TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Interim Commissioner

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Revised Interim SA-300 Comments
Texas Department of State Health Services

Below are the comments from the Texas Department of State Health Services Radiation Section Incident Investigations group. Thank you for the opportunity to partner with you by providing comments for improving this document.

Reporting Issue:
No NRC reg (10 CFR 20 or other) requires reporting of leaking sources in fixed or portable nuclear gauges.

Reporting for others is covered:

10 CFR 31.5	Leaking General License sources/devices
10 CFR 34.27	Leaking radiography sources
10 CFR 35.67	Leaking Medical sources
10 CFR 35.3067	Leaking Medical sources
10 CFR 39.35	Leaking well-logging sources

Using standard License Conditions, NRC manages the reporting for specifically licensed fixed/portable nuclear gauges. The State of Texas manages it through state regulations rather than license conditions. It is unknown how other agreement states manage it.

We suggest adding an entry in Appendix A for reporting requirements for leaking sources other than the ones covered by the rules above.

Section 3 Reporting Material Events
In this section, the 3rd paragraph tries to assign definitions for reports that a "written report" is submitted to NMED. It also refers to the initial report to the HOC as just a "report" (in another section). This is confusing. If you call the HOC for your initial report, they have you send it in writing. If you email or fax, it is a written report. Consider using "NMED Report" or "NMED written report" for reports to NMED and use "HOC Initial written report" for reports that are submitted to HOC. Consider including this information in the same

paragraph (Section 3, 3rd paragraph) to define which is preferred. We believe these suggestions would address potential confusion.

Section 3.1 States "immediate" and "as soon as NRC accepts possible" reports on that business day. It does not define what is expected if you receive a report, for example, at 23:45 hours. Immediate used to be defined as 4 hours. So maybe it should say "end of the business day or 4 hours, whichever is longer". Also, "business day" is being used in relation to "immediate" and "ASAP." Does this mean you don't report these events with the shortest notification requirement because they are serious events on weekends—if an event occurs on Friday, Saturday, or Sunday then it doesn't have to be reported til Monday? "Business day" is not being used for the 24-hour reports. Allowing some additional time to get facts to report for these serious events is appreciated, but we don't think you want them waiting over a weekend to be reported. We suggest removing "business" and using same day/next day.

Section3.2 The agreement now states "shall" assign and reference an Event Report Identification Number for all reports to the HOC and all written reports, which tells how the number should be created. The NMED database does this. In 3.3, it states that you shall include the Event Report Identification Number for each reported event to the HOC, and in 5.5, it says that an NMED record is created after events are reported to the HOC. It is not a big deal, but now I will have to make a file in the NMED database first to get the number to include in the initial report to HOC so that the created Event Report Identification Number is the same through the system.

Section 3.4.1 This is a new section. Is it a correct interpretation to summarize if Cat 1 or Cat 2 quantities are involved, we must provide a bracketed copy and a redacted copy? Or, can we not include the actual activity in the Initial HOC Report but put it in NMED written report? We do not include personal information in written reports to HOC or NMED.

Section 3.4.2 This is new, saying event reports should (it's not a shall) include the SI units as well as conventional units…and it goes on the show how that should be done: SI units first with the traditional team equivalent following in parentheses. However, in 10 CFR 20 and others, conventional numbers are first and SI units in brackets after. Also, limits are listed in curies first and SI after, or just curies (example: table, 20.1005 Units of radioactivity). ALI and DAC limits use curies. Should the event reports be consistent with the rule?

Also, our dose limits are listed in rems and sieverts, not gray. In the example, they use "gray," and when submitting reports, there is mixed-use. We propose the term gray be used for absorbed dose in any material and "rem" for biological. Dose limits are tradiational in rem. Please consider rewording for consistency.

Section 3.4.4 Follow-up Written Reports are the same as 2.4 in the previous SA-300 (March 2013). Both state follow-up written reports to NMED should include "all investigative information obtained through closeout of the event" and "document(s) or clear reference to documents on file that the Agreement State used to generate the NMED record…." This sounds like they are asking states to submit more than a report of the pertinent facts related to the event, a summary of information, and facts from the investigation, root cause, and corrective actions. These two statements read like they want us to submit our investigation file. We suggest continued reporting as we have been and indicate the section be reworded during this revision unless they want additional documentation. All documents and information are kept by each state and are available upon request if someone in NRC/NMED needs additional information. Also, you are removing "on a monthly basis" for follow-up reports that should be submitted. Is this a correct interpretation?

Section 5.6 - The two opening paragraphs are not easy to understand. We no longer report non-reportable events through NMED. They don't want a record of situations that don't fit reporting requirements but could be important, helpful to others, information sharing, etc. Is the request to report them to HOC for logbook entry voluntarily? Since states cannot search logbook entries to find similar or potentially related non-reportable events, we suggest they still be submitted to NMED but under a category created for them. The same information form can be used, and the state can fill in general or applicable information. NMED would probably not be able to have a "complete" record for many of these, but that could be a non-requirement for the category. This would be a valuable opportunity to share information for state programs to access and search for information.

Section 5.6.1. Is it a correct interpretation to say orphan sources below Appendix C quantities are no longer tracked; therefore, we don't have to make any report to HOC or NMED? Are Orphan Sources x1,000 above Appendix C values where no licensee is reported to HOC or NMED? We suggest clarifications in this area.

Section 5.6.2 Where (to whom, within what time frame, etc.) is a found source that was not reported previously as lost required to be reported? We suggest clarification in this area.

Section 5.6.3 Landfill Radiation Monitor Alarms, there should be some clarification on this topic. Also, what is the NMED Coding Manual?
Some of the points:

- Medical isotopes from residential (neighborhoods, nursing homes) and even commercial locations that are a business that does not include medical RAM licensee would be excreta and would be exempt
    - Less than 120-day half-life
    - Could be multiple patients in a nursing home, so it could be a "high" activity…but it's still exempt excreta going into a landfill where it will be covered over—not an issue
- Non-medical isotopes that exceed the reportable criteria should/would be reported regardless of where it was found: landfill, public domain, construction site, etc.

    If there is an issue with some states trying to report every landfill alarm, then maybe it should be addressed with those states.

Appendix A:
Dose limits are the opposite of the rule, and Sieverts are used in this section. (see 3.4.4 comments) The reporting criteria for disconnect of radiography source still say 30 days, yet it states it falls under 30.50b2. It would be helpful if they matched.

Appendix C: has "Cause and corrective actions (Agreement State and licensee's actions)" listed twice.