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UNITED STATES NUCLEAR REGULATORY COMMISSION'S
ADVISORY COMMITTEE ON NUCLEAR WASTE

June 16, 2005

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This transcript has not been reviewed, corrected and edited and it may contain inaccuracies.

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UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

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ADVISORY COMMITTEE ON NUCLEAR WASTE (ACNW)

160th MEETING

+ + + + +

THURSDAY,

JUNE 16, 2005

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The Advisory Committee Meeting met at 10:15
a.m. in Room T-2B3 of the Nuclear Regulatory
Commission, Two White Flint North, 11545 Rockville
Pike, Rockville, Maryland, Dr. Michael T. Ryan,
Chairman, presiding.

COMMITTEE MEMBERS PRESENT:

MICHAEL T. RYAN, Chairman

ALLEN G. CROFF, Vice Chairman

JAMES H. CLARKE, Member

WILLIAM J. HINZE, Member

RUTH F. WEINER, Member

1 ACNW STAFF PRESENT:

2 NEIL M. COLEMAN

3 JOHN FLACK

4 LATIF HAMDAN

5 RICHARD K. MAJOR

6 SHARON A. STEELE

7 ASHOK THADANI

8

9 NRC STAFF PRESENT:

10 CYNTHIA BARR

11 CHRIS BROWN

12 LARRY CAMPBELL

13 JERRY CHUANG

14 DONALD A. COOL

15 ALLEN H. FETTER

16 E.V. HOLAHAN

17 ROBERT JASINSKI

18 PHIL REED

19 JAMES RUBENSTONE

20 ALAN RUBIN

21 BOB TRIPATHI

22

23

24

25

1 ALSO PRESENT:

2 MATTHEW BAUGHMAN, ISC

3 ANDREW BLANCO, OIG

4 JON DYKES, OIG

5 LYNNE FAIRABENT, AAPM

6 DAN FEHRINGER, NWTRB

7 BEN GROVE, Las Vegas Sun

8 NORMAN HENDERSON, BSC

9 ROBERT MACDOUGALL, BSC

10 DONNA SPANGLER, Exchange Monitor Pub

11 ENGLEBRECHT VON TIESENHAUSEN, Clark County,

12 Nevada

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1 M-O-R-N-I-N-G S-E-S-S-I-O-N

2 10:20 a.m.

3 CHAIRMAN RYAN: Good morning. The meeting
4 will come to order. This is the second day of the
5 160th meeting of the Advisory Committee on Nuclear
6 Waste. My name is Michael Ryan, Chairman of the ACNW.
7 The other members of the Committee present are Allen
8 Croff, Vice Chair, and Ruth Weiner, James Clarke and
9 William Hinze.

10 During today's meeting, the Committee will
11 begin discussion of International Commission on
12 Radiation Protection (ICRP) Foundation documents, will
13 commence preparation of potential ACNW reports
14 including comments on recommendations and standards
15 regarding regulation for Yucca Mountain, ACNW
16 recommendations on time of compliance, the April 1,
17 2005 Center for Nuclear Waste Regulatory Support
18 Program review, DOE plans for transporting spent
19 nuclear fuel and high-level waste to Yucca Mountain
20 and a National Sealed Source Tracking System.

21 We'll be briefed by the staff from the
22 Office of Nuclear Materials, Safety and Safeguards on
23 risk-informing activities within that office. We'll
24 discuss the outline of the proposed White Paper on
25 High-Level Waste Transport issues and we'll comment on

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1 the Committee's draft White Paper on Low-Level
2 Radioactive Waste. Neil Coleman is the designated
3 Federal official for today's initial session.

4 The meeting is being conducted in
5 accordance with the provisions of the Federal Advisory
6 Committee Act. We have received no written comments
7 or requests for a time to make oral statements from
8 members of the public regarding today's session.
9 Should anyone wish to address the Committee, please
10 make your wishes known to one of the Committee's
11 staff.

12 It is requested that the speakers use one
13 of the microphones, identify themselves and speak with
14 sufficient clarity and volume so that they can be
15 readily heard. It is also requested that if you have
16 cell phones and pagers kindly turn them off or place
17 them on mute. Thank you very much. And with that,
18 we'll suspend for a minute and wait for our first
19 speaker to arrive. Off the record.

20 (Whereupon, the foregoing matter went off
21 the record at 10:22 a.m. and went back on the record
22 at 10:28 a.m.)

23 CHAIRMAN RYAN: On the record. Let's get
24 started again. Just for the record, can you introduce
25 yourself?

1 DR. COOL: I'm Dr. Donald Cool. I'm the
2 Senior Advisor for Radiation Safety and International
3 Liaison in the Office of Nuclear Materials, Safety and
4 Safeguards.

5 CHAIRMAN RYAN: Welcome, Don. Thanks for
6 here with us.

7 DR. COOL: I apologize for being a bit
8 late.

9 CHAIRMAN RYAN: That's all right. We had
10 a draft agenda and a final agenda and there was a
11 slight shift in time. So it's not harm for us.

12 DR. COOL: I must admit. I have never
13 quite mastered physical schizophrenia and the EDO's
14 office on the 17th floor and this meeting room here in
15 Two White Flint.

16 CHAIRMAN RYAN: Got you. I'm with you.
17 That's funny. What were here to discuss this morning,
18 it's a dialogue with Don and folks in his office. I
19 know Ann is here as well and other interested folks.
20 We wrote a letter of November of 2004 on the then
21 draft ICRP 2005 Consultation draft for that Principle
22 Recommendations Update.

23 At that time, we discussed in our meeting
24 and in our letter that there were foundation documents
25 that were soon to be available. They had become

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1 available and the Committee has generated a set of
2 notes and thoughts on that. I thought before we turn
3 that into a letter it would be useful to have a
4 dialogue with those folks on the staff who are
5 responsible to help the Commission formulate
6 Commission comments back to ICRP.

7 So with that opening statement, I thought
8 I would take them in no particular order, but just the
9 order of which they became basically available and
10 start with the draft consultation document entitled
11 "Assessing Dose of the Representative Individual for
12 the Purpose of Radiation Protection of the Public."

13 Don, let me offer a proposal to you and
14 see if this is helpful for you. What I thought we
15 would do is just verbally go through the Committee's
16 comments, hear your reactions to our views and
17 comments on the documents and then we can then
18 incorporate the dialogue that we developed from that
19 review into our letter that we might write relatively
20 quickly.

21 DR. COOL: That's fine.

22 CHAIRMAN RYAN: Okay. Jumping right in,
23 this Foundation document on the Representative
24 Individual Office, some specific clarifications are
25 useful but overall it offers a confounding set of

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1 definitions of what they title "The Representative
2 Individual." It's not consistent throughout the
3 document. To be useful, the definitions, concepts and
4 their applications need to be clarified. Specific and
5 detailed examples would serve to better exemplify the
6 intended meaning of the use of various dose assessment
7 protocols and strategies discussed in the document.
8 I think our overall conclusion as written the document
9 is not helpful due to its lack of clarity. That's the
10 starting point.

11 It's a very repetitive document. Basic
12 ideas and approaches are repeated many times and
13 unfortunately the definitions like "representative
14 individual" are different in almost every instance.
15 I'll give you some examples in just a second. For
16 example, the Abstract Executive Summary and
17 Introductions all cover the same thing but never the
18 same way exactly and you could be left with
19 uncertainty as to which definition is the one you
20 really want me to think about or use.

21 There is some value in it. They do focus
22 on things like nonstochastic or deterministic and
23 stochastic assessments and what role each might play
24 in a dose assessment. While that's useful, it's not
25 terribly new and not terribly innovative.

1 But let me get to the key problems with
2 the definitions. The representative individual is
3 presented in the document, I'm on paragraph 23, states
4 "Therefore, for the purpose of protection of the
5 public, it's necessary to characterize an individual
6 either hypothetical or specific who receives the
7 highest dose which can be used for determining
8 compliance with the dose constraint. This is defined
9 as the representative individual." How can the
10 representative individual be the one that gets the
11 highest dose? Representative of what? The maximum,
12 I guess. So it's a confusing use of the terminology.

13 In paragraph S-9 which I guess is the
14 summary paragraph, a slightest different definition is
15 found. The representative individual is the
16 hypothetical individual receiving a dose that is
17 representative of the most highly exposed individuals
18 in the population. So it's not the highest dose now
19 but it's probably something akin to a member of the
20 critical group, but not exactly the average member of
21 the critical group. I guess representative could be
22 average or mean or mode or something. I don't know.
23 So again, it's confusing.

24 Paragraph 60 and 70 offer details
25 regarding the representative individual but many of

1 these concepts are hard to reconcile with the
2 definitions they already cited. For example, in
3 paragraph 66, it says, "In selecting characteristics
4 of the representative individual, reasonableness,
5 sustainability and homogeneity must be considered."

6 Let me just tell you their definitions of
7 those terms. "Reasonableness implies that
8 characteristics realistically apply to an individual
9 and are not outside the range of what an individual
10 encountered in day-to-day life." That seems to me to
11 be more of average kind of view of things rather than
12 the maximum or a member of the maximally-exposed
13 group. "Reasonableness of characteristics must be
14 considered whether probabilistic or deterministic
15 methods are employed." If you do a deterministic
16 approach, how do you know it's reasonable because it's
17 an opinion? It's a selection of a value without any
18 justification. So I challenge that thinking a bit.

19 "Sustainability and homogeneity are
20 aspects of reasonableness. In the deterministic
21 approach, the question of reasonableness in selection
22 of characteristics is related to that of homogeneity
23 because the dose constraint is intended to apply to
24 doses derived from the mean characteristic in a
25 reasonably homogeneous group." Anybody help me figure

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1 that out.

2 "Homogeneity addresses the degree to which
3 extremes in particular characteristics are or are not
4 included in the assessment." It's vaguely like a
5 distribution with some kind of a statistic that
6 describes the distribution or two like a mean and a
7 standard deviation. It's very odd with what I do with
8 this definition what it means and again, I'm
9 struggling with how I reconcile it against
10 representative individual and the way they defined it
11 across up above.

12 So at the end of the day, I'm stuck with
13 the fact that they tried to construct a representative
14 individual as being a useful calculation or framework
15 but the definition are so conflicted in the document,
16 I don't know where to go with it. So my view of it is
17 rewrite it or figure it out or do something but with
18 conflicts within the report, further work needs to be
19 done to make it useful. I think that's the consensus
20 of the Committee. That's No. 1. What do you think?

21 DR. COOL: A couple of observations. As
22 the staff has gone through this and first let me put
23 a general caveat in. We're assembling the staff
24 comments but we haven't gone through a management
25 incurrence or anything. So what you're going to hear

1 today are personal views in some cases, some idea of
2 where the staff thinks they may be coming down but
3 with considerable caveat. So I'll try to tell you
4 where each of the statements are in relationship to
5 that set of guidelines.

6 A number of us in the staff have
7 identified the same sort of issue of confusion stated
8 in different ways in different places. So we would
9 very much agree with that observation.

10 Having said that and now I'm going to put
11 on my staff hat of the old days which was back when I
12 did rule-makings many years ago and say, "It's very
13 nice to say that it's confusing. Is it possible to
14 say which of the interpretations you've seen is the
15 one you think we ought to tell them because we can
16 tell them to rewrite it and probably lots of people
17 will, but if we have a preference, say for example the
18 one where representative is something which is more
19 akin to the average member of the critical group and
20 set that middle set of things and getting away from
21 some of the extreme language you were quoting?" If we
22 actually expressed a preference, we might actually be
23 able to influence them a little bit more.

24 I know a little bit about how this draft
25 was developed. The way it looks now is not

1 surprising. That's a personal observation. So the
2 one thing I might suggest that the Committee think
3 about here is of those variations, does the Committee
4 have a view to what would be the correct one to
5 standardize on if ICRP were going to do so?

6 CHAIRMAN RYAN: Let's take that in two
7 parts, Don. I think that's a good challenge and one
8 that the Committee can think about. But what I
9 struggle with is if the ICRP is the international
10 recommending body for countries across the world that
11 have a radiation protection program and we could
12 certainly say something about a representative
13 individual to us is, if you just limit me to the
14 choices of what's in the document, we could rewrite
15 parts of it for them and say this appears to us to be
16 a better definition.

17 But by the same token, we have pretty well
18 established concepts in our own system now of average
19 member of the critical group or REMI, R-E-M-I, or
20 things that are in play and in use. I wonder what
21 offering a different definition here would mean from
22 a U.S. perspective of how that would improve radiation
23 detection practice here. If we -- Let me tell you why
24 I'm struggling.

25 DR. COOL: Okay. Let me hold a mirror

1 with a little bit of a colored film on it then which
2 is what I think I hear you saying which I think could
3 be useful is you have a number of different variations
4 of the definition. Here we have tried to be
5 consistent in using an approach which is an average
6 member of a critical group, a reasonable maximum, and
7 avoids the extremes and the very high percentile
8 definitions.

9 So in moving, in reexamining this
10 document, this Committee's view would be that the
11 statement such as the maximum exposure doesn't
12 represent what we would prefer the concept to be or
13 some language like that. And I'm, in fact, not
14 suggesting particularly in a letter that you might
15 send to the Commission that you actually attempt to
16 rewrite the paragraphs unless you really want to send
17 a very long letter.

18 CHAIRMAN RYAN: No. I think on this
19 document the Committee's view is that the
20 representative individuals doesn't advance the ball in
21 any productive way and that the average member of the
22 critical group whether REMI concepts which we use as
23 the average member or a representative of the higher
24 exposed group with some detail on how to get to that
25 is working just fine. Drop it is I think where I

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1 personally am. I don't see it adding any value. And
2 just from a perspective of everybody's adopted
3 previous concepts that's put forth by the ICRP. So
4 now start over and do it again. For what added value?

5 DR. COOL: Yes. Reading between the lines
6 in the ICRP document, I suspect that the rationale for
7 trying to introduce term because ICRP likes to create
8 a term to represent a particular idea was the attempt
9 to get away from a critical group and an average
10 number of people because those terms just don't fit in
11 when you start to use actual distributions and
12 probabilistic approaches.

13 CHAIRMAN RYAN: They sure didn't get to a
14 probabilistic set-up in this document. There's
15 nothing in this document that let's me then get to a
16 probabilistic risk assessment approach with three
17 different definitions of a representative individual.
18 So they failed to go on that one.

19 DR. COOL: There you have a statement
20 then.

21 CHAIRMAN RYAN: Okay. Any other comments?
22 Ruth.

23 MEMBER WEINER: I had the same problem
24 that Mike had which is that representative seems to
25 mean different things in different parts of that

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1 paragraph, whereas average member of the critical
2 group is well-defined. REMI is well-defined, but
3 representative is not and I think the term,
4 introducing another term, just be dropped.

5 But perhaps you can explain something to
6 me. Why are sustainability and homogeneity part of
7 reasonableness? I didn't understand that statement.

8 CHAIRMAN RYAN: You're not alone there.

9 MEMBER WEINER: Sustainability of what and
10 homogeneity of what and why are they at all connected
11 to reasonable?

12 DR. COOL: I will give you personal views
13 on the subject because certainly there's not a staff
14 view on that particular but personal views on the
15 subject. There is at least I think some reasonable
16 connection, pardon me for using the word reasonable,
17 but there's a connection if you start to look at the
18 selection of various parameters that you'd use to
19 specify an individual. One of the questions that was
20 raised as I recall was if I'm going to pick an
21 individual, I'm going to define their characteristics,
22 I want to make sure that the characteristics you
23 picked actually constitute a viable human being.

24 For example, if you suggest food intake of
25 25 liters of water per day, that is neither reasonable

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1 nor sustainable over any period of time. If you
2 suggest that the hunter/gatherer for your scenario is
3 able to shoot himself two deer per day to provide for
4 his entire family, he probably could pull that off for
5 a relatively short period of time but unless he's very
6 highly mobile and a very, very good shot he couldn't
7 sustain that for a number of years.

8 So the sustainability question as I have
9 understood it is to question whether or not the kinds
10 of characteristics you would select and the parameters
11 you'd use for those could in fact be sustained by
12 someone over a significant period of time such that it
13 would actually be an individual who would be present.

14 MEMBER WEINER: Let me stop you right
15 there and just say that's what it should say. I'm not
16 arguing that it says the wrong thing. I'm arguing
17 that it's confusing and if the statement had said
18 exactly what you just said, it would be very clear and
19 I agree with you.

20 DR. COOL: We are grateful that our
21 transcriptionist is going to be able to capture all of
22 this for us.

23 CHAIRMAN RYAN: Just let me add, Ruth, I
24 think there's one aspect left out and you touched on
25 it in your example of time. There's no temporal view

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1 to how these definitions work. I mean they're kind of
2 point definitions in time. So it's not a very
3 sophisticated view of what a representative individual
4 is either in terms of habits, practice, spatial
5 distribution of issues or temporal distribution. It's
6 just not a construct that could be analytically very
7 easily without an awful lot of interpretation by the
8 user.

9 MEMBER WEINER: Can I follow up? Does
10 homogeneity then mean that the two liters per day or
11 one and a half liters per day or whatever is done by
12 the entire -- Is homogenous over the entire critical
13 group? In other words, if you ascribe some parameter,
14 that that parameter is a parameter for most of the
15 individuals in the group rather than just being an
16 outlier. Is that what homogeneity means?

17 DR. COOL: Again, as a personal belief,
18 that is my understanding that homogeneity was a
19 description around critical group which has been used
20 before. A critical group has to be small enough that
21 the kinds of characteristics and the variations are
22 not going to be very large. So you have people who
23 have similar dietary intakes, similar water intakes,
24 similar various and sundry things.

25 And having said that, I know I have heard

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1 folks in various international meetings, Jacques
2 LeChard from France for example, making observations
3 of those calculations that he's been part of around
4 Chernobyl and noting that even in those little towns
5 where when you look at the individuals and you try to
6 stock of the parameters and eating habits and you
7 think they would be a very homogenous population, yet
8 they observed vast differences in the actual doses
9 they were calculating for different individuals within
10 this very small town. So there are lots of things
11 that go into it.

12 CHAIRMAN RYAN: That's an interesting
13 example because I would say that when you have an
14 actual exposure that you're tracking you'd probably
15 ought to do a better job of trying to figure out doses
16 assigned to individuals and the idea of a REMI or a
17 member of the critical group may not really be useful.

18 DR. COOL: Yes. My reading of this
19 document in fact sort of says that. It may not say
20 that very clearly but this construct was for looking
21 forward where you didn't have individuals and you
22 should be using all of the detailed information
23 available in doing current where you have data or
24 retrospective where you can grab some data.

25 CHAIRMAN RYAN: Right. Jim, any

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1 questions? Allen, no. Bill, no. I think we have an
2 idea that we're on the -- We understand what are your
3 comments and they seem to comport with our own that
4 there are some definitions and this needs some work to
5 be turned into something that could be at least
6 understood better or what the intent was or how it
7 relates to REMI.

8 DR. COOL: As I said, the staff in pulling
9 it together has observed the differences.

10 CHAIRMAN RYAN: Okay.

11 DR. COOL: The staff has also observed
12 that some of the things that they've said about the
13 number of different dose coefficients going into the
14 future is reasonably consistent with some of the
15 things that we've done in long-range projections and
16 again using all of the details if you're looking
17 backwards because there's a couple of other pieces
18 that we didn't really talk about here. But I don't
19 think we've identified things which were inconsistent
20 with current Commission policy in those areas.

21 CHAIRMAN RYAN: Okay. Let's see. Moving
22 on to the document entitled "Biological and
23 Epidemiological Information on Health Risks
24 Attributable to Ionizing Radiation: A Summary of
25 Judgments for the Purpose of Radiological Protection

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1 of Humans Committee on Task Group Report C1 Foundation
2 Document ICRP." I guess overall this document
3 suggests some incremental changes to risk factors of
4 cancer as the endpoint and there's no real dramatic
5 news in this document.

6 I point very quickly that BR7 as I
7 understand it is eminent within weeks to come out and
8 that will certainly guide us in the United States as
9 a committee, the National Academy of Science report.
10 Let me just quote their finding that I thought was
11 helpful. The Foundation document suggests small
12 adjustments to "detriment adjust nominal probability
13 coefficients for cancer" and then "for cancer and
14 heredity disease at low doses dose rates and dose
15 rates the use of a simple proportionate relationship
16 between increments of dose and increments of risk is
17 a scientifically-plausible assumption." So they're
18 confirming in essence the LNT approach for radiation
19 protection of humans.

20 I think it's important at least from my
21 own personal perspective to point out that that kind
22 of a policy framework of radiation protection of
23 humans is certainly guided by radiation biology but
24 maybe not necessarily tied to fundamental questions of
25 radiation biology in which there's ongoing research of

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1 mechanisms of injury and cellular levels and protein
2 levels and all those kinds of things. So that's not
3 inconsistent with current practice and current
4 regulation, I guess, in the United States.

5 Another thing the Foundation document
6 states in that regard is knowledge of the roles
7 induced of genomic instability, bystander cell
8 signaling and adaptive response in the genesis of
9 radiation-induced health effects. It's insufficiently
10 well developed for radiological protection purposes.
11 In many circumstances, these cellular processes will
12 be incorporated in epidemiologic measures of risk. So
13 I think they recognize some of these new issues of
14 genomic instability, bystander effects and adaptive
15 response kinds of effects but it's not a mature
16 subject at this time.

17 The one I think more practical question
18 that was raised here is the proposed changes in
19 weighting factors for protons and neutrons were noted.
20 These judgments are fully developed in the ICRP
21 Committee to Foundation document for the basic
22 dosimetric quantities used in radiological protection.
23 This additional report provides the substantive detail
24 from the earlier recommendations and the document
25 indicates "new radiation detriment values and tissue

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1 weighting factors have been proposed. The most
2 significant change from ICRP 60 is related to the
3 weighting factor for breast, gonads and the treatment
4 of remainder tissues."

5 One thing I just did for the fun of it was
6 to take and just to note they've recommended a pretty
7 significant change to the proton weighting factor and
8 that it be lower from five, the value recommended in
9 ICRP 60, to two. Current CFR 20 regulations have a
10 quality factor of 10 listed for high energy protons.

11 I guess my own view is that that's a
12 relatively small radiation protection question
13 probably related more to certain medical applications
14 in high energy accelerators and things of that sort
15 than it is to a broad spectrum of licensees across the
16 NRC or agreement states. But I just note that it's a
17 fairly substantial change from what we have in our
18 current regulations to what they're currently
19 recommending, a factor of five.

20 I also took the equations they're now
21 recommending for a quality factor of neutrons and
22 calculated using their current models what the quality
23 factors would be and then compare that to what's in
24 the current 10 CFR 20.1104 and created the ratios.
25 The differences range from a low value of 1.21 to a

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1 high value of 2.2 and that high value is that neutron
2 energies in excess of 2.5 MEV, the highest category
3 listed in the table. So I think in the bigger picture
4 of neutron dosimetry those factors that are around
5 1.25 or 25 percent are often well along the lines of
6 what errors in an estimate of dose might be.

7 It might be helpful to consider how to
8 change and incorporate those quality factor changes
9 for radiation weighting factors and the tissue
10 weighting factors. I think our previous
11 recommendation said there's no urgency to do that
12 immediately but it could be captured in an update to
13 either regulations or guidances as effective and
14 appropriate for the staff and the Commission to do so.
15 That's the point we don't really see that we have any
16 different view based on a detailed review of the
17 document.

18 DR. COOL: Right. I don't think we
19 disagree with you. Your discussion just now, in fact,
20 wandered a little bit between the two documents.

21 CHAIRMAN RYAN: I'm sorry. I'm jumped
22 ahead.

23 DR. COOL: And the second and the third
24 document do, in fact, have a lot of cross connections.

25 CHAIRMAN RYAN: Right.

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1 DR. COOL: As the one related to biology
2 and the one related to dosimetry using the short-
3 handed terminology for it.

4 CHAIRMAN RYAN: Yeah, I jumped right ahead
5 to the third document without reading the title.

6 DR. COOL: An observation. We commented
7 and I think your letter may have also commented as I
8 recall that when we commented on RP 05 last year that
9 we really thought they ought to wait for BR-7 and do
10 an analysis. We still think that's the case.

11 CHAIRMAN RYAN: And we do too.

12 DR. COOL: And if, in fact, it does come
13 out shortly as we've been led to believe then it ought
14 to be available for them to look at. Although that
15 examination may not be consistent with the schedule
16 that they laid out in a different document within
17 ICRP's website. But that would be one of the
18 observations we'd make.

19 Another observation at least a couple
20 folks have made and this is more of a question than
21 anything else, it was interesting. You have ICRP 60,
22 you had RPO 5 and you have the Foundation documents.
23 The numbers moved each time. And when you start to
24 look at why they moved, you discovered that it was
25 just a couple of little things that were changed

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1 updated and it resulted in the entire system
2 reracking.

3 While from one perspective that's not
4 surprising, in the other perspective it does perhaps
5 lead one to wonder about the relative robustness and
6 stability and whether or not we have confidence in
7 what's been laid out here if between RPO 5 and this
8 Foundation document they changed a few calculations
9 and we get yet another set of numbers. I think that's
10 something that the staff is likely to make as an
11 observation more as a question because I don't know
12 that we have a recommendation for them to do this,
13 that or something else. But it did tweak some
14 curiosities.

15 CHAIRMAN RYAN: We didn't do any of the
16 detailed calculation and verification. We didn't have
17 access to that.

18 DR. COOL: This was laying the older
19 recommendations from last year side by side with the
20 Foundation documents. They're different. What moved?

21 CHAIRMAN RYAN: And why? So it's always
22 a question. It's interesting. I think we're
23 certainly agreeing the position of the staff of where
24 they're heading to wait for BR 7 and see what that's
25 says. And I did jump over the third document title as

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1 I jumped right to Radiation Weighting Factors. Thanks
2 for catching it up. I'll read the title just for the
3 record, "The Draft of the Discussion in a National
4 Commission on Radiological Protection Committee to
5 Basis for Dosimetric Quantities Used in Radiological
6 Protection" and that's really the quality factor
7 issue.

8 And again just to summarize our view is
9 that with the exception of the larger numerical value
10 for protons but recognizing it's a relatively small
11 and pretty small kind of radiation protection issue
12 across the broad spectrum of issues that 10 CFR 20
13 addresses and the relatively small changes in the
14 neutron quality factors that this is something that
15 probably should be considered to be picked but there's
16 again no urgency to do so. It can be done in the
17 normal course of an update for it and the many other
18 reasons perhaps, it's not something that needs
19 critical or immediate attention.

20 DR. COOL: Yeah. Staff is in a similar
21 position. Certainly, once the scientific information
22 has settled down and been finalized, then it does need
23 to be looked at in terms of trying to consider the
24 updates for the system.

25 CHAIRMAN RYAN: Okay.

1 DR. COOL: I would note one thing which
2 isn't in the Foundation document. Again and for the
3 record, on ICRP's website, there was a brief summary
4 of the results of the ICRP Commission Meeting in March
5 2005 and I think in there was an observation that some
6 of the other detailed information like the ALIs and
7 DACs, the things which would come out of these, are
8 not yet available and won't be available for another
9 several years beyond when these come out.

10 And of course, if we wanted to start
11 translating some of this into the regulatory
12 structure, that would not only translate into things
13 within the definitions of the weighting factors,
14 little table in Part 20 but also would logically need
15 to translate into all those numbers in Appendix B.
16 There is not such a small task and so this would
17 contain all the information necessary to go do that
18 kind of work yet.

19 CHAIRMAN RYAN: Yes. We did actually take
20 a look at that report from the main Commission meeting
21 and in fact I was going to add the point that I know
22 the advice that licensees get is if they want to use
23 a newer model for whatever reason whether it's an
24 internal dose model or something else, they certainly
25 can approach the Commission and ask to do that in the

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1 particular dose evaluation. There is a mechanism to
2 use more recent models if licensees want to or need to
3 for a particular evaluation. It's not something that
4 just sits idle.

5 DR. COOL: That's correct. We have on
6 several occasions and with the Commission's approval
7 to do this accepted application requests to move to
8 ICRP 60 methodology and coefficients as a block to
9 follow the models for preapproval for use in the
10 programs.

11 CHAIRMAN RYAN: Right.

12 DR. COOL: And we've done that for several
13 licensees over the last years. That would continue to
14 be in play as we continue to move forward. I would
15 hope that we wouldn't end up with a situation where we
16 would have two or three different systems running
17 simultaneously but that's radiation protection.

18 CHAIRMAN RYAN: Okay. We'll certainly
19 take that comment forward that the ALIs and DACs are
20 not untouched by these changes in weighting factors in
21 this document. Any other comments or questions?
22 Ruth.

23 MEMBER WEINER: This is just a question
24 because I also read the draft report on Health Effects
25 of Low Levels of Ionizing Radiation and that's not

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1 what it's called but it was yet another discussion of
2 the linear non-threshold theory. What has occurred to
3 me is what the Health Physics Society did actually was
4 at very low doses, very small doses, to separate the
5 fact that the linear non-threshold theory is in fact
6 a very good regulatory tool and is the only one we
7 have and we have not identified a threshold to
8 separate that from the simple use of a conversion
9 factor that you multiple dose by conversion factor X
10 and it gives you cancers.

11 That is the problem that I think creates
12 a communication's problem and it creates a problem
13 that I don't think you mean to create. In my mind,
14 and this is just a personal view, the two are
15 separate. I fully accept the fact that we have never
16 identified a threshold and therefore we use the linear
17 non-threshold theory as a regulatory tool.

18 CHAIRMAN RYAN: Careful, Ruth. There are
19 examples where there are thresholds.

20 MEMBER WEINER: Oh, yeah, there are, but
21 we have not for very low doses. The document says
22 this and other documents say it too. But still we
23 continue to use you go down to 10^{-5} rem, you multiply
24 it by something and then you say in this population of
25 one million people there are going to be X cancers.

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1 Is there any way to clarify that? The simple use of
2 a conversion factor I believe creates a
3 communication's problem.

4 CHAIRMAN RYAN: I was standing and
5 sympathize. When you see that done, then it's wrong.
6 But it's a misuse of a statistic.

7 MEMBER WEINER: Yeah.

8 CHAIRMAN RYAN: Epidemiologically, if you
9 have a large enough population, theoretically you can
10 determine any increment if the population is large
11 enough for an effect. But often people will take a
12 risk estimator like 10^{-4} cancers per rem or some other
13 number and say that applies to me. Well, that's just
14 stupid mathematics and statistics. It doesn't make
15 any sense. It's wrong, flat-out wrong. It's the
16 wrong way to do it.

17 So how do you clarify that with folks?
18 You just simply tell them it's not appropriate to
19 apply a population statistic to an individual. It's
20 a population statistic. It's not an individual
21 statistic. So it's bad science to try and do that and
22 I guess other than pointing out it's bad science, I
23 don't know how you fix it because you can't fix it.

24 Then the other concept that it's embedded
25 in your thought is how do you deal with very small

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1 doses at some very small fraction of background and
2 try and discuss what they mean. The answer is again
3 if you look at the power of statistical evaluation
4 necessary to resolve anything about increments of
5 background you can very quickly get to population
6 sizes that are more than the number of people on the
7 earth.

8 So it's an intractable problem from that
9 standpoint and one that I know is in the popular
10 literature a lot, but one from a science point of
11 view, there's a very clear answer to it. It's just
12 wrong to do it.

13 MEMBER WEINER: Yeah.

14 DR. COOL: I'll make one observation and
15 this is not disagreeing or otherwise for the
16 statements that you made but noting that if you look
17 at the entire set of ICRP documents that are out as
18 Foundation documents, you have these documents here
19 which we're talking about the details of the science
20 and talking about what they have or don't have in
21 their models. Then you can go over to the document
22 that we're going to talk about in just a moment on
23 optimization where in fact they specifically recommend
24 that you no longer do the collective calculation which
25 is I think exactly one of the points that you were

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1 making.

2 CHAIRMAN RYAN: Yes.

3 DR. COOL: So in that sense, I guess you
4 could argue that ICRPs or at least part of ICRPs heard
5 that discussion because in fact in the optimization
6 document, one of the things it suggests is moving away
7 from the single collective calculation to a, what's
8 the word they use, disaggregated approach.

9 CHAIRMAN RYAN: With that introduction,
10 now the "Optimization of Radiological Protection,
11 Broadening the Process," a report by the ICRP
12 Committee Task Force on Optimization and Protection.
13 I think in our letter we talked about the fact that
14 optimization is a concept that at least in terminology
15 is different from the way we think about it and we
16 often think about ALARA as our view of optimization.

17 We had help from Dr. (DANA) Powers at ACRS
18 and his insight into how mature ALARA programs at
19 nuclear power plants would be confounded by the
20 language and tenor of this Foundation document and
21 again my own view is that it doesn't really change
22 anything. It just offers a different set of
23 terminology on which to offer the same concept.

24 I do think it is useful that they pointed
25 out that collective dose is not a helpful concept

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1 having that background and at these very low levels.
2 In earlier times, collective dose was used as a metric
3 to compare one, for example, accident calculation
4 around facilities. You could say it's Facility 1
5 versus Facility 2 and a relative comparison was
6 helpful but not all that useful but in an absolute
7 way, it was misused often as being a meaningful
8 quantity. My version of it is that it just doesn't
9 really offer you much insight.

10 Let me just take a look at our notes here.
11 Let me just read what we said in the letter, the
12 current ICRP recommendations regarding optimization.
13 The Committee questions whether the draft ICRP
14 recommendations are really improvements. "ALARA as
15 practiced in the U.S. provide a framework for
16 accomplishing much of what the ICRP says about
17 optimization. ALARA is well understood and ALARA
18 programs identify both dose reduction opportunities
19 and other safety issues. The draft ICRP
20 recommendations would unnecessarily complicate
21 existing ALARA principles and application with new
22 terminology of dimensions."

23 So I think we're sticking with that. We
24 didn't really see anything new in the Foundation
25 document that would change our view on that.

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1 DR. COOL: I think we would agree with
2 you. I think it's interesting to observe or let me
3 make this observation. If you look at what is said by
4 ICRP, this is the first time where they have said in
5 one of their documents they move away from a simple
6 collective calculation to use some of the other dose
7 attributes to explicitly bring in other safety issues,
8 prevention of accidents, minimization of waste, etc.
9 and to involve stakeholders in the process.

10 So if I look at it from ICRP's
11 perspective, this certainly is a broadening and
12 expansion of what they have said before. Having said
13 that, that's exactly what we do and have done on a
14 routine basis and it's not inconsistent with the
15 things that we've done and the things that we've
16 expected of our licensees and applicants and our own
17 behavior in terms of trying to involve stakeholders in
18 the decision process.

19 This, I think, doesn't contribute
20 substantially to our being able to move the ball
21 forward, but it could be. This is a gentle praise I
22 suppose. It's nice that ICRP has not written
23 something that's actually a little bit closer to the
24 way we have been intending to do things. They've used
25 slightly different words and I don't know whether

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1 that's the difference between us colonists'
2 perversions of English versus the European's version
3 or otherwise. But there is some movement towards a
4 commonality which is in fact that which the Commission
5 already does.

6 CHAIRMAN RYAN: I agree, Don. I think
7 it's important that we capture our comment on
8 collective dose in a little bit more detail. The
9 other thing I did, you mentioned the stakeholder
10 comments that they offered how to do a little bit of
11 that.

12 So I actually did a little bit of
13 background work and it's noted in the Foundation
14 document. I'm going to read here some notes that
15 provide ICRP's views on the role of the stakeholder.
16 I think the Committee believes that the Commission has
17 developed significant initiatives to involve
18 stakeholders in the regulatory process.

19 Just as some examples, these initiatives
20 are documented in SECY-90-8019, Public Communication
21 Initiative, DSI 14 April 24, 1998 and more recently,
22 the Commission's Performance and Accountability Report
23 for Fiscal Year 2004 which is NUREG-1542, Vol. 10.
24 And even more recent examples, the Committees attended
25 a two-day decommissioning workshop where there were a

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1 lot of detailed stakeholder participation and
2 communication and members of the public and so forth.
3 I think just as three small examples there are
4 certainly programmatic and real live examples where
5 what the ICRP talks about are in play.

6 DR. COOL: And so I think I would just
7 reaffirm. I believe that what they have said is not
8 at all inconsistent with what we do.

9 CHAIRMAN RYAN: Right.

10 DR. COOL: Certainly, we have much more
11 developed programs and a lot more details and anyone
12 who is going to do a new program would need much more
13 than what was contained in this document to be
14 successful at conducting that type of activity. I
15 also note that there is a growing continued database
16 of how people do stakeholder interactions, both that
17 we have here and the Nuclear Energy Agency.
18 Radioactive Waste Management Committee has a whole on-
19 -going forum related to stakeholder involvements
20 interactions which has been a relatively deliberate
21 attempt to try and continue to learn about stakeholder
22 interactions not just in the United States, but a
23 variety of other places. So there's a large amount of
24 data that's available of which this pretty much only
25 qualifies as waving a little flag that says "This is

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1 now an important issue. Please see a lot more details
2 to do it right" or something like that.

3 CHAIRMAN RYAN: Okay. Any other questions
4 on this document?

5 MR. HAMDAN: I have a question, Mike.

6 CHAIRMAN RYAN: Please, Latif.

7 MR. HAMDAN: When they write a comment
8 like this, ICRP, and I assume they have people who
9 speak English and others have other languages as their
10 native languages. How do they do it? Do they write
11 in English the first time or they write it in
12 different languages and translate it or how does that
13 go because the confusion of the comments as we read
14 them, Mike alluded to that, even the feeling that
15 maybe this is coming from more than one source and
16 more than one language. Thanks.

17 DR. COOL: What I can guarantee you is
18 that it was written by more than one person and for
19 many of those folks, English is not their primary
20 native language. In the groups that I have
21 participated in over the years, most of the drafting
22 has in fact been done by English. There are a number
23 of folks in various countries, in Germany, France and
24 on and on, who are quite facile in English and you can
25 have tremendous conversations.

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1 The little differences start to show up
2 when you actually try to write a text which then needs
3 to get rather precise. So all the little nuances of
4 how someone who nominally thinks and talks in French,
5 for example, and then writes their idea down in
6 English, they wouldn't write it the same way that we
7 as someone here in the U.S. would write it. Of
8 course, I make the same observation about my friends
9 in the U.K.

10 MEMBER WEINER: The problem is the idiom.
11 I've done a lot of translation and the problem is that
12 you need to find the right idiomatic expression for
13 the idiomatic expression that is in the native
14 language.

15 MEMBER HINZE: Don, is there an avoidance
16 of any national standard or any national view so that
17 there is a real international view? In other words,
18 let me try that again, that there's an effort to not
19 select the specific wording of any national standards
20 and regulations but to make certain that they differ
21 from those so that they are truly international.

22 DR. COOL: I don't think the answer is
23 either yes or no. These are international committees.
24 There are people on any one of these task groups from
25 a wide variety of sources and while members of the

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1 committee are there as technical experts and not as
2 representatives of their particular organizations, a
3 few of us on occasion being governmental, many of them
4 being research laboratory and other sorts of things,
5 we all still obviously would come to the table with a
6 background on what we have and we all bring examples.

7 And as in writing any document, there is
8 the occasional desire of someone who has already
9 written down some nice words and everyone can happen
10 to agree with them to use them. So it does get used
11 on occasion. On the other hand, there are enough
12 differences around that a particular phrase from
13 somebody's writing will have somebody who wants to
14 tweak it somewhere.

15 MEMBER HINZE: I've served on enough
16 international committees.

17 DR. COOL: It goes around and goes around.

18 MEMBER HINZE: Yeah.

19 CHAIRMAN RYAN: Just to add, Bill, I think
20 there's a dimension too that sometimes we lose track
21 of in the U.S. about ICRP. They're making
22 recommendations for programs as big as the one in the
23 U.S. and France and U.K. but they're also making
24 recommendations for smaller more emerging programs
25 that may have medical uses and not much else or non-

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1 nuclear power programs and things of that sort.

2 MEMBER HINZE: Sure.

3 CHAIRMAN RYAN: There's a broad spectrum
4 in the audience to which the ICRP is writing. So I
5 think part of this issue of language and detail and so
6 forth might be in that area as well.

7 DR. COOL: There's some of that and you
8 see that and more as you look at, for example, IAEA's
9 attempt to try translating it into their basic safety
10 standards and guides.

11 CHAIRMAN RYAN: Right. So just consider
12 the wider body. I think that's part of it.

13 MEMBER HINZE: Right.

14 CHAIRMAN RYAN: The last document is
15 titled "The Concept and Use of Reference Animals and
16 Plants for the Purpose of Environmental Protection."
17 We did not address this in our initial letter. I did
18 respond to Commissioner McGaffigan's question at the
19 October ACNW briefing and we did review this document
20 in detail and find that what we said in that
21 Commission briefing was still substantiated. They
22 really had not, by their own admission, have created
23 this logical construct and there doesn't really seem
24 to be any detailed scientific data that says that
25 changes what we believe and I'm going to quote from

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1 the 1991 ICRP Report. "The Commission believes that
2 the standards of environmental control needed to
3 protect man to the degree currently thought desirable
4 will ensure that other species are not put at risk.
5 Occasionally, individual members of non-human species
6 might be harmed but not to the extent of endangering
7 whole species or creating imbalance between species.
8 At the present time, the Commission concerns itself
9 with mankind's environment only with regard to the
10 transfer of radionuclides through the environment
11 since this directly affects the radiological
12 protection of man."

13 Later in this new Foundation document,
14 they say, "The Commission still believes that this
15 judgment," that is what I just read, "is likely to be
16 correct in general terms because the steps taken to
17 protect the public by reference to dose limits for
18 them have resulted in strict controls and limitations
19 on the quantities of radionuclides deliberately
20 introduced into the environment."

21 Nonetheless, there's a whole structure of
22 a logical construct, I think, is the phrase that I
23 heard Larzer Holm (PH) talk about in his presentation
24 to this committee without any real, to use a
25 vernacular, technical meat on the bones of this

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1 logical construct. So I think our view is that we
2 would recommend the Commission not take any action at
3 all in this area until this is developed further or
4 until evidence to the contrary that contradicts the
5 two statements I read becomes vetted and available
6 through the scientific process.

7 DR. COOL: At this point, staff is
8 planning to reaffirm comments we made before. The
9 Commission is very clearly on record about having some
10 grave misgivings about moving to standards like this.
11 In the process of looking at it, we've identified lots
12 of things that we tweak curiosity or tweak credibility
13 depending on how you look at it.

14 CHAIRMAN RYAN: Don, I would ask. Are you
15 having any trouble with this buzzing? Okay. I just
16 want to make sure our record is not interrupted by the
17 jackhammer. Thank you.

18 DR. COOL: So we would be making a fair
19 number of more detailed observations playing out
20 discontinuities and consistencies. As you have noted,
21 they make a lot of statements. There doesn't appear
22 to be the basis for the need.

23 Around here, sometimes we refer to what's
24 the burning platform. What's our reason for deciding
25 we have to jump and that's not entirely clear what

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1 that burning platform is. Or maybe it's unstated
2 underneath. There are other pressures that someone is
3 putting on them for other reasons that make them
4 believe that they need to do something more. In fact,
5 I think the text makes some references to that.

6 In the end, I'm not convinced individually
7 that this puts much more meat on the bones. Again, if
8 I were to put a very old hat on from the days now many
9 years ago when I was in the Office of Research and
10 make the personal observation that this would make a
11 wonderful research plan, but it's not a policy doc.

12 CHAIRMAN RYAN: I think we're in the same
13 place. I point out that from our own previous
14 transcript at our working group meeting that we had on
15 the draft document itself back some months ago that
16 one of our representatives from the EPA said that
17 basically human risk assessment drives clean-up
18 decisions from the EPA's perspective and that
19 ecological risk really wasn't a huge factor, but
20 sometimes the ecological assessments really recognize
21 that clean-up improved the environment, that kind of
22 thing. So there was no apparent driver for this to be
23 used from that perspective either and those comments
24 we had earlier on.

25 DR. COOL: Right. I think it's also maybe

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1 important for a complete record to note that because
2 of NEPA and because of endangered species acts and
3 other things, the Agency and the staff did do
4 environmental assessments, environmental impact
5 statements, and do look at specific types of flora and
6 fauna on occasion because of requirements and have
7 been able to do that and have been able to make
8 judgments about those. So it's not a matter that
9 there is no mechanism available for examining things
10 that legally we are bound to in certain cases and have
11 done so.

12 CHAIRMAN RYAN: And again I think we can
13 conclude on this whole document in question if the
14 Committee continues to hold the view that, expressed
15 in its briefing in the Commission, there is no
16 evidence to contraindicate the principle that by
17 protecting man the environment is protected and the
18 Foundation document fails to make the case that
19 separate recommendations are needed. Questions?
20 Comments?

21 VICE CHAIRMAN CROFF: I have a question
22 here.

23 CHAIRMAN RYAN: Yes.

24 VICE CHAIRMAN CROFF: In reading this,
25 there seems to be something of a little bit slippery

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1 that's happened between what the ICRP said, was it in
2 '91 that original quote?

3 CHAIRMAN RYAN: Yeah.

4 VICE CHAIRMAN CROFF: And what they've
5 just done. In the '91 quote with regard to nonhuman
6 species, they very carefully differentiated between
7 putting the species at risk and potential harm to
8 individual members of a species which I infer that you
9 don't want a risk that will wipe out all of the
10 oysters or the whole species. But in the more recent
11 document, it lumps together protection of humans and
12 protection of other species but humans are protected
13 as individuals.

14 We're not really concerned about the
15 existence of the human species in radiation protection
16 at all. Is the intent now that they're trying to
17 segue from protecting a nonhuman species to protect
18 individual members of nonhuman species?

19 DR. COOL: That's a very good question for
20 which I'm not sure there is a crisp answer. My
21 reading of their document is in fact that they don't
22 quite know what they want to do. So in fact, they've
23 decided that the logic construct of having a nice
24 parallel system to allow them to do detailed analysis
25 and do dose calculations would be at an individual

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1 level because that's how you would do a dose
2 calculation.

3 What I don't know and which I don't think
4 this says unless I missed it someplace is whether in
5 the end that would lead you to individualized
6 protection or not. That clearly is a major policy
7 issue and I'm not sure there's any basis to decide
8 whether or not there is a direction that ICRP even
9 thinks it wants to go right now.

10 I would note that ICRP has said that and
11 they are creating a new committee, Committee 5,
12 starting with the term that begins in just a few weeks
13 to further examine this. It's not at all clear to me
14 exactly where they're going to go individually.

15 VICE CHAIRMAN CROFF: I understand the
16 uncertainty there that potential change in ICRP policy
17 maybe deserves a little bit of a highlight at some
18 point. We don't know whether it's real but at least
19 to get people to think about whether it exists or
20 whether it should exist.

21 CHAIRMAN RYAN: You're right, Allen. I
22 think the view that we have at this point, Don, is
23 they have not provided any evidence, any evidence, to
24 contraindicate this long-standing principle that if
25 you protect man, you protect the environment. We

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1 could go through lots of current radiation biology and
2 current study on species. I can think of 100
3 different insect species that will be here long after
4 any radiation exposure that would take the humans out
5 of the picture.

6 And I'm not trying to be flip about it.
7 There really is a very large body of evidence from
8 fundamental genetic cellular studies right on up to
9 species studies that say that if you protect man you
10 protect the environment. It wasn't something that was
11 arrived at trivially in the United States or in other
12 countries that adhere to that principle on designing
13 their radiation protection strategies.

14 But I'm struggling with not so much the
15 policy side of this document, but the fact that there
16 really is no cited evidence to say this needs to be
17 done. The fundamental question is why did you do
18 this. It's a logical construct. Well, you know
19 that's great but what does that mean? It doesn't
20 really advance the ball of radiation protection in a
21 way that's transparent to me.

22 DR. COOL: And I would simply note what I
23 think you've already quote that even in this document
24 they affirm that there's nothing to indicate that this
25 is necessarily incorrect, but blah, blah, blah. So

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1 that inherent disconnect is present even within their
2 document and unresolved.

3 VICE CHAIRMAN CROFF: I think my point
4 here is everything that just went back and forth
5 between the two of you is correct as long as the issue
6 is protection of nonhuman species. If they translate
7 or shift the issue to protection of individual
8 nonhuman species or individual members of nonhuman
9 species, then potentially there's some statistical
10 probability that radiation would kill one of a million
11 oysters or whatever and then there is at least an
12 impact, whereas the species wouldn't be threatened.
13 That's why the shift is important.

14 CHAIRMAN RYAN: Again I understand the
15 construct you've created but there's absolutely no --
16 I mean the level of detail and the data you would have
17 to have to substantiate that statement is hundreds of
18 years away. It just doesn't exist.

19 VICE CHAIRMAN CROFF: All I'm cautioning
20 against is a sort of very subtle shift in policy and
21 then the ah-ha which changed the problem to over here
22 and they may well be some evidence, I mean, some
23 statistical probability at some level that radiation
24 could hurt a nonhuman species.

25 CHAIRMAN RYAN: Frankly, I doubt it but I

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1 understand the logic of what you said. But from a
2 standpoint of demonstrating it with scientific
3 certainty, I just don't see how you can get there.

4 VICE CHAIRMAN CROFF: I guess I'm just
5 coming at it from the viewpoint that there's something
6 to be watched there by the ICRP.

7 CHAIRMAN RYAN: Clearly, what the ICRP
8 does with this is an important issue to take up, but
9 I just see it as a flawed approach at this point. I
10 mean there's no evidence to the contrary and they
11 affirm their previous position in this document.

12 VICE CHAIRMAN CROFF: I agree.

13 CHAIRMAN RYAN: Yet, on we go.

14 DR. COOL: Dr. Croff, if I could summarize
15 that in my words. Not only have they not made the
16 case, but they have no idea at what level or why they
17 want to protect it yet or who, what, where or when.

18 CHAIRMAN RYAN: Or what measure?

19 DR. COOL: Or what measure?

20 CHAIRMAN RYAN: I can understand RAD in
21 any material because RAD applies as energy deposit per
22 unit mass. What does REM mean?

23 DR. COOL: And that's one of the questions
24 that they identify.

25 VICE CHAIRMAN CROFF: I'm suggesting more

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1 that they may be trying to redefine the problem or the
2 issue very subtly.

3 CHAIRMAN RYAN: We got it. I understand
4 what you're saying.

5 VICE CHAIRMAN CROFF: That's all I'm
6 saying.

7 CHAIRMAN RYAN: But I don't think we'll be
8 able to substantiate that any better than what they
9 have here so far. All said. Ruth.

10 MEMBER WEINER: There's a substantial body
11 of data that basically supports the current position
12 that if you protect humans, you are protecting the
13 rights of the environment and that's data that you can
14 get from any one of these very large sites like
15 Hanford, Savannah River, large industrial sites where
16 there are large areas that are protected from human
17 intrusion.

18 People can't go there and yet you find
19 animal species that ingest fairly sizable amounts of
20 radioactive materials, enough to leave radioactive
21 spore and there's no impact on either species or the
22 individual animals. At Hanford, they track mule deer,
23 and things like that. There's no evidence that the
24 radiation hurts them. In fact, there's no evidence at
25 all and yet they are quite significantly exposed and

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1 I'm sure there are similar areas all over the world.

2 DR. COOL: I would leave you with the
3 observation that someone shared with me one time that
4 the biggest single impact is whether or not the humans
5 are present.

6 MEMBER WEINER: Exactly. That observation
7 has been made in the arid lands ecology study along
8 the Columbia River that the impact, most detrimental
9 impact on ecosystems is human activity.

10 CHAIRMAN RYAN: Thank you. Jim.

11 MEMBER CLARKE: If I could follow up on
12 what Ruth said. I think that was the point that the
13 representative from the EPA was making that if
14 ecological risk was used at all in a cleanup decision
15 it was used to argue against cleanup because cleaning
16 up to human health protection standards for a
17 particular area would destroy the habitat for a
18 sensitive species. That's been the outcome pretty
19 much based on my experience anyway and apparently it's
20 this one.

21 DR. COOL: And it's interesting to note
22 that in my recollection of things that have been
23 looked at with endangered species and otherwise it
24 wasn't the radiation dose of the endangered species.
25 It was the impact of the construction or other issues

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1 on the particular species in the area.

2 CHAIRMAN RYAN: We've circled back to the
3 fact that we agree with the original statements and
4 see nothing to controvert those statements. Don,
5 thanks for your insights and sharing your views of our
6 comments. I think our next step is to take these
7 comments and turn them into a relatively short letter
8 which I hope we can accomplish this afternoon and this
9 evening and we'll have it on our letter writing
10 session tomorrow morning. So we'd welcome you back to
11 go through the more traditional letter writing session
12 now that we've discussed these issues in the open
13 forum.

14 DR. COOL: We'd be pleased to do that.
15 We'll see if we can synchronize the schedules a little
16 bit better.

17 CHAIRMAN RYAN: Yes, indeed. In fact, I
18 was just going to suggest we'll pick a key theme.
19 We're going to start the letter writing, I think,
20 promptly at 10:00 a.m. So we have one short
21 discussion on the letter that Bill Hinze will be
22 taking up. So a few minutes after 10:00 a.m. will
23 work just fine and again, no problem. We were happy
24 to wait for the discussion. We're a little ahead of
25 schedule now anyway. So that's fine. Thanks again

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1 for your insights.

2 DR. COOL: Very good.

3 CHAIRMAN RYAN: Okay. Thank you. With
4 that being said, we're on schedule for a presentation
5 after lunch and I think we can break here until 1:30
6 p.m. when we'll discuss letter writing. Is that
7 correct? For that session, we will need to be or not
8 need to be on the record.

9 MEMBER WEINER: Not.

10 CHAIRMAN RYAN: Not. So we're not on the
11 record from 1:30 p.m. to 3:30 p.m. but we are back on
12 the record at 3:45 p.m. All right. Okay. Thank you.
13 We'll adjourn for lunch. Back at 1:30 p.m. Off the
14 record.

15 (Whereupon, at 11:34 a.m., the above-
16 entitled matter recessed to reconvene at 1:30 p.m. the
17 same day.)

18 (The session from 1:30 p.m. to 3:30 p.m.
19 was not recorded.)

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A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

3:34 p.m.

CHAIRMAN RYAN: Let's go back on the record. Dennis, welcome and we appreciate you updating us on Risk Informed Regulations for NMSS. Thanks for being with us.

MR. DAMON: Thank you. I guess I should introduce myself. My name is Dennis Damon. I work for Wayne Hodges who's the Deputy Technical Review Director to the Spent Fuel Project Office in NMSS and my job position is Senior Level Advisor for Risk Assessment for NMSS.

The purpose of the briefing is to describe, as the slide says, status and nature of NMSS's approach to risk-informing activities across all of the divisions in the office and it's more specifically to describe the structured process that's been developed for risk informed decision making. But before I get into these topics, I ought to give a status on really what the program status is itself because up until this fiscal year, this program was being carried out by a risk task group. It was originally in the Division of Industrial and Medical Nuclear Safety and then later was attached directly to the NMSS front office. That risk task group no longer

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1 exists. So there is no budgeted resources for this
2 type of generic guidance that's coming from the office
3 level. Rather all the activities that are being done
4 that are risk informed are in the divisions themselves
5 and being run with budgeted money from the divisions.

6 So the methods and information that were
7 generated by that risk task group have really
8 transitioned to a implementation phase by the
9 divisions. But to provide some degree of coordination
10 and oversight, Wayne Hodges has been appointed the SES
11 champion for this generic activity and then there's
12 myself who is the advisor for risk assessment. I'm
13 available to provide help.

14 But for the specific activities if you
15 would like a briefing on those, they're really done by
16 the divisions. You've actually received a briefing on
17 some of them as part of this meeting from the Division
18 of Waste Management and Environmental Protection that
19 they have their own risk informing program as does
20 High Level Waste which I'm sure you're more familiar
21 with both of those than I am.

22 Then there's the other divisions which
23 also have activities. There are about a total of 12
24 of these specifically identified and managed risk
25 informing activities in the divisions and those

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1 activities are described in this document that's at
2 the last bullet of this slide, "Risk Informed
3 Regulation Implementation Plan" that's published and
4 updated every six months, the latest version of which
5 you can find on the website for looking for SECY-05-
6 0068 and Attachment 2 to that SECY paper is this plan
7 with description of the activities and milestones in
8 it. So that's the big change that's happened here in
9 this program. It's transitioned from about a six FT
10 task group to me and Wayne on our spare time.

11 The NMSS approach to risk informed
12 regulation, you've seen this before. I'm just
13 reminding you that the approach is different from NRR
14 where basically they have one type of licensees. We
15 have all kinds of licensees and activities. So the
16 actual types of public health impacts vary in their
17 qualitative nature and quantitative nature between
18 these different activities and the availability of
19 actual quantitative risk information varies between
20 the different divisions. Therefore, how you can use
21 that information, the risk informed things, is varied.
22 The approach that's been developed is to recognize the
23 variability and deal with it.

24 CHAIRMAN RYAN: Could we stop there a
25 second because that's something I think we had

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1 discussed in a letter earlier on is the use of non
2 dose-based metrics.

3 MR. DAMON: Right. That's it. When we
4 did it for NMSS, we had to realize that there are --
5 You had to look at all the different kinds of impact,
6 worker risks, general public, routine exposures and
7 accident risk and deterministic effects because you
8 get everything in NMSS.

9 CHAIRMAN RYAN: You do in reactors too.

10 MR. DAMON: Yeah.

11 CHAIRMAN RYAN: You can think of those
12 same things. So I find the fact that they are all the
13 same and NMSS is all different to be a little empty as
14 a reason to do it. And I find it challenging to think
15 about how you take a short term impact, pick anything
16 you want, and compare that on an apples-to-apples
17 basis with a long term stochastic risk of some
18 endpoint like cancer. So I remain skeptical that
19 that's a useful set of metrics when you consider that
20 they're really apples, oranges, grapes and bananas.
21 Help me understand that. I just asked that question
22 earlier. So many you can give me some insight there.

23 MR. DAMON: In the work we've done, we've
24 recognized that there are these different apples and
25 grapes and things and we tried to keep the things

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1 separately identified so that people would recognize
2 that. That's one reason that those risk guideline
3 things, there were six of them, we wanted to make
4 people realize there are different kinds of things
5 here and maybe they're not all going to be treated
6 exactly the same.

7 You could try to do that. You could try
8 to treat everything the same but you're submerging
9 this information which seems like the direction of
10 guidance where people are going is to disaggregate
11 things and make sure everybody's aware of where all
12 the pieces are. So that's the way we have been going
13 for a long time.

14 CHAIRMAN RYAN: And again I think the
15 Committee in its previous observations was
16 disheartened by the disbanding of the task work
17 because it seemed you were gaining momentum and after
18 working well, became productive.

19 MR. DAMON: There are still people
20 assigned to be the points of contact on this generic
21 work that's being done. So it's not being abandoned
22 exactly. Like I say, it's in implementation phase.
23 We have to get the people in the divisions to
24 understand and adopt and learn and practice this. If
25 it's always just the risk task group, it's not going

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1 anywhere. That's what I mean by implementation. It's
2 just other people have to do it.

3 But to help the process, this thing that
4 the risk task group, really it was only one of the
5 things the risk task group worked on. They worked on
6 a number of different things but this one thing was a
7 common framework that started before I was involved.
8 It started back in the beginning of the idea of risk
9 informing the non-reactor area.

10 So they developed a framework to describe
11 the fact that in NMSS, you have to deal with different
12 things and so there were two kinds of guidance that
13 were developed. One was a screening guidance on
14 deciding when to use quantitative risk assessment and
15 that's a little bit too black and white of a
16 statement.

17 The way I really think of this is it's
18 guidance on how to determine how to risk inform
19 something and what scope you can do it at. Then the
20 other kind of guidance is it was a general risk-
21 informed decision making guidance. So it more
22 reflects some guidance that I believe came from either
23 the ACRS or ACNW that the agency ought to do more of
24 this. That is structured decision making.

25 So that's what this is. It's a structured

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1 decision making method on how to think about risk
2 together with other factors to inform things. But it
3 was primarily focused on changes to regulatory and it
4 did not address how to risk inform license review and
5 inspections.

6 Like I said, the divisions have about 12
7 of these specific risk-informing tasks that you can
8 monitor through reading the Risk-Informed Regulation
9 Implementation Plan. Like I said, the way I think of
10 them they fall into three areas. They fall into
11 changes in requirements, license review and inspection
12 because those are the three major ways of categorizing
13 the activities that the staff does and the guidance
14 that was developed so far primarily focused on number
15 one and the other two remain to be done.

16 Now some divisions are specifically doing
17 these things. They are risk informing license reviews
18 and inspections. Some of their programs, in fact, are
19 these things. But there's no generic across-the-
20 office kind of guidance to help them do that. Each
21 one of them is doing their own thing basically.

22 CHAIRMAN RYAN: Don't you have some
23 general documentation on implementation?

24 MR. DAMON: There's no general generic
25 NMSS guidance on how to risk inform a license review

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1 for example, what's the process, what are you trying
2 to accomplish or anything. So each division that's
3 taken that on is doing their own thing there. I mean
4 the concept is understood but you know better than I
5 do what they're doing in high-level waste with the
6 risk insights baseline study and sensitivities on
7 actual bottomline risk metrics. But when you go into
8 a place like fuel cycle, they don't have a
9 comprehensive single bottomline risk metric.

10 CHAIRMAN RYAN: Where are they getting
11 their guidance to develop it?

12 MR. DAMON: Their licensees do a thing
13 called integrated safety analysis in which they
14 identify all the accidents and things that can happen
15 and what the outcome will be and they make a gesture
16 on what the likelihood is but it's not really
17 quantitative. So they have that information.

18 CHAIRMAN RYAN: That wasn't my question.
19 That's what the licensees are doing. How does the
20 staff, is there any guidance they use to develop their
21 program for risk informing their activities?

22 MR. DAMON: Like I say, what I'm trying to
23 point out is there is this generic guidance that I was
24 going to describe in the rest of the presentation.

25 CHAIRMAN RYAN: Okay.

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1 MR. DAMON: But what I'm trying to say is
2 it doesn't specifically tell you how to risk inform a
3 license review.

4 CHAIRMAN RYAN: I'm with you.

5 MR. DAMON: Okay.

6 CHAIRMAN RYAN: Thank you.

7 MR. DAMON: This is a synopsis of what you
8 probably know is that the availability of risk
9 information is different in the different areas of
10 NMSS and the high-level waste as I say at least in the
11 post closure phase, you have a total system
12 performance analysis capability to actually quantify
13 the risk and you can do sensitivity of various
14 technical issues too. So you can get the sensitivity
15 of the bottomline risk to these various factors that
16 go into the assessment. It helps you focus your
17 review on things that might actually make a
18 difference.

19 The Division of Waste Management and
20 Environmental Protection (DWMEP) has a similar
21 situation except different in that it's multiple
22 things that they have. As opposed to having one
23 facility, they have all these different ones. IMNS
24 (Industrial and Medical Safety), they have done the
25 Byproduct Risk Studies which covers all 40 systems.

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1 It covers all these myriad of things that
2 they regulate. It assesses routine and accident risk
3 and it does individual risk and industry collective
4 risk. They have a resource there and they are risk
5 informing. They have done what they call the multi-
6 phase review of their program and they are risk
7 informing. They've risk informed, restructured some
8 of the inspection programs and they are working on
9 two, I believe, of their standard review plans and
10 trying to risk inform them based on this quantitative
11 information in this study.

12 I'm currently trying to help them risk
13 inform a relaxation of regulatory requirements in the
14 Part 30 area and the interesting thing that I'm
15 finding is that that Byproduct Risk Study doesn't
16 necessarily help you because what happened was when
17 you relax the particular requirement, you get a new
18 set of accidents that can happen that weren't in the
19 original study. So you have to generate the
20 information de novo when you do that.

21 I realize the same thing happened to me
22 when I started trying to reason about a thing in the
23 Spent Fuel Project Office. They had a risk study and
24 proposed to relax something and it turns out when you
25 relax that requirement, you're going to get a

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1 different kind of accident you never had before. It
2 was criticality risk and so it's interesting how this
3 works. You may do a comprehensive risk study but in
4 the end, you might not actually use it when you go to
5 actually risk inform something.

6 CHAIRMAN RYAN: I think you hit the nail
7 on the head as the value of a risk assessment. It's
8 a system. It's a zero sum game. If you change the
9 rules, you might change the risk. If you change the
10 risks, you might change the profile of things that can
11 go wrong or go right.

12 MR. DAMON: Yeah, that's something I think
13 the staff has to realize is that you do a risk
14 assessment and it says risk is low in some area. That
15 doesn't mean you can do anything you want over there
16 in that area. If you change something, the risk might
17 not be low anymore. Then like I said, fuel cycle
18 facilities, they have these comprehensive accident
19 risk information things called ISAs that covers every
20 process in every facility that they regulate that
21 could have a serious accident. But it's not really
22 fully quantitative.

23 Then in Spent Fuel, there have been
24 several risk studies and there's an awareness of what
25 routine doses are and accident risk for these specific

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1 studies. But what we have in SFPO is a multiplicity
2 of designs and a multiplicity of sites. It's really
3 a hard nut to try to do a comprehensive risk
4 assessment of that much stuff and in the end, it might
5 not be what you needed for a specific study. So the
6 way to deal with these kind of situations in my view
7 is to wait until you have a question to answer and
8 then do the study.

9 CHAIRMAN RYAN: If you're lucky.

10 MR. DAMON: So this is an example of the
11 variability that I put in here. It's risk informing
12 license reviews and I've actually already said this
13 stuff that the three divisions I have on the top are
14 doing it and they're able to make use of
15 comprehensive quantitative risk information. FCSS has
16 guidance on how to risk inform their reviews in the
17 Standard Review Plan (SRP) but it's pretty top level
18 guidance.

19 Then there's all this qualitative risk
20 information from the ISAs and FCSS does have a project
21 to develop guidance on how to help staff focus on how
22 to risk inform their actual reviews. So it's a
23 supplement to the guidance that's already there. Then
24 SFPO has standard review plans and interim staff
25 guidance, a lot of which helps the staff focus on

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1 what's important and they have a number of risk
2 studies that also would help the staff identify what
3 has higher risk than something else. But there's no
4 comprehensive -- There hasn't been a dedicated
5 specific effort to make everything risk informed.
6 There was a proposal to do so but the resources just
7 weren't there to start it this fiscal year. That's
8 what I mean by things vary across.

9 This is the process you've seen before.
10 When I said there's a structured process, this is the
11 screening process, the overall process, of deciding
12 whether you're going to do a quantitative risk
13 informing effort in some way. This screening was
14 really put in place in my view to prevent something
15 that often happens which is people go do a risk
16 assessment before they identify what question they're
17 trying to answer.

18 What I often see happen is they calculate
19 the wrong stuff and you can't use it to answer the
20 question you have when you get to the end. This is
21 just to force people to think up front about what
22 they're trying to do and then whether it's worth doing
23 given the cost of what it will cost you.

24 That's what this screening process here is
25 in the diamond up there in the middle of deciding

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1 whether to risk inform involves those questions like
2 that. What is the question you're trying to answer?
3 And secondly, what's it going to cost you to do it
4 this way and is that really worth it?

5 If it is, you proceed on. You do the risk
6 evaluation to generate the information that you need
7 and then in step four there, you apply a structured
8 decision making method that uses that information and
9 other information, not just risk information. That's
10 the key thing here is that risk informing has a little
11 risk in it but when you read the definition that the
12 Commission wrote of it, it's risk in other information
13 and that's really the essence of the thing. It's a
14 comprehensive thing so that's typically how poor
15 decisions are made. You don't think of all of the
16 impacts of what the different alternatives to your
17 decision might be.

18 This is the overall process. Another way
19 of saying this is this is a screening. This is a
20 method for deciding whether you're going to do
21 quantitative risk assessment in a particular area.
22 But to me, the real value of it is to focus people on
23 generating the information that you'll actually need
24 in the end if you're going to risk inform something.
25 So this is the screening step I was talking about.

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1 Step 2, what is the benefit or usefulness
2 of generating risk information. Do you have a safety
3 question? In the case of the Part 30 rulemaking, for
4 example, the objective here is to gain efficiency and
5 effectiveness by not having requirements in their
6 regulations that really aren't providing any real
7 substantial risk reduction benefits. So they're
8 trying to relax certain specific requirements and not
9 have their staffs waste their time reviewing all this
10 stuff in a license submittal.

11 CHAIRMAN RYAN: What would be an example
12 of that?

13 MR. DAMON: One of the specific ones is
14 they require certain -- Manufacturers of certain
15 devices like wrist watches with --

16 CHAIRMAN RYAN: Promethium or tritium.

17 MR. DAMON: Promethium or tritium paint on
18 the dials, to do a prototype testing and quality
19 control testing and the requirements and the
20 regulations are very specific and very -- There are
21 very specific, prescriptive requirements on what
22 they're supposed to do. So they have to set up a
23 program that does that, send it in. It has to be
24 reviewed by the staff and the staff feels like this
25 may not be worth, at least the quality control

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1 requirements, may not be worth it because the devices
2 that are in the list of things that --

3 They're talking about timepieces, ionizing
4 radiation instruments, smoke detectors and, what's the
5 other one, electron tube indicator light things. Most
6 of those things, they have to make the attachment and
7 containment effective or the device won't work
8 properly.

9 So the belief is that even if you relax
10 the actual requirement, the manufacturers are going to
11 still do it and also there are industry standards on
12 how the things are supposed to be made. The NRC is
13 just adding another layer of regulation to something
14 that probably doesn't need it. The other thing is the
15 source strengths of these things are very small or
16 microcurie amounts of stuff. That's the reasoning
17 there. They think maybe they can relax that
18 prescriptive quality control testing requirement and
19 not really lose any safety.

20 CHAIRMAN RYAN: So just to take the
21 example a step further. I'm just guessing at the
22 moment. They're looking at something like at least a
23 potential for a failure rate that's higher without a
24 control than with a control and maybe they look at
25 dose consequence or some kind of assessment of is

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1 there an increment of dose at all or is a little tiny
2 bit or whatever it might. That's the kind of thought
3 process you're outlining.

4 MR. DAMON: Yeah. They've done -- The
5 risk from these devices was assessed in a very top
6 level way in this Byproduct Risk Study, but there was
7 a more detailed study done, NUREG-1717, in which the
8 doses that you might get from things were looked at
9 and because the sources are small, the doses are very
10 small. So even if anything happens, it's really a
11 very small dose. So that's the reasoning that's going
12 on there. They haven't done the rulemaking. It's in
13 process.

14 The idea here is to ask that question up
15 front. If you want to do a risk assessment and
16 illuminate this issue, what are you proposing to do?
17 In this case, you're proposing to relax a testing
18 requirement. As I mentioned earlier, what I found was
19 when you looked at the Byproduct Risk Study and also
20 NUREG-1717, there was no accident in there that was --

21 The kind of things that would happen if
22 you relax a testing requirement is sort of as you
23 indicated. You might get a higher defect rate, paint
24 comes off of the thing or sources aren't attached
25 properly or something like that or they might put more

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1 source in the device than they're supposed to,
2 something like that. Those kind of malfunctions or
3 defects or accidents or whatever you want to call
4 them, they weren't part of the risk studies that were
5 done because they didn't anticipate those as being
6 significant things because they had the quality
7 control and prototype testing.

8 That's why I say when you know the
9 question up front, then you're more likely to do the
10 risk assessment to generate the answer to the
11 question. That's the first question you ask in the
12 screening thing.

13 Feasibility is the next question.
14 Technical feasibility. Can you do a risk assessment
15 of this, whatever it is you're dealing with or is it
16 really beyond the state of the art? Then another
17 feasibility question really is is what you're
18 proposing to do worth the money you spend on it. You
19 don't want to spend more money doing the study than
20 you're going to gain from whatever it is you're going
21 to use it for. There could be other considerations
22 that might lead you not to risk inform something that
23 basically the decision has already been made as to how
24 something's going to be done.

25 So the result of applying the screening

1 process to different things is that not all things
2 would be risk informed. You wouldn't necessarily do
3 a risk study for every dance or every single question
4 that ever came up. You'd only do it when it was worth
5 doing.

6 Step 4 is the other thing I was going to
7 run over because it's where work was put into this and
8 that is structured decision making methods. This is
9 not really something new around here. There's a type
10 of analysis called a regulatory analysis that's
11 basically required to be done when one does
12 rulemaking.

13 But it's also -- If you read the guidance
14 documents on it, NUREG-BR-0058 and -0184, it indicates
15 in those documents that really regulatory analysis is
16 the tool that can be used to guide the staff's
17 decision making on regulatory decisions, not just
18 rulemaking but things like relaxing license
19 requirements and various other decisions that relate
20 to safety requirements. So it really has good
21 guidance on what are all the factors you need to look
22 at in making a decision about regulatory requirements.

23 The way I think of it is there are two
24 different types of decision criteria in these
25 documents. One of them is specific individual

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1 considerations and the other one is a single
2 comprehensive value impact analysis or what most
3 people call cost benefit analysis that you typically
4 try to do quantitatively or mostly quantitatively.
5 That's where you're trading off.

6 Value impact analysis is an optimization
7 process as is one of the ICRP principles,
8 optimization, ALARA. It's the same kind of thing.
9 It's an optimization of the situation. In that
10 tradeoff, the risk impacts is one impact and cost is
11 another category of impacts and the regulatory
12 decision you're making may be imposing a new
13 requirement or relaxing on. So the impact on risk
14 could be to cause risk to go down or up and then
15 you're trading that off against cost impacts.

16 The other interesting thing that happens
17 in this process and happens more in NMSS than it would
18 in reactors and that is as we mentioned at the
19 beginning of this is there are multiple kinds of risk.
20 You have the workers. You have the public. You have
21 routine doses and accident and you may be --

22 CHAIRMAN RYAN: How is that different?
23 Help me out there. I don't get that. You're stuck
24 with why NMSS is different than we are.

25 MR. DAMON: It's not different in the

1 sense that NRR doesn't have these things but it's
2 different in the sense of the primary source of risk
3 in a reactor is the core and what's in there getting
4 out. In NMSS, these things could be decoupled. So
5 you don't have one source of risk. You have different
6 things going on. So you can take --

7 CHAIRMAN RYAN: Could you give me a
8 concrete example that's different?

9 MR. DAMON: Yeah.

10 CHAIRMAN RYAN: The reason I'm struggling
11 is if you look at a reactor, it's not that simple.
12 You have an aux building. You have a waste handling
13 building. You have trucks rolling in and out with
14 stuff on them, low-level waste, fuel coming in. It's
15 just as complicated in terms of activities, actions
16 and levels of risk and level of material and motion.
17 You get refueling outages. You get people mopping
18 floors. There are all sorts of ranges of activities
19 in a reactor. It's not a cartoon with a box in the
20 middle. I just don't see them as being dramatically
21 different and I'm not criticizing you. I'm just
22 trying to have you help me understand.

23 MR. DAMON: No, I think you're right that
24 I've exaggerated the difference. But you would find
25 greater variability in the profile. If you look at

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1 the different components of the different kinds of
2 risk as you moved among different things in NMSS, the
3 magnitudes of these things go all over the place.

4 CHAIRMAN RYAN: They do in a reactor. If
5 I'm taking a box of low-level waste and putting it on
6 a flat bed truck and taking it out, it reads .01 MR
7 per hour. The risk there is it falls and hits on the
8 head. The radiological risk in that element is kind
9 of small. So I challenge you to convince me that
10 there is a different range of relative risk in a
11 reactor versus an NMSS application.

12 Now the range of licensees I grant you is
13 very different. If somebody is licensed to have 100
14 curies of something or other versus a power reactor,
15 in the aggregate, has a different aggregate view of
16 risk. But in terms of the range of risk, the range of
17 accidents and things like that, I still think that
18 it's an oversimplification to just say that NMSS has
19 a bigger range. I challenge that.

20 MS. STEELE: May I just offer one example?
21 I'm thinking in NMSS you have the glove boxes, those
22 kinds of manual operations like that and you're in
23 close proximity to it.

24 CHAIRMAN RYAN: People have stuff in glove
25 boxes in reactor buildings.

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1 MR. FLACK: If I could jump in for a
2 second.

3 CHAIRMAN RYAN: Please.

4 MR. FLACK: I'm also going to be talking
5 about this next month, comparing reactors to non-
6 reactor activities.

7 CHAIRMAN RYAN: Sure.

8 MR. FLACK: I think with the reactor, the
9 big difference between the reactor and non-reactor
10 world is, I guess there is a couple of things, but I
11 think the main thing is in the reactor world the risk
12 is driven by severe accidents. These are large events
13 that affect many population out there. That's really
14 what's driving the risk. That's what PRAs look at,
15 basically the consequences of a large release or
16 damage event.

17 Now in the non-reactor world, you have a
18 bunch of smaller population, a very small population.
19 In some cases, it might only be one person and there's
20 a lot of diversity in the way the source is effecting
21 that population. That doesn't mean that you can't use
22 the same logic. I think you can all roll it up to
23 something very simple and that is the source material
24 moving in an uncontrolled way out of where it's
25 supposed to be, how are you going to mitigate that,

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1 what barriers you're going to have and what is the
2 dose.

3 When you get to that level, it applies,
4 that thinking applies across the board. You can apply
5 that to every type of activity. But as you do that,
6 then it depend more on what the activity is and where
7 the risk is coming from and so on and then you branch
8 out. You apply it as you need to for each of those
9 activities. But you're right. At some level, you
10 roll it all up. It becomes the same problem.

11 CHAIRMAN RYAN: And again, from a
12 conceptual standpoint, an NMSS licensee has the
13 biggest accident it can evaluate, the co-breach or
14 whatever it might be in the reactor but some version
15 of that for a NMSS licensee.

16 To come back from the other angle, if you
17 look at the Impro measurables, what are they all
18 about? They are about routine operational
19 improvements, incremental improvements. Keep the
20 water clean in the reactor. You get less corrosion.
21 You get less headaches. Reduce your radiation control
22 areas. You have less dose during maintenance
23 activities. There is a lot of very practical on-the-
24 ground work that's exactly the same as for an NMSS
25 licensee versus a reactor.

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1 MS. STEELE: The culture.

2 CHAIRMAN RYAN: So they are very different
3 facilities with very different total number of curies
4 in many cases. But I challenge us to think about and
5 I know we're going to learn more about it from some of
6 the experts but I just see a difference here.

7 I mean I see the difference as being
8 somewhat arbitrary and not really substantiate when
9 you're really cut it down to the principles and
10 practices or fundamentals of risk assessment. I'm
11 just thinking out loud. Again, I'm not criticizing
12 Dennis at all for his thoughts and views here. He
13 has good insights from what's happened, but it's a
14 thought I challenge.

15 MR. DAMON: What I'm really trying to get
16 at here is that there is diversity. The principles of
17 what you're doing are the same. In fact, this stuff
18 here, this Reg Analysis structure to framework in fact
19 applies to both. It's for reactors and for non-
20 reactors and for anything. In fact, it's Office of
21 Management and Budget John Graham's office up there.
22 They do it for every regulation in the government. So
23 it's very generic in that sense, the principles.

24 But what I'm saying is that if you do a
25 risk assessment of a reactor like John Flack said,

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1 you're usually focusing on the core metal accident and
2 that's it. When you go over to something in NMSS in
3 high-level waste, you're focusing on chronic releases
4 and vulcanism, a totally different physical phenomena
5 than they had in the reactor site.

6 CHAIRMAN RYAN: But again the structure of
7 the analysis is the same.

8 MR. DAMON: Yes. The thought process
9 should be. That's what we were advocating is that
10 we're trying to promote the idea that the staff should
11 think about things in a structured way that's really
12 the same for everything you do. It's just that when
13 you come to a specific situation, some of the risks
14 are trivially ignored and you get a different profile
15 of what really drives the decision depending on where
16 you apply it.

17 But the virtue of the structure approaches
18 as you have a checklist which is actually in these
19 documents and you make sure you've thought of
20 everything and haven't missed something. The one that
21 they told me about was -- What was that? It was a
22 case where somebody was getting concerned about the
23 fact that the inhalation doses to some workers was
24 rather high. So they made them suit up or put in a
25 requirement to have them wear the breathing apparatus

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1 and everything and then it took them twice as long to
2 do the work and they got more of an external dose.

3 CHAIRMAN RYAN: And that dose went up.
4 That's the PMI case.

5 MR. DAMON: Yeah, so you have to have a
6 checklist and say, "Okay, I'm going to take this
7 action. How is it going to affect this component of
8 risk and this one and this one and the cost and
9 everything else?" So that's the virtue to me of these
10 methods is it's comprehensive and forces you to think
11 things, run down a list and make sure you're not doing
12 something that will have unintended consequences and
13 not really be the preferred choice.

14 So it's kind of an emphasis I'm putting in
15 here on the fact that it's as in the definition of
16 risk informing. It's risk and these other things and
17 this is a list of some of the things. It's not the
18 whole list. It's just to give an example that there
19 are different things. The first one is limits on
20 doses or risks. That's individual risk usually that
21 we're talking about there. Some of it's in the
22 regulations.

23 Another consideration is compliance. If
24 you have some decision that you're considering making,
25 you still have to comply with all of the other

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1 regulations that you're not proposing to change. And
2 the third is defense in depth which you may propose a
3 change and have an effect on that. Maybe removing a
4 layer of defense in depth, it may look like a good
5 decision from a risk perspective because the risk is
6 still low. But if you've reduced yourself to the
7 point where you're relying on one barrier is between
8 you and something serious, you may not want to do
9 that. So that's defense in depth.

10 Safety margins is a similar thing. It has
11 to do with dealing with uncertainties and then there's
12 common defense and security. Their security
13 requirements may affect your decision on something
14 where you're thinking about safety and then you have
15 to think about security too. Then this last one is
16 the one that the risk task group worked on which is
17 screening based on risk guidelines of negligible risk.
18 They used to be called safety goals because they're
19 similar in magnitude to the reactor safety goals.

20 CHAIRMAN RYAN: How is all of that going
21 to be documented and brought forward? I mean how is
22 that going to be immortalized?

23 MR. DAMON: We're going to produce a
24 document soon.

25 CHAIRMAN RYAN: When can we have a view of

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1 that?

2 MR. DAMON: Soon.

3 CHAIRMAN RYAN: We would like to probably
4 review that and comment on that as early as possible.

5 MEMBER HINZE: Are you going to have
6 considerations criteria for these various
7 considerations for making an evaluation of these?

8 MR. DAMON: Yes. Right. Most of this
9 stuff -- Well, some of it they will and some of it
10 they won't. What I say by number 6 screen based on
11 negligible risk guidelines, they are very explicit
12 criteria for that and it's an analog to what's already
13 in NUREG-BR-0058 and that is when you do back-fit for
14 reactors, they have a screening step that you do up
15 front that's based on a criteria related to the
16 reactor safety goals, the subsidiary guidelines of LRF
17 and CDF. They do a screening process up front.

18 So if you're proposing a new regulatory
19 requirement and you're going to -- Yes, if you're
20 proposing to do a new regulatory requirement, they
21 first look at the impact on CDF and LRF and they run
22 through the screening. If the impact is just too
23 small, then the regulatory, you trip out and say this
24 is not worth doing. It's not worth imposing a new
25 requirement that really doesn't have any significant

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1 benefit.

2 So we've created an analogous thing for
3 NMSS based on these negligible risk guidelines. It's
4 a way of screening, tripping, yourself out of a
5 process before you waste your time going too much
6 further and doing because the comprehensive value
7 impact analysis which is the next step of backfit is
8 more costly usually to do that than it is to just do
9 the LRF/CDF stuff or the analogous thing for NMSS.

10 CHAIRMAN RYAN: Do you cover human
11 reliability?

12 MR. DAMON: It doesn't specifically -- The
13 work we've been doing in this area of systematic
14 decision making doesn't talk about human reliability
15 as a separate subject. It's a part of this whole
16 thing. But in the other work, the risk task group was
17 doing there were several things that were done. There
18 was a training class on human reliability and human
19 performance methods that was developed and made
20 available for the staff. NMSS staff were sent and are
21 taking those back classes.

22 The other thing was the Office of Research
23 started a program to -- By the way, the Office of
24 Research has -- This development of this structured
25 method that's done here has been jointed effort by the

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1 Office of Research, the risk task group people and the
2 contractors at Brookhaven. And not only that, but
3 separate groups of the staff were set up, the NMSS
4 staff outside risk task group from each of the
5 divisions and so there were many different groups
6 organized to do this as a joint project.

7 But in the human reliability area, the
8 Office of Research started a specific program to look
9 at human performance technology needs in NMSS. So
10 they have done a survey and they've published. In
11 Phases 1 and 2, they did a survey of what are the
12 human performance resource, or what do they call them,
13 resources what's the state of the art of human
14 performance assessment and use of technology in the
15 different divisions of NMSS. They published a report
16 on it

17 And then they did one on what are the
18 needs. What are the missing pieces in the divisions
19 in those areas? And now this year, they're based on
20 the assessment of needs. They went to the divisions
21 and they're doing two specific human performance tool
22 development projects, one on spent fuel handling which
23 will support both Yucca Mountain and ISFSI type spent
24 fuel handling. Then the other one is on medical, some
25 new problems with medical devices. They're looking at

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1 the human performance issues with certain medical
2 devices.

3 That's what's being done in the human
4 reliability area and human performance area. That was
5 initiated as part of this overall comprehensive thing.
6 There was a need to look at human performance issues
7 across NMSS. But like I say, in this thing, human
8 reliability analysis might be a part of what you did
9 in the risk assessment.

10 CHAIRMAN RYAN: But at this point, that's
11 kind of something that a specific group or division
12 would decide they need to address based on how they
13 view that particular license activity versus a generic
14 guidance to be considered.

15 MR. DAMON: Yeah. That again the nature
16 of how the human performance comes into the risk in a
17 given area, it varies. In the spent fuel handling
18 area, there are different areas of human performance.
19 One way of looking at this, this has all been my ways,
20 is there are only three kinds of risk, the risk you
21 overlook, the risk you identified and accepted. All
22 the risk of it is human error. Somebody made a
23 mistake whether it was in manufacturing, design,
24 operations, maintenance. Somewhere along the line,
25 somebody made a mistake.

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1 So I look at most of risk assessment as
2 either external events or it's human error. But the
3 specifically human performance aspect of that like in
4 fuel handling, there's drop, events where you can drop
5 the fuel or drop the cask or have a vehicle, a
6 transporter vehicle, do something wrong there.
7 There's a lot of that in the risk and you do a risk
8 assessment on the spent fuel operation. There's a lot
9 of that stuff in it. It's all human performance.

10 So that's basically all I had to say. I
11 think from what you said you understand what this
12 structured approach is and now the next phase is to
13 try and get more and more of the staff to understand
14 it and use it when it's appropriate. But there's
15 always this problem of limited resources to do these
16 things. The staff of the different divisions has set
17 up certain projects that they feel they've been able
18 to support but there's still other areas where we just
19 don't have the resources to pursue risk informing
20 certain things.

21 CHAIRMAN RYAN: Interesting.

22 VICE CHAIRMAN CROFF: I've read a number
23 of the documents that have been supplied, the
24 background and some of those that you've mentioned and
25 it seems to me there's an aspect of that that's maybe

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1 almost counterproductive. It starts out using the
2 word "risk" in a phrase, risk informed. Almost
3 immediately that is translated to PRA and thereafter,
4 PRAs are discussed with -- I'll say the impression it
5 leaves is that PRAs are large complicated things to be
6 undertaken in large projects, I guess, that can afford
7 them if you will.

8 I think it's counterproductive in the
9 sense that that isn't or shouldn't be true. It goes
10 back to your process diagram where the first decision
11 is do I risk inform or not. I don't think there's a
12 decision there. The answer is yes. The issue is how
13 quantitative should the risk assessment be, how
14 detailed should they be and those should be
15 appropriate to the circumstance and what's involved.

16 But I don't see where there's an option
17 there and somehow the system is leaving the impression
18 that risk informing is a very onerous kind of a thing
19 and that there's a decision to be made and it's
20 optional. I don't think it should be made optional.
21 It's the management decision that should be how
22 intensive it should be and maybe it would be much
23 better received to articulate it in that way and set
24 it forth in that way.

25 MR. DAMON: I'm glad you said that because

1 that's actually my view as well is that it's not black
2 and white. It's not do you risk inform or don't.
3 It's how do you do it. Given the limitations you may
4 have in a given circumstance, how do you risk inform.

5 CHAIRMAN RYAN: Maybe that's the cut I've
6 been reaching for too, Allen. If you talk about Yucca
7 Mountain and reactors, they both have kind of the more
8 full bore PRA sorts of approaches where NMSS licensees
9 may not. I'm circling back to live conundrum here and
10 saying Allen's put a good point on them that you
11 shouldn't be in the mode of saying are we going to do
12 a risk assessment or not or risk-informed evaluation
13 or not. It may be a simple one or it may be a
14 complicated one but you ought to do it anyway.

15 VICE CHAIRMAN CROFF: And a lot of what
16 you said is much more reasonable but the documents
17 don't come across that way for sure.

18 MR. FLACK: If I could just add to that
19 and we talked about this because I mentioned this to
20 Dennis. The whole initiative goes back to what's
21 known as the PRA policy statement and they do use PRA
22 up front. It says to increase the use of PRA across
23 all regulatory activities. I mean that was the policy
24 of the Commission that came down which is consistent
25 with your comment because I think that had they used

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1 this to say is this consistent with the PRA policy
2 statement and the fact that we need to increase the
3 use of PRA as a decision but not to decide whether we
4 need to, that decision had already been made in the
5 PRA policy statement.

6 Now the question is why don't you. What
7 is the big deal of not being able to do this? Is it
8 that expensive? Is it going to cost that much to
9 build an infrastructure to do this? Okay, how much
10 and why isn't it worth it? So the burden is on not
11 using it at that time, not to decide whether to use it
12 or not. I think that's right in line.

13 CHAIRMAN RYAN: That's a piece of it.

14 VICE CHAIRMAN CROFF: It may not be not
15 using it. A PRA doesn't have to be a hugely
16 complicated thing.

17 CHAIRMAN RYAN: That's right.

18 VICE CHAIRMAN CROFF: And there's this
19 mind set that it is because the examples we see that
20 are labeled that way are these like Mike mentioned,
21 reactors and these other things where we put millions
22 and millions into it. But it's that misconception
23 maybe that's part of the root of it.

24 MR. DAMON: One aspect of that that I've
25 learned in trying to apply risk-informed reasoning to

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1 some of the decision situations that we've encountered
2 in NMSS is often you don't have to do a comprehensive
3 risk assessment of every single risk associated with
4 a facility to answer the question you're answering.
5 If you have a specific question, you may only have to
6 assess one aspect of the risk to see what the effect
7 is and it can be quite simple.

8 In many, many cases, it is the systems in
9 the NMSS that they're relying on for safety are simple
10 things. Often it is a human being that's being relied
11 on which I don't know if you call it simple or not but
12 surely --

13 MR. FLACK: But the issues doesn't only
14 apply to non-reactors. There's a cultural issue here
15 and even though PRA is complicated and so on for
16 reactors, it's still difficult to get people to think
17 about it and continuously having to go back and have
18 people that have thought about things in a
19 deterministic way for many years to revisit that
20 thinking. That's where I think the crux of the issue
21 is. I think it's a cultural thing and it needs to
22 change and it's slowly changing. But there's more
23 resistance I think using PRA because they've been
24 going down a certain road for so long.

25 CHAIRMAN RYAN: A good example from my

1 standpoint and my own experience is the bounding
2 analysis for low-level waste operation. Everybody
3 immediately says, "Class C hardware is the bounding
4 case because it's the highest activity." When you
5 look at radiation exposure as an example, it's not the
6 Class C hardware because there's a limited number of
7 shipments per year and it turns out scattered
8 radiation dose for Class A is more important.

9 Then you take it out of the radiological
10 zone. All of a sudden it's heavy lifting because
11 you're lifting anywhere from seven to 20,000 to 40,000
12 pounds on a sling and crane. So there's a whole new
13 set of occupational safety questions there and
14 material handling, the typical hand and foot injuries
15 from material handling or back injuries.

16 I guess what I'm trying to get at is that
17 there is a tool to systematically go through those
18 things and I'm not saying that the NRC regulates
19 occupational or safety or others. But somebody has a
20 human reliability failure that could result in
21 exposure or an accident or something of that sort. So
22 they're not unrelated. Ruth, you have a comment.

23 MEMBER WEINER: I have a couple of
24 comments. This is a different slant. Since the
25 normal operation of anything is the most likely

1 operation for any facility, you get the impression
2 that a risk analysis focuses on off-normal operations
3 and does it because the probability of off-normal
4 operations is usually so much less than normal
5 operations does it communicate too small?

6 Risks look very small because you're
7 looking at off-normal operations. You're looking at
8 something where the probability is very small. In
9 spite of the risk triplet what we really do in
10 practice is multiply probability and consequence.
11 That's the way you do it. Do you see any kind of
12 communication difficulty there in communicating risks
13 just generally to the public to anyone because when
14 you look at off-normal operations your risks are
15 usually very small?

16 MR. DAMON: I'm not sure what you're
17 asking. We certainly have had the experience and the
18 people associated with this effort in NMSS that as you
19 move between different parts of NMSS where it may be
20 in different areas they're concerned about different
21 sources of hazard that the people have a different
22 perspective on things. If you're talking about
23 accident risk to somebody in an area where accident
24 risk is trivial, they're not interested in your story.

25 MEMBER WEINER: Yes.

1 MR. DAMON: We have that kind of problem.
2 But there are other people around who have a broader
3 perspective. Maybe they've worked in more than one
4 area or they've been associated with one of these
5 comprehensive risk studies like the Byproduct Risk
6 Study. They looked at routine and accident and they
7 drew the conclusion which you just annunciated which
8 is that the routine risk is much higher. The normal
9 exposures are where all the risk is in those
10 applications.

11 In fuel cycle where I worked for a number
12 of years, it's the other way around. Most of the
13 facilities work with uranium, low-enriched uranium,
14 and the routine doses are pretty small. But they work
15 with some pretty dangerous chemicals and then there's
16 the risk of criticality. So at least that's the area
17 where you probably have to do more work to make sure
18 you don't get a problem than working on the routine
19 side.

20 CHAIRMAN RYAN: Dennis, just another quick
21 question. From the licensee's perspective all across
22 NMSS, how is this being received? If I'm a licensee,
23 where do I go to find out what I'm expected to do in
24 this risk-informing area?

25 MR. DAMON: First off, unlike what NRR has

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1 done, I don't think -- How do I put this? There's the
2 Division of Waste Management and High-Level Waste in
3 which risk evaluation of chronic exposure and off-
4 normal situations are quantitatively assessed and used
5 right from the regulation itself. It's a regulatory
6 requirement.

7 In those areas, that's sort of an area
8 where you have a framework established to use risk-
9 based reasoning and risk-informed reasoning and it
10 doesn't run into a conceptual roadblock with the
11 staff. But if you move over to one of the areas where
12 assessment of risk is not part of the regulatory
13 structure, you run into the fact that first off people
14 aren't very familiar with the concepts you're talking
15 about and then there is resistance of other kinds part
16 of which is just practical difficulties of doing some
17 of these things. So there are more problems there.

18 I'll give you an example here. In other
19 words what I'm trying to say is that on the NRR side
20 it took them a long time to go from a point where they
21 were doing a risk assessment, a wash, I can't remember
22 the wash, a wash 1400. There was one before that and
23 then wash 1400.

24 PARTICIPANT: 740.

25 MR. DAMON: And then individual plant

1 evaluations and you march down this path and over a
2 period of years, you use this stuff to look at
3 decisions and finally they reach a point where they
4 start to trust things.

5 CHAIRMAN RYAN: Yes, it's a 25 year
6 learning curve and significant resources being devoted
7 to it. I appreciate that. The reason I ask the
8 question is that with each division doing its own
9 thing and just because different people are doing it
10 in different settings, it will likely evolve in
11 different ways. I'm not saying that's necessarily
12 good or bad. It would seem that the expectation is
13 there'll be a variety of implementation successes or
14 failures. I just wonder what should we think about
15 that. Should we comment on it? How do we move
16 forward here?

17 MR. DAMON: I think there can be more. It
18 is a long term process. I think there's a process of
19 the staff becoming more familiar with these
20 technologies, these risk technologies and using them
21 in the areas where they're helpful. There are
22 training classes set up for that.

23 But I think there are successes going on
24 all across NMSS. They're moving in positive
25 directions in a lot of different things. Even the

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1 area I was in which was fuel cycle when they started
2 the Part 70 rule-making which has a risk, it's a risk
3 structure to it, it's identify what can go wrong,
4 identify the consequences and do something about the
5 likelihood.

6 So it's a risk conceptual structure right
7 in the regulation and the interesting thing was is the
8 industry resisted the concept of this partly because
9 it sounded like we wanted them to do quantitative PRA
10 across all of their facilities and again they thought
11 this will cost millions of dollars and what's the
12 benefit. They resisted that. But what I've observed
13 has happen now they're years later. They've all done
14 ISAs and they're talking to the staff about reviewing
15 them and stuff.

16 What I find is I go to a workshop where
17 they're talking about this stuff and now they're all
18 talking risk terminology. They've learned the
19 conceptual structure. So there's been a
20 transformation there that has happened in the last
21 eight or ten years. That's the kind of thing, one
22 thing, that's beneficial because I think for accident
23 risk what I found is that trying to quantify something
24 clarifies your thinking. Try to identify specifically
25 and write down what is the access sequence and what

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1 makes it likely or unlikely and it clarifies your
2 thinking about things. In fact, I remember Norm
3 Rasmus (PH) in saying he felt being able to put an
4 event tree up on the board and say, "This is the
5 accident sequence I'm talking about here" was the
6 biggest benefit of doing wash 1400 because you clarify
7 what you're talking about. Those kind of things are
8 going on.

9 But what I see as the next phase of this
10 stuff and it is happening is risk informing on license
11 review guidance documents and risk-informing guidance
12 for doing inspections, not to say that the existing
13 guidance doesn't have stuff in it about how to do a
14 risk-informed review, but I see a potential there for
15 improving things.

16 CHAIRMAN RYAN: Inspection time is a
17 precious commodity. There's no sense not to focus on
18 the risk-significant issues.

19 MR. DAMON: Yeah. The inspectors do that
20 and there is training and guidance to help them do
21 that. It's just that in certain areas the absence of
22 a fully quantitative risk information has inhibited
23 that a little bit. There are areas where it can be
24 improved and some of the divisions are taking that on
25 if they have it budgeted down there to try to do

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1 something about it. *

2 It's just like it was mentioned before.
3 Just because you can't afford and don't have full
4 quantitative risk information doesn't mean you don't
5 risk inform. It just means you have to learn how to
6 live with that limitation.

7 CHAIRMAN RYAN: We have the advantage of
8 having John Flack and Ashok Thadani going to help us
9 next month with some information from the reactor side
10 so we learn a little bit more about it from that
11 perspective. I'd ask you. What would you recommend
12 we think or do about continuing to risk inform at NMSS
13 or advise the Commission or ask for resources or put
14 the team back together or whatever it might be? I'm
15 not trying to put you on the spot but if you had
16 anything you wanted to suggest that we could look at
17 productively or evaluate productively and help
18 continue the risk-informing process and not lose the
19 momentum that your team developed, we'd be happy to
20 hear that.

21 MR. DAMON: I think some of the thoughts
22 that you've expressed here today are the helpful kind
23 of thing, the idea that it isn't really a question of
24 whether you risk inform. It's how you do it because
25 risk informing to me is just as it says and the

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1 Commission defined. It's using risk and other
2 information to improve your decision making and that's
3 why in this presentation here, I really didn't talk a
4 lot about -- I didn't just talk about the risk. There
5 were these other things.

6 CHAIRMAN RYAN: I understand.

7 MR. DAMON: And so encouraging the value
8 of the bodies like the ACNW is to encourage the
9 Commission and the staff to continue to try to learn
10 and benefit from these technologies for making
11 decisions and assessing risk and including normal
12 exposures all in one thing and using that to improve
13 your regulatory process. I think one of the dangers
14 is that some people when you say risk informing,
15 they're thinking of using PRA in some area and it's
16 not just using PRA. It's doing this stuff that's in
17 this presentation here.

18 CHAIRMAN RYAN: Sure.

19 MR. DAMON: So if they think it's PRA and
20 they're thinking about the area they work in and they
21 say, "PRA doesn't make sense" or "It's not important
22 in my area" then the idea is "Hey, we don't need this
23 risk-informing stuff." But when you understand risk
24 informing is really an effort to focus the staffs.
25 It's the outcome. It's an outcome. You risk inform

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1 when you're focusing on what's important to our safety
2 mission.

3 CHAIRMAN RYAN: I think John hit on a
4 point too that I think you agreed with that all our
5 view of bounding assessment is an older culture that
6 probably needs to change and a lot of people in NMSS
7 activities I'm sure today still say, "I have a
8 bounding assessment. I'm okay. I understand the
9 risk." Well, nothing could be further from the truth.
10 You understand that bounding case but you have no idea
11 what the real risk is and something unrecognized in
12 that bounding case could invalidate your bounding
13 analysis. There are lots of examples of that.

14 VICE CHAIRMAN CROFF: Can I ask a
15 question? You mentioned a forthcoming guidance
16 document at some point. About when do you expect that
17 to become available and will it become available as a
18 draft or in final?

19 MR. DAMON: It's going to be available in
20 a form that will be characterized as available to the
21 staff for trial use. That's the phrase that's used.
22 So it's not like this is official guidance that's been
23 endorsed by the Commission. Follow these rules. It's
24 here it is. Try this out and see how it works and
25 give feedback back to me and Wayne Hodges about how

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1 well it's working and change it if it isn't working in
2 some area or needs to be adjusted or supplemented.
3 That's what we're looking at, generating something and
4 then make it available for trial applications.

5 The difficulty -- And I expect it to be
6 available soon. There are certain -- It had to go
7 through some screening and stuff because there's a
8 number of things that have come up since the thing was
9 generated, sensitive information, screening project
10 and some other considerations. So it should be
11 available soon, but like I say, for trial use and it
12 doesn't cover everything. But it does give the
13 generic framework.

14 VICE CHAIRMAN CROFF: But at that point,
15 it would be available for open discussion in a meeting
16 such as this.

17 MR. DAMON: Right.

18 VICE CHAIRMAN CROFF: Okay.

19 MEMBER HINZE: let me ask you another
20 question. How do you validate your procedures that
21 you present in your regulations? As I listen to you,
22 Dennis, one of the things that comes to mind in the
23 preparation of these regulations, it seems to me that
24 that probably is a segmented preparation. How do you
25 make certain you've covered all the bases and you

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1 haven't had any holes in the process or overlaps?

2 MR. DAMON: Are you talking about
3 developing a regulation?

4 MEMBER HINZE: A regulation. Right.

5 MR. DAMON: A regulation?

6 MEMBER HINZE: Right.

7 MR. DAMON: The regulatory analysis that's
8 in here, that has to be done if you are in fact doing
9 a rulemaking. You're required to do this regulatory
10 analysis which as I say essentially has a checklist of
11 all things.

12 MEMBER HINZE: So there's a template that
13 there is.

14 MR. DAMON: Yeah, there is those two
15 guidance documents that I mentioned earlier in the
16 thing, NUREG-BR-0058 and -0184.

17 MEMBER HINZE: Okay.

18 MR. DAMON: And that marches an analyst
19 through a bunch of things that they have to analyze.
20 The thing however -- What we were trying to encourage
21 here is that that structured approach can be used not
22 just for rulemaking but also elsewhere and also that
23 it should be used up front to determine what the rules
24 -

25 MEMBER HINZE: Rules should be.

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1 MR. DAMON: What the rules should be as
2 opposed to "Okay. After we figure out what we want,
3 then we slap this justification on the end here." The
4 value of that stuff is using it up front even if you
5 can't quantify everything exactly. It's a process to
6 make the decision correct in the first place is the
7 way I look at it.

8 CHAIRMAN RYAN: We didn't touch on it but
9 I think it's implicit in the things you've been saying
10 that and your last point kind of hit on it that if you
11 don't know everything exactly, that's precisely why
12 you do it so that you can get some feel for what
13 you're certain or uncertain about and by how much so
14 that you can maybe either enforce your level of
15 confidence as being appropriate or learn you really
16 don't know what you're talking about which could be an
17 endpoint for risk analysis. So there's an uncertainty
18 analysis value to it as well.

19 MR. DAMON: Yeah. There's a -- I don't
20 know if I can mention this. There are other efforts
21 going on in here at NRR to use essentially the same
22 thing, structure, reasoning, lay out the analysis,
23 address the uncertainty, explain to the decision maker
24 "this is how the pieces all fit together" but
25 recognize that this piece here is relying on this

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1 analysis here which has a certain range of uncertainty
2 to it. I did some of this stuff very early in my
3 career and there are different ways of presenting that
4 uncertainty information in way you can explain to a
5 decision maker whether you can rely on it or not.

6 MR. FLACK: Yeah. If I could just follow
7 up on that too. I know, Dennis, you mentioned before
8 that it's best to come with a question that you're
9 trying to answer and use the risk assessment to do
10 that. But the risk assessments that are being done in
11 NRR and other regulatory processes are being used to
12 ask the right question. So you see it all laid before
13 you and maybe you haven't been asking the right
14 questions. So in that context, I think that's what
15 you were mentioning, Mike, there's a benefit for just
16 putting in an infrastructure that allows you to do
17 that and if you don't have the infrastructure, you're
18 just picking in my estimate let me see if this is the
19 right question and you go which I just find
20 inconsistent in the way we've been doing business in
21 the reactors.

22 CHAIRMAN RYAN: Right, and to be fair, I
23 think that the reactor side having 25 years of
24 experience, they're getting smarter and asking better
25 questions up front. But I would venture a guess that

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1 in 1981 or 1980 after wash 1400 came out, they might
2 not have been hitting the fast balls as well as they
3 are now.

4 MR. FLACK: That's true. In fact, today
5 we live with design-basis events and accidents that we
6 deal with in the regulatory process.

7 CHAIRMAN RYAN: Right.

8 MR. FLACK: For those that are not
9 generated by risk assessments. Those were chosen
10 sometimes in bounding ways and now we're revisiting
11 those because we missed the accidents that were
12 driving the risk and then we put in accidents that are
13 so unlikely that they need to be revisited because
14 we're allocating resources in the wrong direction. I
15 think you also have that on the non-reactor side when
16 you talk about these scenarios like the Intruder for
17 example.

18 CHAIRMAN RYAN: So on the NMSS side, maybe
19 that's a lesson learned to say maybe we ought to
20 recognize that updating and flexibility and changing
21 them and letting them evolve is all part of the
22 process too.

23 MR. DAMON: There was a lot of discussion
24 during the development of this diagram and I've been
25 through this, let's see, there's this diagram.

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1 There's a more complicated version of this with arrows
2 and boxes going all over that this process isn't a
3 one-pass thing like this. It's almost sometimes you
4 do the whole thing simultaneously and then you iterate
5 and the reasoning process is much more complicated
6 because when you get to this step the way I say John
7 is saying it --

8 MEMBER WEINER: We can't see what step.

9 MR. DAMON: When you do this step and you
10 get the risk information certainly you learn all kinds
11 of stuff and then you start asking new questions and
12 you go back to step 1 and redefine all kinds of
13 things. You may learn new issues and the issue you
14 started off addressing you go off and do something
15 different or you have identified a more clever way of
16 solving the problem that you originally identified by
17 when you get to step 3 there. So it's an iterative
18 process.

19 I've been participating with some people
20 from NRR Research in a similar effort dealing with a
21 diagram that's almost identical to this and they had
22 the same problem. When you put the diagram down, you
23 can put the feedback loops in there. But there's
24 feedback loops from every box going to every other box
25 and it just --

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1 CHAIRMAN RYAN: They're all circles.

2 MR. DAMON: It becomes a big complex
3 thing. So one way of dealing with it is just say this
4 is it but it has feedbacks from every part of the
5 thing. As you learn more, you go back and revisit the
6 stuff that you did before and you're constantly
7 iterating.

8 MR. FLACK: Provided you don't screen it
9 up first. Right?

10 MR. DAMON: Yeah. You could make a
11 mistake. It could be a mistake. You could screen out
12 something which you probably should have done.
13 Another thing that I want to mention about this is the
14 methods that we've been working on are oriented all
15 around quantitative information from a quantitative
16 risk assessment and one area we did not address which
17 we realized in retrospect is there's a tremendous
18 amount of quality of information you get out of risk
19 assessment and that there really needs to be guidance
20 for the staff on how to do that.

21 If you are a person who has professionally
22 worked in risk assessment for a long period of time,
23 they learn how to do this thing, how to take a risk
24 assessment apart and learn things from it. But the
25 staff, I think there's a benefit to explaining that

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1 process to the staff so that they realize that that's
2 really -- Probably the bigger benefit of doing an
3 assessment like this is the things you learn from
4 looking at the insides and the guts of the things, not
5 the bottomline number.

6 CHAIRMAN RYAN: Any other questions or
7 comments? Latif.

8 MR. HAMDAN: Yes. Dennis, thank you very
9 much for a very good presentation. Now you would
10 issue the guidance soon. What's your thinking of
11 what's actually going to happen? What I mean by that
12 is how do you see different divisions in NMSS doing
13 what you think they'll be doing.

14 MR. DAMON: I would say that the Part 30
15 rulemaking is a thing that fits exactly the guidance
16 that we issued. So you can follow it. There's an
17 area where you just follow the guidance that was
18 written there. As I mentioned in going over this
19 stuff, there's no generic guidance on how to risk
20 inform license review or inspections. Those are
21 probably areas.

22 This is what Wayne Hodges said. He said,
23 "Hey, this is where the staff spends most of their
24 time is doing these two functions. If you're going to
25 gain efficiencies and effectiveness in the staff, we

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1 need to figure out how to do this part in a risk-
2 informed way." Well, this stuff here stocked short of
3 that, it has the architecture of the different factors
4 that will go into that process. But when you get an
5 inspection and license review, there's a whole other
6 aspect to this thing that needs to be added on to
7 that. That's where I think the real future benefit
8 and work ought to go.

9 It's like the Yucca Mountain risk-informed
10 review. There's all those technical areas in Yucca
11 Mountain and it doesn't make sense to do equal effort
12 in every area. You have to focus on what --

13 MR. HAMDAN: But doing the reading on, any
14 reading at all now, they're going to receive this.

15 MR. DAMON: On how the staff will --

16 MR. HAMDAN: Yeah.

17 MR. DAMON: The staff, I think, in most
18 cases the way these things like inspection and license
19 review parts are handled, they work with regulations,
20 regulatory requirements and standard review plans. So
21 the risk-informing process can be done in the process
22 of revising those documents in a way that makes the
23 staff, it gives them guidance so that they
24 automatically learn. I mean the staff knows, many of
25 the staff know, that they want to focus on what's

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1 important obviously and just saying that refining the
2 guidance might help them to be sure that they in fact
3 do that.

4 CHAIRMAN RYAN: Dennis, as we think about
5 how to move forward on this question of risk informing
6 NRC activities, I'll just put in the broadest possible
7 term, we're reaching for what should be our focus and
8 you can say lots of nice things that might not be
9 effective or might not be received or be useful or be
10 out of order or be not right, we're really looking to
11 John and Ashok to help us understand more of what's
12 been done so we can better think about what ought to
13 be done next and what ought to be done in other areas.

14 So we're reaching out to you, I think, to
15 help us see some of your vision on where the real
16 opportunities are. If we did these five things, we'd
17 be a lot further down the road and help us. You've
18 given us some good insights today on the processes
19 you've use. I think the documents that will be
20 forthcoming will help further educate us on what the
21 staff is being given as trial guidance. So maybe we
22 can help comment on that and think about specific
23 examples perhaps or other things. Anything you can do
24 to help us there would be great.

25 MR. DAMON: Like I say, this stuff is

1 mostly talking about task work. It was focused on
2 risk-informing changes to regulatory requirements.

3 CHAIRMAN RYAN: Right.

4 MR. DAMON: I think in the future that's
5 something that should be done and they should do it as
6 part of a regulatory analysis type process. But I
7 think the real future of risk informing in NMSS is in
8 risk informing license reviews and inspections.
9 That's where you'll get the benefit.

10 CHAIRMAN RYAN: Sure.

11 MR. FLACK: I should follow up on that.
12 I should point out that Research has recently been
13 sent an SRM by the Commission to risk inform Part 50
14 and that's a huge task. In light of that, you may
15 start to think of what's next, how to risk inform
16 which parts of the regulation if you were to chose
17 which one you would want to do. What would be the
18 best one?

19 CHAIRMAN RYAN: I would suggest Part 61.

20 MR. FLACK: That goes without saying.
21 Right?

22 CHAIRMAN RYAN: Dennis, thanks very much.
23 This was very informative. I guess I think we're at
24 the point where we would be thrilled to write a letter
25 to support your activities in risk informing NRC

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1 processes but I'm not sure exactly what the content
2 would be at this point that would be focused and
3 helpful and on point. So maybe we'll defer that
4 discussion until next month when we hear from Ashok
5 and John and hopefully you can participate or at least
6 be with us when we hear that information. Maybe we
7 can talk about it again or at least give you the
8 benefit of our discussion there and see where we're
9 going.

10 MR. DAMON: Okay. I'll be here.

11 CHAIRMAN RYAN: Okay. Thanks very much.
12 We appreciate your time. We have two final things on
13 the agenda for today. One is a draft White Paper on
14 high-level waste transportation issues. Ruth, you
15 were the lead for that.

16 MEMBER WEINER: That's not there yet.

17 CHAIRMAN RYAN: So that's a pass.

18 MEMBER WEINER: That's a pass.

19 CHAIRMAN RYAN: And then draft ACNW White
20 Paper on low-level waste.

21 MR. FLACK: Do you want to keep the record
22 on?

23 CHAIRMAN RYAN: I don't know that we need
24 it at this point. Do we? Okay. We'll conclude the
25 record at this point. Thank you very much. Off the

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record.

(Whereupon, at 4:58 p.m., the above-entitled matter concluded.)

CERTIFICATE

This is to certify that the attached proceedings before the United States Nuclear Regulatory Commission in the matter of:

Name of Proceeding: Advisory Committee on

Nuclear Waste

160th Meeting

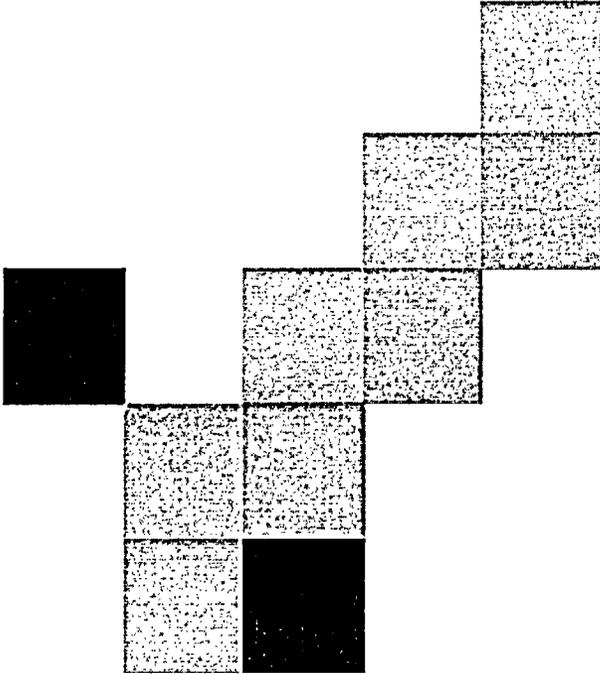
Docket Number: n/a

Location: Rockville, MD

were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and, thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record of the foregoing proceedings.



William Click
Official Reporter
Neal R. Gross & Co., Inc.

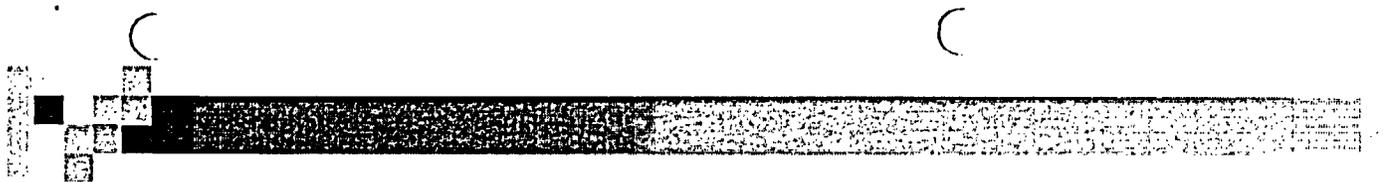


Risk-Informed Regulation for NMSS Activities

**Presentation to the
Advisory Committee on Nuclear Waste**

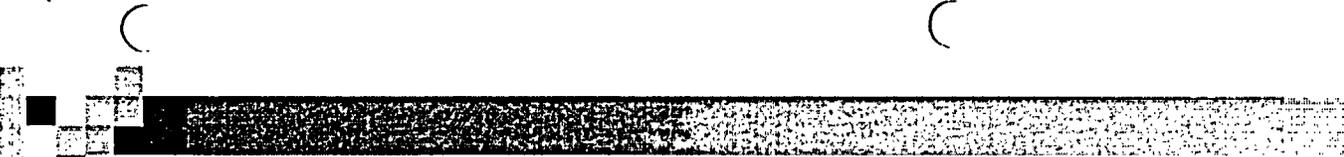
Dennis Damon, NMSS/SFPO 415-8481 drd1@nrc.gov

June 16, 2005



Purpose: to inform the ACNW

- To describe the status and nature of the NMSS approach to risk-informing regulatory activities
- To describe a structured process for risk-informed decision-making



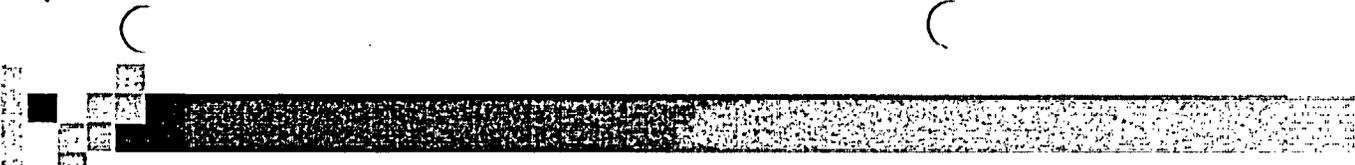
Status of NMSS Risk-Informing Program

- General methods development activity has been completed (Risk Task Group). No budgeted resources for guidance or methods other than specific Division projects.
- Now in Implementation Phase
- SES champion: Wayne Hodges
- SL Advisor for Risk Assessment: D. Damon
- Specific activities: see RIRIP (Secy-05-0068)



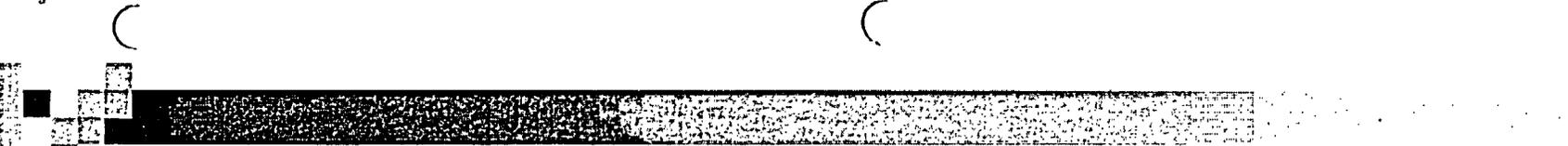
NMSS Approach to Risk-Informed Regulation

- Types of health impacts and availability of risk information vary widely across NMSS
- Therefore the use of risk information varies



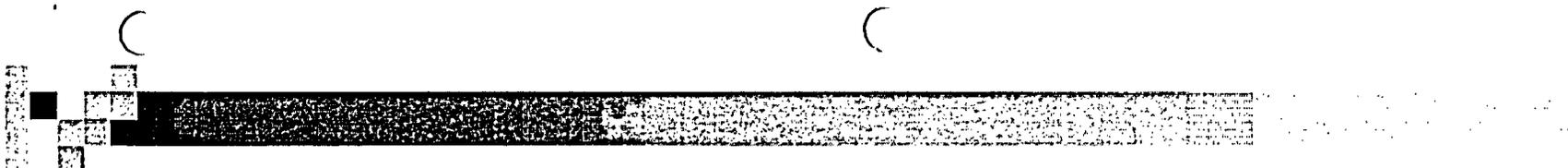
Risk-Informed Regulation in NMSS

- NMSS developed a common framework describing this variable situation
- Developed screening guidance for deciding when to use risk assessment
- Developed general risk-informed decision-making (RIDM) methods



Risk-Informing Regulation in NMSS

- NMSS Divisions have been developing risk-informed regulatory products for specific applications to the extent permitted by limited resources:
 - Risk-informed changes to requirements
 - Risk-informing license review
 - Risk-informing inspection programs
 - See RIRIP (SECY-05-0068 Att. 2)



Risk Information across NMSS

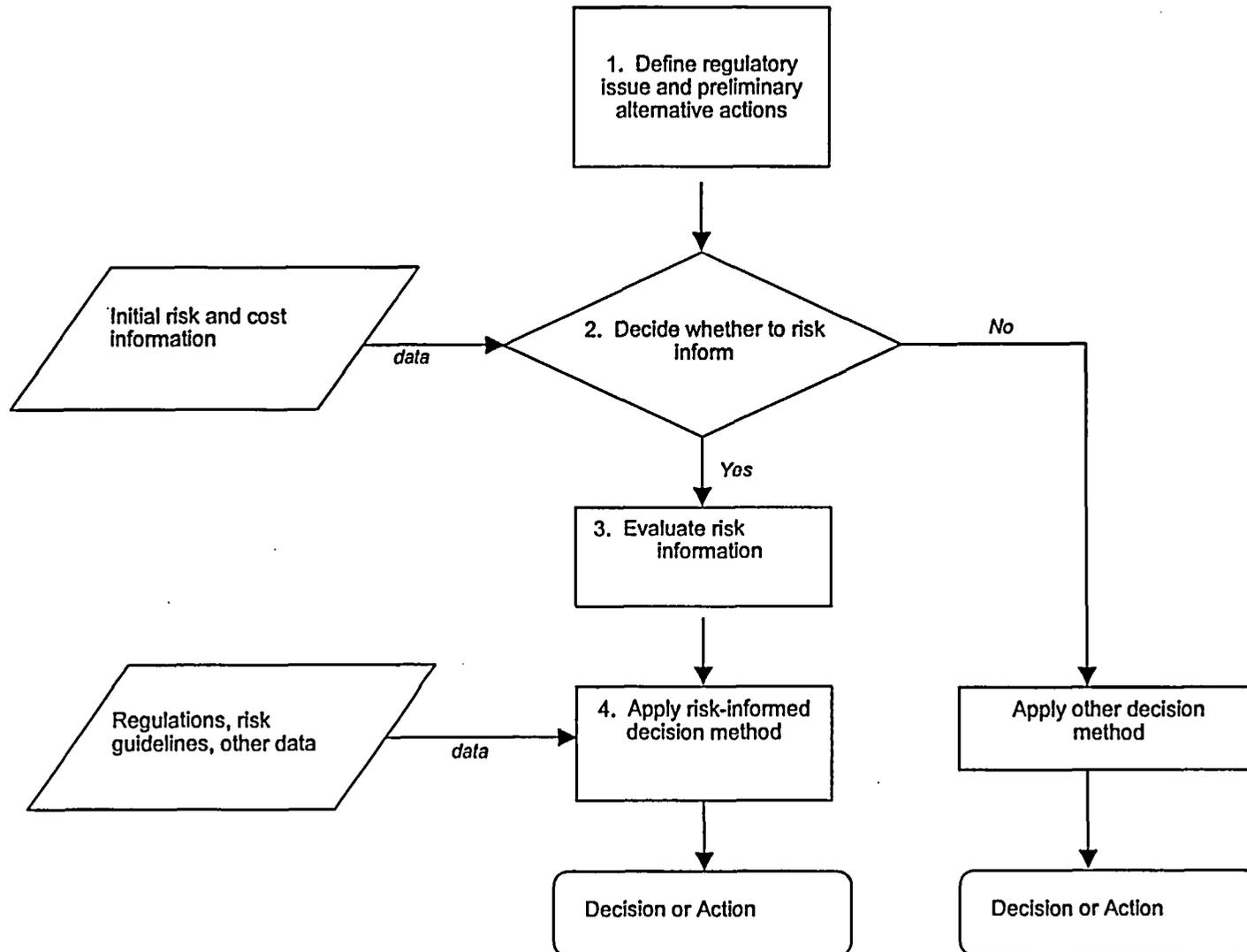
- HLWRS: 1 facility, pre-closure & TPA
- DWMEP: all facilities, RESRAD, surveys
- IMNS – both routine and accidents, Byproduct Risk Study of all 40 systems
- Fuel Cycle Facilities: qualitative accident risk information (ISAs) for all facilities
- Spent Fuel: both routine doses and accident risk information for specific studies, not all designs

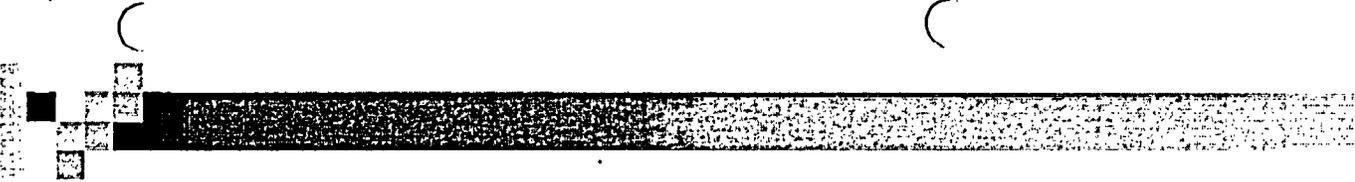


e. g. Risk-Informing License Reviews

- Approach varies across NMSS due to availability and nature of risk information
- HLWRS, DWMEP, IMNS have comprehensive quantitative risk information for risk-informing reviews
- FCSS: SRP guidance, qualitative risk information from ISAs
- SFPO: SRPs + Interim Staff Guidance, risk-informed by qualitative and quantitative principles

Risk-Informed Decision Making Process





Step 2: Whether to risk-inform (screening)

- Is there a benefit or need? (safety question, efficiency – effectiveness issue)
- Feasibility:
 - Technical feasibility
 - Is it worth the cost?
 - Other
- Result: only selected applications use fully quantitative risk-informing



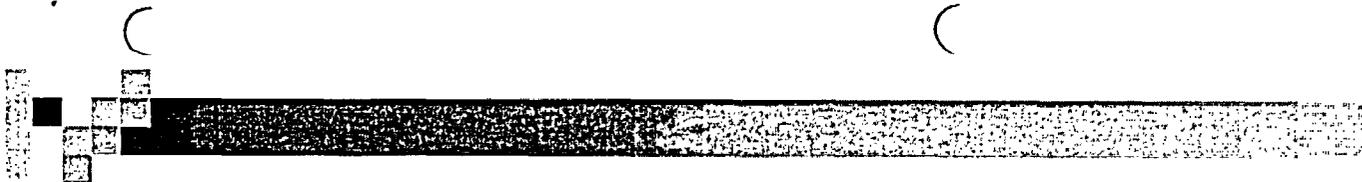
Step 4: Apply Decision Methods

- For decisions involving changes to regulatory requirements Regulatory Analysis guidance applies: NUREG-BR-0058 and -0184
- Two types of decision criteria:
 - 1. Specific Considerations
(risk and dose constraints plus other factors)
 - 2. Value-Impact Analysis:
(optimization of trade-offs, risk is one impact)



Decision Considerations: risk+other

1. Limits on doses or risk imposed on individuals by licensed activities (see 10 CFR 20 and other regulations)
2. Compliance
3. Defense in depth
4. Safety margins
5. Common defense and security
6. Screening based on negligible risk guidelines



SUMMARY

- NMSS has an overall approach risk-informing activities using approaches appropriate to each.
- Some approaches use qualitative risk information.
- Resources for guidance and methods development are very limited.
- Risk-informing means optimizing the use of limited resources.