

*Neb.
Minutes*

NOV 3 '67

E. A. Rogers, M.D.
Director of Health
State Department of Health
State House Station, Box 94757
Lincoln, Nebraska 68502

Dear Dr. Rogers:

Thank you for the cooperation and courtesies extended by your staff to our representatives during the September 26 and 27 meeting in Lincoln. We regret that your illness on the 27th prevented a summary discussion of the meeting with you as was originally planned. In accordance with our policy of providing Agreement States with our views concerning the State's progress, we would like to take this opportunity to provide you with our comments and suggestions based on this meeting and the other information provided us by the State.

Our general conclusion is that the State's radiation control program is being effectively administered. This is noted in the quality of licenses issued by the State, the information contained in several licensing and compliance files that we reviewed during the meeting, the information developed during the meeting and the material received from the State under the exchange of information program.

Although our review of State Radiation control programs is concerned primarily with agreement materials, we are, of course, interested in the overall effectiveness of a State's total radiation program. It is our understanding that Nebraska's activities in the inspection of radium users have been limited due to a shortage of personnel. We also note that Dr. Johnson, a U. S. Public Health Service assignee, will probably leave the Radiological Health Division at the end of the current fiscal year. It is our understanding that if he is not replaced, the X-ray inspection program will be seriously impaired. We, therefore, urge the State to take such steps as may be necessary to assure that an adequate number of qualified personnel are available to maintain a balanced effort in each aspect (i.e., agreement materials, radium and radiation machines) of the radiation control program.

During the meeting, we reviewed several reports of inspections conducted by the State. Although these reports indicated that the scope of the inspections was commensurate with the hazards involved, the information recorded about items of noncompliance was brief. We suggest that consideration be given to including more detailed information to substantiate items of noncompliance noted during the inspection. It has been our experience that this information is important if formal enforcement action must be taken or if the licensee questions these items. We also discussed the importance of reviewing the results of each inspection with an appropriate member of licensee management to assure that management is aware of any items of noncompliance or safety items noted during the inspection and to afford the State an opportunity to determine management's attitude toward radiation safety.

We feel that radiological emergency plans contribute significantly to the total effectiveness of a State's radiation control program. In this regard, we are pleased to note that informal arrangements have been made with several State agencies to provide notification and/or transportation to the Department in the event of suspected or real radiological emergencies. We hope that you will give consideration to formalizing these arrangements and such other procedures as may be needed to assure that the State is prepared to respond promptly to any radiation emergency.

I hope the above comments and suggestions will be useful. If you have any questions regarding them, please let me know.

Sincerely yours,

Eber R. Price, Director
Division of State and
Licensee Relations

cc: Heinz G. Wilms
Director of Radiological Health

bcc: E. H. Engelken, CO
D. I. Walker, CO:IV

*Concurred by phone
11/2/67

OFFICE ▶	SLR:SAB JWU	SIR:SAB	SIR:TA	CO:IV	SIR:DIR	
SURNAME ▶	BHWeiss:dm	ELHarless	JFMason	DIWalker*	EKPrice	
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in unrestricted areas and (2) the status of licensee survey records. A review of several inspection files during the September 1967 meeting indicated that State Inspection reports had improved somewhat in these areas, but should be expanded to include more specific information to substantiate items of noncompliance.

2. The program for making independent surveys during inspections should be expanded. A review of several inspection files and answers to the questions posed to State personnel during the September 1967 review meeting indicate that the current program for making independent surveys is adequate.
3. The Radiological Health program should give priority to documenting and implementing a radiological emergency plan. During the September 1967 review meeting, it was learned that although the Health Department has obtained informal commitments from several State agencies to assist in radiological emergencies, a master plan has not been formalized and documented.

Organization and Personnel

The organization of the Radiological Health Program is essentially the same as it was at the time of the previous meeting. Heinz Wilms, Director of the Division of Radiological Health, reports to Dr. E. A. Rogers, Director of Health. Wilms' staff consists of Ellis Simmons and Dr. Orlen Johnson, a Public Health Service assignee. Edward Williams (Radiological Health Technician) has been transferred to the Division of Laboratories because of a cut in the Division of Radiological Health budget. It is anticipated that Dr. Johnson will leave the Nebraska program by July 1968 and the State has no funds to hire a replacement. Although Nebraska plans to request a replacement, they have been told, informally, that an assignee for fiscal 1969 is doubtful.

Since the last review meeting, Ellis Simmons attended the three week Applied Health Physics Course at Oak Ridge and Dr. Johnson attended the 2 week PHS course on Radionuclide Analysis by Gamma Spectroscopy. Mr. Simmons expects to attend the PHS course on Radium Control and Management scheduled for November.

A listing of the present Nebraska salary ranges for the Division of Radiological Health positions is attached as Appendix E.

Regulations

A list of AEC amendments not adopted by Nebraska was presented to Mr. Wilms. Nebraska has formally adopted all AEC amendments effective prior to May 2, 1966.

Although the State requested funds for the present biennium (July 1, 1967 - June 30, 1969) to reprint its regulations, this request was denied. Nebraska does expect to formally amend its regulations in fiscal 1969. Wilms feels that the State's technique of administratively adopting amendments keeps the Nebraska regulations essentially current without the necessity of frequent formal revisions.

Licensing Activities

The State's licensing policies and procedures closely follow those of the AEC. As of September 30, 1967, Nebraska had a total of 71 licenses, not including several out-of-state licenses. Wilms evaluates all license applications and signs all licenses and amendments. Medical licenses and amendments are co-signed by Dr. Rogers. Our review of Nebraska licenses indicated only minor variances from similar AEC licenses.

During the meeting, we reviewed several license files for adequacy and completeness (Appendix B). In the cases reviewed, the licensing actions were adequately supported by the information contained in the files. A few minor discrepancies were discussed with Wilms.

The Registration and Licensure Committee of the Radiation Advisory Council review all requests for non-routine human uses of isotopes. This committee consists of Drs. Maurice Frazer (Radiologist), Harlan Papenfuss (Pathology), Howard Hunt (Radiologist) (new), and H. J. Wegener (Dentist). The Radiation Advisory Council reviews decisions of the committee at its quarterly meetings and sooner if the committee has a difference of opinion.

The AEC staff met with Dr. Maurice Frazer, Chairman of the Registration and Licensure Committee at his office and discussed AEC medical licensing policies, the manner in which the AEC's Medical Advisory Committee functions and the present relationship of the AEC to FDA.

Registration

As of the review meeting, the State has registered 1461 facilities which possess 2188 x-ray units. The Division of Radiological Health is restricted by its enabling legislation from registering hospitals and related institutions. The Division does obtain the relevant information from another Division of the Health Department and inspects the hospital facilities as if they were registered.

Forty-seven persons have been registered for the possession and use of radium and radon. No inspections have been made of persons possessing

radium unless they also possessed agreement material. Wilms indicated that the shortage of personnel has prohibited an aggressive radium control program.

Compliance and Enforcement

Five inspection files were reviewed by the CO:IV representative. The inspection reports indicated that although the scope of the inspections was commensurate with the scope of the licensee's program, information documenting items of noncompliance was very brief. The report of the CO:IV representative is attached as Appendix F.

Nebraska does not use a priority system similar to that of the AEC. Inspections, in general, are performed on an annual basis. It was pointed out that this frequency may be too great for many licenses, especially in view of the lack of radium inspections due to a personnel shortage.

Nebraska officials estimate that they have inspected approximately 75% of the registered X-ray machines in the State. They anticipate completion of the initial inspection of all X-ray machines by May 1968. The State does not plan to make reinspections and follow-ups if a replacement for Dr. Johnson is not obtained.

Emergency Capabilities

The Division of Radiological Health has arranged to use the communications networks and transportation facilities of the Department of Civil Defense, Highway Patrol, Fish and Game Department and Department of Roads in the event of a radiation emergency. These arrangements are informal at the present time. Wilms intends to formalize an emergency plan as soon as possible. AEC staff suggested, and Wilms concurred, that portions of the plan should be formalized as each becomes finalized without waiting for the entire plan to be acted on by each agency involved.

Budget

The budget for the Division of Radiological Health for the present biennium is \$64,355. (The legislative appropriation for the entire Department of Health is attached as Appendix E.) This is a reduction of \$9,286 from the previous biennium and \$76,419 less than the budget requested by the Governor.

It should be noted that the funds for the Radiological Health program are appropriated as a separate item in the Department of Health appropriation. This procedure would not allow transfer of funds from other Department of Health programs without legislative approval.

LIST OF APPENDICES

- A. Agenda
- B. License File Review
- C. Questions For Review Meetings
- D. Nebraska Legislative Bill 922
- E. Nebraska Salary Schedule
- F. Division of Compliance Report

TOPICS FOR KANSAS-AEC
REVIEW MEETING

1. Changes in organization, personnel, and personnel assignments, since last review meeting including additional training, if any, received by State personnel
2. Regulations:

Discussion of changes to AEC regulations and petitions
Discussion of changes to State regulations
3. Current State licensing activities including:

Number of licenses issued (i.e., new licenses, amendments, renewals)
Unusual license conditions
Licenses of special interest including broad licenses
Evaluation of new devices and sealed sources
Unusual requests for medical uses
4. Current AEC licensing policies and practices:

Non-medical
Medical
5. Current State compliance and enforcement activities:

Inspection workload
Changes in priority system
Incidents and overexposures
Unusual enforcement actions
6. Current AEC compliance and enforcement activities
7. State experience in regulation of non-agreement materials and radiation-producing machines
8. Specific types of information or assistance needed from AEC
9. Review of several State license and inspection files
10. Summary of review meeting

LICENSE FILE REVIEW

Warren Quentin Bradley, M.D.
Lincoln, Nebraska
License No. 02-06-01

License is a replacement for an AEC license. It authorizes the use of I 131 and P 32 for various diagnostic and therapeutic uses. There has been no change from the AEC license transferred. Dr. Bradley requested to be authorized to use I 131 for the treatment of thyroid carcinoma and increase the possession limits of I 131 from 30 millicuries to 50 millicuries. The State requested more information on training. Licensee had not answered and no action taken on the request. Licensing actions appeared to be adequate and appropriate.

Railroad Electronics Laboratory, Inc.
Omaha, Nebraska
License No. 01-10-01 GL

Licensee is authorized to possess and install Am 241 contained in pyrotronics fire alarms. Original application contained adequate information except that the State requested to see a copy of the training manual used for the Pyrotronics one week training course. The license was issued after submittal of the training manual. Licensing actions appeared to be adequate and appropriate.

Dow Chemical Company
Dowell Division
Tulsa, Oklahoma
License No. 99-04-01

License authorizes the use of several isotopes for fracture locations and cement placement in wells, I 131 as an acid tag for tracing studies, and Cs 137 sealed source for determining density of slurries. The license is an almost exact copy of Dow's AEC license. Nebraska requested a manual for operating Cs 137 gage. License was issued after the manual was received. Licensing actions appeared to be adequate and appropriate.

University of Nebraska
University Health Center
Lincoln, Nebraska
License No. 02-01-04

This license is a broad medical license which supersedes the University's former complicated specific license. The submission from the University was rather long. Procedures covered applications to Isotopes Committee,

authority of Committee, operation of Radiological Health Service, preparation for human use of radioactive material, laboratory policies (including surveys, handling, storage, disposal, etc.), nursing procedures, and the curriculum vitae of Committee members. Although the submission was lengthy, it contained many general statements. Wilms admitted that the submission had some deficiencies but that he was prepared to watch the licensee's operations closely and evaluate its actual effectiveness. The licensing actions appeared to be adequate and appropriate.

Space Systems Sales & Engineering, Inc.
Albuquerque, New Mexico
License No. 99-07-01

License authorizes the use of Kr 85 for demonstration of American Atomics light sources and products. The only additional information was the customer's instruction sheet. The licensing actions appeared to be adequate and appropriate.

The Creighton University
Omaha, Nebraska
License No. 01-11-01

License authorized the possession of various isotopes for research, development and educational purposes. The original application contained waste disposal procedures which were non-specific, but were detailed in subsequent letters. The State's questioning of general statements was rather good and succeeded in eliciting more precise information. The licensing actions appeared to be adequate and appropriate.

Bishop Clarkson Memorial Hospital
Omaha, Nebraska

01-12-01

The license authorizes the use of Co 60 in a teletherapy machine. The original application was good. The users are Board Certified Radiologists. The State requested further information on RHM and the uranium shielding. Licensing actions appeared to be adequate and appropriate.

QUESTIONS FOR REVIEW MEETINGS

A. Personnel and Training:

1. Obtain a copy of the current organization chart.

Organization chart is the same as in the formal submission.

2. What persons are specifically assigned to licensing, compliance, laboratory, radiation machine inspections, etc., activities?

Heinz Wilms - Licensing, material inspection and overall administrative

Orlen Johnson - Registration, x-ray inspection, environmental surveillance and education activities

Ellis Simmons - X-ray inspections

3. Do you have any new personnel in the radiation control program? If so, obtain training and experience resumes for these persons. Do you have any vacancies in the Radiation Control Program?

No new personnel

Edward Williams transferred to the Division of Laboratories

Orlen Johnson's assignment ends in June 1968

No vacancies

4. Have any of your personnel received additional training since the last meeting? If so, specify the individual, the nature of the course and the duration of the course.

Ellis Simmons - 3 week Applied Health Physics Course

Orlen Johnson - Radionuclide Analysis by Gamma Spectroscopy (PHS - 2 weeks)

5. Have there been any changes in assignment of personnel?

No

6. What are the salary ranges for personnel in the Radiation Control Program?

See Appendix E

B. Licensing Activities

1. Who evaluates license applications and who approves the issuance of a license?

Wilms performs most evaluations. Wilms signs all licenses and Health Director also signs medical licenses.

2. Do you have a licensing backlog? If so, how many and why?

No.

3. Are all known radium users licensed (or registered)? How many are there? Are your licensing procedures for radium the same as for agreement materials?

All known radium users are registered.
47 radium and/or radon registrants.

4. Do you conduct prelicensing visits? If so, how do you determine which applicants are visited? Approximately how many prelicensing visits have you made since the last meeting?

Only for new applicants. None since last meeting.

5. Have you instituted any new procedures for evaluating license applications?

No.

6. What unusual specific exemptions from your regulations have been granted since the last meeting?

None.

7. What new or unusual uses of radioactive materials have been licensed?

None.

8. What is your system for notifying licensees of the impending expiration of their licenses?

A notice is sent 60 days before the expiration of the license. The secretary maintains a tickler system for followup.

9. Have you developed any licensing guides? If so, we would like to have copies.

None completed.

10. Are your license files, including license applications, available for public inspection? Only licenses are in public file. Public can see application, if requested and is not proprietary information.

11. What is the total number of registrants? Do you feel all radiation-producing machines have been registered?

1461 facilities registered with 2183 X-ray units. Most have been registered. Still finding unregistered units.

C. Evaluation of Medical Uses

1. To what extent do you use your medical advisory committee in evaluating applications for medical uses of radioactive material? Obtain current list of members and their affiliations.

Committee evaluates all non-routine applications. Dr. Maurice Frazer (Radiologist), Dr. Harlan Papenfuss (Pathologist), Dr. Howard Hunt (Radiologist) (new), and Dr. E. J. Wegener (Dentist).

2. Do you use your medical advisory committee as a committee or do you consult with members individually?

Only as a whole committee.

3. Do you require a research protocol similar to that required by the AEC in evaluating new or unusual medical uses? Are protocols distributed to the Medical Advisory Committee for their review and evaluation? Do you require reports of results of nonroutine uses?

Normally will follow AEC protocol requirements.

4. To what extent have you issued broad medical licenses? Do you examine the qualifications of members of the isotope committee and their procedures for approving new uses and users? Do you require such licenses to report new uses and results of these studies to you periodically?

One broad medical license - University of Nebraska
Qualification of the isotope committee members was evaluated. Nebraska requires reports of isotope approvals.

D. Compliance Activities

1. What is your inspection workload in terms of man-days per month or percentage of time spent on agreement material inspections?

3-5 man-days per month.

2. Is your inspection workload current or are there overdue inspections?
If there are overdue inspections, how many are there and what type?

Essentially current (4 overdue).

3. How do you determine inspection frequencies and need for re-inspections?

General policy is to inspect each licensee annually.

4. What is your policy regarding announced vs. unannounced inspections?

Inspections are generally announced.

5. Can you estimate the average length of time you spend inspecting a
typical radiographer - 3 hours
private practitioner - 1 hour
medical institution - 2 hours
university - up to 15 hours

6. What type of instruments do your inspectors normally carry on inspection
visits? What types of surveys do you make during an inspection?

G-M, cutie pie and R meters. Will take wipes, when indicated,
radiation levels and measure the output of a teletherapy unit.

7. Do you write an internal report for all inspections? How are such
reports processed including supervisory review?

Report is made from inspector's notes and inspection form. Wilms
performs essentially all materials inspections so that there is no
supervisory review.

8. With what level of management do you orally discuss inspection results?

Highest inspector feels is necessary.

9. Does the inspector make specific suggestions for corrective action to be
taken by the licensee?

Yes.

10. Are inspection reports utilized in future licensing actions?

No cases yet.

11. Have you noted any licensees who are in apparent noncompliance with AEC
regulations? If so, we would appreciate your notifying our Regional
Compliance office of such occasions.

Troxler violated AEC and Nebraska regulations. AEC was notified.

12. Do you inspect out-of-state firms licensed by you or working under reciprocity in your state?

Have not yet. Condition in license allows Nebraska to request notification when entering State.

13. Have all radium users in the state been inspected? What percent of these users are in compliance?

10% inspected. Most in noncompliance. Radium inspection program not active at present.

14. What percentage of the registrants in the state have been inspected? What percent of the medical, dental and industrial users are in compliance?

75% of the non-dental registrants have been inspected. 100% of dental inspected through SURPAK program. Initial inspections anticipated to be complete by May 1968. Preliminary compliance information indicates 15% of the medical units in full compliance and 50% of the dental units in full compliance.

E. 1. Describe your compliance enforcement procedures. Do you follow a system similar to the AEC's 591, 592 formal report system?

Use form similar to AEC 591. All others receive a letter.

2. Who signs letters going to licensees notifying them of inspection results and how do you determine to whom letters of noncompliance should be directed?

Wilms generally signs all letters. Letter usually goes to the person in management who was spoken to.

3. How do you handle oral and written discussion of poor practices (safety items) which are not specifically violations of the regulations or a license condition? Examples are poor calibration procedures, poor ventilation systems and need for bioassays.

Discussed with management. Lot written.

4. What has been the extent of enforcement actions taken against licensees?

Letters requiring answers in 30 days.

5. Do you require a written response to letters of noncompliance within a specified time period? Do you have any problem in obtaining adequate responses to letters of noncompliance? Who determines whether the response is adequate? If the licensee's response is inadequate, what course of action do you follow?

Thirty-day requirement. No problems, so far.

6. Have you found it necessary to deny any license application or revoke or modify any license?

No.

7. What action is taken when a licensee fails to renew his license or requests termination of his license?

Get status of material in writing.

F. Incidents and Investigations

1. Please describe any incidents and overexposures which have occurred since the last meeting. What was the extent of the investigation conducted in these cases?

None for agreement materials.

2. How do your techniques for investigations differ from your inspection techniques?

3. Do you have a policy on requiring licensees to make a press release when an incident has occurred?

Not yet.

G. Laboratory Facilities and Services

1. Do you analyze smears, air samples, water samples, etc., which are collected during an inspection, in your Radiological Health organization or does some other division provide these services?

Division of Radiological Health does analyses.

2. What is the time delay in obtaining results of analyses of such samples?

None.

3. Do you have any difficulty in obtaining "immediate results in emergency situations?"

No.

4. Do you, or the persons providing laboratory services for you, have the capability for analyzing most types of samples which you might submit?

Yes. Cannot analyze low energy gammas or most bioassays.

5. If not, how would you arrange to have unusual types of samples analyzed?

Send to V.A. Hospital at Omaha or PHS labs.

6. Do you have facilities for calibrating all types of instruments which you possess and use? 20 mCi Co 60 source, n source at Omaha V.A.

Hospital and X-ray checks at University of Nebraska.

H. Emergency Capabilities

1. Do you have a formal plan for responding to emergencies?

Not yet. Working with several other state agencies.

2. What arrangements have been made for a statewide communications network for use in conjunction with radiation emergencies?

Fish and Game Department, Department of Roads and C. D. communications systems are all available. State plane is also available.

3. Do you have emergency teams established to respond to emergency situations?

Only Division personnel at Lincoln.

I. Miscellaneous

1. What problems have you encountered in the reciprocal recognition of licenses?

None.

2. Have you evaluated any new sealed sources or devices of which we are not aware? We would like to receive a copy of evaluation sheets prepared for such items.

No.
3. How do you use your technical advisory committee (other than medical) in your program?

There are several subcommittees of the Radiation Advisory Council used for various functions. The full council meets quarterly.

4. What is your budget for the current fiscal year?

\$64,355 for the biennium (July 1967 through June 1969).

5. Has there been an increase or decrease in budget allotted to the program?

Decrease of \$9,286 over last biennium.

6. Do you receive funds from A.S., Defense Dept. or other sources?

PRS - \$36,800 for present biennium (included in \$64,355)

7. Do you plan to incorporate recent changes in AEC regulations in your regulations?

It is planned to incorporate changes in fiscal 1969.

LEGISLATURE OF NEBRASKA

SEVENTY-SEVENTH SESSION

Legislative Bill 922

FINAL READING

Introduced by Committee on the Budget, Richard D. Marvel, 33rd District, Chairman; John F. Knight, 26th District; Ramey C. Whitney, 44th District; W. H. Hasebroock, 18th District; Fern Hubbard Orme, 29th District; Henry F. Pedersen, Jr., 4th District; Stanley A. Matzke, 24th District; George C. Gerdes, 49th District

Read first time May 25, 1967

Rules suspended. Placed on General File

Sent to printer May 25, 1967

Final form sent to printer June 27, 1967

A BILL

FOR AN ACT making appropriations for the state government of the State of Nebraska for the biennium beginning July 1, 1967, and ending June 30, 1969; to recite limits and conditions on the expenditure of funds from the appropriations so made; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. The definitions pertaining to program
 2 and agency titles contained in the Accounting Manual on
 3 file in the office of the Clerk of the Legislature are
 4 hereby adopted by the Legislature as the definitions
 5 for this act.

(e) JUDICIAL	Fund Distribution			
	Total Appropriation By Program	General (G) Fund	Cash (C) Fund Estimated	Federal (F) Fund Estimated
Sec 2. Supreme Court - Agency No. 5				
2 (1) Program No. 391 - Office of the				
3 Clerk	\$330,070	\$330,070		
4 (2) Program No. 394 - Judicial Nominating				
5 Commissions	2,500	2,500		
6 (3) Program No. 531 - Court of Industrial				
7 Relations	2,500	2,500		
8 (4) Program No. 395 - Office of Reporter	37,530	37,530		
9 Appropriate for the accomplishment of the pro-				
10 grams in subsection (1) to (4) of this section from				
11 the General Fund to Agency No. 5, for the biennium				
12 ending June 30, 1969, for salaries, wages, and expenses,				
13 the sum set opposite such program in column (e) of this				

Appropriation By Program	Fund Distribution			
	Total	General	Cash	Federal
	(G) Fund	(C) Fund	(F) Fund	
	Estimated	Estimated	Estimated	

15 ~~\$95,000, then appropriate for the accomplishment of the~~
 16 ~~programs of subsections (1) to (4) of this section all~~
 17 ~~such funds received for such programs by Agency No. 10~~
 18 ~~for the biennium ending June 30, 1960, for salaries,~~
 19 ~~wages, and expenses, the sum set opposite such pro-~~
 20 ~~grams in column (C) of this section.~~

21 ~~For informational purposes only.~~

22 ~~Total Appropriations by Agency No. 10 and~~

23 ~~Fund Source \$95,000 \$95,000~~

Sec. 35. Department of Health - Agency No. 20

2	(1) Program No. 029 - Departmental Administra-			
3	tion	\$295,710	\$149,429	\$146,281
4	(2) Program No. 174 - Supporting Service -			
5	Laboratory	250,566	150,899	99,667
6	(3) Program No. 512 - Vital Statistics	258,759	258,759	
7	(4) Program No. 513 - Local Health Service	1,508,174	294,878	23,830
8	(5) Program No. 514 - Environmental Health	616,584	322,632	293,952
9	(6) Program No. 515 - <u>Radiological Health</u>	<u>64,355</u>	<u>27,555</u>	<u>36,800</u>

	<u>Total</u>	<u>Fund Distribution</u>		<u>Federal</u>
		<u>General</u>	<u>Cash</u>	
	<u>Appropriation</u>	<u>(G) Fund</u>	<u>(C) Fund</u>	<u>(F) Fund</u>
	<u>By Program</u>		<u>Estimated</u>	<u>Estimated</u>
10 (7) Program No. 516 - Preventive Health Serv-				
11 ices	\$1,435,178	\$216,109		\$1,219,069
12 (8) Program No. 068 - Bureau of Examining				
13 Boards - (Enforcement of Standards)	\$306,216		\$306,216	
14 After transferring the unexpended balance in Agency				
15 No. 20, reappropriate from such balance to the program in sub-				
16 section (4) of this section estimated to be \$7,000, to the pro-				
17 gram in subsection (7) of this section estimated to be \$4,000,				
18 and to the program in subsection (8) of this section estimated				
19 to be \$180,000, then appropriate for the accomplishment of				
20 the programs of subsection (1) to (8) of this section all				
21 cash and federal funds received for such programs				
22 by Agency No. 20 and from the General Fund to Agency				
23 No. 20 for the biennium ending June 30, 1969, for				
24 salaries, wages, and expenses the sum set opposite				
25 such programs in columns (G), (C) and (F) of this				
26 section.				
27 For Informational Purposes only:				
28 Total Appropriations by Agency No. 20 and				
29 Fund Source	\$4,735,542	\$1,420,261	\$310,046	\$2,005,235

MERIT SYSTEM COMPENSATION SCHEDULE
Nebraska State Department of Health

RADIOLOGICAL HEALTH

<u>CLASS TITLE</u>	<u>RANGE NO.</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
Director, Division of Radiological Health	32	815	860	905	950	1000	1050
Radiological Health Specialist II	29	700	735	775	815	860	905
Radiological Health Specialist I	27	630	665	700	735	775	815
Radiological Health Technician	22	490	515	540	570	600	630