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Texas Department of Health

Raymond T. Moore, M.D. Commissioner Philip W. Mallory, M.D.

Deputy Commissioner

1100 West 49th Street Austin, Texas 78756 458-7111

June 5, 1979

Secretary of the Commission United States Nuclear Regulatory Commission Washington, D.C. 20555

Attn: Docketing and Service Branch

Dear Sirs:



Members of the Board

Robert D. Moreton, Chairman William I. Foran, Vice-Chairman Roderic M. Bell, Secretary Johnnie M. Benson H. Eugene Brown Sister Bernard Marie Borgmeyer Ramiro Casso Charles Max Cole Francis A. Conley Ben M. Durr William J. Edwards Raymond G. Garrett Bob D. Graze Blanchard T. Hollins Laurance N. Nickey Joe N. Pyle Richard W. Ragsdale isadore Roosth

The members of our radiation control staff have reviewed the proposed Regulatory Guide 8.23, "Radiation Safety Surveys of Medical Institutions", and have the following comments:

- 1. The Guide appears to make the assumption of a "radiation protection staff". For private (i.e., non-federal) installations, the radiation protection "staff" will frequently consist of, at most, the nuclear medicine technologist. The number and frequency of surveys required by this guide, would probably require a full time position. The inflationary impact of this cost on medical cost should be evaluated before implementation of this guide.
- 2. The limits for removable contamination in Table 2 appears to be more restrictive than NRC requires for release of facilities for unrestricted use. For example, beta and x-ray emitters: 10⁻⁶ Ci/cm² = 2.2 dpm/cm². Hence, for 100 cm², the limit of removable beta/gamma contamination is only 220 dpm. This value is much less than 1000 dpm/100 cm² allowed for release of facilities. Consistent limits should be maintained in all regulatory guides.
- 3. We do not feel air sampling to be worthwhile since it is difficult to correlate personnel exposure with air concentration. If air borne activity is a problem, bioassays would better determine personnel exposure.

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The Regulatory Guide appears to be appropriate for an institution with a broad research use of by product materials. Most medical institutions do not qualify as this type of facility, yet these "lesser" facilities give excellent medical care, and should not be burdened with a teaching and research hospital protocol. There needs to be an intermediate level of facility recognized and addressed in this guide.

Thank you for the opportunity to comment on this guide.

Yours truly,

David K. Lacker, Director

Division of Occupational Health

and Radiation Control