 values. That is really kind of a capsule of my  
7 concern.

8 DR. COOL: I will just make a quick  
9 observation that, as I said, biology is wonderfully  
10 diverse. We are talking about an area where you have  
11 greatly different results, depending on the kinds of  
12 systems and the level that you are looking at.

13 From my personal view, if I took off my  
14 NRC hat and you just got the Donald Cool view, I don't  
15 know of anything in biology that is linear. So why  
16 should I expect radiation to be any different from the  
17 chemical in all the other ones?

18 On the other hand, I don't know regulatory  
19 systems that work very well that aren't either linear  
20 or a switch. And I would note that ICRP and NCRP have  
21 been very careful to make a distinction between risk  
22 assessment, which is what you would build into trying  
23 to figure out what my risk is, Donald Cool who weighs  
24 about 160 pounds and is five-foot-seven, and all the  
25 things that go into that, versus risk management and

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1 an approach to try and establish a reasonable,  
2 consistent, proactive program for protecting people  
3 before they ever get an exposure. And their  
4 recommendations have been to use linear approach for  
5 purposes of risk management or regulation, recognizing  
6 that that is probably not the exact model in the  
7 actual biology but believing that it continues to be  
8 a conservative view and provide protection.

9 The selection of the limits, and here I am  
10 talking about occupational exposure, 1977 the general  
11 view that industry's safe working environment roughly  
12 one times ten to the minus four death. The five rem  
13 value that was recommended at that time was actually  
14 not numerically equivalent to that one times ten to  
15 the minus four, but rather an assumption that a limit  
16 there and the application of what we know as ALARA  
17 would result in most people not being likely to exceed  
18 one rem, which was the actual numeric equivalent to  
19 the one times ten to the minus four death.

20 In 1990, the took a significant and more  
21 I wouldn't necessarily call it elegant approach, but  
22 a multi-attribute approach to looking at a variety of  
23 things. Their underlying objective conclusion, after  
24 looking at a variety of points was that the limits  
25 should try to prevent the cumulative exposure to below

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1 one sievert total over a lifetime and, therefore, they  
2 recommended an average and a maximum value,  
3 recognizing that there was some flexibility.

4 The NCRP took a slightly different  
5 approach to that same sort of approach of what you  
6 might actually recommend for limits, but their  
7 underlying basis was the same, to try and prevent  
8 exposures to an individual that would exceed one  
9 sievert or 100 rem.

10 So during the subcommittee meeting we  
11 spent a great deal of time going over a lot of the  
12 data that we had available and correspondingly  
13 pointing out that there are lots of place where we do  
14 not have the data that we might wish we have on  
15 occupational exposure in various categories and  
16 groups.

17 This slide is a medical exposure. It is  
18 from the NCRP Report 160. So the latest year that was  
19 recorded in that was 2006; that is the yellow bars on  
20 the graph and the yellow lines on that table.

21 For medical exposures in that year, 99.57  
22 -- I know way too many significant figures -- of the  
23 individuals had exposures that were less than the 20  
24 millisieverts, two rem recommended average level.

25 If I were to have put up the pictures for

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1 nuclear power, it would be better than this. If I  
2 were to put it up for industrial medical applications,  
3 it would have been a little bit worse than this. So  
4 you get a variety of things.

5           You will note that there are numbers in  
6 the greater than 50 millisievert category. I would  
7 point out that we do not know the extent to which  
8 those might represent actual overexposures versus the  
9 limits because the NCRP was working with the dosimetry  
10 processors and using the basic dosimetry data. So  
11 this does not necessarily account for places where  
12 there might have been a calculation of protective dose  
13 for multiple batches.

14           Moving very briefly to the information  
15 that we have in our REIRS database, this is from the  
16 latest report that came out last year, dealing with  
17 2010 data and shows you the trends over time for the  
18 individuals that were greater than the two rem number.

19           If you calculate out that percentage, you  
20 get to a very small percent. You would see that the  
21 number of individuals that were less than two rem was  
22 about 99.87 percent, smaller than what you have in the  
23 NCRP report.

24           I will also remind you that this data is  
25 that which is reported to be NRC. It is almost

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1 entirely the reactor, power reactor data. There are  
2 some small numbers of industrial radiographers,  
3 nuclear pharmacies and things, but something like 80  
4 percent, which is a rounded number, of the  
5 occupational exposure that is out there in the United  
6 States is not reported. We do not have that data  
7 available to us.

8 MEMBER BLEY: Is it reported to anyone?

9 DR. COOL: Much of it -- let me phrase it  
10 slightly differently.

11 The requirements for compatibility for  
12 reporting are with the states, alright, but they do  
13 not have to adopt them. So there are some states that  
14 get some of the data. Many of the states just choose  
15 to inspect it, rather than have it reported to them.  
16 Those are for the categories of exposure they have to  
17 report.

18 Medical licensees, all of the doctors, do  
19 not have to report to anyone under this system.  
20 Likewise, since we are talking about regulations which  
21 deal with radioactive materials, this does not touch  
22 at all all of the occupational exposure from the  
23 machine-produced site. All of the x-ray, fluoroscopy,  
24 interventional radiology, cardiology, CT, all of that  
25 sort of stuff is not reported at all. It isn't under

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1 our jurisdiction.

2 MEMBER RAY: Well returning, though, to  
3 this data set, you will permit me, I hope, to just  
4 reiterate my concern that yes, it is a small fraction  
5 but it may be a very important fraction from a safety  
6 standpoint.

7 DR. COOL: That is correct, sir.

8 MEMBER RAY: All right. I've ridden that  
9 hobbyhorse a lot so I will just leave it there.

10 DR. COOL: That was almost a perfect segue  
11 to my next slide, but I will go to Dr. Skillman.

12 MEMBER SKILLMAN: So the Y axis is  
13 basically badged workers in the nuclear -- the  
14 commercial nuclear industry?

15 DR. COOL: This is number of individuals  
16 on that axis. So yes, they are badged. They are the  
17 individuals who have gotten a greater than --

18 MEMBER SKILLMAN: Exposed.

19 DR. COOL: -- two rem in this particular  
20 chart.

21 MEMBER SKILLMAN: Okay. Now, by how much  
22 greater than two rem? Are we looking at threshold  
23 right at two or are some of these individuals ten, 15,  
24 20 rem?

25 DR. COOL: Anything from 2.00000 up to and

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1 in a few cases greater than five rem due to events or  
2 otherwise. In the nuclear power industry, there are  
3 none that are over five. None over the last couple of  
4 years that have even been over four.

5 MEMBER SKILLMAN: Thank you, Don.

6 MEMBER BANERJEE: Can you tell us about  
7 the medical industry? Any idea?

8 DR. COOL: I can tell you what we have  
9 been told, which is that they do try to practice  
10 ALARA. Radiation safety officers in the university  
11 medical hospitals and otherwise are always looking  
12 over the data and always cajoling their doctors and  
13 otherwise.

14 We have a constant stream of statements  
15 which border on allegations, which is when their dose  
16 gets up too high, the badge just stays back on the  
17 desk when they go to the interventional suite or  
18 otherwise.

19 We also know there is a considerable  
20 variability in the way in which the actual  
21 occupational dose is counted, as in several of the  
22 states still require it to be the deep dose equivalent  
23 on the color, notwithstanding the fact that an  
24 interventionalist probably does have the lead apron  
25 and things which shields most of the body and so the

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1 effective dose would be much less. So that pushes the  
2 numbers up against the limiting value in some of those  
3 circumstances.

4 So you have a lot of variability out  
5 there. I think and I know I am putting words in their  
6 mouth. Their statement would be they took an oath  
7 when they took their degree to deliver medical service  
8 for the best treatment of their patients and they will  
9 let very little stand in their way of trying to do the  
10 best for the patient.

11 MEMBER BANERJEE: Does that mean that a  
12 large number of them go over these limits of five rem?

13 DR. COOL: We don't know.

14 MEMBER BANERJEE: But based on their  
15 badges, let's say.

16 DR. COOL: Based on their badges, you  
17 don't see very many that are over. But we have both  
18 the statements in the meetings and the dosimetry  
19 processors who tell us, you know, zero does not  
20 correlate with them doing work.

21 So when a badge comes back and it has no  
22 radiation dose on it at all, and you know the  
23 physician was working that month, you don't have that  
24 set of information. That is an issue. I know that  
25 there are follow-ups and otherwise. And as I said,

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1 although there are these generalized statements made  
2 both here and abroad, I would note, this is seemingly  
3 a worldwide issue of approach and thinking. But we in  
4 fact do not know with any good understanding what the  
5 actual distribution of occupational doses might be.

6 MEMBER BANERJEE: But based on the  
7 information you have, moving aside that they may leave  
8 their badges on their desks when they do a CAT scan or  
9 something or a cardio cath, what you understand is  
10 they come within these limits and going down to two  
11 rem would not cause a hardship for them?

12 DR. COOL: My understanding at this point  
13 is two-fold. There are a number of them that are  
14 pushing the current five rem occupation dose value.  
15 They would exceed a two rem or a two rem average  
16 consideration. Exactly how many of those, I don't  
17 know.

18 The second part of my understanding is for  
19 the couple of groups that are what we believe the  
20 highest, interventional radiology and cardiology,  
21 which are in fact not NRC-regulated activities but  
22 clearly would be directly influenced by our studies.  
23 If there was a consistent calculation of effective  
24 dose for those individuals, they would probably be  
25 within the two rem.

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1 MEMBER BANERJEE: So in Europe, this has  
2 already become a rule, right, the two rem?

3 DR. COOL: Yes, it has.

4 MEMBER BANERJEE: So the cardiologist, the  
5 interventional cardiologists in France has to be  
6 subjected to this two rem.

7 DR. COOL: That is correct.

8 MEMBER BANERJEE: You don't want to get  
9 your CAT work done in France.

10 MEMBER CORRADINI: No, I don't.

11 MEMBER REMPE: I don't understand.

12 MEMBER CORRADINI: But I think the one  
13 thing, since I happen to have a relative that does  
14 this in France, everything about what is done off the  
15 books that he is talking about here is as bad or  
16 worse, as I hear it, in Europe.

17 MEMBER REMPE: Of the facilities you do  
18 regulate, if there is some suspicion that people are  
19 leaving the dosimeter on the desk, how come there  
20 aren't inspectors from NRC going in and regularly  
21 inspecting them and reporting?

22 MEMBER RYAN: NRC is not authorized to  
23 regulate that part of the industry.

24 MEMBER REMPE: There is none -- I thought  
25 there were some areas that they could regulate.

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1 MEMBER RYAN: No.

2 MEMBER REMPE: What about universities,  
3 too? You regulate them.

4 DR. COOL: So, the NRC's jurisdiction or  
5 correspondingly the Agreement States, is the  
6 radioactive materials. So all of the nuclear  
7 medicine, now all of the PET isotope tests and  
8 otherwise, would be under our jurisdiction. Those are  
9 inspected. We look at them. We follow up and we  
10 would certainly follow up on any allegations. Those  
11 tend not to be the areas where these high doses are  
12 seen for several reasons.

13 MEMBER REMPE: But if there are some areas  
14 with --

15 DR. COOL: But one we are looking at -- we  
16 are putting out loud what Dr. Shack is saying there.  
17 But also noting that for a lot of these because you  
18 have material in a vial, you can keep it shielded and  
19 otherwise the longer periods of exposure for the  
20 individual workers is not nearly the same as someone  
21 who would be doing interventional cardiology, working  
22 with the beam on the pedal, trying to get the stent up  
23 to open the blockage before the individual dies of the  
24 heart attack there on the table. It would be very  
25 rapid.

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1           MEMBER RYAN: Radioactive material is  
2 something the NRC regulates and authorizes Agreement  
3 States to regulate. So the radioactive material stuff  
4 is under the purview of the NRC in the Agreement  
5 States.

6           MEMBER REMPE: But not the personnel.

7           MEMBER RYAN: Electronic know who the  
8 personnel in that case is. Electronic product  
9 radiation made by a machine is not regulated by the  
10 NRC or Agreement States.

11           MEMBER REMPE: Okay, I understand there  
12 are certain areas you can't control but the areas you  
13 can control, what I am hearing is there may be some  
14 people still leaving their dosimeter in their desk.

15           MEMBER RYAN: Yes.

16           MEMBER REMPE: And why aren't you  
17 inspecting those that you can regulate is what I am  
18 asking, and do a lot of findings or whatever?

19           DR. COOL: They are inspected and there  
20 are follow-ups. I think the percentage of that  
21 happening on our side is lower but I don't have any  
22 data.

23           I do know from having been the director of  
24 the program for a number of years, that we send our  
25 inspectors out. They are very good. If they sense

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1 something is not quite right, they dig down into it  
2 and they do find things and we do bring them up.

3 MEMBER REMPE: Okay.

4 MEMBER BANERJEE: So it's really the  
5 problem. The area that you can regulate is not where  
6 the problem is.

7 MEMBER SIEBER: Right.

8 DR. COOL: That is correct. The areas  
9 that are known to have the issues are not areas in our  
10 current jurisdiction and they are not areas that  
11 require reporting. And while this is a correlated  
12 fact, something that I can represent to you as  
13 causative, it is quite interesting, the groups that  
14 are required to report, that show up in our database,  
15 are the groups that don't have any numbers over five  
16 rem, except for radiography event and accidental  
17 overexposure. But the groups that do not have the  
18 reporting or have no requirement for reporting at all  
19 where this data appears to show up when, as NCRP did,  
20 you go and mine the larger set of dosimetry data  
21 because certainly there are requirements to monitor it  
22 and there are requirements for them to keep records.

23 It would be possible to go get this data  
24 if we wanted to expend the manpower and time and money  
25 to go do the inspections, pull records that some

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1 representative sample of facilities and a lot of that  
2 effort. It is just not that it is available to us in  
3 typical ways. And I suspect that getting OMB  
4 clearance in this environment be interesting.

5 MEMBER BANERJEE: Thank you.

6 MEMBER REMPE: At the universities, are  
7 there any monitoring issues at all? Because they are  
8 probably generous as well with their values.

9 DR. COOL: The universities have their  
10 licenses. They do their monitoring. And generally  
11 speaking, there are not issues.

12 MEMBER REMPE: Okay.

13 CHAIR ARMIJO: Don, how does lowering a  
14 limit from five to two solve that problem of non-  
15 reporting or not wearing dosimeters in that population  
16 that you are concerned about?

17 DR. COOL: It doesn't. That is a separate  
18 issue. That is why in the staff paper you have staff  
19 recommendations that we examine the implications not  
20 only of possible changes to the limit value but  
21 possible changes and additions to the reporting of  
22 dose and other things.

23 They are certainly correlated issues but  
24 they are not the same issue. You have to attack them  
25 differently.

1 CHAIR ARMIJO: But are you contemplating  
2 an approach that targets the problem area?

3 DR. COOL: We, if the Commission agrees to  
4 us moving forward, would explore that with those  
5 groups that we would need to be partnered with in  
6 order to get that done. I can't tell you today that  
7 we would do this or that on any of these topics yet.  
8 And I would fully expect there to be a lot of push  
9 back from some of those organizations.

10 CHAIR ARMIJO: Well, sure. I wouldn't be  
11 surprised about that. But addressing the problem  
12 should be the objective, right?

13 DR. COOL: Yes. Yes, and I will tell you  
14 that in discussions we have had with some of the  
15 representative Agreement States, we didn't have all 37  
16 of them on the phone when we were talking about this  
17 paper before it ever went up, and we talked to them  
18 about the different approaches, jumping ahead a little  
19 bit to something that is on one of the later slides,  
20 they were supportive of the approach that the staff  
21 was recommending because their preferred approach is  
22 to try and have a simple, straight-forward line and to  
23 work with licensees who need special considerations or  
24 work to try and address the problems, in order to  
25 improve safety.

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1                   MEMBER SKILLMAN: Don, what is the  
2 population within the REIRS database here?

3                   DR. COOL: The 2010 data had 142,513  
4 people in it in 2010.

5                   MEMBER SKILLMAN: Thank you.

6                   DR. COOL: So I think we have touched a  
7 lot of this already. Most all of the exposures are  
8 below the dose limits. There are a few things that  
9 exceed today's dose limits due to accidents and  
10 events. You get a radiography source that gets  
11 disconnected out there and they fail to survey and  
12 otherwise they get themselves over five rem rather  
13 promptly.

14                   There are exposures that are occurring  
15 every year in excess of the ICRP's recommended average  
16 of two rem. The number of individuals that are doing  
17 that is small. But we have folks that are out there  
18 every year. The statements made by licensees are that  
19 they do that every year.

20                   We have a small number of individuals in  
21 our database, which are at or above 100 rem for their  
22 cumulative exposure, keeping in mind again that our  
23 database doesn't include most any of or all of the  
24 radiographers and none of the medicals and others who  
25 would be more likely to be up on that range.

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1           When you look at this in the typical cost-  
2 benefit reg analysis sort of things of dollars per  
3 person rem, this doesn't get you there for this group  
4 because the number of individuals are small, even  
5 though their doses are higher. So this is not an area  
6 that you do the typical justification by reduction in  
7 dollars per person-rem because even if you wipe out  
8 this entire small group, it is not that many  
9 individuals.

10           So the challenge, as we were talking with  
11 stakeholders the past three years, what would be the  
12 most efficient and effective method to ensure that  
13 each individual is adequately protected? Knowing that  
14 is to be clear, predictable, reliable. You have got  
15 to understand what it is. There has got to be  
16 consistent interpretation across all different kinds  
17 of uses, across NRC 37 Agreement States. And you can  
18 translate onto that all 50 states and the territories  
19 for their machine-produced side of the house. So it  
20 has got to cover everybody.

21           What are we considering? We specifically  
22 talked about several different things. First of  
23 course we asked the question do you think that those  
24 limits should be reduced and everyone said, of course,  
25 no. That's not surprising. So we dig a little bit

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1 deeper on that.

2 We talked about how would we -- might an  
3 approach be to strengthen ALARA? And quite frankly,  
4 the staff as it went into it was thinking that a  
5 strengthening and focus on ALARA might be the solution  
6 to this issue by adding strength to the ALARA program.

7 There was a lot of push back on that from  
8 several points. One, they said, and as you listen to  
9 it you will sort of have to agree, if you established  
10 a numeric value that the licensees either had to use  
11 or establish on their own, and if you required them to  
12 take a set of actions to be turned to compliance or  
13 some similar work with that number if they were  
14 exceeded, then it is a limit. You have just called it  
15 a different name.

16 MEMBER RYAN: I think that is being a  
17 little harsh. ALARA is not a limit. It never has  
18 been. You know I have run ALARA programs in several  
19 different venues and it is a strategy. It is not a  
20 limit.

21 And I think the point that ALARA is the  
22 right way to do it is because it is a planning process  
23 that optimizes the work and minimizes the regulation.  
24 I think anybody that has been in the power plant knows  
25 that at this table, I am sure, others who have been in

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1 other settings would agree. But I think that for  
2 those who perhaps have not participated much in ALARA,  
3 it seems like a big deal. It is really not. It is  
4 really nothing more than a really effective work  
5 planning process and the one aspect in addition to  
6 getting the work done is the addition of a safety  
7 consideration of the occupational regulation exposure  
8 involved there.

9 DR. COOL: I would agree with you but I  
10 would like to make one further point.

11 MEMBER RYAN: Okay.

12 DR. COOL: The outcome of ALARA via the  
13 planning process will be different for each thing that  
14 you planned for because each of your activities are  
15 different your circumstances are different.  
16 Otherwise, it has to be a planning process. That is  
17 why it works and you are exactly right.

18 The discussions with the stakeholders on  
19 issues was the question of whether the range in which  
20 you could plant would have a harder boundary around it  
21 in order to avoid individuals being at the upper end  
22 of those distributions.

23 MEMBER RYAN: But see that is the mistake.

24 DR. COOL: That is what the stakeholders  
25 both here and internationally have been concerned

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1 about. The constraints were just another form of  
2 limits.

3 MEMBER RYAN: But that is an education  
4 program. That is not a fact of ALARA. You know if  
5 you have a good ALARA program and you decide somebody  
6 is going to get 3.5 rem because it is a particular  
7 activity that has to be done to save a calamity of  
8 some sort, you do it. I mean just because you are  
9 making a decision and the dose is going to be higher,  
10 it doesn't mean it is a bad decision but if a higher  
11 dose is justified, I'm going to take it into practice.

12 It is not a way to say we are going to be  
13 under two. It is a way to say this work activity is  
14 going to be optimized so the radiation protection, the  
15 radiation dosage received by workers is not any more  
16 than it has to be to get the job done. And if it is  
17 going to be 17 rem, well then we are going to have to  
18 figure out a different way to do the job. Maybe it is  
19 now remote tools or robotics or whatever all else you  
20 might want to do.

21 So as the challenges gets higher and  
22 higher -- I think I am preaching to the choir here a  
23 little bit. As the challenge gets higher and higher,  
24 the work gets a little bit more complicated to  
25 accomplish. Okay, well that is the nature of the

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1       beast. I don't see why that is a problem. So  
2       strengthening ALARA and training people to use ALARA  
3       properly is probably the number one priority to make  
4       radiation exposures lower, if you want to do that. So  
5       not by changing the limit.

6                It doesn't change the risk. If you have  
7       a limit of two and you have to hire two people to do  
8       the job that one could have done with a limit of five,  
9       well, are you going to spread it out a little bit.  
10       You have to give two people part of the risk instead  
11       of one. So what have we accomplished there? Nothing.

12               MEMBER SCHULTZ: I have the same type of  
13       view.

14               MEMBER SIEBER: When you do it that way,  
15       when you use two people instead of one, the summary  
16       dose of both of those people is greater and sometimes  
17       substantially than one individual would have achieved  
18       --

19               MEMBER RYAN: Getting the smaller  
20       increment. You're right.

21               MEMBER SIEBER: -- because there is  
22       inadvertent exposures while you are trying to get to  
23       the work.

24               MEMBER RAY: Well not only that but the  
25       person -- there may be one person who is best able to

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1 do the job quickly and efficiently because they have  
2 been there, done that. They know exactly what they  
3 are doing. You have to have other people do it. They  
4 aren't as able to do it efficiently as perhaps in a  
5 particular case an individual who has been responsible  
6 for a particular piece of equipment or whatnot could  
7 do it.

8 MEMBER SCHULTZ: It seems as if those  
9 reasons the stakeholders have provided as to why  
10 strengthening the ALARA program is not effective for  
11 them would suggest to me that they don't really  
12 understand the principles of ALARA, either in terms of  
13 the flexibility that ALARA should provide or the  
14 principles associated with the reason ALARA is there  
15 to protect the population and protect the individuals.

16 There are very clear and distinct  
17 principles within ALARA, that guideline process, that  
18 have been very effective and appropriately effective  
19 to accomplish a very good benefit for the doses  
20 received for groups that apply ALARA well.

21 And those that say I would rather have a  
22 lower limit instead of ALARA are missing out on very  
23 important principles that would provide the maximum  
24 benefit for the lowest dose.

25 DR. COOL: I would make two observations.

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1 One, we very much agree with you. And if we were  
2 dealing with a licensee set which had the resources,  
3 protection culture, and approaches that you are very  
4 used to in the nuclear power plant industry, we  
5 wouldn't be having this discussion.

6 I, on the other hand, when I go back  
7 upstairs have to deal with 22,000 licensees for whom  
8 that set of statements does not apply. I am not about  
9 to tell you that they don't do ALARA. They work very  
10 hard at doing things but their planning base is to  
11 stay inside the limit, period, end of discussion. It  
12 is not the same sort of driver. I would note to you  
13 that there are a number of drivers in the nuclear  
14 power industry which all hope to support driving the  
15 doses down. They are ranking the quartiles of the  
16 goals, the best practices, a whole series of things  
17 which are not embodied directly in our regulations but  
18 they all contribute to very good practice and  
19 continuing improvements in that practice over time.  
20 None of those things exists in the world in which I  
21 have to work each day on the materials side of the  
22 proposal. They do the best that they can but if they  
23 are under five, they are happy.

24 The RSOs would be bristling in the back  
25 corner if they were reading this transcript now

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1 because they do what they can do to improve the doses  
2 but it is a very different environment. There are  
3 none of the other forcing factors.

4 So we are in a position here where we are  
5 looking at both very much agreeing that ALARA is the  
6 way to improve protection but at the same time  
7 figuring out or making a determination of whether  
8 something needs to change in the regulation itself so  
9 that the outer boundary of that planning guide for  
10 some small number of licensees, and no it is not going  
11 to pass cost-benefit, have a reasonable assurance that  
12 they wouldn't exceed one sievert over their working  
13 lifetime.

14 And what I can reflect to you now is of  
15 course only the discussions that we have had with the  
16 stakeholders to date. If the commission agrees that  
17 we should continue to have this discussion, I am sure  
18 we will have additional debate. And the great thing  
19 about moving to more detailed discussions of different  
20 actual proposals is that the devil is in the detail.  
21 And when you get to the detail, then some of the  
22 reasons will start to show up with what will work and  
23 not work and what sorts of flexibilities are not  
24 available.

25 Do I think that health and safety requires

1 a strict two rem, period, end of -- no discussion?  
2 No, sir, I do not. The question is what is the right  
3 way across the entire segment of all of the different  
4 kinds of licensees and uses which this commission has  
5 to apply its regulations to is the most appropriate  
6 way to make sure that each individual has adequate  
7 protection.

8 MEMBER RAY: Well Don, you know that seems  
9 very profound and persuasive and so on and so forth  
10 but it never addresses the question of, it seems to  
11 me, what is the unintended negative consequence here?  
12 How might this adversely affect safety, which the  
13 people upstairs also need to be concerned about? It  
14 is as if it can't, it won't and we won't think about  
15 it or discuss it.

16 I mean we can all envision and we have  
17 talked about the medical field and how that operates  
18 and the tradeoffs that are involved there but there  
19 doesn't ever seem to be any discussion of the  
20 tradeoffs that I have been talking about. And in  
21 trying to pursue that with some of my friends, I think  
22 I understand why. It is just not a discussion that is  
23 easily had. But there is reality there, nevertheless.

24 And so I guess if we are the only ones  
25 that can raise this issue, I, for one at least, think

1 it is worth raising. But in your summary of the, like  
2 I say, the reflections that people have upstairs, they  
3 never seem to bring this issue up. I mean, is there  
4 some potential that we would inhibit, discourage, or  
5 even subconsciously cause people to not do something  
6 that they would otherwise do that would have to do  
7 with reactor safety?

8 DR. COOL: Dr. Ray, I think you have a  
9 very important point and I am very much in hopes as we  
10 dig into the details of the proposal that that will be  
11 a key part of the discussion.

12 MEMBER RAY: Okay.

13 DR. COOL: I will reflect that I don't  
14 think that is quite as bleak as you would portray it  
15 because in the medical side of the house, it comes up  
16 immediately as so what are the implications for the  
17 number of procedures? Can we actually provide medical  
18 care that is necessary otherwise? That is another  
19 component of safety. Different factors play in  
20 different groups. That will need to be part of the  
21 discussion, I firmly believe, personally.

22 I would hope that that would be part of  
23 the discussion that we would engage in if we move  
24 forward to try and find specifics of a proposal with  
25 this rationale.

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1                   MEMBER REMPE: I was looking at the  
2 documentation to support this. They talked about  
3 exemptions if you went to a lower limit, that you  
4 might have certain cases that you would say okay,  
5 there will be certain circumstances you go to a higher  
6 limit. And I am wondering okay, if you go to this  
7 lower limit and you have the exceptions, are you going  
8 to end up with a system that is much different than  
9 the current system that is at five, where have ALARA  
10 and most people are below two --

11                   MEMBER RYAN: You've hit the nail right on  
12 the head, Joy.

13                   MEMBER REMPE: So is this just a paperwork  
14 exercise when it is all said and done in a lot of  
15 work? I am wondering if that is what is going to  
16 happen.

17                   MEMBER RYAN: I'm with Joy in that view.

18                   MEMBER REMPE: I don't know but it is just  
19 what I am wondering.

20                   MEMBER BROWN: But how can you give an  
21 exemption to one and not others? It's going to be a  
22 big battle between who gets exemptions.

23                   MEMBER RYAN: I guess I will go back to my  
24 experience with ALARA. ALARA programs do exactly that  
25 in a systematic way. It can be laid out for a

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1 regulator in an inspection or a management committee  
2 that wants to review it or whatever it might be.

3 And at the end of the day, I don't think  
4 the system is broken. We are trying to fix something  
5 that is not broken.

6 CHAIR ARMIJO: Well there is a problem  
7 population that Don talked about.

8 MEMBER RYAN: Which is not regulated by  
9 this Agency.

10 CHAIR ARMIJO: Right and that is what  
11 troubles me, to address this problem population, we  
12 are going to apply new limits to a population that is  
13 doing an exemplary job.

14 MEMBER RYAN: Sam, I agree with but let me  
15 say it again. The problem population is in no way,  
16 shape, or form, regulated by the U.S Nuclear  
17 Regulatory Commission.

18 CHAIR ARMIJO: Then why are we here?

19 MEMBER RYAN: That's a fact. I mean that  
20 has got to sink in. Where the real problems are  
21 suddenly non-material regulated areas. Electronic  
22 product radiation, which I mentioned earlier, is not  
23 regulated at all by this Agency.

24 Now very often in a state regulatory  
25 office the person who is inspecting the nuclear

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1 materials activities for nuclear medicine studies also  
2 is the same guy that is going to make sure the x-ray  
3 machine is pointed in the right direction and working  
4 properly. But that is the state's decision that is  
5 not what this Agency has oversight on.

6 I share the concern that you raised. I  
7 don't discount it at all but I am saying we can't  
8 write a letter about --

9 CHAIR ARMIJO: Something we don't  
10 regulate.

11 MEMBER RYAN: -- something we don't  
12 regulate. So we are kind of strictly focused on the  
13 NRC authority here.

14 CHAIR ARMIJO: I would point out to you  
15 that we know we have similar issues in industrial  
16 radiography and a few other types of uses that are  
17 NRC-regulated and where again, because the states do  
18 not require reporting, I only have a very small sample  
19 of the data available. So this does not apply. The  
20 issue is not only outside of NRC jurisdiction but it  
21 is a small a number of individuals and that is the  
22 question.

23 Just to quickly finish off so we can  
24 continue the discussion, we looked at an average and  
25 maximum value to date. And I keep wanting to

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1 emphasize this because we can only report to you the  
2 discussions and the conclusions that we can reach from  
3 the discussions with the stakeholders thus far. There  
4 was a very strong few that they did not want to have  
5 the additional burden applied across the board of  
6 having to keep track of multiple years of exposure or  
7 otherwise in order to demonstrate compliance.

8 We talked about a single lower value. The  
9 states, at least, preferred that approach. And then  
10 going in and working, being an exception or otherwise,  
11 over some period of time unknown, you are quite right,  
12 Mr. Ryan. We don't know how long that might be.

13 Part of the discussion would have to be  
14 what sorts of criteria and bounds do you place on it.  
15 And the question is always going to be so is there a  
16 consistency across all of the different organization  
17 units otherwise that would be applied. So there are  
18 a lot of things that if the Commission says we should  
19 be moving forward on this will require continued  
20 detailed discussion to try and figure out where the  
21 place might be.

22 At this point, based on the information we  
23 have, and our interactions with our stakeholders and  
24 our co-regulators the states who have 18 plus  
25 thousands of these licensees and their corresponding

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1 side, the view with the information that we had was  
2 that looking at a single lower value and finding a  
3 mechanism for flexibility, what we suggested from the  
4 paper was the same approach that is in the regulations  
5 and a couple other places. So there is a clear legal  
6 track record on those. That doesn't mean that we are,  
7 in any stretch, pardon the pun, limited to that but a  
8 mechanism to examine how to provide the right kind of  
9 flexibility.

10 This will require both regulatory analysis  
11 and backfit because this applies to all licensees.  
12 The industrial radiographers and the medical folks  
13 don't have backfit, but that doesn't get me off the  
14 hook from having to look at it across the board.

15 MEMBER RYAN: One comment on that point.  
16 You have actually laid out two approaches here. One  
17 is lower the limit and then fight to get above it or  
18 have the current limit and then demonstrate  
19 performance to lower below that limit.

20 So going over a limit has a lot of  
21 implications that need to be carefully thought about  
22 before you propose that. And to me, going over the  
23 limit has legal implications. You overexposed me.  
24 Here is the legal limit. I am sick. I am going to  
25 sue you.

1                   MEMBER SCHULTZ: I didn't understand the  
2 first bullet on the conclusion. Is that the  
3 performance-based part? I didn't understand what that  
4 meant. A change to limits is a more straightforward  
5 performance-based --

6                   MEMBER RYAN: Yes, and the change would be  
7 to lower the limit two rem.

8                   MEMBER SCHULTZ: Why is that performance-  
9 based? What is performance-based about that?

10                  DR. COOL: You have set the standard and  
11 you have not dictated to the licensee how they go  
12 about meeting that. Much of what was discussed in  
13 terms of how you would strengthen ALARA, the  
14 procedures, the review boards, the additional  
15 approvals and things end up being a very prescriptive  
16 list of things to do, hurdles to jump, to get to some  
17 endpoint. Simply saying here is the number, you  
18 figure it out, is a more performance-based approach  
19 than that part of the discussion. And that is what  
20 these words are referring to.

21                  MEMBER RYAN: And again, I am drawing on  
22 my own experience. For a licensee that has a licensed  
23 activity and has some kind of a safety oversight  
24 function for industrial safety, radiation safety, all  
25 the rest of it, these things don't become necessarily

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1 routine but they become systematically ingrained in  
2 the culture of getting the work done. People just  
3 don't go, you know, using a shipping cask and start  
4 unbolting the lid with their bare hands. You know,  
5 there has got to be a lot of stuff that happens on a  
6 systematic way to do it and a systematic way to get it  
7 done, which results in higher doses.

8 So what we are kind of, what the  
9 suggestion to me is that you are just taking all of  
10 the cultural trappings of an ALARA program and an  
11 ALARA process that works and throwing them out the  
12 window. I think that is really dead wrong.

13 CHAIR ARMIJO: I would like to see a  
14 safety-based approach and I haven't seen any data that  
15 shows a quantifiable safety benefit from making these  
16 changes. And this is all nice at a high philosophical  
17 level but there are specific recommendations on the  
18 worker limit. There are specific recommendations on  
19 exposure to the lens of the eye, a number of things  
20 that are -- and we haven't talked about them yet. And  
21 we have been focused on this philosophical thing in  
22 some problem populations and I am still hung up on the  
23 fact that have good, safe limits now that people are  
24 not only complying with but exceeding. And I think  
25 the pot is right, at least for the vast majority of

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1 the people that we deal with, the nuclear industry  
2 people and the facility people.

3 So just if they are doing well, lower the  
4 limit because it would be in conformance with some  
5 other groups that seem to feel that that is what they  
6 want to do. I haven't seen the justification for  
7 that. So I just don't know how you -- you have to  
8 first make the safety case before you can change the  
9 limit, I would think. And I haven't seen it done.

10 DR. COOL: I understand, sir. I just  
11 would reflect that if you are looking for a safety  
12 case in dollars per person-rem, you will never get  
13 there because we are not --

14 CHAIR ARMIJO: I'm just looking for --

15 MEMBER SHACK: This is an individual risk  
16 problem.

17 DR. COOL: This is an individual risk  
18 problem that is over time.

19 CHAIR ARMIJO: It is alleged to be on an  
20 individual risk problem over time. I have yet to  
21 somebody that says hey, show me some data.

22 MEMBER SHACK: Well, the incidence went up  
23 by a factor of three from 1.25 to five. That is the  
24 data you work with. Those are your experts. They are  
25 the ones that are telling you that the risk has

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1 increased.

2 CHAIR ARMIJO: Well there are other  
3 experts that say this --

4 MEMBER SHACK: No, the consensus -- but  
5 let me ask another question. It seems to me that the  
6 ICRP, NCRP all have the flexibility, you know, they  
7 have the five rem limit with the cumulative limit.  
8 The scientific basis seems to indicate that everybody  
9 is willing to live with the five rem limit over a  
10 year. It is the cumulative thing that you worry  
11 about. I don't see that it is more straightforward to  
12 bring in an exemption process than it is to have the  
13 five rem plus a cumulative dose, which again is  
14 consistent with all the recommendations of all the  
15 scientific side.

16 I mean, I'm not a health physicist, a  
17 microbiologist, an epidemiologist, but they are all  
18 willing to live with five rem per year but they want  
19 a cumulative limit and I don't see why --

20 MEMBER RYAN: Even within those specialty  
21 groups, it is not all.

22 MEMBER SHACK: Well, not all.

23 MEMBER RYAN: Not a majority.

24 MEMBER SHACK: Well, I'm not even sure of  
25 that. But at any rate, it just seems to me that I

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1 don't think -- I can't believe that you can come up  
2 with an exception process that is simpler than  
3 tracking a cumulative limit.

4 MEMBER BROWN: There is no cumulative  
5 right now.

6 MEMBER SHACK: Well they are going to  
7 change it by making the --

8 MEMBER BROWN: No, I understand the 100.

9 DR. COOL: At the present time, there is  
10 no cumulative requirement in the regulations.

11 MEMBER BROWN: So somebody could literally  
12 get five a year for 40 years, a couple hundred rem.

13 DR. COOL: However long they want to work.  
14 That is correct, sir. That is the legal basis,  
15 correct, right now.

16 MEMBER BROWN: I just am not saying that  
17 is bad. It is just that that is the way --

18 DR. COOL: Theoretically you could  
19 accumulate that.

20 MEMBER BROWN: Yes, okay.

21 MEMBER REMPE: What are you going to do  
22 with the employees that max out?

23 MEMBER BROWN: There is a lot of action on  
24 the side, too.

25 MEMBER REMPE: What do you do you with the

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1 employees that max out?

2 MEMBER BROWN: Fire them. I'm just  
3 kidding.

4 MEMBER STETKAR: Put them in non-  
5 radiological work areas. People do that. I mean,  
6 people do that --

7 MEMBER BROWN: It's happened for years.

8 MEMBER STETKAR: When people exceed their  
9 annual dose limit, they get moved out of radiological  
10 work. We used to do it in the power plant 30 years  
11 ago, for crying out loud.

12 MEMBER BROWN: We had to do that in the  
13 shipyard with guys on an annual basis. It wasn't done  
14 --

15 MEMBER SHACK: I mean that is true whether  
16 you have a single limit, a max limit.

17 MEMBER BLEY: Don, this is kind of close  
18 to something that you suggested. What you said is  
19 flexibility. Have you guys done all you think you can  
20 do on considering the idea of flexibility? I mean,  
21 exemptions is one approach to flexibility. Are there  
22 others?

23 DR. COOL: I think there probably are.

24 MEMBER BLEY: I mean we have got a big  
25 hunk, a major part of the industry that has really

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1 done a bang up job in this area. We have got another  
2 big piece that has done pretty well with some  
3 exceptions. It just feels like there ought to be some  
4 way to deal with the outliers rather than jumping in  
5 and changing a limit that, we haven't talked about it  
6 today, that may have some negative repercussions for  
7 other aspects of safety. Because now suddenly in an  
8 industry where you have been close to two rem but  
9 below it, all of a sudden they are going to need more  
10 headroom to cover other kind of work. We haven't  
11 talked about that today, at least in the subcommittee  
12 meeting.

13 So some approaches to flexibility just  
14 seem like they are begged for in this area, either  
15 flexibility or dealing with the outliers, rather than  
16 hitting a broad brush with everything.

17 MEMBER BROWN: yes, but flexibility is  
18 good in the eyes of some beholders. How do you define  
19 useful flexibility?

20 MEMBER BLEY: Well that is the job for  
21 staff. That is why I am asking the staff what they  
22 thought about flexibility.

23 MEMBER BROWN: Yes, but you grant some to  
24 one and none to the other. That is almost like an  
25 exemption-type process if you are going to --

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1 flexibility is being able to --

2 MEMBER RYAN: Well it needs to be a very  
3 standardized flexibility. For example, the average  
4 dose of some number of years can't exceed X but you  
5 can have variations within the five-year period.  
6 There is all sorts of ways to do it. It is not hard  
7 to do it.

8 MEMBER BROWN: Yes, well that isn't what  
9 they said. I didn't see it was that hard to --

10 CHAIR ARMIJO: That is what exists in the  
11 current ALARA program and the limit is fine.

12 MEMBER BROWN: It seems to work.

13 CHAIR ARMIJO: And most people are running  
14 at two or less in the nuclear industry but when they  
15 need to have exposures above that, it is built into  
16 their planning and they can do it. They won't get  
17 fined. They won't get -- but you bring that down to  
18 two now that is going to cut down on their  
19 flexibility. And the proposal appears to be you come  
20 back to the NRC and ask us for permission or a waiver  
21 so that you can go above two for this particular  
22 individual.

23 It seems to me just an incredible amount  
24 of bureaucracy for no benefit.

25 MEMBER RYAN: I think it is a very unfair

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1 thing for us to ask the staff to make those kind of  
2 ALARA decisions when they don't have the direct hands-  
3 on experience or insights that plant operators have.

4 I mean the radiation protection program  
5 folks at nuclear power plants know how to do this and  
6 they have done it very well.

7 MEMBER RAY: Well the kind of things that  
8 I am concerned about, believe me, occur in the middle  
9 of the night. When you are ready to take the plant  
10 back online, somebody says what about this or that.  
11 You know, you only have so many on shift who could go  
12 take a look at it and you just, you know, with these  
13 lower limits, you are going to say no more often than  
14 you used to. And it is that kind of stuff that  
15 bothers me. I mean, the idea of going and seeking a  
16 waiver or something like that, it is just going to  
17 discourage things from happening that I think will,  
18 long-term, have a negative safety effect.

19 MEMBER RYAN: But I think the negative  
20 influence also includes that people will skip through  
21 it and just do it because they have got to get it  
22 done. I mean, it has the potential to stimulate bad  
23 behavior.

24 MEMBER SCHULTZ: The ALARA principles were  
25 established to provide this flexibility that we are

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1 talking about.

2 MEMBER RYAN: Exactly so.

3 MEMBER SCHULTZ: I just think if  
4 stakeholders are saying that is just too complicated,  
5 then they don't -- well they are not doing the work  
6 that they ought to do in order to establish the ALARA  
7 program for the work that they are doing with  
8 radiation.

9

10 MEMBER RYAN: Well said.

11 MEMBER SHACK: Well never having managed  
12 an ALARA program, I am willing to bet that you don't  
13 truly optimize or minimize things. If you do optimize  
14 or minimize subject to constraints of costs and maybe  
15 a target that you are trying to hit like five rem.  
16 And I don't think that changing limits has no effect  
17 on ALARA programs.

18 MEMBER RAY: You ought to sit through an  
19 INPO exit interview.

20 MEMBER SHACK: That's because it is not  
21 truly optimizing or minimizing. It is optimizing or  
22 minimizing subject to a set of constraints like --

23 MEMBER REMPE: Administrative limits like  
24 in the DOE.

25 MEMBER SHACK: Well limits in costs.

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1           MEMBER POWERS: In my experience in ALARA  
2 reviews of work is that the limit doesn't come up  
3 because you have already established when you sent the  
4 work package down, that nobody is going to go over a  
5 dose limit which is usually not five, it is usually  
6 half a rem. That comes in. Then you do the ALARA  
7 review. And I don't recall the limit ever coming up.

8           MEMBER SHACK: But you would have a  
9 different answer, I think, if they sent you down with  
10 a number that said five instead of half, and then  
11 started the ALARA process.

12           MEMBER RYAN: I mean, five is the annual  
13 limit for work. And if he is going to do one job in  
14 a year, he doesn't have to worry about anything but  
15 five. But that is not the way it works.

16           MEMBER POWERS: Typically when a work  
17 package comes to you, a health physicist has looked at  
18 it and said this work package should result in anybody  
19 getting over 0.5 rem.

20           MEMBER RYAN: And that is by detailed  
21 analysis and calculation and the whole thing.

22           MEMBER POWERS: Yes, it is an engineered  
23 package. Then you do the ALARA review. I don't think  
24 I can recall anyone ever mentioning a limit. Then  
25 what you are asking is we have done -- somebody wrote

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1 up this package who doesn't have to do the work.

2 Now you people who have to do the work, is  
3 there a better way to do it, to cut down? I mean the  
4 beauty of the system is it is wonderfully linear and  
5 that people use skill and craft and typically you will  
6 drive those doses way the hell down in a very brief  
7 review. I mean, really down. They are breathtaking  
8 how clever people are when you tell them time and  
9 distance are the two factors you have to worry. How  
10 can you reduce your time and keep your distances?

11 MEMBER RYAN: And shielding.

12 MEMBER POWERS: And shielding, yes.

13 MEMBER SCHULTZ: And appropriate  
14 protective clothing.

15 MEMBER RYAN: All of that.

16 MEMBER POWERS: At least the ALARA reviews  
17 we gave no credit for clothing. It was just assumed.  
18 It got no credit, the ones I participated in.

19 MEMBER SCHULTZ: That's right. I was  
20 thinking of the programs associated with assuring that  
21 respirators, for example, were used in an appropriate  
22 way, not increasing those, rather than --

23 MEMBER POWERS: It is usually specified in  
24 the package. That is kind of a given and you don't --  
25 you give that real credit. Everything is based on

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1 time and distance and shielding, but the shielding is  
2 again clothing.

3 MEMBER RYAN: But the effects that are ad  
4 hoc are hand, you know you can wear certain things on  
5 your hands like gloves, you know whatever it might be.  
6 There is all kinds of different ways to skin the cat,  
7 based on what the job is and what materials are  
8 involved.

9 I mean my own view is that a limit that I  
10 now have to go in and have a "mea culpa" "may I"  
11 exceed the limit is the wrong tact to take. ALARA  
12 programs are inspectable under a license and their  
13 records are inspectable under a license. And I  
14 guarantee you that I was inspected all the time about  
15 ALARA by customers, by regulators, by both federal and  
16 state regulators. And it is a system that works. I  
17 just don't see the advantage of saying okay, we are  
18 going to break the rules. We are going to have a two  
19 rem limit. If you want to exceed it, you have got to  
20 come and beg for it. I just think that is the wrong  
21 way to go. It is going to take away the way ALARA  
22 works now from the system. I just think that is a bad  
23 mistake. I think the number is fine the way it is.  
24 If you want to increase anything, increase the  
25 oversight of the ALARA programs that licensees used to

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1 do.

2 MEMBER RAY: Well again, agreeing with all  
3 of that, I think also we want to encourage people, not  
4 discourage them, from taking actions that assure the  
5 safety of the people.

6 MEMBER RYAN: You are absolutely right.  
7 Or the facility, if it is a plant or anything. I  
8 couldn't agree with you more.

9 MEMBER RAY: I am talking about, you know,  
10 like I say, I have got a limited number of people and  
11 I have got so many different skill sets, I have got to  
12 run the plant. I don't want this to be a  
13 discouragement of doing the things that you need to do  
14 to make sure the plant is safe.

15 MEMBER RYAN: And to put it crudely, you  
16 can't afford having everybody on the bench to work a  
17 two rem per year, and you sit there paying to hang out  
18 until they are needed later in the year. It is just  
19 not going to work.

20 CHAIR ARMIJO: Well if there was a real  
21 safety risk, I would do it.

22 MEMBER RAY: You mean to the individual.

23 CHAIR ARMIJO: You know, if there was a  
24 real safety risk, I would say, we will have these guys  
25 sitting on a bench but I just don't see the --

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1                   MEMBER RYAN: But then you know costs go  
2 up and that has negative impacts. It could be a very  
3 negative thing.

4                   CHAIR ARMIJO: Mike, there are a number of  
5 very specific things like cataracts and other things  
6 in these recommendations. We didn't discuss those at  
7 all. It is really Don's presentation but --

8                   MEMBER RYAN: Why don't we let Don finish?

9                   MEMBER STETKAR: Let me just throw one  
10 thing out there because this is certainly not an area  
11 I know anything at all about, technically. On the  
12 other hand, the Nuclear Regulatory Commission has  
13 adopted what we like to call a risk-informed,  
14 performance-based regulatory framework.

15                   The first bullet there strikes me as  
16 setting a speed limit of 14.367 miles per hour  
17 applicable to everyone everywhere is not a risk-  
18 informed performance-based regulatory framework. So  
19 you are fully cognizant that that first bullet has a  
20 dichotomy in it. It is not a performance-based  
21 regulatory framework. It is a strict law. So don't  
22 call it performance-based. It is not performance-  
23 based.

24                   A risk-informed performance-based  
25 regulatory framework as embodied, for example, in the

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1 reactor safety end of the business, looks like Reg  
2 Guide 1.174. If you are a bad performer, you don't  
3 have very much margin allowable. If you are a good  
4 performer, you have got a lot more margin allowable.  
5 How good a performer are you? You do a risk  
6 assessment or you do some other performance assessment  
7 to say where are you on that scale. If you are a bad  
8 performer, maybe you have got to crank down the  
9 thumbscrews. If you are a good performer, you have  
10 more margin. That is risk-informed performance-based.  
11 That first bullet is not performance-based. So don't,  
12 please don't advertise it as such.

13 DR. COOL: But the ALARA program --

14 MEMBER STETKAR: It is -- the ALARA  
15 program --

16 DR. COOL: -- principles are performance-  
17 based.

18 MEMBER STETKAR: -- is -- are performance  
19 based. The ALARA principles are. But simply setting  
20 a lower limit is not a performance-based regulatory  
21 guideline. It is saying your core damage frequency  
22 shall be ten to the minus seven and do whatever you  
23 can do to get under ten to the minus seven.

24 MEMBER SIEBER: I think one of the issues  
25 that sort of lies in the background is I don't think

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1 there is sufficient data to establish that there is a  
2 measurable improvement in health benefit when you go  
3 down to two because they are small doses, without a  
4 doubt. And when you consider that the cosmic  
5 background dose, industrial background dose is 300  
6 millirems, you get an additional 200 to 600 millirems  
7 just by going to those -- I just don't see that body  
8 of evidence that says if we don't go down to two, then  
9 the mortality will increase by ten percent.

10 CHAIR ARMIJO: Or latent cancer.

11 MEMBER SIEBER: Or by one percent or zero.  
12 It is just not there.

13 MEMBER STETKAR: I know we're getting  
14 tight on time, Don. One thing you did say, you said  
15 many of the stakeholders balk at -- they feel the two  
16 rem per year limit is easier for them because they  
17 don't want to keep lifetime dose records. It is  
18 simply a record keeping issue?

19 DR. COOL: For many of the licensees in  
20 the discussions to date, it was a record keeping and  
21 other burden, getting the information available to  
22 know what the individuals received over multiple  
23 years. Many of them remember the days prior to 1991  
24 where it was a 5N minus 18. You had to have multiple  
25 years of exposure. You had to try and go back and do

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1 your best efforts to gain the data of their previous  
2 exposure. If not, there were certain, much more  
3 stringent assumptions about what you could do or not  
4 do. And the view with the information they had, is  
5 they would prefer not to go back there.

6 MEMBER STETKAR: These people don't have  
7 computers? I mean keeping records these days is a lot  
8 different than it was 30 years ago. I mean, I just  
9 don't understand that argument. This goes more to --

10 MEMBER RYAN: Again, I'll speak to my own  
11 experiences at RSO. If we had a worker that came in  
12 and there were holes in his record, we filled them  
13 because we wanted a complete record. Employers who  
14 are working, I think, appropriately, will want to have  
15 a complete occupational exposure history but it is a  
16 lifetime record. So I mean, I don't think that is a  
17 -- I mean maybe some folks have problems keeping their  
18 records but I never ran into it in a really  
19 obstructive sort of way. It really is something that  
20 can be managed. I see that more as an excuse than as  
21 a problem. It's just me.

22 DR. COOL: I am not going to sit here and  
23 try to put words into the mouths of people --

24 MEMBER RYAN: No, no, I appreciate that.

25 DR. COOL: -- that have talked to us.

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1 MEMBER RYAN: My experience is --

2 DR. COOL: The staff's job in this  
3 particular activity was to ask the questions and  
4 provide the information.

5 To go back to Dr. Bley's question of a  
6 while ago, are there other ways for flexibility? I am  
7 sure there are. We have put forward one possibility  
8 because it had a clear legal precedent already within  
9 the regulations and which the states were quite  
10 comfortable with as a way of moving forward. I am  
11 sure there are others. I would fully expect that  
12 there would be ways to write it explicitly into the  
13 regulation such that there was not a necessity to  
14 apply for it otherwise. We would need to look at some  
15 of those details.

16 Where we were was a quick little process  
17 where we had engaged the stakeholders on a wide  
18 variety of issues. It was time to assess where we  
19 were. And did the Commission wish for the staff to  
20 continue to expend the resources over the next couple  
21 of years, as the scientific information for dose  
22 coefficients for the internal exposure otherwise  
23 continues to be developed to try and work on a  
24 specific path or not. That is what we have asked the  
25 Commission to do, to explore the implications of and,

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1 therefore, by analogy the implications and options for  
2 other things with the stakeholders on a specific  
3 proposal can move forward, recognizing the wide  
4 variety of licensees that we have to deal with.

5 Dr. Shack, you have never done a radiation  
6 protection program but you are actually quite close.  
7 There are always a series of constraints. That is in  
8 fact the ICRP's worth, a series of constraints and  
9 boundary conditions of what will be accepted within  
10 that particular ALARA plan.

11 And I would simply reflect again, that  
12 works very nicely in the large programs where you do  
13 specific planning around a certain job. That does not  
14 translate nearly so well to most of the other  
15 environments that radioactive materials are used in in  
16 industry and in medical and otherwise.

17 MEMBER RYAN: Like what? Help me to  
18 understand what is on that list. I want to make sure  
19 we are on the same list.

20 DR. COOL: Okay. Let's start with  
21 industrial radiography. Certainly there is some  
22 planning. An industrial radiographer has to go and do  
23 a survey of where their two mR per hour boundary is.  
24 That make extend over several floors if they are doing  
25 radiography up in the scaffolds or, as cases in times

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1 past where we were doing checks of the concrete in our  
2 parking garage levels here, we discovered once that  
3 they hadn't put a boundary on the floor up above.

4 So you can do some degree of planning  
5 around that. Most of that planning is simply a go  
6 measure where the boundary is. Try to keep it under  
7 surveillance. And crank out the source, do your shot,  
8 get it, crank it back in. For those particular  
9 licensees, we have in fact gotten quite prescriptive  
10 about the things that they have to do because they  
11 have proven to us that without the detailed  
12 prescription -- you will have two dosimetries, you are  
13 to do the following survey, and otherwise -- they  
14 manage to screw it up. And they manage to screw it up  
15 anyway, thank you very much.

16 So the detailed planning of I am going to  
17 go in and do this, does the radiographer go in and do  
18 that when he goes into a new facility? No. He is  
19 going to go in. He knows, generally speaking, what  
20 his dose limit is. He is going to string a tape  
21 around that general area and he is going to go at it.

22 So that planning and the review and  
23 oversight and somebody looking over his should simply  
24 doesn't exist.

25 In the medical area, in a nuclear

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1 pharmacy, it probably exists a little bit more. That  
2 is a production operation. You can look at your hot  
3 cells and you can have a pretty good control. For the  
4 most part, they don't have many issues.

5 The folks who are pulling PET targets, a  
6 very short half-life, trying to draw it off, it has  
7 got to be medical grade, it has got to be very -- it  
8 has got to meet all the conditions for injection into  
9 the human body and get it upstairs before the five  
10 minute half-life or whatever it is goes, they are  
11 getting more. That is one of the groups that we  
12 believe may be closer to the current dose limit  
13 because those are high-energy photon types of  
14 isotopes. So the lead aprons and things don't really  
15 work. But yes, they are structure and things that you  
16 can put around those and there is some planning for  
17 the nominal activity.

18 The actual interventional hospital suite,  
19 certainly there is standard planning. There is  
20 shielding that is put in there. My understanding from  
21 folks is that much of the setup of those suites hasn't  
22 changed a lot over the last 30 years, although the  
23 equipment in there has changed multiple times and  
24 gotten considerably fancier and otherwise. That is  
25 one of the things that I have heard some of the

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1 interventional groups, some of the physicians in there  
2 who are radiation protection lament about the fact  
3 that there haven't been updates to ways to provide  
4 protection. Is there an opportunity there? I expect  
5 so.

6 MEMBER SHACK: Just to come back to your  
7 SECY. Until this is resolved, we are not going to  
8 move forward on modernizing any other part of the  
9 regulation either, as far as the way we calculate  
10 doses and such. So this is a package that is going  
11 together.

12 DR. COOL: The staff has put this forward  
13 as a package. The Commission could, of course, and  
14 there was a range of options to only do certain  
15 components of it.

16 MEMBER SHACK: But in our letter, we can  
17 address the elements of the package. There may be  
18 some elements we are fully in agreement with and some  
19 that we disagree with. And that is why I was hoping  
20 that there would be some time allocated to talking  
21 about the specifics. You know, who can argue with SI  
22 units? I think you can learn how to use them.  
23 Painful, but we will learn.

24 DR. COOL: Dr. Ryan, my presentation is  
25 done. We can explore these other issues in the last

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1 two minutes as you would like.

2 I would like to respond, Mr. Chairman,  
3 with a simple note that a number of the things that I  
4 think the Committee is probably very much in agreement  
5 with in terms of yes, more people should report, yes  
6 we should move to SI, have enormous cost implications  
7 when you do a reg analysis. And I can't show you one  
8 whit of a direct radiological benefit associated with  
9 it.

10 MEMBER RYAN: I'm bilingual. I don't care  
11 what units we use.

12 CHAIR ARMIJO: Yes, I know you're good at  
13 this.

14 MEMBER SHACK: No but I mean calculating  
15 a dose correctly in our best understanding is just the  
16 right thing to do.

17 DR. COOL: The right thing to do. And  
18 that is why in the paper you received, what the staff  
19 has said on the back, that in regulatory analysis this  
20 would, as last time, have to be justified on both  
21 quantitative and qualitative. Those sorts of things,  
22 graphs.

23 CHAIR ARMIJO: Correct calculational  
24 method, I don't think it is a cost justifiable thing.  
25 It is either right or it is wrong.

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1                   MEMBER RYAN: You know, the examples of  
2 radiographers and other sealed-source users under one  
3 scheme or another always come up as the examples of  
4 something that needs to be fixed. They have been  
5 coming up since I have been in this business, which is  
6 quite a while now.

7                   And I think that licensees, whether they  
8 are Agreement State licensees or nuclear power plant  
9 licensees or other material licensees in the system  
10 somewhere, the level of quality is much higher. And  
11 I think that this change, a proposed change really  
12 doesn't add any value to the current practice of  
13 ALARA. And the idea that going from five to two the  
14 population that is in the two to five range, is so  
15 small, I don't know what that benefit would be enough.

16                   And you know, I mean, there have been  
17 abuses in the past. I mean a guy shows up as John  
18 Smith one day and he is Fred Johnson the next day and  
19 he is working under a different badge. I mean those  
20 things have happened. Luckily now they don't happen  
21 so often because there is a little bit more attention  
22 taken to those details. I just wonder if we are  
23 opening the door to back practice creeping back in.

24                   And you know, my colleagues at the NCRP  
25 and the ICRP one thing they never seem to really want

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1 to emphasize is what the uncertainty is on the  
2 estimates of risk. They do have some after that  
3 analogy. I just don't know that the range in risk is  
4 not reasonable, based on with the current limit of  
5 five, what the range of uncertainty and what the risks  
6 might be.

7 What is the average person's medical  
8 exposure for a lifetime if you could make a guess?  
9 Just in the normal care that you get from our  
10 physician? It far outweighs for occupational risk in  
11 terms of radiation exposure. And that is not even  
12 accounted for in your dose records

13 So while there are just practical factors  
14 that we have to take into account to think about does  
15 this make any sense. I come down and the answer is  
16 no, it doesn't.

17 CHAIR ARMIJO: Mike are you talking  
18 medical risk for people who have to take these  
19 enormous doses?

20 MEMBER RYAN: I'm talking about people  
21 that go to their doctor, who get routine exams, and  
22 whatever other exams the doctor decided are needed,  
23 whether it is a colonoscopy with CT scan or whatever  
24 it is. You are going to get routine medical exposure  
25 and it is not trivial, per exam.

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1 DR. COOL: Mr. Chairman, for example,  
2 yesterday I had two chest x-rays taken because I am  
3 now in week five of continuing considerable coughing  
4 and lung irritation and it was necessary to determine  
5 whether I have pneumonia or some other structural  
6 issue that has to be addressed. Yes, that is more  
7 dose than I got, probably, in a year of working in my  
8 laboratory when I was doing graduate work. Those  
9 factors are certainly--

10 MEMBER RYAN: Well in terms of the risk to  
11 the workers, we are not even including the entire  
12 scheme of radiation exposure that they get in routine  
13 medical care.

14 DR. COOL: Dr. Ryan, I would also like to  
15 --

16 MEMBER RYAN: Yes, please.

17 DR. COOL: -- do the same thing that I do  
18 in most of the public meetings, which is I very much  
19 agree with most everything that you have said. And I  
20 would really love to have a way in which an ALARA  
21 program could be systematically strengthened such that  
22 it would be effective across a wide range. And I  
23 would love for someone to give me a proposal that  
24 would allow me to do that. To date, I have not gotten  
25 one that would work. Have at it my friend.

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1                   MEMBER RYAN: Okay. Well who knows? We  
2 may get lucky, Don.

3                   MEMBER STETKAR: Have you thought about --  
4 I keep coming back -- and again I apologize because I  
5 don't know about the technology but I see what we are  
6 doing in the reactor oversight licensing process in  
7 terms of safety. In that process, we have basically  
8 two options. Licensee can opt to adopt something for  
9 a particular issue, I don't want to get into  
10 specifics, a risk-informed performance-based approach,  
11 which entails a certain amount of rigor record keeping  
12 analysis and so forth. It gives them a lot more  
13 flexibility in many cases, as constraints about an  
14 analytical processes to evaluate risk or something  
15 like that.

16                   Or a licensee can opt to adopt a  
17 deterministic licensing basis which has fixed, very  
18 specific black and white rules. It is up to the  
19 licensee. You make one decision. You make another  
20 decision and you live by your choice. Could a similar  
21 type of framework operate here? If you are a certain  
22 type of licensee, a radiographer, yea, verily, I am  
23 going to live by two rem per year limits because that  
24 is the way I want to live my life. Fine. You want to  
25 live your life with doing analyses, let's call it

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1 ALARA, and keeping records about cumulative life  
2 exposure, fine. You get more flexibility then. Have  
3 you thought about that? That is this notion I think,  
4 Dennis --

5 MEMBER BLEY: I was wondering if you had  
6 read the transcript of the subcommittee meeting.

7 (Laughter.)

8 MEMBER STETKAR: No, sorry. Never mind.

9 DR. COOL: That was in fact some of the  
10 discussions.

11 MEMBER STETKAR: Okay.

12 DR. COOL: And certainly there are  
13 possibilities. The question becomes what do you put  
14 in the regulations and what is in the licensee's  
15 license condition with guidance and otherwise.

16 All that happens in the reactor radiation  
17 protection programs, all of the detail that you are  
18 describing, all of the things that are reviewed under  
19 the reactor oversight program are part of the  
20 licensee's procedures and conditions and otherwise.  
21 Those reviews are not being done to see whether or not  
22 they are in compliance with 10 CFR Part 20 1101(c).  
23 All of those procedures are carefully designed to  
24 ensure that compliance and then some and the  
25 inspections and the findings are made against those

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1 procedures, not against the regulation.

2 Part of what we, unfortunately, have to  
3 deal with is the situation where to translate it into  
4 other groups you do not have those sorts of licensing  
5 basis activities, reviews, things in other activities.  
6 The question becomes what do you actually put in the  
7 regulation because that will be all that there is.

8 MEMBER RYAN: Well that is not exactly  
9 right. Let me tell you why. I worked for a company  
10 that provided services to nuclear power plants, we had  
11 to meet their requirements walking in the door. Part  
12 of their requirements were that we have a safety  
13 review board and all the things John mentioned for the  
14 workers, for the work activities, and for the  
15 equipment. You know it all had to be pedigreed and  
16 signed off by us and then that package is reviewed by  
17 the customer, and they decided whether we can do the  
18 work or not. It can get -- it has been getting done.  
19 It just wasn't required by a specific regulation.

20 DR. COOL: It was not required by  
21 regulation and --

22 MEMBER RYAN: By a specific regulation.

23 DR. COOL: I'm sorry. I have to also  
24 reflect that once again it is because you were going  
25 to the power plant.

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1           MEMBER RYAN: But it was also non-power  
2 plant customers had the same desire. And we did it in  
3 non-power plant places as well because that is the way  
4 we have made a commitment to our license holder for  
5 the facility that we would do it that way. So we  
6 chose John's option B or two.

7           MEMBER SHACK: I'm still -- I disagree  
8 with John. I think that it changed the limits, the  
9 ICRP limits is performance-based in your state. Those  
10 limits are picked on looking at limiting the  
11 individual risk to an acceptable level so you can  
12 introduce your risk. It is performance-based. You  
13 have set a performance criteria that assures that you  
14 meet those risk levels. And the guy is up to his own  
15 on how he does it.

16           MEMBER RYAN: How can you set up a  
17 performance criteria? Performance criteria -

18           MEMBER SHACK: It is just because again to  
19 bring individual risk to a desirable level, I have to  
20 go to my health physicist, molecular biologist,  
21 epidemiologist, and he tells me I can give him five  
22 rem per year with an average of two year and that is  
23 my now my performance limit. It assures that I have  
24 an acceptable individual risk. After that, it is up  
25 to me how I meet that. So to me, that is performance

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1 -- risk-informed performance based.

2 MEMBER BLEY: I don't think -- you don't  
3 completely -- what you have said doesn't completely  
4 conflict with what John said. I think that can live  
5 within the other framework.

6 MEMBER SHACK: Don just said that that is  
7 absolutely positively not risk-informed performance-  
8 based.

9 MEMBER BLEY: Oh that part. Okay, never  
10 mind.

11 (Laughter.)

12 MEMBER SHACK: That part.

13 CHAIR ARMIJO: Okay, well Don, thank you  
14 very much for your patience and for your presentation.  
15 What we are going to do now is take a 15-minute break.

16 MEMBER RYAN: Mr. Chairman, before you  
17 break, I want to thank Don as well. Don is  
18 encyclopedic in his knowledge of this area. He has  
19 been in the Agency doing this for a long time and is  
20 always very gracious and patient with our roundtable  
21 discussions. Thanks very much, Don. It is very  
22 helpful to have the interaction. Thank you.

23 CHAIR ARMIJO: All right. We are going to  
24 reconvene at 10:15.

25 (Whereupon, the foregoing proceeding went

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1 off the record at 9:58 a.m. and went back  
2 on the record at 10:13 a.m.)

3 CHAIR ARMIJO: Okay, our next topic is  
4 WCAP-16793-NP Rev. 2 and Dr. Banerjee will lead us  
5 through this discussion.

6 MEMBER BANERJEE: Thank you. This will be  
7 a presentation by the staff on the safety evaluation  
8 of WCAP-16793-NP Rev. 2. Even though the title is  
9 rather general of this WCAP, which says "Evaluation of  
10 Long-Term Cooling Considering Particulate, Fibrous and  
11 Chemical Debris in the Recirculating Fluid," it is  
12 really focused on in-vessel effects and what happens  
13 in terms of blockage.

14 So we had a subcommittee meeting. This  
15 has a long history with the staff to go through but we  
16 had a subcommittee meeting on the eighth and ninth of  
17 May. And the PWR Owners Group presented on the  
18 eighth. The staff presented their draft Safety  
19 Evaluation on the ninth and really we are going to  
20 deal with the draft Safety Evaluation today.

21 So without too much more, I think we will  
22 turn this over to the staff. I don't know, Bill do  
23 you want to make some remarks to start with?

24 MR. RULAND: Yes, thank you. Thank you  
25 Sanjoy and Mr. Chairman. Good morning to everyone.

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1 Normally I like to keep my opening remarks about two  
2 minutes but they are a little longer today because of  
3 what I see as the unique nature of what we are doing  
4 today and the long history of this particular topic  
5 report.

6 As Dr. Banerjee has suggested, this is the  
7 staff's review. We are here to present the staff's  
8 review of Revision 2 of this topical report on in-  
9 vessel effects. The Safety Evaluation has been  
10 several years in the making. There have been two  
11 revisions and years of testing. And I might add that  
12 the testing, this whole testing regime, was performed  
13 in response to ACRS challenges of the analysis-only  
14 approach that was in the original topic report.

15 Par for the course, through GSI-191 the  
16 testing showed unexpected results. Despite repeated  
17 attempts, the owners group could not demonstrate that  
18 the core can tolerate more than a very small amount of  
19 debris.

20 Staff presented the draft SE to the  
21 Thermal Hydraulics Subcommittee in May. The  
22 subcommittee had several questions at that meeting and  
23 the overall opinion from the subcommittee that we  
24 gleaned from it was that there was insufficient  
25 testing to support the limit of 16 grams of fiber per

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1 fuel assembly. The WCAP is only two tests with this  
2 fiber amount.

3 Note that the PWR Owners Group does not  
4 consider the 15 grams limit to be realistic. They  
5 believe that the actual limit is much higher. This is  
6 one reason that most of the PWR Owners Group testing  
7 was done at higher fiber amounts.

8 The Owners Group has evidently considered  
9 the ACRS questions from May as well as the staff  
10 feedback. They elected not to run additional testing  
11 at 15 grams, but rather to develop a new program of  
12 analysis and testing that would answer not only the  
13 debris question but also answer questions on boric  
14 acid precipitation as well.

15 The results of that program are scheduled  
16 to be submitted in the summer of 2014. The PWR Owners  
17 Group sent the ACRS a letter on this subject on  
18 September 20th. As such, the PWR Owners Group is not  
19 actively supporting the topical report in its current  
20 form but they have not withdrawn it.

21 The staff, on the other hand, still holds  
22 to the position that the analysis and testing that  
23 support the WCAP in its present form provide  
24 reasonable assurance that 15 grams is an acceptable  
25 debris amount to the operating fleet of reactors.

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1 While the PWR Owners Group only ran two tests at 15  
2 grams, over 60 tests were performed in all. Testing  
3 from other sources also boasts the position that 15  
4 grams is acceptable.

5 I will ask you to consider the staff's  
6 presentation of the relevant data and also to consider  
7 the broader context of this WCAP. If the analyses for  
8 GSI-191 have several conservatisms, the amount of  
9 debris generated an event, the amount that transports  
10 to the strainer, the timing of the events, and all of  
11 the simplifications that went into the analysis and  
12 testing in the WCAP, in that context, the WCAP  
13 provides an acceptable method for licensees to close  
14 GSI-191. Roughly half of the plans are expected to  
15 meet this limit. The rest need a basis for any future  
16 modifications. More refined guidance from future  
17 Owners Group testing will not be available for at  
18 least another three years.

19 The staff is asking the ACRS, hopefully if  
20 we have supported it, for a positive letter on this  
21 topical report. The staff would also appreciate any  
22 additional thoughts on the future testing program, if  
23 warranted, if you have had a chance to look at their  
24 letter.

25 A portion of the presentation will be

1 closed to the public as the staff discusses  
2 proprietary information from several sources.

3 With those remarks, --

4 MEMBER SHACK: Quick question.

5 MR. RULAND: Yes. Yes, sir.

6 MEMBER SHACK: The whole package as you  
7 put together corresponds to your option one for  
8 resolving GSI-191. Now there is your option three  
9 where they come in and perhaps do some -- not a fully  
10 risk-informed but they do some other things.

11 MR. RULAND: Right.

12 MEMBER SHACK: You wouldn't have all the  
13 conservatisms that we have built into all the parts of  
14 option one. Is this still the operative thing when  
15 they finally get to the end of option three or is that  
16 something to be determined yet?

17 MR. RULAND: Something to be determined.

18 Yes, sir?

19 MEMBER CORRADINI: For those that forgot,  
20 I am actually asking Dr. Shack and Bill can help.

21 MEMBER SHACK: Ask him, not me.

22 MEMBER CORRADINI: I didn't understand.  
23 I don't appreciate your question. That is what I  
24 wanted you to kind of expand on the question.

25 MEMBER SHACK: Option one, we have been

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1 through this whole discussion of generation, zones of  
2 influence, and I think it is true that we all believe  
3 that those are very conservative, that they have  
4 conservative amounts. They have handled everything  
5 conservatively at this point. Now they are down to  
6 this last step. So they want us to look at this thing  
7 as a Gestalt, the whole thing. And that is one  
8 Gestalt.

9 MEMBER BANERJEE: Can you translate that  
10 into English, please?

11 MEMBER CORRADINI: It's kind of like the  
12 dice but not split.

13 MEMBER SHACK: Option two is the risk-  
14 informed thing that we saw from South Texas, so that  
15 is off somewhere else.

16 MR. RULAND: Right.

17 MEMBER SHACK: Option three is something  
18 yet to be determined, where you come back and do some  
19 arguments that maybe you don't really have. The  
20 breaks aren't as big as you thought they were. And  
21 the likelihood of generating this huge amount of stuff  
22 is less than you think it is but then that would have  
23 be coupled with a subsequent analysis.

24 And I was asking if you bless this for  
25 option one, does that somehow implicitly bless it for

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1 option three.

2 MR. RULAND: Which Option three is kind of  
3 like risk-informed light.

4 MEMBER SHACK: Risk-informed light.

5 MR. RULAND: So really the question, I  
6 think the question centers around the topical report.  
7 Do we need to relook at this topical report in light  
8 of any maybe refinements that are done for option  
9 three.

10 MEMBER SHACK: And your answer is?

11 MR. RULAND: And the answer is we will  
12 need to look at that. Now, it may be in fact that we  
13 decide that yes, 15 grams is still okay. But that is  
14 a future decision that we would have to make.

15 MEMBER SHACK: Okay, thank you.

16 MEMBER BANERJEE: Bill, can I ask one  
17 question? You wanted some comment in our letter on  
18 the proposed plan for future testing. If we haven't  
19 discussed that at a subcommittee meeting and we -- I  
20 just have seen a September 6th letter to the  
21 Commission from NEI. If we have received a September  
22 20th letter from NEI, the ACRS, I haven't seen it and  
23 I don't think the committee has seen it.

24 MR. RULAND: Okay.

25 MEMBER BANERJEE: You know so it may be

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1 difficult for us to comment. That's all I am saying.

2 MR. RULAND: Yes, sir.

3 MR. BAILEY: Yes, fair enough. That was  
4 just -- this is Stewart Bailey. I am the Branch Chief  
5 for GSI-191-related issues.

6 And really the thought behind that is if  
7 something jumped out at you about the new testing if  
8 anything were to come up here, then we would  
9 appreciate that sort of feedback.

10 MEMBER BANERJEE: Okay.

11 MR. RULAND: The NEI letter that we sent  
12 directly to the Commission, not to the committee --

13 MEMBER BANERJEE: Was September 6th.

14 MR. RULAND: -- was September 6th. And  
15 actually I signed out the response to say that is part  
16 of what the Commission will consider when they vote on  
17 the paper.

18 MEMBER BANERJEE: Okay.

19 MR. RULAND: So Steve or Paul?

20 MEMBER BANERJEE: Now we may need to close  
21 the meeting, Mr. Chairman, at a certain point. And in  
22 that case, we will have to clean everybody other than  
23 staff out of the room. All industry people will have  
24 to go.

25 CHAIR ARMIJO: All right. And the bridge

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1 line. Is it open?

2 MEMBER BANERJEE: No, no. It will be only  
3 staff will be --

4 MEMBER BROWN: No, but is the bridge line  
5 open.

6 CHAIR ARMIJO: Is the bridge line open at  
7 this time?

8 MEMBER BANERJEE: That I don't know.

9 MR. FLACK: Yes, it is. So we will get to  
10 a point -- this is John Flack. We will get to a point  
11 where we will close the meeting. It is coming up.  
12 You will see the slide.

13 CHAIR ARMIJO: Go ahead.

14 MR. KLEIN: Good morning, ACRS. I am Paul  
15 Klein. Seated off to my left is Steve Smith. And we  
16 are both from the Office of Nuclear Reactor  
17 Regulation. I would also like to acknowledge  
18 contributions of Ervin Geiger to the Safety Evaluation  
19 in this presentation.

20 As we just discussed, this presentation  
21 does have some proprietary information. So our intent  
22 would be to close the meeting once we reach slide 12  
23 in the presentation. At that point I would ask that  
24 only ACRS and NRC staff remain in the room. And after  
25 we proceed through our slide 20 would be at a point

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1 where we could reopen the meeting for the remainder of  
2 the audience. Next slide please, Steve.

3 This slide shows an outline of our  
4 intended presentation today. We recognize that your  
5 highest interests are in the technical evaluation area  
6 and in particular in any additional information we  
7 might be able to present since the May 2012  
8 subcommittee meeting.

9 So our plan is to try to get through the  
10 initial slides at a relatively quick pace and then we  
11 will anticipate you will have more questions as we get  
12 into the more technical detail. Next slide.

13 By way of introduction, it is probably  
14 worth noting that this piece, the in-vessel WCAP, if  
15 you will, is really the last key technical area  
16 associated with GSI-191. When the Generic Letter was  
17 first issued in 2004, the focus at that time was  
18 predominantly on the sump straining, sump straining  
19 clogging and for the plants a lot of their initial  
20 efforts went into installing larger strainers in the  
21 plants.

22 Once we got into the more mature part of  
23 the strainer testing, the Owners Group developed WCAP-  
24 16793 and it was intended to be a tool that would  
25 evaluate the impact of debris that might pass through

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1 the stump strainer and arrive at the reactor vessel to  
2 see how that might affect the fuel with respect to  
3 blockage or willful heat-up under deposits.

4 We presented the safety evaluation for the  
5 WCAP Revision 2 in May and that draft SE was based on  
6 approving a 15 gram per fuel assembly fiber limit.

7 MEMBER SKILLMAN: Paul, are there any PWR  
8 owners that are not part of the PWR Owners Group?

9 MR. KLEIN: There is some members in the  
10 audience can correct me if I am wrong but I believe  
11 that they are all members of this particular effort.

12 MEMBER SKILLMAN: Thank you, Paul.

13 MR. KLEIN: This slide pictorially shows  
14 a timeline of the WCAP history. And probably the  
15 first thing you will notice is the overall length of  
16 the evolution. And it speaks to the complexity of the  
17 technical review associated with this topic.

18 The color coding shows ACRS meetings in  
19 red, key testing milestones in blue, and the black  
20 items are associated with documents either from the  
21 staff or from industry into the NRC.

22 As you can see, we first came before the  
23 committee in March 2008, which is quite some time ago.  
24 You gave us a number of things to consider. Coming  
25 out of that meeting, we issued an additional RAI and

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1 that caused the industry to begin a series of tests  
2 that went on for a period of years and went through  
3 several revisions to the WCAP.

4 We hit a point near the end of 2010 where  
5 we saw under one set of conditions, which was a low  
6 particulate to fiber ratio in hot-leg test flows. We  
7 saw an order of magnitude difference in the amount of  
8 fiber that could be tolerated by the two different  
9 fuel designs. So at that point, we were trying to  
10 sort out whether it was a design thing or a test  
11 facility thing or some combination of the two. And so  
12 the staff requested that the owners group do some  
13 cross tests at that point. And they did several cross  
14 tests. And as I think Bill alluded to earlier in his  
15 comments, there were some surprises that came out of  
16 the cross tests. So testing continued all through  
17 2011 and we came back in here in May 2012 with our  
18 draft SE.

19 And we anticipate that coming out of this  
20 meeting, this topic will probably continue because the  
21 industry has already expressed interest in a new test  
22 program that is intended to start soon.

23 I should mention one other thing before we  
24 move off that slide, too. Over time, the staff's  
25 strategy for drafting an SE has changed as well as we

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1 have gained a greater knowledge base of test data it  
2 became increasingly hard to understand some of the  
3 drivers of what was causing head loss in the data.

4 Our strategy for drafting the SE became  
5 limiting the acceptable fiber amount to a level that  
6 we thought just wouldn't build a filtering bed that  
7 was capable of sustaining high DPs and causing flow  
8 blockage. Next slide.

9 So very briefly an overview of the WCAP.  
10 The WCAP is a method licensees can use to address the  
11 impact on cooling from debris that passes through the  
12 strainer and is really a two-pronged approach. There  
13 is an analytical part that looks at demonstrating that  
14 local blockages within the grid spacers are underneath  
15 deposits and not cause unacceptably high temperatures.  
16 And then there is the testing part which is the fuel  
17 assembly tests that Steve will be talking about in a  
18 minute. And those were intended to demonstrate that  
19 you won't get blockage at the core inlet such that you  
20 couldn't get coolant into the fuel.

21 MEMBER BANERJEE: Paul, perhaps you could  
22 expand slightly on what the fuel clad temperature  
23 limit based on autoclave tests came to be.

24 MR. KLEIN: Yes, the limit that we agreed  
25 to with the industry for the test or the analytical

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1 piece was an 800 degree limit. As you mentioned, it  
2 was based on having longer-term autoclave data that  
3 demonstrated that would be an acceptable temperature.  
4 So it is possible you could go above that temperature  
5 for a longer term without detrimental effects but we  
6 just didn't have the data to support it. So  
7 therefore, we agreed on the 800 degrees and based on  
8 the LOCA DM analyses that we have seen so far, that  
9 really isn't the challenging part of this particular  
10 WCAP.

11 MEMBER BANERJEE: And the second limit you  
12 came to was a 50-mil deposit thickness. Correct?

13 MR. KLEIN: That is correct. And the  
14 thought there was that the deposit would be limited  
15 such that you could not bridge the deposits from two  
16 adjacent fuel pins such that you would restrict flow  
17 over a longer range. So 100 mils was the minimum gap  
18 in existing fuel. And the thought was as long as you  
19 had flow between the fuel pins, you could show  
20 analytically that that would not cause unacceptable  
21 temperatures.

22 MEMBER CORRADINI: Can we go over those  
23 two things again? Can I say something back, just so  
24 I make sure I get it right?

25 So what you are saying about the first one

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1 that was, you could have picked 800. You could have  
2 picked 700. You could have picked 900. You could  
3 have picked 1000. It is a cliff. I either keep way  
4 below 800 or if I start starving the channel, it is  
5 going to pop way up. So the 800 was just a convenient  
6 number.

7 MEMBER BANERJEE: No, it is based on 30-  
8 day exposures and autoclave tests.

9 MEMBER CORRADINI: But what I am saying,  
10 though, sure, that is on how I get damage. But and  
11 what I thought I heard from the -- maybe I  
12 misinterpreted it, is that it is going to be a pretty  
13 big jump in terms of either I am going to stay way  
14 below that limit and stay cool, or I am going to jump  
15 beyond it, in terms of how the fuel would perform if  
16 I start starving the assembly.

17 MR. SMITH: If you don't have coolant, yes  
18 you are going to go beyond the limit by --

19 MEMBER CORRADINI: Right. I mean you guys  
20 have a justification for why it is 800 but my point is  
21 either I am going to stay way below it at boiling  
22 conditions or I am going to starve the assembly and it  
23 is going to whiz right past 800 just because of how  
24 nature takes its course.

25 MEMBER BANERJEE: Well you get some steam

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1 cooling, even if the level crops.

2 MEMBER CORRADINI: Right. But in all the  
3 calculations we have seen, maybe if we are not allowed  
4 to say it at this point, in all the calculations we  
5 have seen, it is either way down here or it is way up  
6 there.

7 MR. BAILEY: I think what you are -- this  
8 is Stewart Bailey again. What you are looking at at  
9 the 800 degrees is that is where they did the  
10 autoclave testing. This if for a fuel that has  
11 already been through a transient up to 2200 degrees  
12 and back down again. Then it can return to 800  
13 degrees on a long-term basis.

14 And what you are looking at here, it is a  
15 two-pronged approach. You are looking at one, making  
16 sure that you don't dry up the core. That is where  
17 the fuel, the fiber limits come from.

18 If you do not dry up the fuel, the second  
19 question was what happens to the local temperatures if  
20 you have local blockages at grid spacers or you have  
21 local deposits on the fuel due to chemical effects or  
22 other issues. And there, if you keep the core wetted,  
23 even through the deposits, the analysis show that the  
24 cladding will stay below 800 degrees.

25 MEMBER CORRADINI: Okay. So all right, I

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1 am with you on what the -- how you get to the limit.  
2 All I am saying is in terms of analysis I remember  
3 seeing, maybe I have missed some subcommittee  
4 meetings, it is relatively one parameter analysis that  
5 shows either I am at boiling or if I starve it is  
6 going to go right past 800 from a one parameter  
7 analysis.

8 I have never seen an analysis that is  
9 three-dimensional in local that I see somebody  
10 predicting a local temperature I believe.

11 MEMBER BANERJEE: Well I think, you know  
12 Mike, you may be recalling the AP1000. So we may not  
13 be able to talk about it in open session.

14 But there is another limit. I don't want  
15 to muddy the waters here, which is related to boron  
16 deposition as well.

17 MEMBER CORRADINI: Right but were we  
18 presented analyses that there are local measurements  
19 and local data?

20 MEMBER BANERJEE: There was not local data  
21 but there was local analysis done.

22 MEMBER CORRADINI: Okay, which is a boron  
23 buildup, which I remember.

24 MEMBER BANERJEE: Yes. So I think let's  
25 move on.

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1                   MEMBER CORRADINI: Okay, so I understand.  
2                   And then the second part you said it and I was trying  
3                   to write it down. The 50 mils is based on what again?

4                   MR. KLEIN: The 50 mils was based on  
5                   ensuring that deposits growing from adjacent fuel pins  
6                   would not bridge and cause a complete blockage of a  
7                   channel between adjacent pins.

8                   MEMBER CORRADINI: So you have an L over  
9                   D of a bridge of one to two. You said it is 100 mils  
10                  across the span and you want to keep the span  
11                  thickness a half as big as the bridge. And that is  
12                  based on what analysis?

13                  MR. KLEIN: That is based on their  
14                  analysis that shows if you have flow between the pins  
15                  even underneath the deposit, if it is less than 50  
16                  mils, you won't exceed the excessive limit on  
17                  temperature.

18                  MEMBER BANERJEE: Both sides, 50 mils  
19                  each. So you close the gap at 50 mils.

20                  MEMBER CORRADINI: Okay but you are  
21                  spanning -- I'm sorry to dwell on this but you are  
22                  saying that the pin spacing is like 100 mils and you  
23                  want the thickness to be about half of that. And you  
24                  feel confident that it is no thicker than that, it  
25                  won't bridge across and block.

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1 MR. BAILEY: And if I can clarify again.  
2 I think the gap is actually larger than 100 mils,  
3 although that was the assumption that was made. The  
4 analysis actually were backwards and what they are  
5 doing essentially is they have a heat transfer  
6 analysis looking at essentially the heat-up across --  
7 as you transfer heat across the deposits. And the  
8 deposits are assumed to be 50 mils thick and they take  
9 a conservative heat transfer coefficient conduction  
10 factor, essentially, across those deposits.

11 And so that sets an upper bound for the  
12 amount of deposits that you can get --

13 MEMBER CORRADINI: And the 50mils  
14 translates to the 15 grams?

15 MR. BAILEY: No, they do not. The 50 mils  
16 translates into keeping the perimeter of that fuel pin  
17 wetted and keeping the clad at less than 800 degree F.

18 MEMBER CORRADINI: Okay, thank you.

19 MR. BAILEY: And then the other half is  
20 for keeping it wetted.

21 MEMBER CORRADINI: Okay, thank you.

22 MR. KLEIN: And we'll move on to the next  
23 slide.

24 Okay so the tool that the WCAP uses to  
25 determine the deposit thickness and clad temperatures

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1 is termed LOCADM. And initially the WCAP was intended  
2 to bound all PWRs. And since the current fiber limits  
3 that area acceptable to the staff no longer bound the  
4 all plants, they cover approximately half of them, the  
5 Owners Group is considering additional testing  
6 analysis to try and get higher limits.

7 MEMBER SHACK: I think I saw some letter  
8 from NEI that claimed it was a much smaller number  
9 than half.

10 MR. KLEIN: I have seen an NEI letter that  
11 suggested half. We have heard from the industry that  
12 the people that can meet the fiber limit of 15 grams,  
13 some of them might not be interested in pursuing that  
14 path. They still may want to pursue a risk option  
15 path.

16 MR. RULAND: And of course the reason the  
17 licensee is interested in doing that is because the 15  
18 grams is so restrictive, an outage happens, the  
19 resident inspector goes into the containment and finds  
20 a pair of anti-Cs and the licensee has to defend that  
21 they were not inoperable during the fuel cycle.

22 MEMBER BANERJEE: They say 34 plants can  
23 meet the -- demonstrate compliance. That is the --

24 MEMBER CORRADINI: And I'm sorry just I am  
25 writing little notes to myself so I can remember. So

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1 the 15 grams, if I compute it right, is up to like a  
2 couple of liters of volume, like two quarts.

3 MEMBER SHACK: Yes, if it is as  
4 manufactured density.

5 MEMBER CORRADINI: Right. I mean we have  
6 been using this in some other venues and at about that  
7 density is a couple liters.

8 MEMBER BANERJEE: Well it is perhaps a  
9 cubic foot of fiber.

10 MEMBER CORRADINI: Okay, I just wanted to  
11 make sure, come to some sort of correct -- that's  
12 fine. Thank you.

13 MEMBER BANERJEE: I won't stand behind the  
14 cubic foot.

15 MEMBER SHACK: Well 2.4 pounds is a cubic  
16 foot. Right? So --

17 MR. KLEIN: This slide, after the  
18 subcommittee meeting in May the staff went back and we  
19 compared our notes and reviewed the meeting  
20 transcripts and we compiled this list of what we  
21 thought was some of the key feedback that you provided  
22 to us coming out of that meeting. And I was going to  
23 briefly touch on each of these and then Steve, of  
24 course, in much more detail, will cover these later.

25 One of the main concerns was the limited

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1 number of tests that had 15 grams and uncertainty in  
2 the margin at that limit, since there appeared to be  
3 a transition at fiber limits that were not much higher  
4 than 15 grams.

5 You also questioned us on the use of  
6 silicon carbide as a surrogate particulate and the  
7 size and distribution of the particulate size and also  
8 the fiber size for testing. You had asked about the  
9 radiological effects on chemical deposits.

10 We received a lot of question son the 45-  
11 gallon per minute flow rate for hot-legs and whether  
12 that was really necessary. We received questions on  
13 debris additions and whether sequencing the  
14 particulate fiber and chemicals in a different manner  
15 or changing the timing of the additions might affect  
16 the overall results.

17 We discussed particulate to fiber ratios  
18 and which ones appear to be limiting and mentioned  
19 that the hot-leg particulate to fiber ratio was  
20 limiting and was different than the cold-leg flow  
21 rate.

22 And of course there is questions on  
23 repeatability of the data.

24 Of those seven items, I believe that we  
25 will be talking about five of them in more detail in

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1 the upcoming section. We have no new information on  
2 the radiological effects or the debris mixture ratios.  
3 So our intent is not to discuss those further, unless  
4 you have questions.

5 MEMBER BANERJEE: Paul, there was an issue  
6 related to temperature which I don't know if it got --  
7 but I am trying to recall it. These transients often  
8 start at pretty high temperature before they get down  
9 to 130 or whatever. And there was a question as to  
10 whether this would lead to formation of something like  
11 felt over the fiber. Because you know if you go  
12 through this trajectory of very high temperatures,  
13 could it lead to a more compact fiber? Is there any  
14 evidence in that direction?

15 MR. KLEIN: I know one of the test vendors  
16 in particular boils their fiber before they add it to  
17 the test. And we haven't notice substantially  
18 different results from their test compared to others  
19 that don't go through that process. So it is the  
20 feeling of the staff is that we don't think that would  
21 make a significant difference.

22 MEMBER CORRADINI: Wasn't there a time,  
23 maybe it is going to -- maybe we can bring it up. I  
24 thought there was another temperature comment on the  
25 other side, which is temperature tends to essentially

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1 change the fluidity of the mixture.

2 MEMBER BANERJEE: Yes, you will see later,  
3 which we cannot talk about here --

4 MEMBER CORRADINI: Sure, that's fine.  
5 Let's just wait.

6 MEMBER BANERJEE: Yes, there will be an  
7 effect.

8 MEMBER CORRADINI: Because I remember I  
9 was on the phone when a lot of this was discussed last  
10 time.

11 MR. KLEIN: At this point, I would like to  
12 turn the presentation over to Steve Smith and I  
13 appreciate you saving all the hard questions for him.

14 MR. SMITH: Thanks, Paul. Good morning.

15 I know a lot of you have heard a lot about  
16 the tests that were run before so I am not going to go  
17 through all these. I am just going to say a few  
18 things. And if anyone has any questions, I will leave  
19 them up here for a minute so you can look at them.  
20 And if you have any questions, let me know.

21 But basically, the fuel assembly that was  
22 tested was not full height. It was a partial height.  
23 It was basically a prototypical cross-section fuel  
24 assembly. And then there was a volume below the test  
25 rig and I will show a picture in the next slide. I

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1 don't think it is going to show the whole volume but  
2 it will show some of the test rig. And there was a  
3 volume below that was meant to model the lower plenum,  
4 not really model it but it provided a space like the  
5 lower plenum volume.

6 It wasn't modeled to ensure transport or  
7 anything like that but we did observe that all the  
8 debris transported up into the test rig.

9 MEMBER SHACK: Steve, just I know they did  
10 some tests to characterize the fiber links. Did they  
11 do that for each test or did they have a process they  
12 characterized once and assumed that process generated  
13 the same distribution every time?

14 MR. SMITH: I believe they had a process  
15 that they went through with a certain blender and you  
16 know, length of time they blended it. And they  
17 characterized it a couple of times and after that they  
18 just used the procedure. They were satisfied that --

19 MEMBER SHACK: It was reproducible.

20 MR. SMITH: Yes.

21 MEMBER BANERJEE: I think Bill had a  
22 question at the last meeting as to what the  
23 distribution and the sizes were like. I don't know if  
24 you need to say that in closed meeting or open.

25 MR. SMITH: The distribution that was used

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1 during the testing was based on actual data from fiber  
2 that bypassed during strainer testing. So that debris  
3 was collected. They took results from several plants  
4 and came up with a distribution.

5 And we will talk about it later but I will  
6 say it now since you brought up the questions. We did  
7 add a condition in limitation to the SE that requires  
8 the plants to validate that the fiber size used during  
9 testing is applicable for their plant.

10 MEMBER SCHULTZ: What is the rationale for  
11 the debris addition order?

12 MR. SMITH: The debris addition order that  
13 was used was based on what was basically approved for  
14 strainer testing. So the strainer testing, what we  
15 found was that if you add the particulate first you  
16 would come up with a more conservative head loss. And  
17 Dr. Wallis did talk about that was mostly from PN&L  
18 but we have seen similar results, although not as --  
19 he said orders magnitude when you put the particulate  
20 in first. We see slight differences but it usually is  
21 greater when you put the particulate in first or in  
22 head loss test.

23 MEMBER BANERJEE: Now there were tests  
24 done for the AP1000, which I think we can elude to  
25 where it was mixed homogeneously.

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1 MR. SMITH: We can talk about those. We  
2 have something to talk about that a little bit later  
3 on.

4 MEMBER BANERJEE: Okay.

5 MR. SMITH: All right, this is just a  
6 picture of the test rig. So I glad it shows up a  
7 little bit better than it did in the slide because the  
8 slide is a little bit smaller.

9 MEMBER STETKAR: Steve?

10 MR. SMITH: But this is Plexiglas column.

11 MEMBER STETKAR: Steve, just make sure you  
12 close to the microphone so we can pick you up.

13 MR. SMITH: Okay. All right, I can use  
14 the mouse. That's good.

15 So it is a Plexiglas column. Over here is  
16 a large mixing tank. It will hold a couple hundred  
17 gallons. And they have a system that keeps this  
18 agitated. The fuel assembly is inside the Plexiglas  
19 column. And you can see that there are spacer grids  
20 here. Some of them are here to see because they are  
21 behind the supports for the system but there is a  
22 spacer grid here, here, and then down at the bottom.  
23 You can't see the bottom, unfortunately.

24 And generally the flow is from the bottom  
25 up but they do have the ability to reverse the flow

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1 for upper plum injection plant type or if you have a  
2 hot-leg injection. So they could also simulate that.

3 And then the little red tubes, you see  
4 those are the pressure taps that they used to measure  
5 differential pressure across the various spacer grids.

6 MEMBER CORRADINI: And I remembered there  
7 was a question just to remind myself. So what is  
8 happening between the Plexiglas and the assembly.

9 MR. SMITH: Between the Plexiglas and the  
10 assembly, that distance between where the gap is  
11 simulates one-half of the gap between two fuel  
12 assemblies.

13 MEMBER CORRADINI: I knew it was  
14 something. I just couldn't remember what it was.  
15 Okay, great.

16 MR. SMITH: So it should be 20 runs.

17 MEMBER BANERJEE: There were some runs  
18 done, if I recall, as well, with sort of a star-shaped  
19 full gap. Right?

20 MR. SMITH: In one test they actually took  
21 four quarters of a fuel assembly and put it in here  
22 and totally sealed the edge and had a full gap  
23 between. So instead of 20 mils on the outside they  
24 had --

25 MEMBER CORRADINI: We'll see that test

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1 result in here.

2 MEMBER BANERJEE: It is there. I have it  
3 if you --

4 MR. SMITH: I don't think I have it.

5 MEMBER CORRADINI: That's fine.

6 MR. SMITH: There was basically no  
7 difference in head loss.

8 MEMBER BANERJEE: Yes, it didn't make any  
9 difference but I have the results.

10 MEMBER CORRADINI: No difference either  
11 way.

12 MR. SMITH: Right.

13 MEMBER CORRADINI: Okay.

14 MR. SMITH: Both had the same head loss  
15 with this under similar conditions.

16 Okay, this is just a schematic of the test  
17 facility so you can see how it is set up. This is  
18 similar to the CDI test facility. One thing that is  
19 different between the two facilities is this area down  
20 here they have a different shape. In Westinghouse  
21 they use a diamond-shaped diverter to make sure the  
22 flow just doesn't flow straight up into the bottom of  
23 the assembly. And they had an inverted cone at CDI.  
24 That was one difference between the assemblies.

25 And then the other difference, major

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1 difference between the test facilities was they used  
2 a stirring pump at Westinghouse and at CDI they used  
3 an actual propeller in the tank to keep everything  
4 agitated so that it would all transport to the fuel  
5 assembly.

6 MEMBER CORRADINI: So can I ask a question  
7 here? I don't think it is closed.

8 So since we recently had a meeting on  
9 another sort of plant about test protocol --

10 MEMBER BANERJEE: Maybe you can bring that  
11 up in the closed session.

12 MEMBER CORRADINI: Are we going to talk  
13 about test protocol later?

14 MEMBER BANERJEE: You know that will be --  
15 something will be alluded to.

16 MEMBER CORRADINI: Okay, fine.

17 MEMBER BANERJEE: Why don't we? Because  
18 that has to do with the inlet geometry as well.

19 MEMBER CORRADINI: Okay, fine. Whatever  
20 you say.

21 MEMBER BANERJEE: It may be better.

22 MEMBER CORRADINI: Yes, sir.

23 MR. SMITH: Okay, this is just sort of a  
24 -- this is what we based our fiber limits on. We  
25 based them on the industry testing that was done at

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1 the limiting facility. It was done at two facilities,  
2 CDI and Westinghouse. And CDI was the limiting  
3 facility. We only proposed fiber limits because the  
4 test programs accounted for variations of the amounts  
5 of other types of debris. And we found that if we  
6 limited the fiber to an amount that would not sustain  
7 a pressure, you know a bed that could cause a high-  
8 pressure loss, that it didn't matter what other types  
9 of debris you got into as far as the particulate and  
10 the chemical got into the fuel assembly.

11 And our accepted fiber amount is based on  
12 the test conditions that resulted in the most  
13 conservative fiber limits. So for example, we chose  
14 the most conservative particulate to fiber ratio. If  
15 you change that, you could put more fiber in it and  
16 not get as high of a head loss. That is just an  
17 example of one of the conservatisms in the testing.

18 And I think now is the time that we would  
19 want to close the meeting. So we would ask, I guess,  
20 everyone who is not an NRC staff member or ACRS member  
21 to leave because we have information from several --

22 MEMBER STETKAR: We need to make sure we  
23 get the bridge line closed also.

24 MEMBER BANERJEE: Yes, we have different  
25 vendors, different people.

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1 Mike you will be able to ask all your  
2 questions happily now.

3 MEMBER CORRADINI: I just forget. I mean,  
4 it was May. That was five months ago. I can't  
5 remember.

6 MEMBER BANERJEE: No, I am saying  
7 regarding this other concept that you are worrying  
8 about, where the inlet is completely different for  
9 testing.

10 MEMBER CORRADINI: It is not the inlet.  
11 It is the test protocol that Graham brought up, which  
12 I assume he keeps on alluding to were these test  
13 protocols. I want to understand something.

14 MEMBER BANERJEE: Well you mean how the  
15 particulates are added and --

16 MEMBER CORRADINI: No. How the delta P  
17 and the flow are controlled as the test proceeds.

18 MEMBER BANERJEE: Oh, okay.

19 MEMBER CORRADINI: Because Dr. Wallis was  
20 fairly precise in what he liked and didn't like.  
21 Usually he is kind of -- he was very particular this  
22 time.

23 (Whereupon, the foregoing matter went off  
24 the record at 10:51 a.m. for a closed  
25 session and went back on the record at

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1 11:50 a.m., continuing the open session.)

2 CHAIR ARMIJO: Okay.

3 MEMBER BANERJEE: We can proceed now?

4 CHAIR ARMIJO: Yes, sir. Go ahead.

5 MR. SMITH: All right, this slide here,  
6 slide 22 we are up to is just talking about talking  
7 about surrogate sizes. And one of the questions that  
8 the subcommittee had was you know, how varied were the  
9 surrogate sizes that were used in the testing?

10 Basically what happened both AREVA or CDI  
11 and Westinghouse bought particulate, commercial grade  
12 particulate, which is just bought from a vendor and it  
13 was sized at ten plus or minus two microns. And that  
14 is what they specified.

15 We found some information from CDI that is  
16 listed under the AREVA particulate, it was used for  
17 the AREVA fuel testing and a couple of Westinghouse  
18 fuel tests here. It shows that the mean diameter was  
19 actually 8.64 and it gives you the minimum and maximum  
20 sizes in the standard deviation.

21 For Westinghouse --

22 MEMBER STETKAR: But the distribution --  
23 full distribution. I was just being facetious.

24 MEMBER BANERJEE: Was it log normal?

25 MR. SMITH: They actually had a graph of

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1 it and I could get you that if you want.

2 MEMBER POWERS: Do they screen this  
3 material or is there is a segmentation or how do they  
4 size it?

5 MR. SMITH: I don't know how they actually  
6 sized it. This was just commercial information. They  
7 bought it commercially and this is when they looked at  
8 it, this is the size distribution that they came up  
9 with.

10 And the Westinghouse we didn't get quite  
11 as much, we didn't get a maximum in. I imagine it is  
12 slightly larger. So maybe it goes up to maybe 30  
13 microns and down to four or five.

14 So it wasn't just the ten micron  
15 particles, there was actually a range there.

16 The other thing we wanted to say also was  
17 that chemical precipitates also give additional size  
18 ranges. I think it is generally on the smaller end of  
19 the spectrum.

20 The next slide, number 23, just talks  
21 about some of the conservatisms and the staff thinks  
22 that there are conservatisms associated with the way  
23 that the testing was done and a lot of the inputs to  
24 the testing. The trouble is that the conservatisms  
25 haven't been quantified. So basically we don't know

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1 the degree to which head loss would be affected by the  
2 -- how much head loss is actually being taken up or  
3 being lost to some of these conservatisms. We just  
4 don't know.

5 There is also variations in the test  
6 results. And for the reasons just not being able to  
7 quantify the conservatisms and also the variability we  
8 saw in the test results, we felt that we would use the  
9 most limiting tests at the most limiting facility to  
10 come up with the limit.

11 So this is a summary and we have talked  
12 about a lot of these. I am not going to go over a lot  
13 of it. There is a couple points that I need to make  
14 because these address at least one of the things that  
15 was at one of the Thermal Hydraulic Subcommittee's  
16 issues. The first one just says that you get some  
17 additional tests to show that the 15 gram fiber limit  
18 provides some margin. We talked about the surrogate  
19 sizes.

20 We did add the C&L which I talked about  
21 earlier that the licensees would have to validate with  
22 the fiber used in the testing is applicable for their  
23 plants.

24 On the last bullet, you know Paul talked  
25 about we didn't have other information on the

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1 radiological effects, which was one of the concerns,  
2 the radiological effects on the chemical precipitant  
3 but we feel that the chemical precipitant that is used  
4 is a conservative one.

5 MEMBER BANERJEE: There was one other  
6 point, Steve, which was whether the absolute amount  
7 for a channel was the only important factor compared  
8 to the concentration. There was a question related to  
9 -- if I recall my memory -- the volume of the system,  
10 did it have any effect in terms of the concentration?

11 MR. SMITH: As far as having a taller fuel  
12 assembly?

13 MEMBER BANERJEE: No, I am talking about  
14 let's say the concentration of the fiber in the  
15 incoming flow. Is it just the amount of fiber or is  
16 it also the concentration that matters? That was the  
17 question.

18 MR. SMITH: You're right. And we only hit  
19 the big questions. We didn't try to address every  
20 small question because we only had a couple hours here  
21 and we probably would have missed some anyway.

22 MEMBER BANERJEE: But in addition to the  
23 radiological effects which was a relatively small  
24 question as well, is that --

25 MR. SMITH: That one came up several times

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1 that when we were going to through the minutes we saw  
2 that mentioned.

3 You're right. That was a question. I  
4 don't think there would be -- I think it is just the  
5 concentration --

6 MEMBER BANERJEE: If you have any evidence  
7 --

8 MR. SMITH: -- when it actually collects  
9 in the fuel assembly is what matters more than the  
10 concentration in the fluid. But there could be an  
11 effect there. It doesn't seem like it would be a  
12 large one.

13 MEMBER BANERJEE: Was the volumes of the  
14 two systems different, the CDI versus the --

15 MEMBER SHACK: Relatively close.

16 MEMBER BANERJEE: Okay.

17 MEMBER POWERS: I'm wondering a little bit  
18 on why you think it is that the radiological effect --

19 MR. BAILEY: Can I interrupt for a second?

20 MEMBER POWERS: -- conservatively treated?

21 MR. SMITH: Well all we are saying is that  
22 we think that the surrogate that is being used is  
23 conservative compared to one that would actually occur  
24 in the plant. Therefore, if there were some  
25 radiological -- it is one of these unquantified

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1 things. If there some radiological effects that were  
2 to occur in the plant, that we think we have some  
3 margin in the way the test was done.

4 MR. KLEIN: Yes, I don't think that Sam  
5 meant to say we are concerned from the radiological  
6 standpoint. But we have seen a lot of different  
7 chemical tests where they have added this particular  
8 aluminum oxyhydroxide surrogate and that has produced  
9 the highest head loss compared to other surrogates and  
10 compared to tests where they have added, slowly added,  
11 dissolved aluminum where they have forced  
12 precipitation in situ by adding chemicals. And it  
13 seems like when you add it all up, the WCAP aluminum  
14 oxyhydroxide is conservative.

15 MEMBER BANERJEE: Stewart, you had a  
16 question?

17 MR. BAILEY: Yes, if you wanted to go back  
18 to the last question. Erv did you want to add some  
19 more information?

20 There were tests where they varied the  
21 concentration of the debris that made it to the fuel  
22 assembly. So I think that -- we should have gone over  
23 that I guess, as we were going over all these other  
24 additional testing.

25 Erv, did you want to give any additional

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1 -- I guess the mike doesn't work?

2 MEMBER BROWN: No, it is. It's just he  
3 sat back down.

4 MEMBER STETKAR: It's on.

5 MR. GEIGER: Yes, I had observed a number  
6 of tests at CDI that they actually varied because they  
7 were trying to determine I guess if they fed it  
8 slower, if the fibers were put in slower it would have  
9 made an effect. You know they had such a low fiber  
10 that a lot of the tests done just to see if they could  
11 raise that. And so there were tests where they put in  
12 like two grams at a time or five grams at a time and  
13 then ten grams at a time and it really did not seem to  
14 have an effect on the final battle of the dP at the  
15 end.

16 MR. BAILEY: So I think it is anecdotal  
17 that there was testing out there where they did vary  
18 the concentrations reaching the core to no discernible  
19 effect.

20 MR. KLEIN: Well I think to add to that  
21 Stew, they also ran a test where instead of adding a  
22 20-gallon batch of chemicals they added less than a  
23 two-liter addition and had the same effect. So at  
24 least from that standpoint, adding smaller amounts  
25 didn't seem to have an effect overall.

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1 CHAIR ARMIJO: Yes, the radiation,  
2 radiological question, I think you reminded me. I  
3 raised at least one of those questions and my concern  
4 was all of this testing has been done ex-reactor and  
5 the event will happen in a reactor. And all of these  
6 chemicals and particles will flow through the core.  
7 Some of them will deposit in the lower bridge, in the  
8 lower parts of the assembly in an intense radiation  
9 field and will that change things? Will it polymerize  
10 the aluminum oxyhydroxide in a way it makes it more  
11 effective as increasing the pressure drop? Or will  
12 the stuff drop out? Will the aluminum oxyhydroxide  
13 turn into an oxide where it is harmless?

14 These are open questions and somewhere  
15 along the line it would be good if someone did some  
16 limited experiments in cobalt bits or something like  
17 that to see what happens with these chemicals.

18 MEMBER POWERS: I would not expect a very  
19 strong radiological effect on aluminum because I am  
20 not aware of any strong radiological effect on  
21 aluminum.

22 CHAIR ARMIJO: Dana, let me make sure I  
23 understand. You have got this aluminum oxyhydroxide.

24 MEMBER POWERS: Yes.

25 CHAIR ARMIJO: Okay, will that be stable

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1 as aluminum oxyhydroxide or in the radiation  
2 environment will it decompose into plain old aluminum  
3 oxide as particulate, which could be beneficial,  
4 rather than as --

5 MEMBER POWERS: In the heated water, it  
6 will tend to evolve toward the aluminum oxyhydroxide,  
7 which is lovely gelatinous junk.

8 The only radiological effect that comes to  
9 my mind is that in a -- if you had carbon dioxide in  
10 the atmosphere, it will evolve into formaldehyde  
11 which, in water, will polymerize into a polyhydroxide.

12 Now the dose rates in this water are  
13 pretty low. And the amount of material that you can  
14 possibly have in there relative to the amount of  
15 aluminum oxyhydroxide -- aluminum oxyhydroxide is a  
16 marvelously ugly stuff as a gelatinous mixture, leads  
17 me to suggest that you are probably right. By using  
18 the aluminum oxyhydroxide -- the calcium phosphate is  
19 another ugly gelatinous thing that is very ugly.

20 But radiologically I would think the  
21 polymer I would worry about would the polymerization  
22 of -- formaldehyde turns into dihydroxymethane and  
23 that polymerizes up and makes a lovely gelatinous kind  
24 of like precipitate.

25 The chemical evolution of aluminum

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1 oxyhydroxide is probably driven more by temperature.  
2 Or speaking of your tap water, how much calcium had  
3 dissolved in the water -- calcium or magnesium -- will  
4 drastically affect aluminum oxyhydroxide.

5 MEMBER BANERJEE: One other question which  
6 arose, whether it was important or not you will have  
7 to tell me, is that for the cold-leg tests, when they  
8 added the fiber, most of the tests did not come to a  
9 steady state before the chemical addition. Whereas,  
10 for the hot-leg test, they ensured that it did. And  
11 the cold-leg test was still rising. What effect, if  
12 any, do you think that might have?

13 MR. SMITH: What we concluded from looking  
14 at those test results, and we did go back and look at  
15 the cold-leg test results and there were some that did  
16 level off that got the highest differential pressure  
17 when they actually weren't leveled off when they put  
18 the chemicals in, it appeared that the chemical  
19 addition probably would have come up to about the same  
20 amount. It didn't seem like you would get a lot more  
21 head loss out of it if you had allowed it to stabilize  
22 first. And I think the reason why that happened is  
23 the cold-leg flow rate was so slow I think they were  
24 waiting for a long time.

25 MEMBER BANERJEE: They got fed up.

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1 MR. SMITH: They were fed up. So it  
2 didn't look like the head loss was increasing very  
3 fast because it was only a three gpm. So the turnover  
4 was very slow. It has taken a long time to filter the  
5 particulate out. So they didn't notice a head loss  
6 increasing until they put it on the graph. And I  
7 think that is why they probably added the chemical  
8 when they did.

9 MEMBER BANERJEE: But would a cold-leg  
10 head loss -- of course you have much less head to work  
11 with there.

12 MR. SMITH: Yes.

13 MEMBER BANERJEE: It is like three psi or  
14 something. So do you think your number is still  
15 bounding for that, the 15?

16 MR. SMITH: The 15 grams will be bounding  
17 because for a cold-leg break, even for a plant that  
18 has a relatively low injection rate, you are still  
19 going to have a lot of the debris going back out the  
20 break and being re-filtered by the strainer. So you  
21 are not going to get 18 grams was what we found for  
22 the cold-leg limit. You are going to have ten or less  
23 at the most. And like STP did some evaluations, they  
24 are going to end up with five grams or less for a  
25 cold-leg break.

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1 MR. BAILEY: Yes, I think to finish that  
2 out, if you look in the WCAP, they have looked at the  
3 plant flow rates for the fleet. And for the cold-leg  
4 breaks, at least half of the debris is postulated to  
5 make it back out the break. And that is a believable  
6 number. So if we are capping at 15 grams, that is  
7 really looking at what makes it through the strainer.  
8 For a cold-leg break, you are looking at seven and a  
9 half grams. If you take a look at the cold-leg test  
10 data down for the early additions of fiber and so you  
11 are down in the seven gram limit, there is no  
12 discernible buildup of the bed for the cold-legs at  
13 that case.

14 The tests that you are looking at are  
15 higher in fiber.

16 MEMBER BANERJEE: Do you recall what it  
17 was because this is just in my memory?

18 MR. BAILEY: It is indiscernible at that  
19 point, when you are down to seven grams.

20 MEMBER BANERJEE: So 15, though, do you  
21 get a discernible pressure loss?

22 MR. BAILEY: Above ten you start seeing  
23 some noticeable pressure difference. Down at around  
24 seven you don't really see anything. I realize that  
25 the difference there is not that large but it is

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1 dealing with the data that we have available, there is  
2 just no discernible trend when they are still down  
3 there in the seven grams.

4 MEMBER BANERJEE: I just brought that  
5 question up because I recalled that if it was a  
6 question, somebody asked it at the meeting.

7 MR. BAILEY: Said asked.

8 MEMBER BANERJEE: Yes, Said asked that  
9 question. Okay. All right, let's move on.

10 MR. SMITH: All right, I think we are down  
11 to the conclusion here, our last slide.

12 Basically RSE concludes that the 15 gram  
13 limit per fuel assembly when combined with a  
14 successful LOCADM evaluation will provide adequate  
15 assurance that you are going to get flow to the core  
16 and you are not going to exceed the acceptance limit  
17 and this will provide good methodology for plants to  
18 close out this portion of Generic Letter 2004.

19 MEMBER BANERJEE: Now you didn't say much  
20 about LOCADM. Can you just summarize how you arrived  
21 at LOCADM?

22 MR. SMITH: I'll let Paul answer but we  
23 didn't talk too much about LOCADM because there wasn't  
24 many questions. There was no questions, basically,  
25 about LOCADM in the subcommittee. So we wanted to

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1 focus on the interesting materials.

2 MEMBER BANERJEE: Well as long as you know  
3 we are going to have to address this briefly in our  
4 letter.

5 MR. SMITH: Okay.

6 MR. KLEIN: I guess our thoughts on LOCADM  
7 was that it provided for a conservative method to  
8 evaluate deposits on the fuel. And we thought that  
9 way because of the assumed thermal conductivity values  
10 that appear to be quite conservative and also the  
11 assumption in the larger scale that the entire  
12 chemical source term would transport to the fuel and  
13 only deposit there. And so that, when you consider  
14 that there is no credit given for anything to  
15 precipitate out into the sump hole or get trapped on  
16 a strainer fiber bed or deposit maybe in a heat  
17 exchange or any other surface in containment but on  
18 the fuel pins themselves, those were the two primary  
19 things that we looked at as far as why we thought that  
20 the technique was acceptable.

21 And there is more. We have a number of  
22 backup slides, if you want to go into more discussion  
23 on that.

24 MEMBER BANERJEE: No, I think I was -- the  
25 reason we did not address it, I guess there was no

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1 concerns in the subcommittee. Bill would be the  
2 person if there was any.

3 MEMBER SHACK: Yes. No, I mean that was  
4 sort of my reaction.

5 MEMBER BANERJEE: Yes.

6 MEMBER SHACK: That was not where the  
7 focus of the subcommittee was.

8 MEMBER BANERJEE: Yes, I just wanted to  
9 cover all our bases because we are going to have to --

10 MR. BAILEY: I think you have actually  
11 been satisfied with LOCADM since Rev. 0 of this  
12 Topical Report.

13 MEMBER BANERJEE: Right, we didn't have a  
14 problem.

15 MR. BAILEY: We are now several years down  
16 the line.

17 MEMBER BANERJEE: All right.

18 MEMBER POWERS: We've changed our mind.

19 MEMBER BANERJEE: I think -- are you done?  
20 Are there any other questions from anybody? Okay, if  
21 --

22 CHAIR ARMIJO: On the bridge line,  
23 anybody?

24 MEMBER BANERJEE: Anybody on the bridge  
25 line who has any questions?

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1 MEMBER STETKAR: It's not open in this  
2 direction so they could be screaming.

3 MEMBER BANERJEE: Oh, can you open it in  
4 this direction? Well they can unmute it, no?

5 CHAIR ARMIJO: No.

6 MEMBER BANERJEE: Okay.

7 MEMBER STETKAR: They can but it has to be  
8 -- we have the final check valve.

9 MEMBER SHACK: Do we know on a plant-by-  
10 plant basis what the dissolved chemical levels might  
11 be? Is that something -- I mean have they all done  
12 that or were they depending on the sort of generic  
13 bounding values that --

14 MR. KLEIN: I think we have a pretty good  
15 idea. We may not have it exactly but we have  
16 certainly as part of the Generic Letter responses the  
17 WCAP assessments and the amount of precipitates that  
18 is projected by that technique. That allows us to  
19 have a pretty good sense of the relative amounts of  
20 different plants.

21 MEMBER SHACK: I mean it doesn't take very  
22 much precipital. If it precipitates, it doesn't take  
23 very much. But the amount that is there would have a  
24 strong effect on whether it was likely to precipitate  
25 or not.

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1 MR. KLEIN: And there is quite a range  
2 both in the amount of aluminum, for example, there is  
3 at least one plant with aluminum RMI that has the very  
4 high aluminum chemical load but there is also plants  
5 that use TSP as a buffer and then part of the concern  
6 is the potential calcium sources because you might  
7 have a whole different precipitate that forms that  
8 could form early and cause problems. So it is a  
9 combination of both amounts and timing that we look  
10 at.

11 MEMBER BANERJEE: Okay, so there is nobody  
12 on the bridge line. So anybody in the audience who  
13 would like to make a comment? Please, yes, go ahead.

14 MR. GEIGER: This is Erv Geiger. I just  
15 wanted to make a comment about the chemical piece.  
16 The Generic Letter responses do have a number in there  
17 for the downstream effects that state how many -- what  
18 the deposit thicknesses and the temperature and so on.

19 And like Paul said before, the  
20 temperatures have been typically 400 degrees or so and  
21 the deposit thickness is well under the 15 mils. Now  
22 it has been several years since I looked at all the  
23 data so I don't recall offhand but I know there is  
24 usually a lot of margin in what they have.

25 MR. BAILEY: So I think what you are

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1 saying is we already have the LOCADM evaluation for  
2 most plants and it is well below the limit in the  
3 WCAP.

4 MR. GEIGER: Yes, for quite a few plants  
5 they did the LOCADM in the initial submittals.

6 Now since the WCAP is still under review,  
7 it has not been finalized but we have a lot of those  
8 LOCADM analysis results, yes.

9 MEMBER BANERJEE: So it remains for me  
10 only to thank you. This was an excellent  
11 presentation. You addressed really all the issues  
12 that we had at the subcommittee meeting. So I think  
13 it is a very good basis for us to go forward with the  
14 letter. So thank you very much.

15 And if you have -- we would appreciate it  
16 if somebody was here during the letter-writing session  
17 so we are factually correct. Thanks very much.

18 So back to you, Mr. Chairman, on time.

19 CHAIR ARMIJO: Right on time.

20 Congratulations, Dr. Banerjee.

21 We are going to reconvene at 1:15.

22 (Whereupon, at 12:12 p.m., the foregoing  
23 open session was concluded.)  
24

**NEAL R. GROSS**

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**U.S.NRC**

UNITED STATES NUCLEAR REGULATORY COMMISSION

*Protecting People and the Environment*

**ACRS**

**SECY-12-0064**

Donald A. Cool  
U.S. Nuclear Regulatory Commission  
October 4, 2012

# Presentation Outline

- **Background**
- **Risk**
- **Occupational Exposure Data**
- **Regulatory Approaches Considered**

# Background

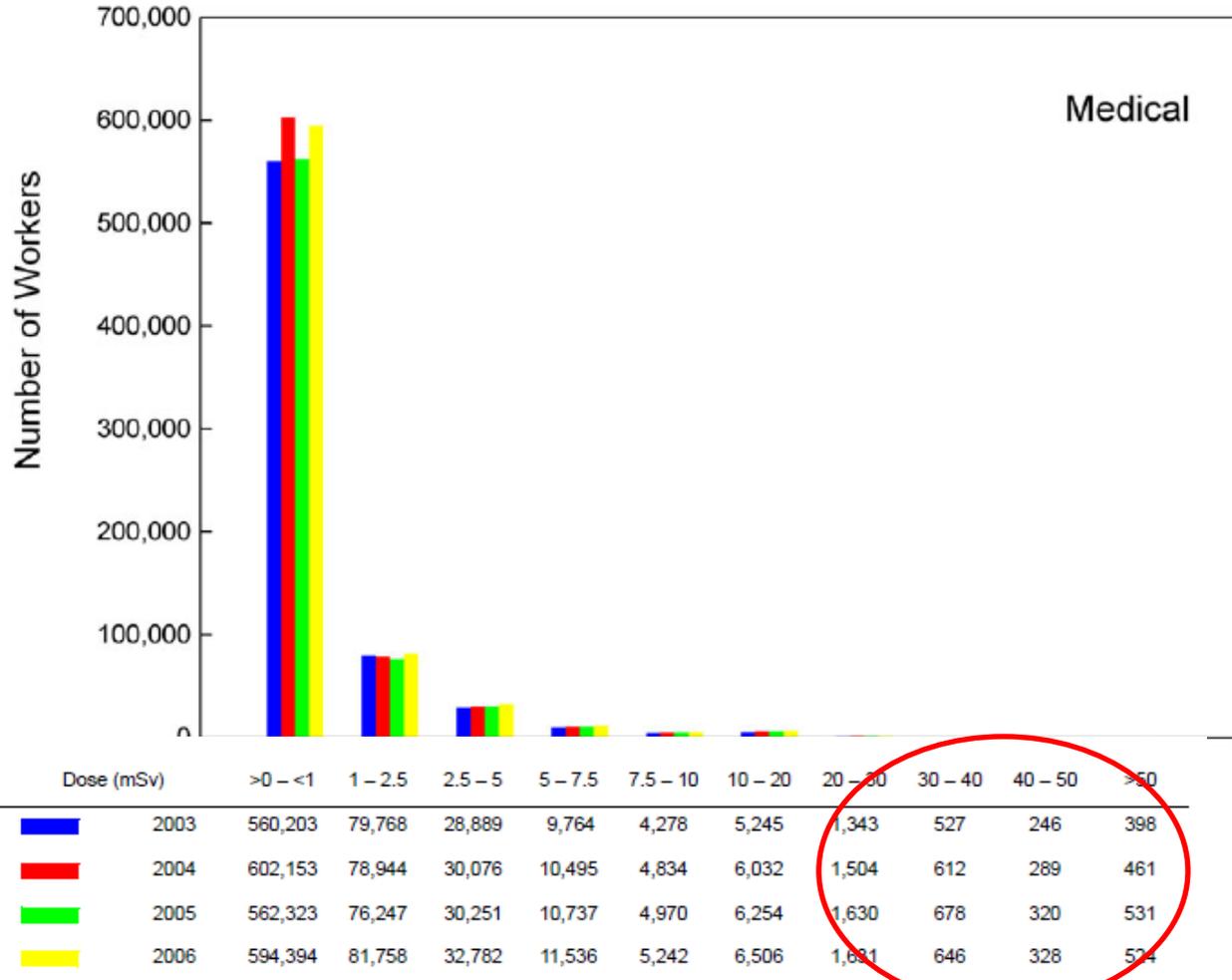
- **SECY-12-0064, April 25, 2012**
- **Staff met with ACRS Subcommittee on Radiation Protection and Nuclear Materials on April 27 and September 18, 2012**
- **Staff met with ACRS on June 6, 2012**

# Regulation Risk Basis

- **10 CFR Part 20 Occupational Dose limits based on assumed risk of  $1.25 \times 10^{-2}$  per Sv cancer mortality and risk of heritable disease**
- **Current radiation risk  $\approx 5 \times 10^{-2}$  per Sv**
  - **Considered mortality, morbidity and hereditary effects**
  - **Comparable results from UNSCEAR, ICRP, BEIR, NCRP**
  - **EPA “Blue Book” values for U.S. Population**
    - Incidence:  $1.16 \times 10^{-1}$  ( $5.6 \times 10^{-2}$  to  $2.1 \times 10^{-1}$ )**
    - Mortality:  $5.8 \times 10^{-2}$  ( $2.8 \times 10^{-2}$  to  $1.0 \times 10^{-3}$ )**

# Selection of the Limit Value

- **1977 – ICRP 26**
  - average annual risk of accidental death in industries generally accepted as safe working environment –  $1 \times 10^{-4}$
  - 5 rem value based on expectation that most individuals would be unlikely to exceed 1 rem
- **1990 – ICRP 60**
  - Multi-attribute approach
  - Objective to prevent cumulative exposure to less than 100 rem (1 Sv)
  - Average and maximum values to provide flexibility for implementation

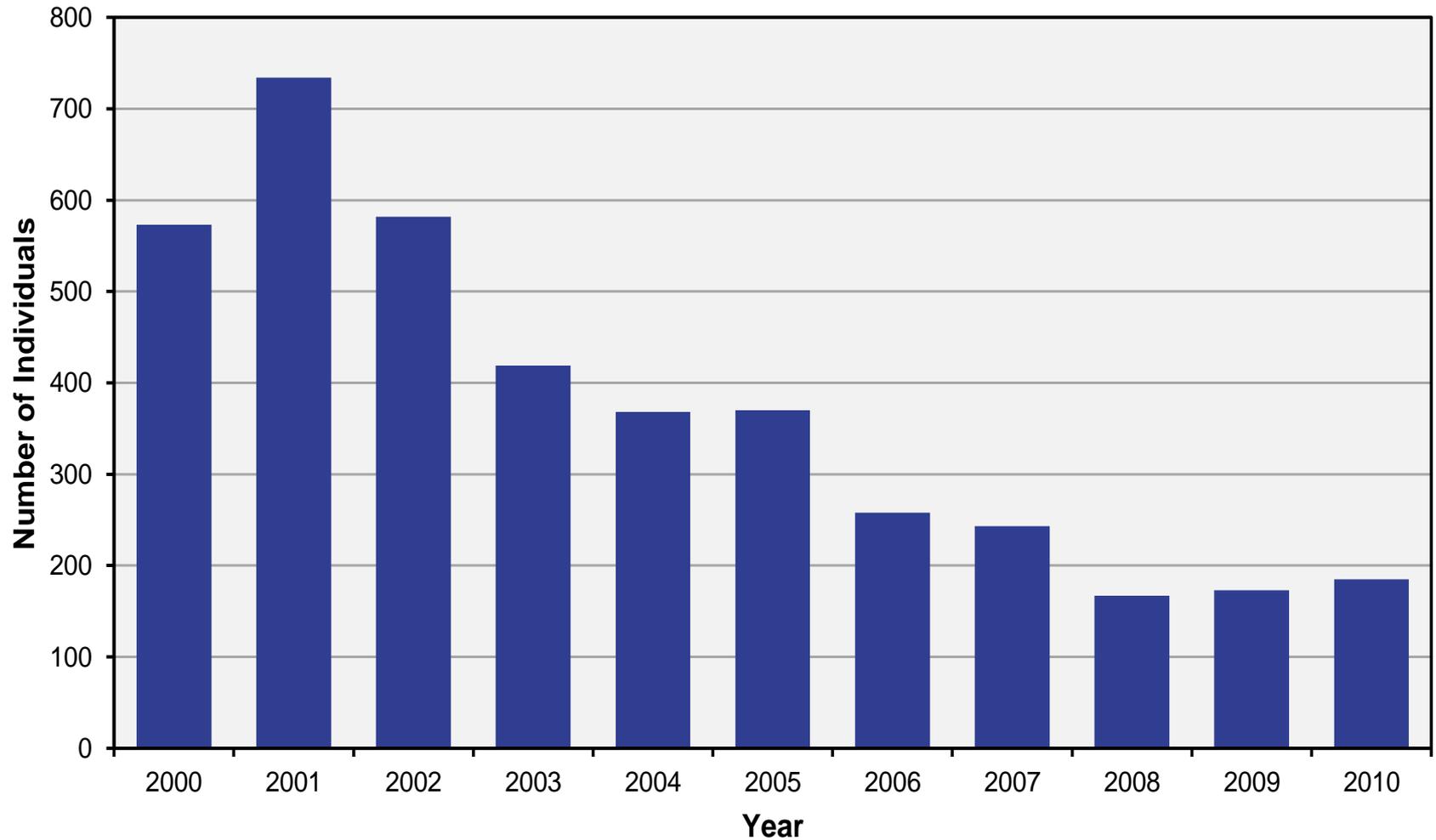


< 20 mSv = 99.57%

Fig. 7.5. Dose distribution for workers with recordable dose for the medical category, 2003 to 2006.

## REIRS Data

### Individuals with Dose Greater than 2 rem



# Findings

- **For reported exposures, almost all exposures are below limits**
- **Individual exposures occur each year in excess of ICRP recommended average**
- **The number of individuals exceeding 2 rem each year is small**

# Findings

- **For the individuals at the high dose end of the distribution, multiple years of exposure can exceed recommended lifetime value**
- **The person-rem total of higher dose individuals is small, because of the small number of individuals**
- **By traditional regulatory analysis, little justification for changes**

# The Challenge

- **What is the most efficient and effective method to ensure that each individual is adequately protected?**
- **Method must be clear, predictable, and reliable**
- **Method must be applicable to all types of occupational exposures, for all types of uses**

# What did Staff Consider?

- **Strengthen ALARA**
- **ICRP Recommended Average and Maximum Limit**
- **Single Lower Dose Limit**

# **Staff Conclusions**

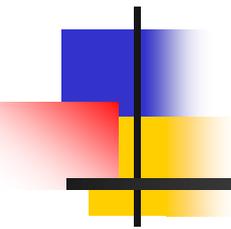
- **A change to limits is a more straight forward, performance based approach than additions to ALARA program requirements**
- **Rulemaking would require designation of adequate protection and/or backfit justification on both quantitative and qualitative grounds**

# Staff Conclusions

- **Additional efforts will be needed to develop regulatory basis for a proposed rule**
  - **Explore possible draft rule text**
  - **Explore possible guidance for implementation**
  - **Dose coefficients needed before Appendix B values can be revised**
  - **Detailed cost-benefit information needed for specific proposals**

# Questions and Discussion





# **WCAP-16793-NP, Rev. 2**

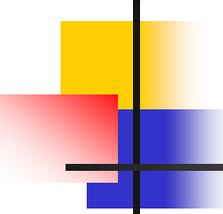
## **NRC Staff Safety Evaluation**

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**Stephen Smith, Ervin Geiger, Paul Klein**  
**Office of Nuclear Reactor Regulation**

**Advisory Committee on Reactor Safeguards**  
**October 4, 2012**

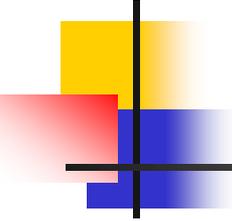
**Contains Proprietary Information**



# Outline

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- Background/History
- Overview
- Technical Evaluation
  - Fuel Assembly Testing
  - *Additional Information since May 2012*  
*Thermal Hydraulic Phenomena Subcommittee*
- Conclusions

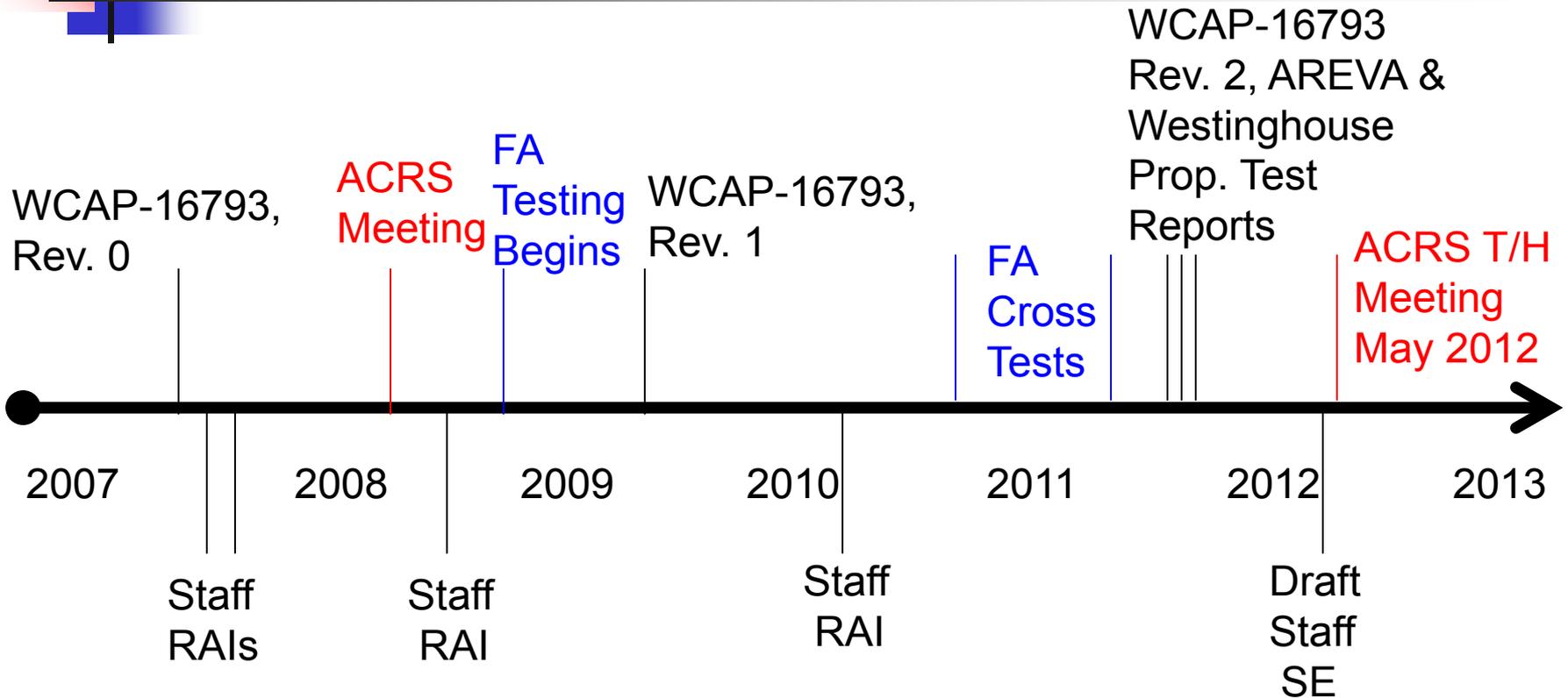


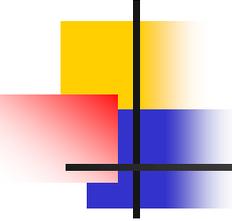
# Introduction

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- Initial response to GSI-191 was focused on the potential for sump strainer clogging
- The Pressurized Water Reactor Owners Group (PWROG) developed WCAP-16793 to provide licensees with a tool to evaluate the ability of the ECCS to cool the reactor fuel considering the potential for particulate, fibrous and chemical debris in the coolant
- Staff presented the draft Safety Evaluation (SE) for WCAP-16793-NP, Revision 2 to the ACRS Thermal Hydraulic Phenomenon Subcommittee in May 2012
- The draft SE is based on approving a 15 gram per fuel assembly fiber limit

# WCAP-16793-NP History

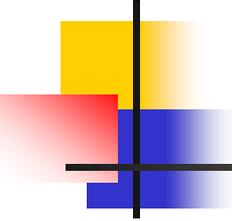




# WCAP-16793-NP, Rev. 2- Overview

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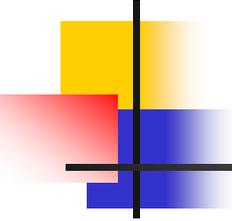
- With respect to GSI-191 and GL 2004-02, the WCAP presents evaluations and a method licensees can use to address the impact on core cooling from debris that passes through the strainer
  - Sets a limit on the maximum temperature of fuel clad based upon a conservative value that prevents fuel damage (in accordance with 10CFR50.46)
  - Establishes an upper limit on the quantity of debris that may be transported to the core inlet
  - Demonstrating that fuel clad temperature will not exceed an acceptable limit when debris is deposited on the fuel rods and spacer grids.



# WCAP-16793-NP, Rev. 2-Overview (cont'd)

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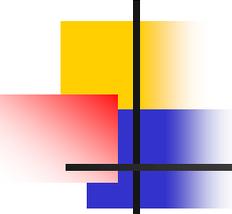
- Provides a tool (LOCADM) for licensees to perform plant-specific evaluation for deposit thickness and clad temperature
- Suggests options for plant specific testing/analysis to increase the fiber acceptance limit



## **ACRS T/H Phenomena Subcommittee May 2012 Meeting Feedback**

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- Limited tests and uncertainty in margins at the recommended debris limit
- Particulate and fiber size choices for testing
- Radiological effects on chemical deposits
- Test flow rates
- Debris additions - sequencing and timing
- Debris mixture ratios
- Repeatability

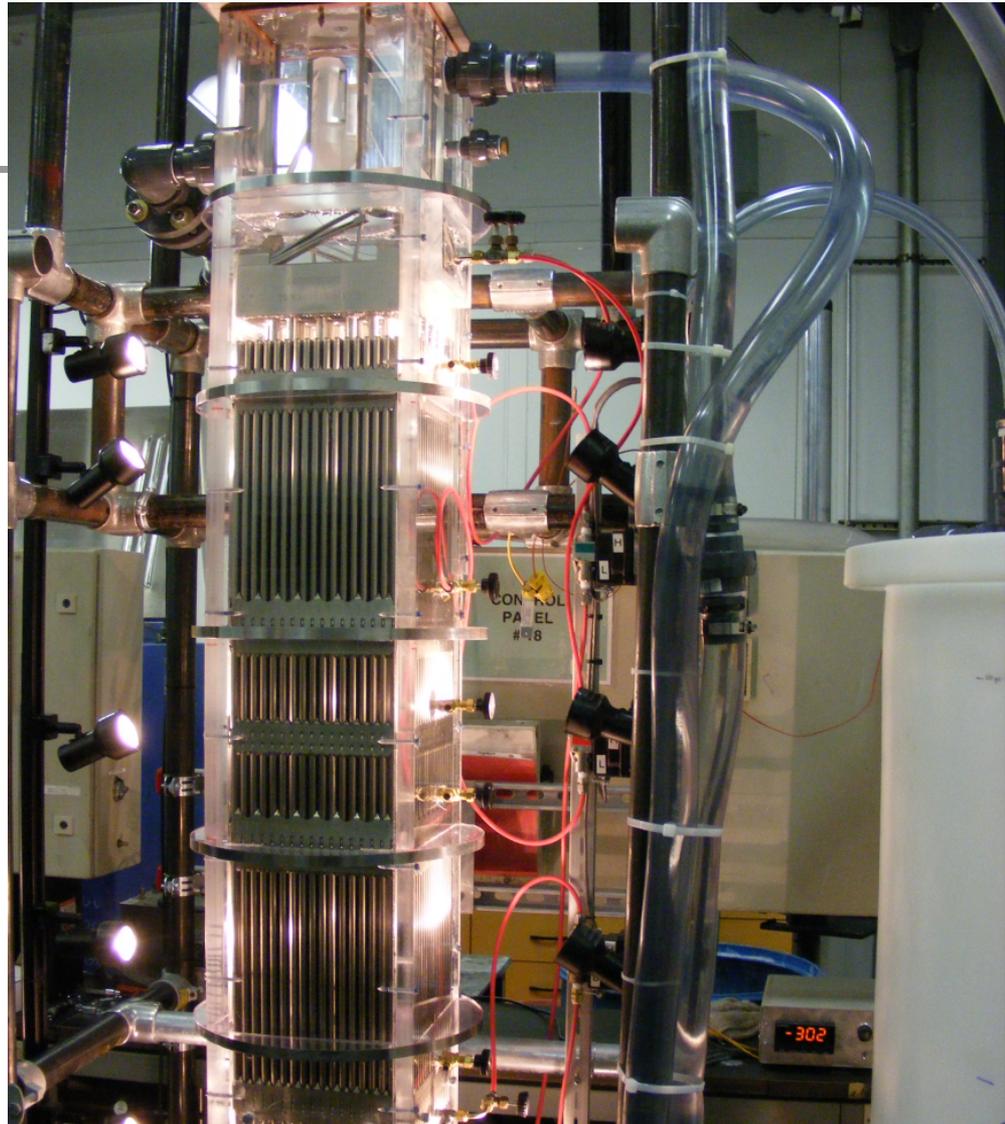


## Test Description

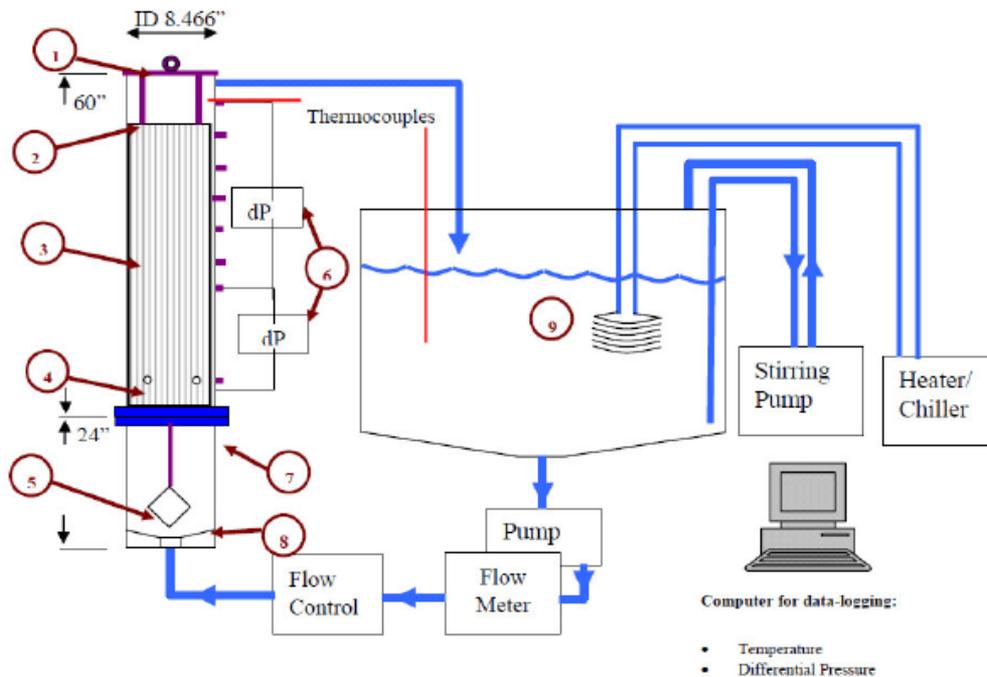
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- Partial Height (1/3 height), Full Cross Section Fuel Assembly
- Lower plenum and core support plate modeled
- 1/2 gap between fuel assemblies modeled by test column walls
- Flow rates controlled
- Measured pressure drop across lower grids and full assembly
- Flow rate reduced if head loss approaches test facility limits
- Mixing Tank agitated to suspend debris
- Debris addition order – particulate, fiber, chemical
- Fluid chemistry – potable water
  - Buffered borated test run – no benefit realized
- Temperature - Nominally Room Temp (about 70 °F)
  - Some tests as high as 130 °F

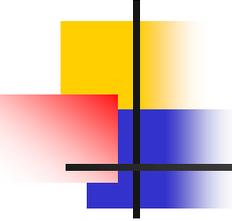
# Fuel Assembly in Test Rig



# Westinghouse Test Facility



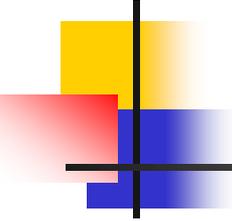
1. Stainless steel top plate and lifting ring
2. Stainless steel hold-down bar
3. One-third height fuel assembly
4. Horizontal positioning set screws
5. Flow diverter (cube)
6. Differential pressure gauge
7. Port for measurement of differential pressure
8. Bottom flow cone
9. Temperature-regulation coil



# Test Results - Fuel Assembly Fiber Limits

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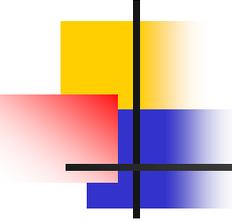
- Fiber limits are based on industry testing
- Staff accepted limits are based on testing:
  - At the limiting facility
  - Performed at the limiting particulate-to-fiber ratio
  - Assuming conservative form of chemical precipitate
  - With all debris suspended and recirculated



# Close Meeting

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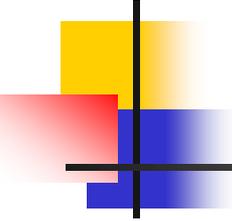
- Proprietary Information Follows



## Open Meeting

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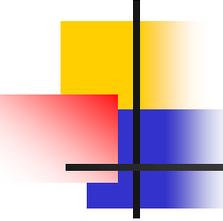
- Do we want to reopen the meeting at this time?



## Surrogate Sizes

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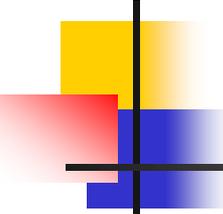
- The T-H Subcommittee was concerned that use of a single sized particulate surrogate could be non-conservative
- The particulate surrogates used in the Areva and Westinghouse testing consisted of a range of sizes, but were commercially purchased to meet a mean particle size of  $10 \pm 2$  microns
- Areva particulate
  - Mean diameter 8.64 microns
  - Minimum 3.3 microns
  - Maximum 28.5 microns
  - Standard deviation – 3.4 microns
- Westinghouse particulate
  - 12 micron average
  - Standard deviation – 3.5 microns
- Some testing discussed earlier used a more varied particulate size distribution



## Conservatisms – WCAP and Staff Evaluation

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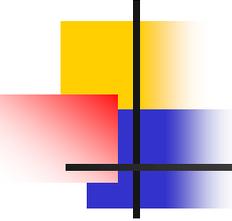
- Claimed conservatisms have not all been quantified or demonstrated
- Some conservatisms are apparent
  - p/f ratio will not likely be at the limiting value used in tests
  - No filtering by strainer in fuel tests for debris passing through FA
  - Tests designed to maximize transport
  - Flow rate required for cooling decreases over time
  - Debris will deposit non-uniformly to some extent
    - Only relevant if debris amounts limited
    - Turbulence levels and flow patterns not demonstrated
  - Alternate flow paths exist for some plants
- Variability in fuel assembly test results has been observed



# Summary

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- The full range of test programs confirm a 15 gram fiber limit provides margin from both a debris limit and head loss perspective to provide reasonable assurance of flow to the core.
- The surrogate sizes used ensure a conservative head loss is identified
- An added C&L requires licensees to validate test fiber sizes apply to their plants
- The head loss margin demonstrated in testing is adequate to assure flow to the core at p/f ratios lower than 1. It is very unlikely for the p/f to be less than 1
- Other test programs suggest that debris sequencing does not have a significant effect on head loss
- Other test programs varied flow rates without significant head loss changes
- Radiological effects on chemicals have not been quantified, but the chemical surrogate used is conservative



# Conclusion

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- The staff concludes that WCAP-16793-NP, Rev. 2, as qualified by the NRC staff SE, can be used to evaluate the effects of debris in the vessel to support closure of Generic Letter 2004-02
  - 15 gram fiber limit
  - Successful LOCADM evaluation