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PROPOSED RULE PR-

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ROCKVILLE, MARYLAND 20857

JUN 2 7 1980



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

> Subject: Advance Notice of Rulemaking on Certification of Personnel Dosimetry Processors, Docket No. 80-9513

Dear Sir:

We support NRC's program on certification of personnel dosimetry processors. However, it is important to remember that this NRC program is part of an interagency effort to assure reliability of personnel monitoring dosimetry for all occupationally exposed personnel. Consequently, the NRC program should permit integration with similar programs in other Federal and State agencies.

For this reason, it is recommended that all elements of the certification program, i.e., the testing laboratory, the certification board, and the appeals board, be available to all processors and implementing agencies, and that both boards have a membership reflecting this interagency approach.

Of the four alternatives suggested in the ANPR for positive control, we would urge that alternative (3) NRC-Operated Laboratory, or alternative (4) Federal Government (non-NRC) Operated Laboratory, be considered. In addition, this laboratory should be technically monitored by the National Bureau of Standards and should be self-sustaining on a fee basis. For program stability, the selected laboratory, on recommendation of the certification board, should be eligible for renewal of contract or agreement without entering a competitive bidding process each year.

We also support the suggestion that the certifying laboratory would use performance criteria published by the American National Standards Institute (ANSI). This standard, ANSI N 13.11 (as modified) can be adopted into new regulations.

Initially, recertification should be required on an annual basis. After accumulation of sufficient data to permit evaluation of an individual processor's continuing test performance and assessment of the in-house quality assurance program, a longer test interval may be considered.

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Implementation should be scheduled for the earliest possible date. A target time of the summer of 1981 would not be impracticable in view of the time required for public comment, publication of the modified ANSI standard and coordination of programs in interested agencies. If a third round of the pilot study is deemed necessary to test the modified portions of the draft standard, it should be conducted in parallel to the above administrative procedures and should not be permitted to delay implementation.

Sincerely,

John C. Villforth Director Bureau of Radiological Health