UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

OFFICE OF THE
COMMISSIONER

October 28, 1999

NOTE TO: Annette L. Vietti-Cook
Secretary

FROM: Maria Lopez-Otin, Chief of Staff
Office of Commissioner Diaz

SUBJECT: OCTOBER 20, 1999, OAS AND CRCPD BRIEFING FOLLOW-UP QUESTIONS AND COMMENTS

Due to communication problems, Commissioner Diaz could not ask questions or make comments during the briefing. It was noted that Commissioner Diaz would be providing questions and comments after the briefing. Attached is the list of Commissioner Diaz's questions and comments. Please forward these to the appropriate persons at OAS and CRCPD.

Attachment: As stated

Follow-up Questions/Comments as a Result of the October 20, 1999, OAS/CRCPD Briefing:

For Mr. David Walter:

1. You stated during your presentation that you were concerned with the number of hours of required training and experience for the use of I-131 that is included in the draft final rule changes to 10 CFR Part 35. Specifically, you indicated that you did not believe 80 hours of training and experience was sufficient due to the risks associated with the handling and use of I-131. Currently, the draft final rule requires only 80 hours of training and experience (10 CFR 35.932 and 35.934). Would you please provide the data or information concerning users' performance that leads you to believe that 80 hours of training and experience is not sufficient. The NRC staff stated during the October 21 briefing on 10 CFR Part 35 that 80 hours was sufficient based on the performance history of endocrinologist. Would you please discuss whether you believe there should be different requirements for the use of I-131 at large institutions compared to use at endocrinologists' offices.

2. You stated during your presentation that you were concerned with the reporting requirement for unintended doses to an embryo/fetus or nursing child that is included in the draft final rule changes to 10 CFR Part 35. On the eighth slide of your presentation, you indicate that very few diagnostic doses result in doses greater than 500 mrem. Therefore, you stated that a reporting threshold of 500 mrem would have only a small impact. Would you please provide the data, information, or a reference to such data or information, that would show that very few diagnostic doses would result in doses greater than 500 mrem to an embryo/fetus or nursing child.

For Mr. Robert Hallisey:

3. You stated during your presentation that CRCPD would be establishing a panel to review the role of CRCPD in national materials rulemaking activities and the structure of the national materials program. I commend CRCPD for initiating development of such a panel. In developing the charter for the panel, I recommend that CRCPD consider having the panel address how federal requirements (e.g., Office of Management and Budget approvals, environmental impact statements, posting information in the Federal Register for public comment) can continue to be met as the number of Agreement States increases.

NOV 15 1999

Robert M. Hallisey, Director
Radiation Control Program
Department of Public Health
174 Portland Street, 5th Floor
Boston, MA 02114

Dear Mr. Hallisey:

I am enclosing for your information a comment submitted by Commissioner Diaz following your briefing before the U.S. Nuclear Regulatory Commission on October 20, 1999. You will recall that due to telecommunications difficulties, Commissioner Diaz was unable to ask questions or make comments during the briefing. It was noted, however, that he would submit any questions and comments in writing following the briefing.

Sincerely,

Original Signed By:
PAUL H. LOHAUS
Paul H. Lohaus, Director
Office of State Programs

Enclosure:
As stated

cc: Organization of Agreement States
Executive Committee Members

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November 15, 1999

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Paul H. Lohaus, Director
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ENCLOSURE

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