

DOCKET NUMBER
PETITION RULE PRM-20-13 (44FR)

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PUBLIC DOCUMENT ROOM

May 1979

Secretary of the Commission
U. S. Nuclear Regulatory Commission
ATTN: Docketing and Service Branch
Washington, DC 20555

Dear Sir:

With reference to Mr. V. E. Anderson's petition (Docket No. PRM-20-13) I would like to provide the following comments.

(1) It is suggested by this petition that a problem in the form of pressure by management for health physicists to "engage in bad practices" is an existing problem for which corrective action is required. It is not clear this is a pervasive problem requiring the broad response of a change to 10 CFR 20. Localized "bad" practices should be addressed as part of the existing inspection and enforcement activities of the Nuclear Regulatory Commission.

(2) If the suggested condition is pervasive then it needs to be better defined before the proper corrective action can be identified. In any case, ensuring the qualifications of the health physics personnel would not change management attitudes, which presumably would be the problem. Perhaps a more detailed reporting requirement for this sort of problem under 10 CFR 21 might better aid the N.R.C. in addressing this problem, if it exists beyond isolated instances or beyond simple differences of opinion.

Regardless of the reasons for the proposal in this petition the more general concern for ensuring proper qualification of health physics personnel is a real one. I certainly agree with Mr. Anderson's opinion of the importance of these individuals and hence the need for criteria to ensure such qualifications naturally follows. Although the criteria (as reflected by the regulatory guides in particular) and the N.R.C.'s qualification assurance program are certainly less detailed and intensive (some might say non-existent by comparison) than the reactor operator program, this comparison alone is not justification for embarking upon the rather extensive program suggested by this proposal.

Again the problem, if it exists, must be defined. Presuming that there are deficiencies in the qualifications and training of health physicists (using the title in its most general sense to include technicians on up) than the N.R.C. response should be in proportion to the magnitude of the problem. I believe the problem, to the extent that it may exist, is due to a lack of utilization of existing programs of the American Board of Health Physics and the National Registry of Radiation Protection Technologists. Better utilization of these programs by industry and the N.R.C. is certainly more preferable than the creation of the massive regulatory program which would be engendered by this proposal.

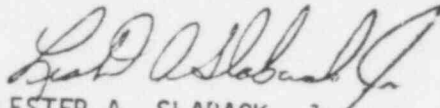
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I would suggest that more explicit criteria on health physics staffing and the qualifications of this staff should be promulgated by the N.R.C.. These should be both in terms of levels that might be minimally acceptable as well as levels that have a high assurance of being acceptable, in both cases subject to qualification due to unusual circumstances.

Sincerely,



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