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Pedersen, Roger

From: Roger Pedersen
Sent: Wednesday, October 08, 2003 2:55 PM
To: William Reckley
Cc: Alan Roecklein; Charles Hinson
Subject: Re: Fwd: RUBI - DRAFT PART 19, 20, & 50 CHANGES FOR PUBLIC COMMENT
Attachments: RUBE Draft 9_30_03.wpd

Bill,
This was going to be my response to Don. Alan convinced me it would be more appropriate for you to respond. Feel free to use any or none of my words.

Don,
I'm very surprised that you are disturbed by our schedule. I don't remember you expressing these concerns at the Sept. 25, 2003, public meeting with NEI that we hosted. Maybe it wasn't made clear. Consistent with what we told the Commission, NRR is working toward finalizing these changes by the end of FY1004. It is my understanding that we are giving an early opportunity to comment on these changes that the NRC are entertaining. This is not a notification of proposed rulemaking.

I do remember that you expressed concern that the NRC may be subject to some outside constraint (OMB?) in terms of letting our licensees report personal information to the NRC and not provide a copy to the individual (e.g., the rule change that where licensees would not have to provide an annual report to the individual if their cumulative annual dose was less than 2% of the limits). We still need OGC's call on that issue before we ask for public comments.

You were also concerned about the impact of NMSS licensees of the proposed relief from the labeling requirements in 20.1904. As you can see from the attached, the proposed has been revised to only apply to Part 50 licensees.

As you know, we have been coordinating with Sami Sherbini and Joe DeCicco of NMSS on these issues. Since this reduction in unnecessary burden effort is an NRR initiative, I admit that I didn't think of presenting it to NMSS's Rad Policy Steering Committee. I'd be happy to discuss the issues with the committee if you want to convene a meeting.

>>> Donald Cool 10/08/03 11:04AM >>>
Ted, Cathy:

I am very disturbed by the apparent drive to publish something for comment in the Federal Register. I do not believe this has been discussed across the offices, and there are implications for NMSS and for the States. I recommend that a Rad Policy Steering Committee meeting be scheduled to get a brief on the proposals, discussions to date, and allow for some coordination.

Donald A. Cool

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**REDUCTION IN UNNECESSARY
BURDEN INITIATIVE
DRAFT WORDING
PART 19 & 20 RULEMAKING**

50.69 Containers holding licensed material.

(a) Each holder of a construction permit or operating license for a nuclear power plant issued under this part or combined license for a nuclear power plant issued under Part 52 of this chapter, shall comply with either 10 CFR 20.1904 of this chapter or the requirements in (b) of this section.

(b) Each licensee shall comply with the following requirements in lieu of the labeling requirements in 10 CFR 20.1904 for containers holding licensed material that reside within an area of the plant posted pursuant to the requirements 10 CFR 20.1902.

(1) Containers are conspicuously marked (such as by providing a system of color coding, labeling, or tagging of containers) commensurate with the radiological hazard, and

(2) Containers are accessible only to individuals who have sufficient instructions to minimize radiation exposure while handling, or working in the vicinity of, the containers, and

(3) Plant procedures ensure that containers are appropriately labeled, pursuant to 10 CFR 20.1904, prior to being removed from the posted area.

Consideration

Incidental contamination, from plant operations, in a container not marked as containing licensed material, found by the licensee's routine monitoring program, should not be considered as a violation of 10 CFR 50.69(b)(1).

Sufficient instructions concerning containers of low hazard might be provided in general employee training, while specific instruction, such as in pre-job briefings, and/or documented on an RWP or its equivalent, would be appropriate for containers that could pose a risk of significant exposure to, or intake of, radioactive materials.

20.1003 change

Total Effective Dose Equivalent (TEDE) means the sum of the effective dose equivalent (for external exposures)¹ and the committed effective dose equivalent (for internal exposures).

Footnote 1:

Assumed to be equal to the deep dose equivalent for the part of the whole body receiving the highest exposure, when the external exposure is measured by external dosimetry, unless measured by a method approved by the NRC.

Considerations

The revised definition of TEDE, using the effective dose equivalent for external exposures, is more consistent with the technical basis for the requirements in Part 20 (e.g., the recommendations of the International Commission on Radiological Protection in their Publication 30).

Change only removes the apparent conflict between two parts of the regulation. Guidance, mandated by the Commission, has already been issued effectively implementing this revised definition and several methods have been approved.

Reverts to the current definition of TEDE for exposure situations where there is not an NRC approved method of measuring EDE.

19.13 Notifications and reports to individuals.

(b)(1) Annually, each licensee shall advise each individual of the dose the individual received in the previous year, as shown in the records maintained by the licensee pursuant to the provisions of 20.2106 of 10 CFR Part 20.

(2) The licensee is exempt from (b)(1) of this section if the dose received in the previous year is not greater than 2% of the dose limits in 10 CFR Part 20.1201(a), unless a record of the dose is requested in writing by the individual.

(d) *[Delete entire paragraph as redundant to the revised 19.13(b) and 20.2205.]*

20.2205 Reports to individuals of exceeding dose limits.

When a licensee is required, pursuant to the provisions of 10 CFR 20, sub-sections 20.2202, 20.2203, or 20.2204, to report to the Commission any exposure of an identified occupationally exposed individual, or an identified member of the public, to radiation or radioactive material, the licensee shall also provide a copy of the report submitted to the Commission to the individual. This report must be transmitted at a time no later than the transmittal to the Commission.

Considerations

Removes overlapping and redundant requirements in Parts 19 and 20.

Removes an unnecessary burden on licensees by eliminating the requirement to report doses that are small fractions of the dose limits, to individuals. 10 CFR 20.1201 (a) contains several annual dose limits (for the whole body (TEDE), lens of the eye, skin, and extremities). The revised 10 CFR 19.13 (b)(2) states that if none of the individual's annual doses exceed 2% of the dose limits contained in 10 CFR 20.1201 (a), then the licensee is exempt from 10 CFR 19.13 (b)(1); and therefore, the licensee is not required to advise that individual of the dose received in the previous year. However, if 2% of any of the dose limits, contained in 10 CFR 20.1201(a), are exceeded, then the licensee must advise the individual of all of the dose the individual received in the previous year as shown in the records kept pursuant to 20.2106.

Replaces the reference to 10 CFR 20.2206 in 10 CFR 20.2205 with the more appropriate reference to the reports made pursuant to 10 CFR 20.2202. Note: 10 CFR 20.2202 is currently referenced in 10 CFR 19.13 (d), which would be deleted entirely by this proposed change.

Retains the less burdensome requirement to maintain records of all doses (pursuant to 10 CFR 20.2106) and to include them in reports made to the NRC (pursuant to 10 CFR 20.2206).

20.2104 Determination of prior occupational dose.

(a)(2) Obtain the records of cumulative occupational radiation dose for each individual being authorized to receive a planned special exposure.

Considerations

Removes an unnecessary requirement for licensees to “attempt” to obtain occupational dose history for individuals who will not be receiving a planned special exposure (PSE). The only “lifetime” dose limit in the regulation, where a licensee would need the records of an individual's cumulative occupational radiation dose, is associated with a PSE.