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October 20, 2015

Ms. Cindy Bladey
Office of Administration
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Subject: Industry Comments to Draft Regulatory Guide-8030, "Instructions for Recording and Reporting Occupational Radiation Dose Data" (Federal Register Vol. 80, 52345, dated August 28, 2015- Docket ID NRC-2015-02030)

Project Number: 689

Dear Ms. Bladey:

On behalf of the nuclear energy industry, the Nuclear Energy Institute (NEI)1 appreciates the opportunity to provide comments on the proposed revision 3 to Regulatory Guide 8.7 (DG-8030) which describes the methods that the NRC staff considers acceptable for licensees to use for the preparation, retention and reporting of records of occupational radiation doses.

Industry also appreciates the previous discussions and public meetings with NRC staff regarding the issues of worker radiation monitoring and recording and reporting of worker dose (including proposed changes to Regulatory Guide 8.34); however, we continue to believe that changes to existing effective radiation protection programs as discussed below will yield no discernable safety benefit and will only add to the existing regulatory burden. In the spirit of NRC's "Principles of Good Regulation"2 in that regulatory activities should be consistent with the degree of risk reduction they achieve, industry requests that NRC seriously consider the comments discussed in this letter.

[1] The Nuclear Energy Institute (NEI) is the organization responsible for establishing unified industry policy on matters affecting the nuclear energy industry, including the regulatory aspects of generic operational and technical issues. NEI's members include all entities licensed to operate commercial nuclear power plants in the United States, nuclear plant designers, major architect/engineering firms, fuel cycle facilities, nuclear materials licensees, and other organizations and entities involved in the nuclear energy industry.

[2] http://www.nrc.gov/about-nrc/values.html#principles

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As discussed in more detail below, our concerns focus on the following four areas:

1. Consistent with "The NRC Approach to Open Government" and transparency[3], the NRC staff should use established processes for communication and timely stakeholder input for regulatory changes.
2. Regulatory guidance documents should provide licensees clear and concise information on acceptable practices for implementation of regulatory requirements.
3. Changes and/or additions to regulatory requirements must be established through rulemaking rather than regulatory guidance.
4. New regulatory guidance should not conflict with other regulatory documents, previously-established NRC positions and existing radiation protection programs previously reviewed by NRC and determined to be acceptable industry practices.
5. NRC should use accurate data and information in their Regulatory Analysis when determining if a change in regulations or regulatory guidance is necessary.

Our specific comments to these five (5) issues are as follows:

1. **Changes to NRC Forms 4 and 5 were made without the opportunity for proper stakeholder comment and when revised were not communicated to licensees via the *Federal Register*, resulting in the expenditure of significant unbudgeted industry resources.**

   The 2014 revisions to NRC Forms 4 & 5 were made without the opportunity for stakeholder comment and when revised, NRC failed to make proper notification to stakeholders via the Federal Register. In addition, there was also poor coordination and communication among NRC divisions associated with these changes. This occurred twice in the past year: in August 2014 for Form 4 and January 2015 for Form 5. This required licensees to expend significant emergent and unbudgeted resources (e.g. procedure revisions, licensee and vendor computer software changes, including NEI's Personnel Access Data System (PADS), etc.) in order to comply with NRC regulations. (Additional information associated with the costs required for these changes are discussed further in comment #5 of this letter.) Furthermore, this proposed revision to Regulatory Guide 8.7 that provides guidance on completion of these approved forms, was not released for public comment until September 2015 – one year after Form 4 and 9 months after Form 5 were approved and posted on the NRC website. Furthermore, the Federal Register Notice for this DG states that the NRC staff has estimated that Forms 4 and 5 will become effective in January 2016; however it lacks specific guidance or direction as to which year's data would be required to be submitted on the new Forms 4 & 5.

[3] http://www.nrc.gov/public-involve/open/transparency.html

A primary driver listed for the revision to this document is the implementation of the effective dose equivalent process (EDEx) in 2007. In general, the use of EDEx is not widespread by power reactor licensees and is not used at all by fuel cycle and other byproduct material licensees. Therefore, the cost to implement the new forms far outweighs any savings associated with manually recording the use of EDEx.

Industry recommends that NRC either withdraw the revised Forms 4 & 5 and re-establish the use of the previous revisions of these forms or allow licensees to use either the previous revisions or revised Forms 4 and 5.

2. The contents of Regulatory Guides should reflect the document's topic.

The stated purpose for this Regulatory Guide is to describe *"methods and procedures that the staff of the U.S. Nuclear Regulatory Commission (NRC) considers acceptable for the preparation, retention, and reporting of records of occupational radiation doses."* Both Regulatory Guides 8.7 and 8.34 discuss monitoring of worker exposure as well as recording and reporting occupational radiation dose data. Regulatory Guide 8.34, "Monitoring Criteria And Methods To Calculate Occupational Radiation Doses" should only describe the methods and procedures that NRC staff considers acceptable for monitoring and calculating occupational worker doses. Similarly, Regulatory Guide 8.7, "Instructions For Recording And Reporting Occupational Radiation Dose Data" should only describe the methods and procedures that NRC staff considers acceptable for the preparation, retention, and reporting of occupational radiation doses.

We request that NRC segregate these topics into their respective Regulatory Guides for improved communication and guidance to licensees regarding these regulatory requirements.

3. New regulatory requirements imposed on licensees within DG-8030 must be established by rulemaking not through regulatory guidance.

10 CFR Part 20.1502, "Conditions requiring individual monitoring of external and internal occupational dose" lists the specific requirements for worker monitoring:

> *Each licensee shall monitor exposures to radiation and radioactive material at levels sufficient to demonstrate compliance with the occupational dose limits of this part. As a minimum—*
>
> *(a) Each licensee shall monitor occupational exposure to radiation from licensed and unlicensed radiation sources under the control of the licensee and shall supply and require the use of individual monitoring devices by—*
>
> *(1) Adults likely to receive, in 1 year from sources external to the body, a dose in excess of 10 percent of the limits in § 20.1201(a),*
>
> *(2) Minors likely to receive, in 1 year, from radiation sources external to the body, a deep dose equivalent in excess of 0.1 rem (1 mSv), a lens dose*

equivalent in excess of 0.15 rem (1.5 mSv), or a shallow dose equivalent to the skin or to the extremities in excess of 0.5 rem (5 mSv);

(3) Declared pregnant women likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 0.1 rem (1 mSv) and

(4) Individuals entering a high or very high radiation area.

(b) Each licensee shall monitor (see § 20.1204) the occupational intake of radioactive material by and assess the committed effective dose equivalent to—

(1) Adults likely to receive, in 1 year, an intake in excess of 10 percent of the applicable ALI(s) in table 1, Columns 1 and 2, of appendix B to §§ 20.1001-20.2402;

(2) Minors likely to receive, in 1 year, a committed effective dose equivalent in excess of 0.1 rem (1 mSv); and

(3) Declared pregnant women likely to receive, during the entire pregnancy, a committed effective dose equivalent in excess of 0.1 rem (1 mSv).

However, in footnote 1 and in section 1.1 of DG-8030, NRC has added a new requirement for monitoring:

- Footnote 1 – ***Monitoring performed to quantify unanticipated intakes or exposures, are required monitoring per 10 CFR 20.1502, regardless of the magnitude of the resulting doses*** and
- Section 1.1, first paragraph, last sentence, *However,* ***monitoring performed to quantify unanticipated intakes or exposures is required monitoring, and results must be recorded and reported accordingly.***(emphasis added)

Within §20.1502 NRC specifically lists the requirements for monitoring; however, it does not include monitoring performed to quantify unanticipated intakes or exposures as required monitoring. This new interpretation of the rule contained in DG-8030 as a requirement represents a significant departure from previously established and effective industry practices that have been implemented and reviewed by the NRC for over twenty (20) years. Regulatory Guides are only intended to provide acceptable methods for implementation of regulatory requirements and are not intended to establish regulatory requirements. Since the implementation of the 1991 revision to 10 CFR 20, utilities have conducted prospective analyses to determine if required monitoring is required. In these cases, all intakes and exposures were considered and incorporated into these analyses when determining the need to conduct monitoring. Decades of operational experience demonstrate that most utilities' total internal doses are less than 100 mrem for the entire workforce – practically negating concerns that

any single individual will receive greater than 500 mrem (10% of the limit). Industry understands that an unanticipated internal exposure may result from a performance deficiency; however, we do not concur with the new interpretation that if a prospective analysis determines that monitoring is not required, an "unanticipated" dose is required to be recorded, while the same level "anticipated" dose is not required to be recorded.

If NRC desires to add a new requirement for monitoring worker dose, the agency must use the rulemaking process rather than the insertion of a new requirement into a Regulatory Guide.

4. **The proposed change in DG-8030 regarding recording and reporting dose regardless of the magnitude of dose received conflicts with several existing industry practices, several regulatory documents that have been previously endorsed by the NRC and NRC's "Principles for Good Regulation"**

During implementation of the revision to 10 CFR 20 in 1991, most nuclear power plants (NPPs) implemented the current standard industry practice of defining a minimum recording value of 10 mrem[4] for internal dose and external dose. This practice has been reviewed and determined as an acceptable practice by NRC regional inspectors for over twenty years, demonstrating compliance to 10 CFR 20.1502 which requires that licensees "*monitor levels of radioactivity* ***at a level sufficient to demonstrate compliance to the limit***". Industry believes that 10 mrem (which is 1/500th of the NRC annual limit, and 1/50th of the 500 mrem limit that NRC requires a licensee to monitor) is clearly a level that is low enough to demonstrate compliance with §20.1502 and is consistent with the Efficiency attribute of NRC's "Principles for Good Regulation": *Regulatory activities should be consistent with the degree of risk reduction they achieve.*

The following provides background information relating to the current standard industry practice of only recording external and internal doses greater than 10 mrem:

In general, industry has viewed the NRC's position of "required" monitoring per 10 CFR20.1502 and "voluntary" monitoring as confusing and overly burdensome, requiring nuclear power plants (NPPs) to establish two (2) separate processes to record and report dose. Specifically, any voluntary monitoring (i.e. monitoring performed by the licensee that is not required by §20.1502) does not require recording or reporting.

For external dose recording, the statistically valid value of 10 mrem, measured with a dosimetric device for the dose of legal record (DLR) was chosen based on background considerations, the lower limit of detection for the device, and other factors and uncertainties recommended by DLR providers associated with external dose monitoring.

[4] When analyses methods are capable of a 10 mrem MDA/LLD.

However, determination of a minimum value for internal dose recording is more complicated. §20.1502(b) requires that:

> *Each licensee shall monitor exposures to radiation and radioactive material at levels sufficient to demonstrate compliance with the occupational dose limits of this part. As a minimum—adults likely to receive, in 1 year, an intake in excess of 10 percent of the applicable ALI(s) in table 1, Columns 1 and 2, of appendix B to §§ 20.1001-20.2402 are required to be monitored for internal dose.*

NPPs conduct prospective analyses to determine the need to monitor, and subsequently record internal dose. As previously stated by NRC: *"The fact that an individual has the potential to receive a dose does not mean that the individual is likely to receive the dose."*[5] Consequently, most NPP licensees have concluded that the need to monitor for internal doses is not required. They also determined that a conservative value of 10 mrem (1/500 of the annual limit) is sufficient to demonstrate compliance with 10% of the applicable ALI(s) in table 1, Columns 1 and 2, of Appendix B to §§ 20.1001-20.2402. This statistically valid 10 mrem value was selected taking into consideration alignment with the value chosen for external dose and the various associated uncertainties with determination of internal dose including detection of radiation, individual metabolism, current models used for the intake retention factors, dose conversion factors to convert activity to dose and determination of actual time of intake. Furthermore, regulatory guidance states that up to 499 mrem of internal dose could be "ignored" by NPPs[6]. However, NPP licensees viewed this guidance as contradictory to excellence in radiation protection and the ALARA principle, so in the early 1990's decided that while lower internal dose quantities can be "calculated" they would record and report doses of only greater than 10 mrem - a very conservative value relative to the 500 mrem regulatory limit.

In addition, there are several documents that support industry's position that recording of insignificant internal dose (i.e. doses less than 10 mrem) is unnecessary, including Regulatory Guides 8.34 and 8.9, ICRP 54, ANS/HPS 13.39, NUREG-1763 and several Q&A's from the 1991 revision to Part 20. They are as follows:

a Not recording "insignificant" internal dose (e.g. 1/500 of the annual limit) is supported by Federal Guidance Report No. 11, (cited in Regulatory Guide 8.34):

> *The guidance emphasizes the importance of recording for annual, committed, and cumulative {lifetime doses} doses.* ***Such recordkeeping should be designed to avoid burdensome***

[5] Frequently Asked Questions About Health Physics Based on 10 CFR Part 20, Q&A 445, http://www.nrc.gov/about-nrc/radiation/protects-you/hppos/qa445.html

[6] Frequently Asked Questions About Health Physics Based on 10 CFR Part 20, Q&A 43, http://www.nrc.gov/about-nrc/radiation/protects-you/hppos/qa43.htm

> ***requirements for cases in which doses are insignificant. Currently, regulatory records are not generally required for doses small compared to the regulatory limits*** *for annual external and internal doses.* [7] (emphasis added)

b Regulatory Guide 8.34, "Monitoring Criteria and Methods To Calculate Occupational Radiation Doses," Section 1.4, "Monitoring Performed But Not Required By 10 CFR 20.1502" reads as follows:

> *Individual monitoring may be conducted for reasons other than those in 10 CFR 20.1502. While results of* ***required monitoring*** *are subject to the dose recording requirements in 10 CFR 2106,* ***the results of monitoring provided when not required by 10 CFR 20.1502 are not subject to those dose recording requirements.*** (emphasis added)

Therefore, if the prospective analysis indicates that internal monitoring is not required, regardless of where or not the internal exposure was "anticipated", recording of internal dose is not required by 10 CFR 20.1502.

c Regulatory Guide 8.9, "Acceptable Concepts, Models, Equations, and Assumptions for a Bioassay Program" is another key document regarding the discussion of this issue. Within this document, the following are excerpts that are directly pertinent to this discussion:

> *The following terms, which have not been defined in 10 CFR 20.1003, have been used in this guide:*
>
> *Evaluation Level-The level at which an intake should be evaluated beyond the initial bioassay measurement. The evaluation level is 0.02 times the annual limit on intake (ALI), which is equivalent to 40 derived air concentration (DAC) hours.*
>
> *Investigation Level-The level at which an intake should be investigated. The investigation level is any intake greater than or equal to 0. 1 times the annual limit on intake (ALI).*

The information reference above indicates that doses less than 100 mrem (0.02 times the annual limit) do not require any evaluation. Another example where this proposed revision is in direct conflict with Regulatory Guide 8.9 is in example 3, on page A-5. The conclusion provided in this example is that if the licensee has previously determined that monitoring for internal exposure pursuant to 10 CFR 20.1502(b) is required, the data and results of this evaluation are required to be placed in the worker's exposure records and included on the worker's NRC Form 5. Therefore, one can conclude that if monitoring is not required, then no recording would be made.

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[7] Federal Guidance Report No. 11; *Federal Register* Vol 52, No 17, pg. 2829

d Additionally, Regulatory Guide 8.9 also endorses to ICRP Report No. 54 (1989)[8], "Individual Monitoring for Intakes of Radionuclides by Workers: Design and Interpretation:

> *This guide describes practical and consistent methods acceptable to the NRC staff for estimating intake of radionuclides using bioassay measurements.* ***Alternative methods acceptable to the NRC staff are in ICRP Report No. 54, "Individual Monitoring for Intake of Radionuclides by Workers: Design and Interpretation" (Ref. 1),*** *and NCRP Report No. 87, "Use of Bioassay Procedures for Assessment of Internal Radionuclide Deposition" (Ref. 2).* (emphasis added)

As discussed in ICRP 54, the concepts of investigation and recording levels are clearly described in paragraphs 18, 19 and 87.

> Paragraph 18: ICRP recommendations define an **investigation level** as *a value of committed dose equivalent or intake above which the result is regarded as sufficiently important to justify further investigation. Calculated separately for each radionuclide, for routine monitoring, the investigation level is 10% of the annual limit.*
>
> Paragraph 19: The ICRP also recommends the use of the concept of a **recording level**. For routine monitoring, ICRP recommends that the *recording level for individual monitoring be based on 10% of the annual limit, and for special or operational monitoring, recording at a value of 1/30th of the annual limit.* In terms of the current limits, this would equate to a recording level of 166 mrem based on a 5 person-rem limit. Clearly, the 10 mrem recording level used by the industry is significantly lower than the minimum recording level endorsed by the ICRP.

[8] ICRP, 1989. Individual Monitoring for Intakes of Radionuclides by Workers. ICRP Publication 54. Ann. ICRP 19 (1-3).

Furthermore, Section 6.1 of ICRP 54 "Routine Monitoring" discusses the issue of recording internal dose:

> Paragraph 87*: If the measured value, M, is less than DRL (derived recording level), there is no need to assess intake and committed dose equivalent. It is merely necessary to record that the measurement was made and that the result was less than the DRL.* ***The result may be treated as zero for the purposes of dose evaluation and recording.*** *The measured value itself, however, should be retained as part of the individual's record.* (emphasis added)

e There are also several additional NRC and industry consensus documents that discuss the requirements for recording of internal exposures. These include several Questions and Answers published by NRC when 10 CFR Part 20 was revised in 1991 and subsequently published in NUREG 1763, "Consolidated Guidance: 10 CFR Part 20 - Standards for Protection Against Radiation" in 2001 and NUREG/CR-6204, "Questions And Answers From Eight Sets of Questions And Answers on the Major Revision of 10 CFR Part 20".

Pertinent to the issue of recording internal dose is question 43 which specifically addresses the issue of prospective analyses, monitoring and when recording is required and not required:

Q&A 43 Prospective Analyses

Question*: The licensee initially was required to monitor internal dose. The results indicate that monitoring is not required, i.e., levels are positive but less than 10% of the allowable limits. Can the measured internal dose values be ignored? If yes, will the licensee be in noncompliance if it sums internal and external doses?*

Answer: *The licensee was required to monitor internal dose [because the licensee had made a prospective determination that the individual (s) was (were) "likely to receive" an intake in excess of 10% of the limits]. The internal dose values cannot be ignored regardless of the fact that they are less than 10% of the limits.* ***If the licensee was not required to monitor internal dose because the licensee had made a prospective determination that the doses likely would be less than 10% of the limits but elected to monitor internal dose anyway, the licensee could choose to "ignore" the measured values that are less than 10% or to add those values to the external doses to obtain the sum of the internal and external doses.*** *Nothing in Part 20 prohibits the licensee from monitoring or summing internal doses at less than 10% of the limits; therefore, a licensee can never be in noncompliance for summing the internal and external doses. (Reference: 10 CFR 20.1502)* (emphasis added)

Similarly, question number 114 in NUREG/CR-6204[9] also supports industry's position that if a licensee's prospective analysis or evaluation concludes that dose will not exceed the 10% threshold, or 500 mrem, the licensee need not record or monitor the dose:

NUREG/CR-6204 Question 114:

Question: *A licensee is required to provide individual monitoring for each occupationally exposed individual who is likely to receive, in a year, a dose in excess of 10% of the applicable limits in 10 CFR 20.1201, 20.1207, or 20.1208. Must a licensee account for the exposure that an individual may receive at another licensee's facility, if that worker transfers to another licensed facility during the monitoring year, when determining if it is likely that the individual may exceed 10% of the limits? In addition, if a new employee already has an exposure in excess of 10% of the limits when they start work at the new employer, must the new employer automatically monitor the employee?*

Answer: *No. The licensee is only responsible for evaluating the potential for exposure at its facility.* ***If the licensee makes an evaluation that the dose will not exceed the 10% threshold, the licensee need not record or monitor the dose.*** *If the licensee opts to measure the dose, although its preliminary evaluation shows that it is not necessary and finds that the threshold has been exceeded, it must reevaluate its program and provide monitoring as required...*(emphasis added)

This NRC position was further clarified by NRC in NUREG 1736[10]:

> *We believe that the regulation is clear that if you are not required to monitor* [internal] *intake i.e., less than 10% of the limits, any* [internal] *exposure would not have to be added to the external exposure, no matter how close an individual may be to the 5 rem limit.*

NRC Q&As 374, 375, 54 from the 1991 revision of 10 CFR Part 20, also address clarify that current programs established by licensees are acceptable methods to monitor workers.

f NRC uses Inspection Procedures to provide guidance to Regional NRC inspectors when inspecting licensees for compliance with NRC regulations. While not intended for use by licensees to demonstrate regulatory compliance, these NRC Inspection Procedures are routinely used by licensees as a template for pre-inspection self-assessments. In Section 02.03, "Internal Dosimetry" of Inspection procedure 71124.04, "Occupational Dose Assessment" (effective date January 1, 2010), regional inspectors are directed to:

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[9] NRC QUESTIONS AND ANSWERS FROM EIGHT SETS OF QUESTIONS AND ANSWERS ON THE MAJOR REVISION OF 10 CFR PART 20; Q&A 114, http://pbadupws.nrc.gov/docs/ML1216/ML12166A179.pdf

[10] NUREG-1736, Consolidated Guidance: 10 CFR Part 20 — Standards for Protection Against Radiation, response to public comment 3.20.1202, page H-8, http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1736/

> *Review and assess the adequacy of the licensee's internal dose assessments for any actual internal exposure greater than 10 mrem committed effective dose equivalent...*

While there does not appear to be a reference for this specific value, it coincidentally corresponds with industry's current standard industry practice of a 10 mrem recording value. We question basis for NRC's 10 mrem review and assessment of licensees' internal dose assessment.

g Finally, the American National Standards Institute (ANSI), the scientific and independent voice of the U.S. Standards and Conformity System, in collaboration with the Health Physics Society, published a National Consensus Standard ANSI/HPS 13.39, "Design of Internal Dosimetry Programs"[11] states:

> *The committed effective dose shall be calculated for each bioassay measurement or series of measurements, and totaled annually for the individual.* ***However, it need not be recorded if an intake results in a calculated does of less than 10 mrem (0.1 mSv).*** *The calculated and accumulated annual committed effective doses should be rounded to two significant figures.*

Based on discussions and the above cited documentation, industry believes that the proposed change in DG-8030 regarding recording and reporting dose regardless of the magnitude of dose received conflicts with existing radiation protection programs previously-reviewed by NRC and determined to be acceptable industry practices, as well as several previously-established NRC positions and documents and scientific consensus documents. **Therefore, NRC should remove this requirement for reporting dose *regardless of the resulting dose magnitude* from Footnote 1 and section 1.1 of DG-8030.**

5. The Draft Regulatory Analysis to DG-8030 is incorrect in stating that this revision will lead to cost savings for the industry. In fact, has revision has already required licensees to incur significant cost resources.

In order to meet the January 1, 2016 implementation date for the changes to Forms 4 and 5 and this regulatory guide, industry has been forced to expend significant resources and with the other changes proposed in this DG will increase administrative burdens to licensees. For example, a primary driver listed for the change was the implementation of the effective dose equivalent process (EDEx). In general, the use of EDEx is not widespread by power reactor licensees and is not used at all by fuel cycle licensees and other impacted licensees. **Therefore, the cost to implement the new forms far outweighs any savings associated with manually recording any use of EDEx.** The costs associated with the required programing to change the forms to latest version has already required one utility fleet to spend in excess of $400,000 to upgrade the computer programs to the latest versions of the forms. An informal survey of licensees has concluded that the average

[11] ANSI/HPS 13.39, "Design of Internal Dosimetry Programs"[11] (2001; reaffirmed in 2011), Section 13.4.2, "Committed Effective Dose".

cost to make these changes to Forms 4 & 5 is in excess of $150K per facility for training, procedure revisions, computer programming and/or testing and validation of vendor computer products.

Finally, changes to existing effective Radiation Protection programs pertaining to monitoring and recording of individual doses will, in fact, **significantly increase the regulatory burden associated with implementation of radiation protection programs**, maintenance of personnel dosimetry records and **are unnecessary**.

Please refer to the attached table for additional comments pertaining to your proposed changes to this Regulatory Guide.

The industry appreciates the opportunity to comment on the DG-8030 and encourages the NRC to carefully consider them. The industry and the public rely on the NRC to be an effective and credible nuclear safety and security regulator. NEI stands ready to work with the NRC in furthering ongoing efforts to enhance worker safety and public protection. We would be happy to discuss these issues with NRC staff should you so desire.

Sincerely,

Ellen P. Anderson

Ellen P. Anderson

Attachment

Industry Comments to Regulatory Guide 8.7

Comment Number/ Page/Section	Comments
6. Page 1 Applicable Rules and Regulations 3rd bullet	Editorial: This bullet should not be indented. 10 CFR 20.1502 – consider quoting the regulation here. This guide discusses the term *"might receive a dose in excess of the ten percent..."*. The regulatory term is *"likely to exceed..."* and there is quite a bit or Q and A and HPPOS defining what that means. 10 CFR 20.1502 – the last part of this paragraph states "*or who is entering a very high radiation area.*" The regulations states *"high or very high radiation area"*.
7. Page 2 Applicable Rules and Regulations 1st bullet at the top of the page	The paraphrasing of 10 CFR 20.2104 has changed the intent from what is actually stated in the regulations. This is a carryover from the previous revision 2 to Regulatory Guide 8.7 and is inconsistent with the current regulations. This draft regulatory guide states that section *"requires licensees to determine the dose in the current monitoring year for all persons who must be monitored, and* ***attempt to obtain the records of cumulative occupational radiation dose.***" 10 CFR 20.2104 was changed in 2007 when the EDE rule changes went into effect. The ***"attempt to obtain"*** language was removed at that time.
8. Page 2 Related Rules and Regulations	The current revision to Regulatory Guide 8.34 (1992) is not easily useable in conjunction with this draft regulatory guide.
9. Page 4 Determining the Need to Monitor 1st paragraph	There is another incorrect reference to very high radiation area, which should also include high radiation area.

10. Page 5 Documentation of Prior Doses 1st paragraph	The applicable section of the regulations has been misinterpreted in this section. The Regulatory Guide states *"If the authenticity of the dose data obtained by any of these sources cannot be established, the licensee is required, per 10 CFR 20.2104(c)(3) to request a written verification."* This is not a correct quoting of the regulations. The regulatory statement applies specifically to the methods listed in 10 CFR 20.2104(c)(3) and refers to authenticity of a transmitted report. In other words, the licensee name should be listed on the fax transmittal information.
11. Page 5 Documentation of Prior Doses 3rd paragraph	This section should contain guidance on how licensees are to comply with the newly revised Forms 4 and 5 for those records generated prior to implementation of the new forms. Form-5 intake information is only required if the individual is likely to exceed and not being voluntarily monitored (10 CFR 20.2106(a) and (c) and Q & A 404). It would be useful if this was included in this Regulatory Guide. The last sentence in this section may contain a typographical error. Within the parenthesis are the words "from 1981 or earlier". We believe that this should be "from 1991 or earlier".
12. General Comment	It would be useful for the Regulatory Guide to state where the current versions of the Forms 4 and 5 are found since they are no longer included in the document.