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Rules and Directives
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USNRC

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April 24, 2003

To: Chief, Rules Review and Directives
Nuclear Regulatory Commission
Mail Stop T-6-D-59
Washington, DC 20555-0001

Re: NRC PACKAGE PERFORMANCE STUDY (NUREG-1768)

Dear Chief,

I strongly encourage that the standards for testing high-level radioactive waste transportation casks include:

Full-scale physical testing to the point of failure should be a licensing requirement for each cask design. Computer modeling alone and "extra-regulatory" full-scale physical tests of just two cask designs is not adequate.

The testing regime should be expanded to include puncture, crushing force, and deep immersion tests, not just fire and crash tests.

NRC should expand the testing regime to include explosive and missile attacks.

NRC should test full-scale casks, not just scale models.

Serious consideration should be given to methods of limiting the number of shipments.

Reevaluation of NRC cask performance standards must involve meaningful stake holder participation from all affected areas and proposed routes in the development of testing protocols and the selection of test facilities and personnel.

Testing should be done on randomly selected casks tested in real world accident/attack situations of all possible shipping scenarios (train, truck, barge,etc.) and including scenarios that "could never" happen.

There should be openness and transparency with public and media oversight of all tests.

The speed and orientation used in the impact tests should be the sum of the maximum speed the cask could be traveling and the maximum speed a runaway train and/or truck could be traveling.

The methods used to conduct the impact tests should include both drops from a tower and being propelled along a horizontal track.

The range of speeds must be high enough to test for accidents whose likelihood is "small". If there is any possibility at all it should be tested for.

Casks should be tested to failure with the hottest burning substance that is shipped in bulk and can pool on our nations roads and rails. They should be fully engulfed and concentrated on known and perceived weak spots such as, but not limited to the lid and the welds.

Sincerely,
Lawrence Turk, RN
POB 9392
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E-RIDS=03
cc=A. Snyder (AMS3)
M.J. Murphy (MJM1)

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COMMUNITY MEDICAL CENTER

Continuing Medical Education Series

Community Medical Center
Rehabilitation Dayroom
All lectures are provided with catered lunch
R.S.V.P. 327-4009, 2 days prior*

Tuesday, March 19, 2002 **12:15-1:15 pm**
Using Insulin and Diabetes Medications Effectively: "It's all in the timing"
Nancy Eyler, MD

Tuesday, March 26, 2002 **12:15-1:30 pm**
Cancer in Pregnancy
Lynn Montgomery, MD
Rocky Mountain Perinatal Center

Wednesday, March 27, 2002 **12:15-1:15 pm**
Pediatric Asthma
Jerrold Eichner, MD
Great Falls Pediatric Clinic

Tuesday, April 2, 2002 **12:15-1:15 pm**
Update on the Treatment of Invasive Fungal Infections in the Immunocompromised Patient
Finn Bo B. Peterson, MD
Professor of Internal Medicine, Medical Director IHC/LDS Hospital Blood and Marrow Transplant, University of Utah

Tuesday, April 9, 2002 **12:00 – 1:00 pm**
2nd Tuesday Scientific Conference
Physicians Lounge at Community Medical Center

Tuesday, April 16, 2002 **12:15-1:15 pm**
Jan Bernhisel-Broadbent, MD

Tuesday, May 7, 2002 **12:15-1:15 pm**
Latex Allergies
Wayne Sinclair, MD

Tuesday, May 14, 2002 **12:15-1:15 pm**
2nd Tuesday Scientific Conference

Community Medical Center is affiliated with the University of Washington School of Medicine.

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this education activity for a maximum of 48 hours in category 1 towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. This session is accredited for 1.0 hours. Course TS0209.

At the conclusion of this activity, participants should be able to identify medical health issues that impact adult and pediatric patients, discuss common clinical problems seen in adult and pediatric patients, and institute prevention-oriented strategies into his/her practice.