

PRM-34-7  
81FR78732

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# PUBLIC SUBMISSION

**Docket:** NRC-2016-0182

Individual Monitoring Devices for Industrial Radiographic Personnel

**Comment On:** NRC-2016-0182-0002

Individual Monitoring Devices for Industrial Radiographic Personnel; Notice of Docketing and Request for Comment

**Document:** NRC-2016-0182-DRAFT-0009

Comment on FR Doc # N/A

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## Submitter Information

**Name:** Anonymous Anonymous

**Organization:** American College of Radiology

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## General Comment

Please see the attached comments of the American College of Radiology (ACR).

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## Attachments

acr\_comments\_prm-34-7\_1-23-2017



QUALITY IS OUR IMAGE

January 23, 2017

ATTN: Rulemakings and Adjudications Staff  
U.S. Nuclear Regulatory Commission  
11555 Rockville Pike  
Rockville, MD 20852

**Subject: (81 FR 78732; Docket ID NRC-2016-0182) Individual Monitoring Devices for Industrial Radiographic Personnel (PRM-34-7); Comments of the American College of Radiology**

The American College of Radiology (ACR)—a professional organization representing more than 35,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists—appreciates the opportunity to comment on the petition for rulemaking addressing “Individual Monitoring Devices for Industrial Radiographic Personnel” (PRM-34-7) published by the U.S. Nuclear Regulatory Commission (NRC) in the *Federal Register* on November 9, 2016 (81 FR 78732; Docket ID NRC-2016-0182). The following comments were compiled by the ACR Commission on Medical Physics-Government Relations Committee.

PRM-34-7 requests that the NRC amend its regulations in Title 10 to explicitly authorize use of “improved individual monitoring devices” for industrial radiographic personnel. The benefits of advanced technology dosimeters have been apparent in the medical community for nearly a decade. In clinical implementation, advanced technology dosimeters have enabled data-rich and accurate real-time worker dose monitoring, thereby better informing licensees and enhancing the ability to plan and control occupational dose. Advanced technology improves monitoring by enabling date/time of exposure, providing multiple nondestructive readouts of dose (without needing to return the devices to vendors for processing), allowing reassignment to other users, and generating better compliance by the medical professionals who wear them.

While PRM-34-7 was submitted for NRC consideration with industrial radiography stakeholders in mind, the ACR believes the spirit of the PRM should be adopted and explicitly applied to medical radiation workers (i.e., via the pertinent subparts of 10 CFR Part 20) to protect the continued use of advanced technology dosimeters within the medical community, including medical applications of radiation not directly under NRC’s oversight. By this, we mean that the agency’s future action in response to PRM-34-7 would subsequently be adopted by the states which have regulatory jurisdiction over machine users (e.g., fluoroscopy/x-ray, etc.) in addition to Agreement State/NRC authority over materials users. States typically implement NRC regulations, guidance, and approaches broadly across their respective

stakeholder base, impacting other medical professionals (e.g., interventional radiologists) not considered by the NRC's initial efforts. If NRC were to deny PRM-34-7, it would set a detrimental precedent for state programs that would likely sweep across the broader stakeholder spectrum, thereby disallowing continued use of advanced technology dosimeters in these other occupational domains.

The ACR believes that any type/model of dosimeter that can be appropriately processed by National Voluntary Laboratory Accreditation Program (NVLAP)-accredited processors should similarly be allowed by NRC and the states for the radiation categories in question. Therefore, the ACR supports the spirit of the PRM and strongly recommends explicit applicability to the monitoring requirements for medical workers in 10 CFR Part 20.

Thank you in advance for your consideration of these comments. As always, the American College of Radiology welcomes the opportunity for continued dialogue with the NRC. Should you have any questions on the points addressed herein, or if we can otherwise be of assistance, please do not hesitate to contact Gloria Romanelli, ACR Senior Director of Government Relations, at 703-716-7550 / [gromanelli@acr.org](mailto:gromanelli@acr.org), or Michael Peters, ACR Director of Legislative and Regulatory Affairs, at 703-716-7546 / [mpeters@acr.org](mailto:mpeters@acr.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "James Brink".

James A. Brink, MD, FACR  
Chair, Board of Chancellors  
American College of Radiology