



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

April 24, 1992

ALL AGREEMENT STATES  
PARTICIPANT LIST (ENCLOSURE 1)

RADIOGRAPHER CERTIFICATION WORKSHOP (SP-92-079)

This letter is to inform the States and the individual participants who are funded to attend the NRC sponsored "Third-Party Radiographer Certification Workshop" to be held May 27-28, 1992 at the Mobile Hilton, Mobile, Alabama.

PARTICIPANTS

Enclosure 1 contains the names of the individuals who have been selected to attend the workshop. The participants that have been funded to attend the workshop have been mutually agreed upon by the Office of State Programs and the individual States. We would appreciate that any changes be coordinated in advance with the Office of State Programs.

TRAVEL

The workshop will begin at 1:00 p.m. on the May 27 and will end around noon on the May 28. Your travel plans should be made with this time frame in mind. Your travel arrangements should be made to fly into Mobile, Alabama. Please call Carlson Travel at (202) 554-1850 to make your arrangements. Carlson will make your reservations and mail you a ticket. DO NOT PURCHASE YOUR OWN TICKET! In order for you to receive your ticket in a timely manner, you must call Carlson immediately. We will reimburse participants for travel by auto at 25 cents per mile, not to exceed lowest airfare.

HOTEL and PER DIEM

Arrangements have been made for course attendees to stay at the Mobile Hilton, 3101 Airport Boulevard, Mobile, Alabama. We have negotiated a special rate of \$45.00/day for lodging for the workshop. We will pay a per diem allowance up to \$26.00/day for meals and incidentals (M&IE). YOU MUST MAKE YOUR OWN ROOM RESERVATIONS IMMEDIATELY! The Hilton's telephone number is (205) 476-6400. When you call the hotel inform the reservationist that you are with the NRC workshop. If you plan on arriving at the hotel after 6:00 p.m., a credit card guarantee is necessary to reserve your room. If you have any problems with your reservations, please call Brenda Hill at (301) 504-2348.

Rental cars are NOT AUTHORIZED. Transportation to the Mobile Hilton can be arranged by using the hotel phone in the baggage claim area. If your flight will be arriving later than 11:00 p.m., please advise the hotel of your arrival time when you make your arrangements.

APR 24 1992

PREPARATION

Enclosure 2 is a copy of the tentative agenda for the workshop. Formal presentations will be limited to the parties identified in Session I. Time will also be available for questions and answers in Session I. Session II is provided for any individual participant to comment and present their State positions. We have made arrangements to provide 35mm slide and overhead projectors, however, should you need other special equipment for your presentation, please contact Jim Myers at (301) 504-2328.

Enclosure 3 identifies some of the special issues to be discussed in Session II. Enclosure 4 provides an outline for a radiographer certification rulemaking that NRC has under consideration which will be discussed in Session III.

We hope that these topics will lead to candid discussions about the radiographer certification process. We hope to obtain consensus for an acceptable approach to the third-party certification rule before closing the workshop.

If you have any questions or if you will not be able to attend this course, please call me as soon as possible. I can be reached at (301) 504-2650.

~~original signed by Vandy L. Miller~~

Vandy L. Miller, Assistant Director  
for State Agreements Program  
Office of State Programs

Enclosures:  
As stated



## LIST OF ATTENDEES

### AGREEMENT STATE ATTENDEES:

#### ALABAMA

Aubrey V. Godwin, Director  
Division of Radiation Control  
State Department of Public Health  
State Office Building  
Montgomery, AL 36130-1701  
(205) 242-5315

#### ARIZONA

James Geringer  
Radioactive Materials/Xray  
Compliance Section  
Radiation Regulatory Agency  
4814 South 40 Street  
Phoenix, AZ 85040  
(602) 255-4845

#### ARKANSAS

Rick Kelley, Supervisor  
Radioactive Materials Section  
Division of Radiation Control  
and Emergency Management  
Arkansas Department of Health  
4815 West Markham Street  
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(501) 661-2301

#### CALIFORNIA

Robert Funderburg  
Radiologic Health Branch  
Environmental Health Division  
State Department of Health Services  
714/ 744 P Street  
Post Office Box 94732  
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(916) 322-3482

AGREEMENT STATE ATTENDEES, CONTINUED:

COLORADO

Martin Hanrahan  
Colorado Department of Health  
Radiation Control Division  
4210 East 11th Avenue  
Denver, CO 80220-3716  
303-320-8333

FLORIDA

Mary E. Clark, Chief  
Office of Radiation Control  
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GEORGIA

Tom Hill, Manager  
Radioactive Materials Program  
Department of Natural Resources  
4244 International Parkway, Suite 114  
Atlanta, GA 30354  
(404) 362-2675

ILLINOIS

Steve Collins, Chief  
Division of Radioactive Materials  
Department of Nuclear Safety  
1035 Outer Park Drive  
Springfield, IL 62704  
(217) 785-9947

IOWA

Don A. Flater, Chief  
Bureau of Environmental Health  
Lucas State Office Building  
Des Moines, IA 50319-0075  
(515) 281-3478

AGREEMENT STATE ATTENDEES, CONTINUED:

KANSAS

Vick Cooper  
X-Ray and RAM Control Section  
Department of Health and Environment  
Bureau of Environmental Health Services  
109 S.W. 9th Street  
Topeka, KS 66612  
(913) 296-1562

LOUISIANA

Michael Henry, Program Manager  
Inspection and Enforcement  
Radiation Protection Division  
Office of Environmental Quality  
P.O. Box 82135  
Baton Rouge, LA 70884-2135  
(504) 765-0160

Jim Sanford, Coordinator of Licensing  
Inspection and Enforcement  
Radiation Protection Division  
Office of Environmental Quality  
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(504) 765-0160

NEW YORK

George L. Kasyk  
Bureau of Radiological Health  
Division of Safety and Health  
State Department of Labor  
One Main Street, Room 813  
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OKLAHOMA

Gary L. Ammon  
Oklahoma State Department of Health  
Radiation Protection Division  
1000 Northeast 10th Street  
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(405) 271-5221

AGREEMENT STATE ATTENDEES, CONTINUED:

SOUTH CAROLINA

Virgil R. Autry, Director  
Division of Radioactive Materials  
Licensing and Compliance  
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Department of Health and Environmental Control  
2600 Bull Street  
Columbia, SC 29201  
(803) 734-4633

TEXAS

Ruth E. McBurney, Director  
Division of Licensing, Registration and Standards  
Bureau of Radiation Control  
Texas Department of Health  
1100 West 49th Street  
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(512) 834-6688

TEXAS

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Division of Licensing, Registration and Standards  
Bureau of Radiation Control  
Texas Department of Health  
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(512) 834-6688

WASHINGTON

Arden Scroggs  
Radioactive Materials Section  
Department of Health  
Airdustrial Center, Building 5, LE-13  
P. O. Box 47827  
Olympia, WA 98504-7827  
(206) 753-3461

SPECIAL ATTENDEES:

CANADA

Robert Walker, Head  
Radioisotope Licensing Section  
Atomic Energy Control Board  
P. O. Box 1046, Station "B"  
2709 Albert Street  
Ottawa, Canada  
K1P 5S9  
(613) 995-1436

CONFERENCE OF RADIATION CONTROL PROGRAM DIRECTORS

Charles Hardin, Executive Director  
Conference of Radiation Control Directors, Inc.  
205 Capital Avenue  
Frankfort, KY 40601  
(502) 227-4543



NRC ATTENDEES:

Carlton Kammerer, Director  
Office of State Programs  
U. S. Nuclear Regulatory Commission

Robert M. Bernero, Director  
Office of Nuclear Material Safety & Safeguards  
U. S. Nuclear Regulatory Commission

Vandy L. Miller, Assistant Director  
for State Agreements Program  
Office of State Programs  
U. S. Nuclear Regulatory Commission

John E. Glenn, Chief  
Medical and Commercial Use Safety Branch  
Division of Industrial & Medical Nuclear Safety  
Office of Nuclear Material Safety & Safeguards  
U. S. Nuclear Regulatory Commission

Michael A. Lamastra  
Medical and Commercial Use Safety Branch  
Division of Industrial & Medical Nuclear Safety  
Office of Nuclear Material Safety & Safeguards  
U. S. Nuclear Regulatory Commission

Bruce Carrico  
Medical and Commercial Use Safety Branch  
Division of Industrial & Medical Nuclear Safety  
Office of Nuclear Material Safety & Safeguards  
U. S. Nuclear Regulatory Commission

DRAFT AGENDA FOR RADIOGRAPHER CERTIFICATION WORKSHOP

May 27, 1992 1:00 - 5:00

Session I

1. Welcome and introduction of Participants: Vandy L. Miller
2. Description of Workshop Agenda: John Glenn
3. Keynote Speech - "Certification Goals:" Robert Bernero
4. Review of 1989 Commission Briefing on Certification:  
Carlton Kammerer
5. Overview and Current Status of Programs:  
American Society for Nondestructive Testing: TBA  
State of Texas: TBA  
Conference of Radiation Control Program Directors: Charles Hardin  
Organization of Agreement States: Thomas Hill  
Nuclear Regulatory Commission: John Glenn

Session II

General Discussion and Identification of Issues:  
Vandy L. Miller and John Glenn

Enclosure 2

DRAFT AGENDA FOR RADIOGRAPHER CERTIFICATION WORKSHOP

May 28, 1992      8:00 - 12:00

Session III

Review of Issues and Discussion of Draft Language for Mandatory  
Certification: Vandy L. Miller and John Glenn

Workshop Conclusion: Robert Bernero and Carlton Kammerer

DRAFT

SPECIAL ISSUES

- (1) Is use of an examination developed by a third-party certifier acceptable?
- (2) Compatibility - What level is appropriate?
- (3) Reciprocity - What is necessary?
- (4) Program for periodic regulatory oversight of the third-party.
- (5) Method of communication between participants about radiographers/violations.
- (6) Regulatory recognition of third-party suspension of certification.

Enclosure 3

## DRAFT

### NRC'S CONCEPTS ON A MANDATORY RADIOGRAPHER CERTIFICATION RULEMAKING

#### I. OBJECTIVE

- o Provide assurance that radiographers have acceptable knowledge about radiation protection
- o Hold individual radiographers responsible for certain violations
- o Ensure workability at national-level
- o Specify organizational criteria to assure fairness, adequate resources, and expertise
- o Specify minimum program elements

#### II. OPTIONS

- o No action (maintain status quo)
- o NRC "licensing" program for individual radiographers
- o Mandatory certification by third party

#### III. DESCRIPTION OF AMENDMENTS UNDER CONSIDERATION

- o New definitions
- o License applicants develop and submit procedures for maintaining certification
- o Require that all radiographers be certified in addition to current requirements
- o Require licensees to make and maintain copies of certification documents
- o Add new appendix B which outlines the organizational elements, certification program elements, and written examination elements



DRAFT

NRC'S CONCEPTS ON A MANDATORY  
RADIOGRAPHER CERTIFICATION RULEMAKING (CONTINUED)

III. DESCRIPTION OF AMENDMENTS UNDER CONSIDERATION

NRC is considering including the following elements in the new appendix:

- o Third-party must be a national society or association
- o Membership not be restricted because of race, age, sex, or national origin
- o Certification program must be open to non-members
- o Third-party must have a permanent full-time staff and a set of written organizational ground rules (by-laws, policies, etc.)
- o Must establish committees to assist in implementing the program, and to review complaints against certified individuals
- o Must establish written procedures and must agree to procedures with regulatory authorities for exchange of information and periodic program review
- o Must include a written examination, a practical examination, and require a minimum period of job experience
- o Must specify a "Code of Ethics," and include procedures where the certification could be revoked, suspended, or restricted
- o Written examination must be designed to test Appendix A subjects
- o Must test at an educational level equivalent to the 9th grade
- o Examination items must be validated

ORIGINAL

OFFICIAL TRANSCRIPT OF PROCEEDINGS

Agency: U.S. Nuclear Regulatory Commission

Title: Radiography Certification Workshop

Docket No.

LOCATION: Mobile, Alabama

DATE: Wednesday, May 27, 1992

PAGES: 1 - 141

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Washington, D.C. 20006

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RADIOGRAPHY CERTIFICATION WORKSHOP

International Room

Hilton Hotel

Mobile, Alabama

Wednesday, May 27, 1992

\* \* \*

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## 1     PRESENT WERE:

2  
3           James McNess  
4           Bob Feole  
5           Sandi Thomas  
6           George L. Kasyk  
7           Mike Lamastra  
8           David Turbeville  
9           Braadley Grinstead  
10          Raymond Worley  
11          Roy A. Parker  
12          Burl Nethercott  
13          Robert Scoble  
14          Virgil Autry  
15          Charles Hardin  
16          Steve Collins  
17          Carl Trump  
18          Vick Cooper  
19          Jim Gerfinger  
20          Arden Scroggs  
21          Garry Ammons  
22          Martin Hanrahan  
23          Rick Kelley  
24          Tom Hill  
25          Dan Nash

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1	Bob Goff
2	Eddie Fuente
3	Donny Dicharry
4	Joseph Bush
5	Ruth McBurney
6	Cindy Cardwell
7	Michael Henry
8	Jim Sanford
9	Bob Walker
10	Robert Funderburg
11	Don Flater
12	Aubrey Godwin
13	Bob Bernero
14	Carlton Kammerer
15	Bruce Carrico
16	John Glenn
17	Vandy Miller
18	Arden Scroggs
19	Paul Nethercutt
20	Raymond Worley
21	Roy Parker

22  
23  
24  
25

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## P R O C E E D I N G S

MR. MILLER: First, I want to say good afternoon to everyone and certainly, we want to thank Aubrey Godwin for hosting this public meeting. He's often made mention he's willing to help out where he can, and it took him up to now to become the new Chairman of the Conference of Radiation Control Program Director before he really decided to host something for us. And we certainly want to thank him for it.

And he will have a couple more administrative announcements later, to tell you a little bit about Mobile. But right now, he wants to make sure that we get off on a good start here in this workshop.

I just want to make mention now that this is a public workshop. In other words, not only the official people that have been invited are here, but the public can come in as well. Now if there's somebody from the public who would like to make a statement, then I must know that. John Glenn who -- he is my co-chair, either let he or I -- either one of us know that you have a statement that you would like to make and we'll try to get you into the program during this period that we're going to be here.

We hope to do more of these kinds of workshops in the future, whereas this is our way of getting principally the states -- the agreement states, and non-agreement

1 states, as far as that's concerned -- more involved in our  
2 regulatory process. And certainly, we are going to talk  
3 about our regulation toward the end of this workshop, so the  
4 states will be very interested in that.

5 But in the beginning, we want to talk about the  
6 business of certification in general. And we would like for  
7 all of the states that have been invited to make comments,  
8 and we want to make sure that if all the states are not  
9 represented around this particular table, we're going to  
10 expand this table by tomorrow and get you up here, because  
11 we at least want every state to be represented at the table.  
12 That doesn't mean that some of the other members of a state  
13 can't sit out around the room, but we do want all the states  
14 to be at the table.

15 I think -- that said, what I want to do now is to  
16 introduce -- or to have you to introduce yourselves so that  
17 we will know who we have here at this meeting today.

18 Now, I'm Vandy Miller, and I'm the Assistant  
19 Director for the Agreement States Program, the Office of  
20 State Program, U.S. Nuclear Regulatory Commission.

21 Let's go this way.

22 DR. GLENN: Okay. I'm John Glenn, and I'm Chief  
23 of the Medical, Academic and Commercial Use Safety Branch,  
24 and as such, the radiography program comes under my  
25 direction within the office of Nuclear Materials Safety and

1 Safeguards.

2 MR. KAMMERER: Good afternoon, my fellow  
3 Americans. Carl Kammerer, State Programs.

4 MR. GODWIN: I'm Aubrey Godwin; you've already met  
5 me.

6 One sort of administrative announcement. If  
7 you're going to make a presentation, I have a little  
8 microphone for you which will help our recorder. So, you  
9 need to get that before you get to talking.

10 MR. CARRICO: Bruce Carrico. I'm in John Glenn's  
11 branch. I'm the Radiography Project Manager.

12 MR. LAMASTRA: I'm Mike Lamastra. I'm Chief of  
13 the Commercial Section of the Nuclear Regulatory Commission.

14 MR. WALKER: I'm Bob Walker. I'm the head of the  
15 Radio Isotope Licensing System in Canada for industrial and  
16 commercial, and that covers radiography and radiographer  
17 certification.

18 MR. BERNERO: I'm Bob Bernero from NRC. I'm  
19 Director of the Office of Nuclear Materials Safety and  
20 Safeguards.

21 MR. AUTRY: I'm Virgil Autry, Director of  
22 Radioactive Material Licenses and Compliance in the State of  
23 South Carolina.

24 MR. COOPER: I'm Vick Cooper; Kansas Department of  
25 Health Environment.

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1 MR. HARDIN: I'm Chuck Hardin, the Executive  
2 Director for the Conference of Radiation Control Program  
3 Directors.

4 MR. FUENTE: Eddie Fuente, Director of the  
5 Radiological Health Program, state of Mississippi.

6 MR. GOFF: Bob Goff. I work for Eddie, I'm the  
7 Radioactive Materials Branch Director.

8 MR. HILL: Tom Hill. I'm the Manager of the  
9 Radioactive Materials Program, Georgia Department of Natural  
10 Resources.

11 MR. HANRAHAN: Marty Hanrahan, Colorado Department  
12 of Health.

13 MR. AMMON: I'm Gary Ammon, the Radiation  
14 Protection Division, Oklahoma.

15 MS. THOMAS: I'm Sandi Thomas, Program Manager for  
16 the Industrial Radiography Program with the American Society  
17 for Non-Destructive Testing.

18 MR. FEOLE: Bob Feole, Chairman of the Board,  
19 American Society for Non-Destructive Testing.

20 MS. MCBURNEY: I'm Ruth McBurney, Director of the  
21 Division of Licensing, Registration and Standards in the  
22 Texas Bureau of Radiation Control.

23 MS. CARDWELL: Cindy Cardwell, the Texas Bureau of  
24 Radiation Controls.

25 MR. COLLINS: Steve Collins; the Illinois

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1 Department of Nuclear Safety, and I'm in charge of the  
2 Division of Radioactive Materials.

3 MR. SANFORD: Jim Sanford, Louisiana Radiation  
4 Protection Division, licensing coordinator.

5 MR. FUNDERBURG: Bob Funderburg, with the State of  
6 California, Radiologic Health Branch.

7 MR. HENRY: Michael Henry, Inspection Enforcement  
8 in Louisiana.

9 MR. MILLER: Okay. Now, there are other state  
10 people here, and if there's someone here from the public,  
11 you can be introduced, too. But right now, let's start over  
12 here and get the rest of the state people.

13 MR. MCNESS: I'm Jim McNess, Radioactive Material  
14 Compliance with the State of Alabama.

15 MR. KASYK: George Kasyk, Department of Labor in  
16 New York State.

17 MR. TUBERVILLE: David Tuberville with the Alabama  
18 Department of Public Health.

19 MR. GRINSTEAD: Brad Grinstead, Alabama Department  
20 of Public Health.

21 MR. KELLEY: Rick Kelley, Arkansas Department of  
22 Health.

23 MR. NASH: Dan Nash, Office of Radiation Control,  
24 Florida.

25 MR. GERINGER: I'm Jim Geringer. I'm with the



1 Arizona Radiation Regulatory Agency.

2 MR. BUSH: I'm Joe Bush, President of ASNT.

3 MR. TRUMP: Carl Trump, Maryland Administrator for  
4 Construction Inspection Enforcement.

5 MR. PARKER: Roy Parker, general public.

6 MR. FLATER: Don Flater with the Iowa Department  
7 of Public Health.

8 MR. DICHARRY: Donny Dicharry, of ASNT's IRRSP  
9 Rules and Conduct Committee.

10 MR. SCOBLE: Bob Scoble, general public.

11 MR. WORLEY: Raymond Worley, Delta Airlines.

12 MR. NETHERCUTT: Burl Nethercutt, RSO, American  
13 Airlines.

14 MR. SCROGGS: Arden Scroggs, State of Washington,  
15 Manager of Industrial Licensing Section.

16 MR. MILLER: Bob, would you give yours again?

17 MR. SCOBLE: Mine again?

18 MR. MILLER: Yes.

19 MR. SCOBLE: Bob Scoble. Officially, I'm Manager  
20 of Non-destructive Testing for United Airlines.

21 MR. MILLER: Thanks. And the next gentleman?

22 MR. WORLEY: Raymond Worley, NDT for Delta  
23 Airlines.

24 MR. MILLER: Raymond?

25 MR. WORLEY: Worley.

1 MR. MILLER: Spell that last name?  
2 MR. WORLEY: W-o-r-l-e-y, Worley.  
3 MR. MILLER: Okay. And you're from where?  
4 MR. WORLEY: Delta Airlines.  
5 MR. MILLER: Okay.  
6 MR. NETHERCUTT: Burl Nethercutt.  
7 MR. MILLER: We got you.  
8 I think everybody now has been introduced.  
9 DR. GLENN: There's one more.  
10 MR. MILLER: Oh, we have one more. I'm sorry.  
11 MR. WILSON: Ben Wilson, Mobile County Health  
12 Department.  
13 MR. MILLER: Okay. I'm sorry.  
14 MR. WILSON: That's fine.  
15 MR. MILLER: Let me just say this. I did not want  
16 to slight ASNT when I said that we have others here from the  
17 states and then the public. We certainly want everybody to  
18 know that we have several people here from the American  
19 Society for Non-Destructive Testing because they're one of  
20 the ones that are third-party type certifiers, and certainly  
21 we want to especially recognize them in that regard.  
22 Now, let me turn over to my colleague to my left,  
23 how is co-chairing this workshop for the day and a half, and  
24 this is Dr. John Glenn.  
25 DR. GLENN: Okay, in describing the agenda, there

1 will be some structure to it. I think as you can see in  
2 this first session, we have several presentations planned.  
3 Bob Bernero from NRC will talk about certification goals.  
4 Carl Kammerer will review some of the historical past and  
5 briefings of the Commission with regard to this program.

6 And then we're going to ask several major  
7 participants in the certification program to give brief  
8 presentations on the status of activities within their  
9 group. And that will include presentations from the  
10 American Society for Non-Destructive Testing, the State of  
11 Texas, the Conference of Radiation Control Program  
12 Directors, the Organization of Agreement States, and I'll  
13 follow at the end there, and do a little bit of summation in  
14 terms of where the NRC stands right now in terms of progress  
15 towards a mandatory certification rule.

16 The rest of the program will be relatively  
17 unstructured. The intent of this workshop is that everyone  
18 participates, that we jointly arrive at which objectives we  
19 can reach consensus on. If there are issues where there are  
20 differences of opinion, that we identify those. That we  
21 explore possible resolution of any conflicts that come up.  
22 And so, in the second section, Vandy and I will try to draw  
23 out some of those issues, and not try to resolve them at  
24 that point, but see that we elucidate to what the issues  
25 are, make sure that we get some sort of response from each

1 participant in terms of your views on those particular  
2 issues.

And then for the session tomorrow, we hope to have  
3 a tri - workshop, roll up our sleeves, let's figure out what  
4 it is that we can put down on paper as coming out of this  
5 workshop. What is it that everyone agrees we should be  
6 doing, and can we get to an end result that everyone will be  
7 happy with.  
8

9 So, this afternoon, a little bit of structure, and  
10 as we go along, more and more -- Vandy and I should  
11 disappear into the woodwork and you, the participants,  
12 should be providing the insight and leadership.

13 So, at this point, what I'd like to do is get the  
14 program started by introducing Bob Bernero, who is the  
15 Office Director for the Office of Nuclear Materials Safety  
16 and Safeguards.

17 MR. BERNERO: Let me have that little microphone  
18 here. There, that ought to do.

19 The agenda lists my talk as certification goals,  
20 and I'd really like to say what at least are NRC's goals in  
21 this. We're gathered here to talk about radiographer  
22 certification, and I think it's worthwhile if we just review  
23 the history a little bit.

24 Many of you are far more expert in this field, and  
25 far more experienced than I am -- yes?

1 VOICE: Can you slide that up toward the top?  
2 It's hard to see from back here.

3 MR. BERNERO: Okay. How's that?

4 VOICE: That's fine.

5 MR. BERNERO: We've had problems in radiography  
6 for years, and it's no secret -- and I'm sure your data in  
7 individual states is very similar to ours, or has been for  
8 years. There are frequent overexposures. We've seen data  
9 from 1980 through 1988 where 25 percent of all the  
10 overexposures in practices which we license are coming in  
11 radiography with radiographers.

12 The average exposure is almost 500 millirem a year  
13 -- 470 millirem a year for radiographers. Some years ago,  
14 our reactor plants -- the commercial reactor plants -- in  
15 particular, the boiling water reactors, had fairly high  
16 worker exposures. And we really worked on them, and they've  
17 come down quite a bit. But radiographers haven't.

18 And time after time, when we look into matters  
19 where there are overexposures or near misses, we find  
20 failure to follow procedures, failure to use the equipment  
21 that's available. And I recall one particular incident  
22 where we even videotaped the radiographer, and the man was  
23 very well equipped. He had all the equipment he needed.  
24 But we even videotaped him. He just did shot after shot  
25 after shot with no use of the survey meters at all.

1           And the result is, we often find what we call  
2 willful or careless disregard, where people will just go out  
3 and if they think they're unobserved, they will just operate  
4 without following the rules. They know better. They know  
5 better and that's how they end up with the overexposures.

6           Now, for years, we've been tantalized by the idea  
7 of certification to get a higher level of professional  
8 standards, a personal responsibility with the radiographer.  
9 As you all know, the licensee, the company that employs the  
10 radiographer is responsible, and if we're going to enforce  
11 for bad operations, we end up citing the company. And this  
12 concept of certifying a radiographer, almost like licensing  
13 the person, gets -- we hope -- a better level of  
14 professional performance. The people view themselves as  
15 qualified, trained and certified people to do what is  
16 basically a dangerous job. It can be done safely, with  
17 proper care and proper equipment. That's our hope.

18           I might add one thing here. It's an interesting  
19 piece of data. The overexposures we have had in the NRC  
20 database have averaged about four per year. Since the  
21 equipment rule went into effect, we haven't had an  
22 overexposure. That's January of 1991 till now, we haven't  
23 had one reported. That's a very interesting point.

24           Our attitude is not weakened though. We can't  
25 prove that certification saves person rem, or reduces



1 overexposures. But we think we've gone as far as we can go  
2 with equipment, and what we're trying to focus on now is the  
3 professional standard.

4 Now, if we look at some alternatives, sometimes as  
5 a bureaucrat I feel the best thing is the status quo. I  
6 don't have to do anything. And the status quo would be what  
7 we have now. It's certainly, from our point of view at NRC,  
8 in the near-term, with the narrow focus, would be the least  
9 costly approach. We wouldn't have to do any rule making, we  
10 would just have to carry on with our observation,  
11 inspections, enforcement and so forth.

12 Now, it would have no national program of  
13 certification. There would be voluntary effort only. And  
14 in a few places there are examinations -- Texas has a  
15 program, has had a program for some years now -- and it  
16 would be relatively easy from a bureaucratic point of view  
17 for us to sit back and just say well, let's ride, let's  
18 observe, let's gather data and see what's happening.

19 Another alternative, -- and it's certainly --  
20 every once in a while when I talk to commissioners, they  
21 start thinking this might be a good way -- is what one might  
22 call sort of a licensing program, where we would try to go  
23 out and have a direct certification, qualification sort of  
24 role with the individual radiographers. And by we, I mean  
25 the NRC. And, of course, what that would mean is, then we

1 would have to have some rather intricate arrangement with  
2 the agreement states, because of the way radiography is  
3 regulated, both through NRC regulation and agreement state  
4 regulation. I believe this is evidently the most resource  
5 intensive way to do it, and it would be very costly for us,  
6 and for the regulatory authorities in the states if they  
7 tried to follow the same pattern in some sort of very heavy  
8 or formal licensing program for individuals. And sooner or  
9 later, the cost will have to be paid. And fees, or structure,  
10 or something would be a very costly thing, I think.

11 And so we haven't been interested in that. We  
12 have been interested in third-party certification -- in a  
13 third party, or some third party certification. Now it is,  
14 as a matter of law, a rather simple thing to say that it is  
15 not likely that NRC could ever take one third party and say,  
16 okay, that's the only game in town. This is the only third  
17 party that's certified. But there's a certain amount of  
18 sense to having a national program. In order for this to be  
19 successful, if it's going to achieve the benefit of national  
20 relatively standard program and lower cost, it's not going  
21 to be many third-party certifiers.

22 The difficulty is though -- and there's always  
23 this tension -- if you have a party, a third party --  
24 independent third party as a certifier, what if that party  
25 drops the program? You can build your structure around it.

1 the regulatory framework that takes advantage  
2 of that and then you're vulnerable, because that party can  
3 drop that program.

4 Now, we favor third-party certification. We're  
5 here, we're trying to talk with all of you and make some  
6 constructive resolution. And when John says this is a --  
7 John and Vandy both said this will be relatively  
8 unstructured. I hope that it's structured enough to touch  
9 on these issues, because these issues are crucial. At least  
10 some of these issues have to be resolved if any meaningful  
11 progress and any meaningful decision is possible.

12 The examination that's involved in certifying  
13 radiographers, who develops it, how is it maintained -- I  
14 think it's a well-known issue. It's a difficult thing to  
15 have the same level of standards across the board for a  
16 national program.

17 The way we regulate -- I was telling our colleague  
18 from Canada that the way we regulate in the United States  
19 can sometimes be complicated. We have -- more than half of  
20 our states are Agreement States, and we have to face the  
21 issues of compatibility. And radiography businesses are  
22 conducted across state lines, as you all know, and so a  
23 radiographer might do business one day in an Agreement  
24 State, another day in an NRC state, and be going back and  
25 forth.

1           This raises real issues with how is the  
2 radiographer certified and do the individual jurisdictions  
3 recognize that certification. The regulatory oversight is  
4 not simply regulatory oversight of radiographers that's at  
5 stake, there's also the regulatory oversight of  
6 certification. If a third-party is certifying  
7 radiographers, those regulatory authorities -- the NRC and  
8 the Agreement States -- have to have some sense of  
9 reliability, some ability to observe and to monitor the  
10 conduct of such certification.

11           And then, in particular, when you have a  
12 certification process, there has to be a meaningful way to  
13 communicate and to interact on how to deal with  
14 radiographers who violate their certification, who offend  
15 against whatever principles are involved. How do you  
16 enforce? What do you do? What authorities come in? Do you  
17 pull the certification? What does that mean to the  
18 radiographer with respect to his or her employment, or his  
19 prerogatives to work? What does it mean to the company  
20 involved? These are very difficult issues on how there is a  
21 database and a communication system, and how there can be  
22 appropriate regulatory recognition if a radiographer is  
23 suspended.

24           Now, as I said, I hope all of these issues and any  
25 others that are of concern to you are brought up and covered

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1 in this workshop. We talked about this workshop for some  
2 time, and a few months ago Carl Kammerer and I were talking  
3 about it and said, boy, this -- we really need to get  
4 together with all of the key parties, all of the principals  
5 -- ASNT, the various state authorities -- in order to get  
6 these issues on the table and talk them through. I think  
7 there is great promise here. I think the National  
8 Radiological Control Program and NRC and the states share in  
9 that national regulatory program. I think it stands to  
10 benefit greatly from having a national program of  
11 third-party certification. I hope we can have meaningful  
12 discussion today and thrash these issues out.

13 Thank you.

14 MR. MILLER: Let's give Bob a big hand for those  
15 remarks.

16 (Applause.)

17 MR. MILLER: Now we want to call on our fellow  
18 American to give a few remarks now, and I just want to say  
19 that the day that Carl left Bob Bernero's office, he was  
20 really fired up about getting this workshop under way. We  
21 put this workshop together about as fast as any workshop has  
22 ever been put together in NRC, once they had this meeting,  
23 because they knew that there were some key issues that we  
24 needed to put on the table.

25 And so, I'm sure he's anxious now can give you a

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1 few comments at this time. Our Fellow American, Carl  
2 Kammerer, Office Director of State Programs.

3 MR. KAMMERER: A pretty formal and high-powered  
4 introduction, here.

5 One of the things that always impresses me  
6 whenever we meet like this is to look around the table and  
7 see the awesome credentials that are brought to the issues  
8 that we're discussing. And it is also true here. Are we  
9 having a complaint?

10 MR. MILLER: No.

11 MR. KAMMERER: So, I just wanted to touch on a few  
12 things about the ancient history, and so this will be a  
13 little hysterical, if not historical, as we talk through  
14 this.

15 The workshop today is built to have better  
16 communications between all of the parties that are seated  
17 here. That's an important product to work on here.  
18 Radiographer certification program for the industry has been  
19 a subject of discussion for over four years here at this  
20 kind of -- we have never had this kind of a workshop, but  
21 since we met in 1989 at the Commission where many -- or some  
22 of the folk that are represented around this table were  
23 there -- Texas, ASNT, NRC staff, Conference Radiation  
24 Control Program directors and so on. But we all know that  
25 something better has been needed for the last 10 or 15



1 years, and so the effort that's been under way is one in  
2 which we can hope that we'll achieve these objectives.

3 In early '89 is when the Commission had that  
4 briefing, and it was a fairly decent plan laid out in front  
5 of the Commission, where everybody agreed that here is  
6 something worthwhile doing. And all five commissioners said  
7 that that's a solid beginning; get out there and do that  
8 voluntary two-year effort and see where we can go. And so,  
9 we're closing in on where we are here today.

10 In December of 1990, representatives from the NRC,  
11 the CRCPD and the State of Texas met with ASNT management to  
12 discuss the radiographer certification program, and review  
13 the commitments made in a 1989 Commission briefing. The  
14 third-party radiographer certification concept is viable,  
15 and there's been a lot of excellent work that has gone on in  
16 the last several years. But after this workshop, NRC will  
17 be in a better position to establish criteria for a  
18 third-party certifier.

19 Third-party certification of A radiographers  
20 should not be much different from any other professional  
21 certification recognized by regulators. And our purpose is  
22 to use a national radiographer certification to improve  
23 radiographer safety. I think we can get there from here.

24 So, for today, it is hopeful that all the issues  
25 will be placed upon the table, and that after which we can

1 take each of the issues and begin to settle on them and sort  
2 of clear the decks -- clear the air for sure. Clearly, no  
3 one should be defensive about raising any issue. It's  
4 important to bring them to this table and to have them  
5 ventilated -- if not violated -- and have some discussion of  
6 those so that we can close on resolution.

7 Figuratively and actually literally, we need to  
8 roll up our sleeves and get to work. This is the team --  
9 the team that's around this table here. We have the  
10 knowledge to build the nation's first and only, and  
11 therefore, best program. Some cautions are necessary  
12 however.

13 If you think with me about a narrow street, it is  
14 so narrow that only one vehicle fits on it. And so to bring  
15 that to the context of this meeting today and tomorrow, it  
16 is important then that not only that we're on that same  
17 road, but that we're there at the same time, and we're also  
18 going the same speed, but most importantly, we're all going  
19 the same direction. You can see the confusion that would  
20 occur if some of us were headed in the opposite direction.

21 So this afternoon, I'm hopeful that -- and  
22 tomorrow -- that we can reach closure on all of the issues  
23 which divide us, thus enabling constructive dialogue on the  
24 basic elements of a reasonable list of criteria. So  
25 hopefully, our focus can be on the what-is -- what are we

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1 doing today, and what will we be doing for the rest of the  
2 tomorrows instead of a focus on the past and some of the  
3 horror stories of the medieval times as to radiographer  
4 certification.

5 So with that, I swing it back to John.

6 DR. GLENN: Thank you very much, Carl.

7 The next set of speakers that we have are those  
8 people who have been directly involved with the radiography  
9 certification. ASNT, who has a certification program that  
10 is in place now, which is recognized by the NRC as a  
11 voluntary program for meeting part of the training  
12 requirement. We have the State of Texas who pioneered in  
13 terms of developing an examination and doing independent  
14 testing of radiographers. We have the Conference, and the  
15 Organization of Agreement States, all of whom will be making  
16 presentations.

17 I'm particularly happy about having this workshop  
18 because, since Glen Sloacom left about a year ago, I have  
19 inherited the duty of sort of going to both groups and  
20 trying to represent the NRC position. And being in the  
21 middle is not always a comfortable position. I feel much  
22 more comfortable here. We're all around the table, we can  
23 all say something, and be heard by everyone else. We can  
24 have two-way and three-way discussions.

25 So, the first presentation this afternoon will be

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1 by the American Society for Non-Destructive Testing. The  
2 Chairman of the Board for ASNT, Bob Feole, is here. I am  
3 assuming you're going to be making the presentation?

4 MR. FEOLE: Yes. Ladies and Gentlemen, good  
5 after..oon. I want to thank the NRC for inviting us down,  
6 and the people from CRCPD for being here to listen to us.  
7 Basically we'd like to tell you where we are, and then  
8 entertain your questions and so on to help us with the  
9 program.

10 We have three speakers. Basically, I'll be  
11 speaking first on the mission of ASNT and who we are. Sandi  
12 Thomas, our Program Manager, will be speaking on the program  
13 and some of the statistics that we have gotten in the past  
14 couple of years of giving exams and so on. Then our  
15 President, Joe Bush, will be speaking on some of the issues  
16 that we have been faced with over the past few years. And  
17 we'll be glad to -- I don't know, I guess later on, we'll be  
18 able to -- you'll be able to ask questions of us, but we'll  
19 be glad to answer any types of questions that you might  
20 have.

21 But what we want to do here is to be able to gain  
22 national respect and reciprocity among all parties that are  
23 here -- ourselves, the NRC, CRCPD and so on -- so that we  
24 can put a package together that will help everyone.

25 We've been working on this program -- we began the

1 program back in 1987. In fact, around April of '87 the  
2 Board approved the beginning, and the NRC came to ASNT and  
3 asked us if we were willing to get involved with the  
4 program, and at that time, we decided that we would look  
5 into it and we've been working with the program ever since.  
6 So, we've been at this program for about five years now,  
7 putting it together.

8 The mission of ASNT itself is to provide the form  
9 for exchange of NDT technical information, so that we can  
10 get information out to you, the people out in the field in  
11 the NDT market, if you will.

12 The second one is to provide NDT educational  
13 materials and programs, so that we can help with the  
14 educational end. And this all falls under -- or the IRSP  
15 program falls under this.

16 The third one would be to provide training  
17 standards service for the qualification and certification of  
18 NDT personnel. And that's where we are here, to try to help  
19 certify people in the program. To promote discipline of NDT  
20 as a profession, and we all need to professionalize the  
21 total package that we're trying to put together here, so  
22 that it is a professional package that people can use.

23 And the last one is to facilitate and promote NDT  
24 research in the application of NDT technology.

25 Now as far as the certification program itself, we



1 have been in the certifying business since the '60s. In the  
2 '60s we came out with the -- in 1962, we began working on a  
3 certification program for our own NDT people. We had a  
4 level one, a level two and a level three -- different levels  
5 of certification for the NDT personnel, being in  
6 radiography, ultrasonic examination, mag particle  
7 dipenetrance, eddy current and so on.

8 Since then, we've worked diligently to continue to  
9 better the program, which we have done. And in, I would say  
10 about 1987, we started on a new program for our level three  
11 program, which we now have in place and working. I have a  
12 copy here and people can take a look at it, but it's to show  
13 you that, number one, we have been in this business for a  
14 long time. And this is the -- this is our certification  
15 program for level three certification.

16 We are now presently working also on a level two  
17 voluntary certification of NDT personnel. So this shows  
18 that we have been in the business, and we continue and will  
19 continue to be in the business of certification.

20 We would like to help in every way we can. And we  
21 believe we have a good program and a program that is  
22 definitely to benefit everyone.

23 So with that, I will turn it over to Sandi Thomas  
24 who will explain a little bit about the program.

25 MS. THOMAS: Can I sit here, or would you like me



1 up there?

2 MR. MILLER: Well, why don't you come up here,  
3 because a lot of people have -- you have your back to a lot  
4 of people back there and you have a lot to say and this way  
5 everybody can see you and hear you.

6 MS. THOMAS: As Bob said, we started our program  
7 -- working on our program in 1987. And in the spring of  
8 1990, the Board of Directors and the NRC approved our  
9 certification program.

10 I have brought 40 copies -- I don't know if I have  
11 enough, I'll be glad to bring more copies if you'd like to  
12 pick one up before you leave, and perhaps you can leaf  
13 through it and we can discuss it tomorrow afternoon, or  
14 tomorrow morning, or at your leisure.

15 This contains the certification requirements. It  
16 talks about renewal. It talks about suspension, revocation,  
17 our rules of conduct and complaint and hearing procedures.

18 Since we began -- since this was approved in 1990,  
19 we entered into a contract with the State of Texas for the  
20 use of their exams in the fall of 1990, and we gave our  
21 first exam in January of 1991. Since then, we've tested  
22 about 300 people, and we've certified about 200. We have  
23 100 people that we haven't certified.

24 We have a few problems verifying training. That's  
25 one of the issues that I hope we can talk about. It seems

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1 that pre-1981 years training requirements were different  
2 than they are now. So, it's a problem that we have.

3 ASNT would like to develop their own exam. We  
4 have been in the process of developing its own exam;  
5 however, we wouldn't expect to use it without a proper  
6 validation process. One of the -- one of the means -- a  
7 couple of the recommendations that ASNT would like to make  
8 to validate the exam is to let the states participate in the  
9 validation process. Perhaps you can appoint some people to  
10 participate in the examination and then therefore, you can  
11 come out with an exam that we can all agree to and live by.

12 We could go to a technical school such as  
13 Hutchison, or Don Bosco in California and maybe give an  
14 examination -- maybe give our examination there. What we're  
15 here today for is to try and find out what you would like to  
16 do. What is appropriate where everyone can come together  
17 and come to a consensus to where we can grant reciprocity  
18 across the board and everybody can recognize each other's  
19 program.

20 And with that, I'm going to introduce Joe Bush,  
21 ASNT's President.

22 MR. BUSH: Well, good afternoon. I'm extremely  
23 pleased to see the participation in this workshop. The --  
24 it's just what we hoped at the NDTMA meeting last February  
25 when we spoke with John Glenn, and while we didn't

1 anticipate such a workshop, we did ask for a meeting with  
2 all the concerned parties so that we could address certain  
3 issues, maybe put to rest some misnomers about ASNT and the  
4 particular program that we had.

5       Anyway, my job here today is to identify some  
6 issues; some of the issues you have previously seen that Bob  
7 has presented up here. However, I would like to go through  
8 about eight particular issues that we would like all parties  
9 concerned to put their concerns on the table during this  
10 workshop. Some of these -- we've got some proposed  
11 solutions, we think. Some of them, the NRC has proposed  
12 solutions for. Unfortunately, it took this long to get to  
13 this type of a meeting. I wish it could have happened a  
14 couple of years ago.

15       The first concern that we have is the need for a  
16 complete reciprocity. The ASNT program, we feel, should  
17 really be acceptable in all the states. That doesn't mean  
18 to say that we, as a society, are -- want to be the only  
19 people to help safety in the radiography industry and give a  
20 test and certify. We would just like to have our program  
21 recognized and acceptable by all the states in the Union.

22       A means for rapid enforcement is another one. In  
23 order for the program to be successful, we feel the need to  
24 have this area developed further. Enforcement must be rapid  
25 and effective. ASNT's program requires government

1 participation by the NRC and by all the Agreement States.  
2 The degree of participation and information sharing, things  
3 of that type, still are in an ongoing development stage, and  
4 at this point, we feel that the input from this workshop  
5 would be extremely helpful.

6        Nationwide communications of sanctions. There  
7 must be a means for communication of decertification, as  
8 well as certification, on a national basis. In other words,  
9 with our program, we would like to have enough information  
10 sharing so that if a radiographer that has participated in  
11 our program is decertified, he's as well known as being  
12 decertified as he is by being certified. And we think  
13 that's another extremely important thing. Both  
14 certification and decertification, we feel, must have the  
15 acceptance of all the states in the Union, whether they be  
16 NRC or Agreement States.

17        The licensee's involvement in enforcement. Now  
18 this is a topic that so far has not been included in any  
19 discussions with ASNT, inside of ASNT, and as far as I know,  
20 outside of ASNT. We feel that the employer has to be a key  
21 element in the process. Somehow he has to buy in.  
22 Supervision of radiographers is as important as training, or  
23 testing, or other things that we do. So there has not only  
24 to be a buy-in from all parties involved here today, but  
25 also I'm afraid today that maybe while we do have some

1 representatives of the industry, that maybe some more  
2 participation from the industry so that we have a buy-in of  
3 that particular program.

4 The examination, qualification, validation and  
5 security requirements. Should ASNT implement its own  
6 examination sometime in the future? What would be required  
7 in the way of validation? What would be acceptable to  
8 everyone, to have a validation process of this examination?  
9 And there may be the opportunity in the future -- in future  
10 discussions with CRCPD and the State of Texas -- which would  
11 diminish the need for ASNT to consider its own exam; such as  
12 administration issues and the cost-effectiveness to the  
13 industry. I don't think anybody can argue with having  
14 something that's cost effective for our industry as need be.

15 Formal training and practical examination  
16 verification is another extremely important issue. The need  
17 to verify training and identify practical examination  
18 requirements must be addressed, and determined what would be  
19 acceptable to all states. We are looking forward to having  
20 everyone put their concerns on the table in this area during  
21 the workshop.

22 Agreements for regulatory oversight. Oversight  
23 requirements must be defined. We have a draft oversight  
24 agreement that the NRC has inputted; however, up to this  
25 point, there really -- other than a few of our fellows here

1 at the table looking at us, and the State of Texas looking  
2 at us through our contract, we really haven't had an  
3 oversight -- we need to define and to complete our oversight  
4 agreement so that we have regulatory oversight in this area.

5 And the need for industry participation, which I  
6 previously mentioned.

7 In summary, these issue, as well as previously --  
8 as issues previously documented in our correspondence back  
9 and forth with the NRC in January and February, we would  
10 like to develop and have a workable and effective program to  
11 improve safety in the radiography industry.

12 DR. GLENN: Thank you very much, Joe, Sandi and  
13 Bob.

14 Okay, the next presentation for this afternoon is  
15 to be given by the State of Texas. Ruth McBurney, I guess,  
16 will give that presentation.

17 MS. MCBURNEY: We're glad to be here this  
18 afternoon to participate in this workshop, and I hope that  
19 we all get a lot out of it.

20 As most y'all know, the State of Texas has also  
21 been involved for a long time in the concerns of training  
22 and the proper equipment of industrial radiographers. We  
23 had representatives on a couple of steering committees back  
24 in the early '80s working on these issues.

25 In 1986, we sort of took the bull by the horns on



1     trying to address these, and adopted some rules -- in  
2     October of 1986. Our objective in doing so was to assure  
3     that radiographers were properly trained and equipped, and  
4     to give some sort of degree of individual responsibility to  
5     the individual radiographers.

6             The rules package included requirements for  
7     training in an approved training course. That meant that if  
8     a company were to do an in-house training program, we had to  
9     assure that they were going to cover all the parts mentioned  
10    in Appendix A, and they had to give us procedures on how  
11    that training was to be done.

12            For commercial training programs, we either  
13    license them or register them, depending on whether they use  
14    actual sources in their training program. If they do use  
15    sources, of course, we would license them for the training  
16    course, and otherwise we register them as a service. We  
17    actually audit the commercial courses as part of the  
18    approval process.

19            The other -- another part of our rules package  
20    included requiring an examination of each individual  
21    radiographer in order to be classified as a radiographer.  
22    Applications had to come in showing that they had received  
23    the training, and then we actually administered the exam.

24            Another portion of the rule was that they had to  
25    demonstrate the capability of the use of their equipment.

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1 This would be like an applied test done by the company, but  
2 the company had to make sure that that also is done.

3 We did put in enforcement procedures so that  
4 individual radiographers, as well as the company, would be  
5 subject to our escalated enforcement actions. Individuals  
6 could be issued notices of violation, or be subject to  
7 suspension or revocation of their identification card.

8 We've had several -- over the last two years,  
9 we've actually taken enforcement action against several  
10 individual radiographers where we either suspended their  
11 card, had them have additional training and show that --  
12 there are several types of enforcement actions, of course,  
13 that we can take against individual radiographers, as well  
14 as the company.

15 Implementing those at the same time we implemented  
16 rules that required improvements in equipment, and we also  
17 put in a rule requiring two persons in field locations, for  
18 field radiography. We had a good response from the industry  
19 since we have implemented the program. We've had very good  
20 cooperation when there have been violations.

21 I might mention also that in Texas, our fees are  
22 based on the cost that it takes -- the cost to us to  
23 implement any particular licensing action, or in this case,  
24 to credential or certify the radiographers. And our fee has  
25 been established at \$50. That's what we have determined

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1 that it costs us to actually go out and test the  
2 radiographers, to develop new exams and so forth.

3 Then as a part of the renewal, we require a  
4 retest, so that after five years, they've got to make sure  
5 that they're still fresh.

6 We have in our item bank about 700 to 800  
7 validated questions. What we mean by validation, in the  
8 validation process -- it's quite complicated -- but we had  
9 input from -- early on from a psychometrician who assisted us  
10 in telling us how to validate the questions. Before we  
11 actually -- other than the pilot exam -- we gave the exam  
12 several times for free to -- invited groups from industry to  
13 actually start the validation process.

14 Looking at how the outcome was on each individual  
15 question from those, we started our item bank. Now as we  
16 add more questions, we give a hundred-item exam, but we  
17 actually ask 125 questions. The other 25 are mixed in  
18 there, and they don't know which ones are which. But those  
19 25 are for validation purposes only, so that we gather  
20 information and data and are able to go through and see how  
21 those stack up from, you know, the highest scoring people to  
22 the lowest scoring people, how they did on those particular  
23 items. So, until an item is validated, it does not go in  
24 the scoring process for an exam question.

25 We also plan to revise several of the questions

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1 once we adopt the equivalent to 10 CFR Part 20, because that  
2 will change some of the rule-related questions on the exam.

3 We also developed a database of information on  
4 each individual radiographer; how many times that person  
5 failed the exam, how many times they've taken it, and then  
6 we're adding compliance data as that has become available --  
7 any overexposures, and so forth.

8 Since we started testing and credentialing  
9 radiographers in January of 1987, we have tested 4,051  
10 individuals. Of those, 3,950 of those were radiography  
11 personnel. The others we gave at the Agreement States  
12 meeting. We've given to NRC personnel, the state people, to  
13 our staff. We wanted our staff to also be able to pass the  
14 radiography exam if they were going to be out there  
15 regulating them.

16 So right now in our database, we have 3,130  
17 certified radiographers, or credentialed radiographers. The  
18 difference in the 3,950 and the 3,130 constitute the  
19 retests, the failures, radiographers that started with  
20 taking an x-ray exam only and then added radioactive  
21 materials, or those sorts of people.

22 We don't know what the impact is of -- the total  
23 impact of the testing and credentialing program. However, a  
24 review of the incident reports from 1986 to 1991 to  
25 determine an impact of the total measures -- the rule-making

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1 that we made in 1986, indicates that we have had a 25  
2 percent reduction in the reported overexposures to  
3 industrial radiography personnel. And unlike NRC, we've had  
4 more than four overexposures per year reported prior to  
5 that. In fact, they -- radiography licensees constitute or  
6 account for about 36 percent of all reported overexposures  
7 in Texas, and that includes nuclear cardiologists -- the  
8 other percent.

9 As Sandi mentioned, we did contract with ASNT in  
10 1990 and begin testing under contract in early 1991 and  
11 around 250 to 300 people have been tested in that program.  
12 So we do believe in Texas that we had a very good success in  
13 our certification program, and we think that it could be  
14 adapted with minor modifications in our rule to a complete  
15 certification program that could be acceptable in other  
16 states or under reciprocity.

17 I would like to mention that right now, since  
18 there is no other program for us to accept under  
19 reciprocity, we do require radiographers coming in from out  
20 of state, under reciprocity, that after their initial visit  
21 to the state, they have 90 days in which to have any  
22 radiography personnel tested under our program.

23 If you have any questions, I would be happy to  
24 answer them.

25 (No response.)

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1 DR. GLENN: Okay, Ruth, thank you very much. I  
2 think that probably we'll move on. I think there will be  
3 plenty of opportunities for questions. You certainly raised  
4 some issues that I think we will want to explore further,  
5 especially with you and ASNT.

6 Next on the program we have the Conference of  
7 Radiation Control Program Directors, and Charles Hardin will  
8 speak to that.

9 MR. HARDIN: Thank you. I too want to say how  
10 pleased I am to be at this meeting.

11 I directed a radiation control program for about  
12 20 years before taking the position I now have, and the only  
13 life threatening exposure that I dealt with when I was at  
14 the state happened to be with an industrial radiographer.  
15 So we do have a very serious potential for public health  
16 exposure, and we in the states, that's our major goal and  
17 objective, and I hope this group focuses on what our real  
18 goal is, to not only protect the radiation worker, but also  
19 in the case of my experience, there were several other  
20 individuals beyond the worker who were exposed.

21 What I'd like to do is to give you a little quick  
22 description of what the Conference of Radiation Control  
23 Program Directors is, then give you a little role -- what we  
24 have as a role in this whole picture, and what is the status  
25 of that role.



1           The Conference is an organization representing  
2 each of the state radiation control program directors in the  
3 United States. Be they an agreement state with the Nuclear  
4 Regulatory Commission, or a non-agreement state. I might  
5 say our interest is not only in safety and use of  
6 radioactive material, but also the use of x-ray machines,  
7 which are used by some radiographers.

8           The organization now makes up approximately 680  
9 state people, as well as interested people in radiation  
10 safety. We're administered by a board of directors, and  
11 incidently we have three of the board members right here  
12 today with me, and if any one of them wants to speak when I  
13 get through, they're certainly invited to do so. Aubrey is  
14 our chairman. Don Flater, sitting back there, is the  
15 chair-elect, and Ruth McBurney is the treasurer. So we do  
16 have board members here today if you all would like to ask  
17 any additional questions about the organization.

18           Back -- I believe it was about 1989, the State of  
19 Texas said to us, the Conference, that rather than having to  
20 go into a separate agreement with each state that had an  
21 interest in certifying or licensing or recognizing --  
22 whatever the term one might use -- rather than having to go  
23 in with an individual agreement with those, they preferred  
24 to have one entity to deal with. They asked our  
25 organization if we would be interested in brokering their

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1 test, their examination, to those states that were  
2 interested.

3 We did a survey in December of '90, and at that  
4 time, there were some 26 states who indicated an interest in  
5 performing some type of recognition program -- either  
6 licensing, certification, or in the case of Texas, an ID.  
7 Of that 26 that indicated interest, 24 indicated they would  
8 use our services.

9 Now also in a moment, I'm going let Cindy Cardwell  
10 talk -- she is Chairperson of our Industrial Radiography  
11 Committee -- and I think they've done a more recent update  
12 study to get some better statistics than that. But you can  
13 see, at least in 1990, there were a substantial number of  
14 states who had interest in performing some activity in this  
15 area.

16 So, with that request made to us, the Conference  
17 then did go into an agreement with the State of Texas to  
18 broker their examination. We -- after that agreement was  
19 signed between the Conference and Texas, we then developed  
20 draft agreements that could be brought together between the  
21 Conference and the individual states who desired to use our  
22 services.

23 The status of that program is that, right now, we  
24 have two states, the State of Iowa and the State of  
25 Oklahoma, for which we do have agreements. And we have an

1 inquiry -- much interest by the State of Illinois to utilize  
2 our service. Simply what we do is to obtain the test from  
3 the State of Texas, broker it through our organization to  
4 the state of interest, and that state then directly  
5 administers the examination. Our organization does not  
6 administer the test. The state administers the test. We  
7 only provide the service of obtaining the Texas test for  
8 them.

9 So that's the situation, and the role that we have  
10 as an organization. As I said earlier, we do have a  
11 Committee on Industrial Radiography, which is chaired by  
12 Cindy Cardwell, and I think she has some additional  
13 information. I would like to turn the microphone over to  
14 her -- Cindy, and let you continue.

15 MS. CARDWELL: Thanks, Chuck.

16 Can you hear me from here?

17 THE REPORTER: I can, if everybody else can.

18 MS. CARDWELL: That's fine.

19 The committee that Chuck was speaking of is the  
20 G-34 Committee on Industrial Radiography. It was created by  
21 the Executive Board of the Conference almost two years ago.  
22 The membership is made up of myself, Don Flater from Iowa,  
23 Paul Brown from Illinois, and as advisors, Mike Henry from  
24 Louisiana, Ed Bailey from California and Walter Coffey from  
25 Florida.

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1           The committee has been very active in the last  
2 year. Several of the charges of the committee -- we have  
3 several charges -- but two of the more important ones I  
4 feel, at this point are, number one, to stay informed and  
5 keep up with what's going on in terms of industrial  
6 radiography certification across the nation from all  
7 entities. And then in turn, to keep the membership  
8 informed, and therefore represent their opinions on  
9 certification. And that's what we've been busy doing this  
10 past year.

11           Don Flater of Iowa has made two presentations  
12 concerning views on industrial radiography certification;  
13 one to ASNT at their annual meeting and the other to the  
14 NDTMA at one of their annual meetings.

15           Again, Chuck mentioned we sent out recently a  
16 questionnaire to try to get a more recent feel for where the  
17 states stand, and how they feel about certification; whether  
18 it's the ASNT certification, rulemaking -- NRC rulemaking  
19 concerning certification, or developing their own. And I  
20 think we've got some really good information and input back,  
21 now that the states know a little bit more than what they  
22 did before, when Chuck did the original survey from that.  
23 And Tom Hill is going to give some information on what the  
24 results of that questionnaire were. But that's one of our  
25 activities that most recently I think has been very

1     productive.

2             We've had a couple of meetings. One most recently  
3     in Orlando last week, and I was real proud of what happened  
4     there. We had a lot of significant and substantial  
5     discussion among the members that were there. Also, at that  
6     meeting, there was an NRC representative, Jim Myers from the  
7     State Agreements Program, and Donny Dicharry, representing  
8     SPEC (ph) out of Louisiana.

9             There were a lot of discussions of the issues, and  
10    it was the issues that Mr. Bernero identified early on. All  
11    of those issues were discussed, and I think we raised a lot  
12    of ideas, a lot of things we can work towards. I think a  
13    lot of this is real -- it's a real workable situation, if we  
14    can get a lot of these issues identified and resolved.

15            And so, I anticipate the committee is going to be  
16    very, very busy the next year, and we they will be glad to  
17    provide any kind of input, or use the committee as a means  
18    of trying to gather data, if any of you feel that we need  
19    the need for that.

20            DR. GLENN: Okay, thank you, Cindy and Charles  
21    very much. I think clearly the Conference -- in terms of  
22    what we're really talking about, a national program in terms  
23    of its workability, the Conference certainly has a major  
24    role to play here.

25            For the Organization of Agreement States, Tom Hill



1 will make a presentation.

2 MR. HILL: Thank you very much for coming. I'm  
3 glad to be here, and I hope that the information that I give  
4 you, that was developed, as Cindy said, by the G-34  
5 Committee of the Conference -- let me get rid of some of  
6 these extra pieces of paper here that I'm not going to need  
7 -- will give you a feeling of where the states are on  
8 certification of radiographers.

9 At the agreement states meeting last October, the  
10 states received a report on the Part 34 rulemaking from NRC.  
11 The states were disturbed by what they heard, for example,  
12 what does national in scope mean? Would NRC recognize state  
13 certification programs? And the statement that the fewer  
14 programs, the better.

15 As was customary, the agreement states -- after  
16 the agreement states meeting, I sent a letter to Chairman  
17 Selin and expressed our concerns. Let me read you what was  
18 in my letter to Chairman Selin, and the response.

19 "Radiography certification. During the final  
20 session of the meeting of the states, we were updated by the  
21 NRC on the status of certain rulemakings.

22 On the status of Part 34 to CNCFR, we heard that  
23 to qualify as a radiographer certifying agency, the agency  
24 would have to be national in scope. This seems to exclude  
25 states from developing programs for certification of



1 radiographers. If so, this gives us great concern.

2 Also resulting from the presentation, the question  
3 and answer session which followed, and because of comments  
4 made at the October 27th public session, we believe that  
5 there are other uncertainties regarding NRC's plans for the  
6 program. At the concluding workshop on October the 20th,  
7 the agreement states made recommendations for future  
8 workshops. One of those was a workshop on radiographer  
9 certification."

10 The response that the agreement states received  
11 stated that, "At the Sacramento meeting, NRC staff stressed  
12 the need for a national program by radiographer certifying  
13 agencies, and may have failed to clearly separate two  
14 aspects of the question that was on the floor.

15 First, a proposed criterion being that a  
16 certifying agency for the NRC's program would need to  
17 provide its services on a national basis.

18 Regarding the second issue of reciprocity and  
19 recognition of programs developed by agreement states, the  
20 NRC staff has not proposed to exclude states from developing  
21 programs for certification of radiographers. The issue of  
22 holding a workshop on radiography certification is being  
23 considered by the staff, along with several others."

24 The following are nine of the eleven questions  
25 that were asked by the G-34 committee.

1           Thirty -- 70 -- let me make sure I get it right --  
2   74 percent of the states responded to the survey, 25  
3   agreement states, and 12 non-agreement states.

4           Let me make another comment that as far as the  
5   concern that we mentioned at the meeting, when the  
6   announcement came out and listed items that was being  
7   considered by NRC for inclusion in the rulemaking, there was  
8   some additional concern there, based on the statement that  
9   it was to be a national program, and to be done by a society  
10   or organization.

11           With that background, let's talk about the  
12   questions. The first question was asked, the results about  
13   -- almost a third of the agreement states plan to conduct  
14   their own certification program. UN is undecided -- yes, no  
15   and undecided.

16           Next question please, sir.

17           Almost one-third of the agreement states  
18   anticipate initiating a radiography certifying program, even  
19   in the absence of an NRC rulemaking.

20           Next question.

21           Over one-half of the agreement states plan on  
22   contracting with CRCPD. Twenty-five states -- eighteen  
23   agreement and seven non-agreement states plan to contract  
24   with CRCPD.

25           I can only interpret the difference in the states'

1 response to this question, versus the 10 or 12 in the  
2 previous two questions, as being that the states assumed a  
3 certifying program would be required and that it would be  
4 required to be compatible. It appears that some states will  
5 not implement certification programs unless certification  
6 requirements are placed on radiographers by NRC.

7 Next question. Question 4.

8 Only one agreement state, Texas, plans to develop  
9 independent exams.

10 Question 5, please, sir.

11 One-half of the agreement states currently have  
12 legislative authority to implement a certifying program for  
13 industrial radiographers.

14 Next question.

15 Eight-three percent of the agreement states  
16 require rulemaking before implementing a certification  
17 program.

18 Question 7.

19 One-half of the agreement states do not need  
20 legislative action to make rule changes.

21 Question 8, please, sir.

22 Almost half -- almost a third. I've got a number  
23 wrong here. Almost a third of the agreement states are  
24 currently working toward radiographer certification.

25 Question 9, which I do not have a slide for, says,

1 if your answer is yes, what have you done. I did not  
2 include that.

3 Question 10, which I did not include in my slides,  
4 asks how many companies come into your state under  
5 reciprocity each year, and as I recall from that, it looks  
6 like eight to twelve would probably be a good average  
7 number.

8 Okay, question 11, please.

9 Most states, and 75 percent of the agreement  
10 states, feel that they have been kept sufficiently informed  
11 about the status of industrial radiography certification.

12 Okay, thank you.

13 Since the CRCPD did the questionnaire, let me give  
14 you a little input about the non-agreement states as well.  
15 Four non-agreement states plan on conducting their own  
16 radiography certification programs, and two of these plan on  
17 doing so even in the absence of NRC rulemaking.

18 Seven non-agreement states anticipate contracting  
19 with CRCPD to use the exam developed by Texas, while two  
20 non-agreement states anticipate developing their own exam.

21 Five non-agreement states currently have  
22 legislative authority to allow them to require  
23 certification, and nine would require rule-making to  
24 implement a certification program.

25 Fifteen non-agreement states do not need

1 legislative action to make rule changes, and four others do  
2 require legislative action.

3 One non-agreement state currently is pursuing  
4 actions toward certifying industrial radiographers, and nine  
5 non-agreement states feel that they have been kept  
6 sufficiently informed about the status of industrial  
7 radiography.

8 This is the first time since it was brought to  
9 NRC's attention, about 20 years ago, that all parties have  
10 come together to discuss the problems and issues associated  
11 with certification. I trust that the first order of  
12 business is to recognize the states' role in certifying  
13 radiographers, and any rulemaking by NRC must not preclude  
14 state regulatory agencies from certifying individual  
15 industrial radiographers.

16 If we can resolve all these issues here in these  
17 two half-day meetings, I think that will be an unprecedented  
18 accomplishment.

19 (Laughter.)

20 MR. HILL: Thank you.

21 DR. GLENN: Okay, thank you, Tom. And that's what  
22 we hope to be able to accomplish.

23 The next speaker needs no introduction.

24 MR. KAMMERER: Heeere's Johnny!

25 DR. GLENN: Okay. Carlton has gone through some



1 of the history already in terms of how the NRC has  
2 progressed since 1988 towards some sort of rulemaking on  
3 certification.

4 A little over a year ago, the NRC did, in fact,  
5 have a rulemaking on radiography certification. It was a  
6 rule that recognized the ASNT's program as being an  
7 acceptable means of meeting some of the training  
8 requirements that the NRC has traditionally required.

9 So, in fact, we have completed phase one of the  
10 program that was presented to the Commission in 1989 which  
11 was to develop a voluntary rule. However, at about the same  
12 time that the voluntary rule was published, ASNT made it  
13 known to the NRC that the viability of a voluntary program  
14 was very much in question. How many radiographers were  
15 willing to put out the money to have the certification, if  
16 it was not required. It would tend to perhaps attract the  
17 most responsible -- the ones who took the most professional  
18 pride in the profession. But would it get to the  
19 radiographers who they and we both feel constitute the  
20 bigger problem; those who are not well-trained, do not take  
21 their responsibility seriously, and that therefore, the  
22 mandatory rule should be sped up and we should move rapidly  
23 towards the goal of a mandatory rule for the NRC.

24 That was, in fact, the road that we took. We  
25 initiated within my staff the challenge of trying to develop



1 a final mandatory rule -- or rather, a proposed mandatory  
2 rule for radiography certification. Bruce Carrico spent  
3 nearly full-time this last year resolving the comments that  
4 were received during the comment period on the voluntary  
5 rule. In one way, you could say that this mandatory rule  
6 has had an advance notice of proposed rulemaking because the  
7 voluntary rule made it very clear that the progression was  
8 to be towards a mandatory rule.

9 Many comments were received. Many of the issues  
10 that we'll be discussing during this workshop were raised  
11 during that comment period. However, it was felt that we  
12 had enough to gain by going towards the mandatory rule  
13 without waiting for a trial period to see how the voluntary  
14 rule was working out, and to make sure that the one  
15 independent certifying group could maintain a viable program  
16 and continue to offer this service.

17 That's about the point where I started becoming  
18 more directly involved in the process, and I attended an  
19 ASNT board meeting in September. I attended the All  
20 Agreement States meeting in Sacramento in October. Having  
21 come into the picture believing that the -- pretty much the  
22 issues had been resolved and that we were moving along a  
23 sort of pre-set determined course, I found myself wading  
24 into several controversies. I think that's -- one reason  
25 why we're here today is that some of those issues have not

1     been resolved, and we need to work out the details of how  
2     we're going to deal with a multiplicity of tests, with  
3     multiplicity of agencies granting certification, and how we  
4     assure that the whole thing meshes and works together. And  
5     those issues have, in fact, been raised in the discussions  
6     that we've had so far today.

7             We have put a lot of work in towards a mandatory  
8     rule, however, we -- I have stopped work on that until this  
9     meeting has been held, until this workshop is concluded, so  
10    that we had the input of this group before we do proceed  
11    with rulemaking within the NRC.

12            What I would like to do in order to close out this  
13    session -- and then I think we can probably take a break and  
14    get into the second section -- is just display some  
15    objectives that I think we can all agree on, or objectives  
16    of the program. And I think that we all agree that one  
17    problem we want to make sure we address, and to the extent  
18    that professional and regulatory groups can do this, is to  
19    provide assurance that radiographers have acceptable  
20    knowledge about radiation protection before they, in fact,  
21    conduct radiographic operations.

22            Now where the controversy is going to come in  
23    meeting this objective is in questions of testing,  
24    determining that the test is valid in terms of sharing  
25    information about the testing. So, I think we will all be

1 in agreement that this is an objective, this is a goal we  
2 want to reach; the question is going to be how we get there.

3 There is no sense having a mandatory rule if this  
4 objective isn't one that we agree on. We in the NRC feel  
5 that there is quite a bit to be gained by holding individual  
6 radiographers responsible for certain kinds of violations.  
7 Now, that's not to say that we want to go out and pick on  
8 the individual every time that an error is made. Someone  
9 has already mentioned that supervision is an extremely  
10 important part of a good radiation safety program, and we're  
11 not letting the licensees off the hook by saying that  
12 because radiographers will be responsible for willful and  
13 deliberate actions, that licensees do not have  
14 responsibility to provide safe equipment and adequate  
15 supervision and training.

16 But this is the heart of the mandatory  
17 certification rule. That individual radiographers know what  
18 they're supposed to do, and that they're held responsible  
19 for doing it once they know what to do.

20 This is the one I stepped into at the Sacramento  
21 meeting, and I think it still is an issue that we have to  
22 deal with. Whatever mechanisms we work out for states  
23 granting certification, for ASNT granting certification, it  
24 must be workable at a national level. I think radiography  
25 is the activity that involves all of us together the most.

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1 I guess I was surprised to hear that most states only had  
2 eight or twelve radiographers coming in on reciprocity. My  
3 sense, having been in one of the NRC regions, is that  
4 there's a lot more going on than that. But it is certainly  
5 an area where, if we allow our regulations and our rules to  
6 drift too much, we're going to not have a program that  
7 works. And I think all of us wants a program where if Texas  
8 identifies someone who shouldn't be doing radiography, that  
9 person doesn't show up in Oklahoma working under an NRC  
10 license shortly thereafter. I think we would like to know  
11 that if one of us identifies someone who should not be  
12 conducting radiography because they cannot or will not do it  
13 safely, that we all know that and can act upon it.

14 The next objective is that in describing who can  
15 be a certified -- and this may be applying more to the NRC  
16 rule than to anybody else's -- but we must have criteria  
17 that assure that the individual's rights are not trampled.  
18 I mean, we're a regulatory agency, but we have a  
19 responsibility to uphold the constitutional rights of  
20 individuals. Radiographers must not be subjected to  
21 arbitrary and capricious action when they're assumed, on the  
22 basis of our initial findings, to have done something wrong.

23 So, we need processes to protect the rights. And  
24 so, one thing that we would expect of any independent  
25 third-party certifier for the NRC is that they have internal

1 procedures that guarantee a right of the individual who is  
2 charged with wrongdoing to face those charges, to have them  
3 resolved in a setting that is conducive to a fair hearing,  
4 and, you know, a hearing before someone with the requisite  
5 expertise to be able to judge that.

6 And the final one -- and it's been, I think,  
7 alluded to before. We must, you know, specify certain  
8 minimum program elements, and this gets into what are some  
9 of the requirements for protesting? What are some of the  
10 requirements for the administrative aspects of the program?

11 So that finishes my objectives. I think we can  
12 all support those objectives. In the next session, let's  
13 start flushing some of the objectives out with specific  
14 items that should be included in the program. Let's hear  
15 some input on those and start proceeding towards the  
16 resolution of these issues.

17 Okay, I think at this point, we should adjourn and  
18 take a -- we're running ahead of schedule, so take a 15  
19 minute break.

20 MR. MILLER: Wait, wait -- before you break.

21 Aubrey had some coffees and sodas to be delivered  
22 at 3:00 o'clock --

23 DR. GLENN: Oh, okay.

24 MR MILLER: He's rushing now to get them up here a  
25 little bit earlier. But, y'all need to see his -- one of

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1 his staffers over there, and he needs \$2.50 from each person  
2 who's going to participate in this. You'll have coffee and  
3 sodas this afternoon and you'll have coffee tomorrow morning  
4 again. Any problem with that?

5 (No response.)

6 MR. MILLER: See the gentleman right here with the  
7 glasses on, and it'll be here as soon as possible.

8 (A short recess was taken.)

9 MR. MILLER: We're back on the record at this  
10 time, and we certainly have had a fruitful discussion of  
11 prepared speeches.

12 Now what we're going to do now is, is to move into  
13 session two. But before we just have open discussion, I  
14 would like to just entertain any prepared comment by any  
15 other states that are here today. I know that we've had the  
16 Organization of Agreement States Chairperson, Tom Hill, to  
17 speak for all the agreement states, but there may be some  
18 other states who have come with prepared remarks. And if  
19 there are such here this afternoon, I would like to know who  
20 you are, so that we can have you to speak right now.

21 Are there any states with prepared remarks?

22 (No Response.)

23 MR. MILLER: Are there any other prepared remarks  
24 from ASNT?

25 MR. FEOLE: No, except we do have some hand-outs



1 here. One is our program and some hand-outs that people  
2 might want to pick up and read.

3 MR. MILLER: Okay. Now, those hand-outs, would  
4 you describe what they are for the record.

5 MS. THOMAS: The yellow folder is just like a  
6 marketing package. It tells about ASNT and it has a  
7 brochure in here that describes the ASNT's industrial  
8 radiography program.

9 Right beside it is the actual program document  
10 itself that has our certification requirements, complaint  
11 hearing procedures and things like that that I mentioned  
12 earlier. And then, you have a description of the level  
13 three program that Mr. Feole referenced in his remarks.

14 MR. MILLER: Thank you.

15 My last comment --

16 MR. KAMMERER: Vandy, Tom had some stuff there,  
17 too; could that be duplicated?

18 MR. HILL: I've got about 18 or 19 copies of it  
19 with me, and...

20 MR. KAMMERER: I think anybody who had written  
21 stuff, it would be very useful if we could share that.

22 MS. CARDWELL: Carlton, the questionnaire that the  
23 committee put together is going to be ready in the next few  
24 weeks. If anybody needs a copy -- would like a copy of that  
25 with the raw data that Tom had summarized, we'll be glad to

1 get that to you, if you will just let me know about it.

2 MR. MILLER: Okay. Very important announcement;  
3 did everybody get that?

4 MR. KAMMERER: Why don't we just say, yes, and  
5 please send it to everybody on this list?

6 MS. CARDWELL: Okay.

7 MR. KAMMERER: That would be the easiest.

8 MR. MILLER: We're going to have some other  
9 attendees that are not on the list that we're passing around  
10 right now for them to put down their names and organizations  
11 that they're from. So that really would be your mailing  
12 address, by the way.

13 I did not hear anything from any members of the  
14 public. Are there prepared remarks from any members of the  
15 public?

16 (No Response.)

17 MR. MILLER: Hearing none, then let's get started  
18 for the open discussion now.

19 I think John -- John Glenn had a point here that  
20 should get us started off on the right track, and why don't  
21 you make that statement again, just to kick us off, John.

22 DR. GLENN: Okay. It seemed to me that perhaps  
23 the major issue I was hearing most often coming up was this  
24 problem of, if there were -- well the question is, if some  
25 states want to have their own certification program, and the

1 NRC also recognizes an independent third-party certifier,  
2 how can we assure that we have uniform action on the part of  
3 all regulators? How can we have a viable, workable program  
4 that is national in scope, recognizing multiple groups  
5 offering the certification?

6 So, it seems to me that's perhaps an issue we  
7 should expand upon. What are the problems? What are the  
8 realistic likelihoods of states having their programs? How  
9 would this impact on ASNT and their program? How would we  
10 be able to share information if ASNT withdraws a  
11 certification, but someone also has a certification from  
12 Texas, also has a certification from Illinois; can we make  
13 it so that all three would withdraw the certification at the  
14 same time? Are there regulatory legal problems in that  
15 area?

16 So perhaps, if we could get some discussion on  
17 some of those aspects.

18 Ruth?

19 MS. MCBURNEY: I think that just like we accept  
20 reciprocity of the Nuclear Regulatory Commission licenses  
21 and other agreement state licenses, we too could accept  
22 reciprocity of whatever mechanism is accepted by NRC for  
23 certification in an NRC state, or if an agreement state were  
24 to have its own certification program, we could accept under  
25 reciprocity that certification when they come into our state

1 under reciprocity. If the minimum requirements are the  
2 same.

3 DR. GLENN: I'm also interested in, I guess, the  
4 negative of that. If ASNT were to withdraw their  
5 certification, would you be able to withdraw your  
6 certification, and do you see a need for being able to do  
7 that?

8 MS. CARDWELL: Why would there need to be two  
9 certifications if each were reciprocally recognized? There  
10 would only be one.

11 DR. GLENN: Okay, let's put it a slightly  
12 different way. If the individual with the Texas  
13 certification is working in Oklahoma and the NRC identifies  
14 a willful violation of such magnitude that we would expect  
15 ASNT's ethical review to determine that they should remove  
16 the certification, would Texas be able to act on that?

17 MS. MCBURNEY: I believe so.

18 MR. GODWIN: To address that particular issue, we  
19 have a similar situation that we address right now in our  
20 rules relative to anyone who has a problem in which an  
21 enforcement order is taken against them. And our rules  
22 allows us to recognize such an order has been issued and  
23 conduct a new and independent hearing relative to activities  
24 within Alabama. We have to relate it obviously to what's  
25 going on in Alabama.

1           There's a national radiopharmaceutical company  
2   that y'all issued orders against. We subsequently used your  
3   orders as a basis to conduct a hearing and proceed with the  
4   same order against them. So, it's possible to do that, but  
5   you have to set your rules in place to do it that way. So,  
6   I think it's very important that you structure that.

7           The other part of the discussion relative to  
8   certification and reciprocity; I think that Texas was quite  
9   correct. If the state -- home state, if you wish -- or  
10   jurisdiction -- let's use jurisdiction other than state --  
11   revokes the certification, there's nothing left to grant  
12   reciprocity to. That's obviously the easy one.

13          But if you're the home jurisdiction that goes to  
14   another jurisdiction, then you would have to have something  
15   in your rules that would allow you to recognize that order  
16   as a basis for initiating an inquiry.

17          DR. GLENN: Don.

18          MR. FLATER: One of my biggest concerns has been,  
19   if you have a radiographer that comes into Iowa and  
20   functions, and does something wrong -- and right now, what  
21   we've looked at and, in fact, it's in the rulemaking process  
22   -- but if it's a level one, level two or level three item of  
23   non-compliance, how do I prevent that person from going into  
24   the next state, because if it's a level one, level two or  
25   level three and they can't take care of it immediately, he's



1 going to be asked to leave the state of Iowa.

2 We have, in rule right now, going through the  
3 process, where the little card that they have, the ID card,  
4 we've talked to our legal people, they say that card, the  
5 minute they come in -- irregardless of who issued it --  
6 ASNT, State of Texas, I don't care who -- they come in under  
7 reciprocity, they've agreed to follow our rules. That card  
8 was issued to them -- we will issue cards -- that card  
9 becomes our card once they cross the border.

10 We have the authority within our rules to remove  
11 that card, and that card will be sent back within five days  
12 -- they can't work any longer, they don't have the card.  
13 And then we would remove it and send it back to the issuing  
14 agency for them to take their own action against that  
15 individual. We've already taken it because we've notified  
16 the licensee that they have to leave, and we've told the  
17 person to leave, and we do have the authority to get our  
18 boys in brown and yellow to escort them out of the state if  
19 that need be.

20 The only issue that I see that's a problem there  
21 -- and I think this may be a place that we could consider  
22 the Conference -- and that's a national type database where  
23 I can -- I get a call in, and they say a company out of  
24 Oklahoma is coming in to Iowa to function and Joe Brown is  
25 going to be the radiographer. I have to have a way to find



1 out if he is, in fact, qualified.

2 Well, if we had a national database that was set  
3 up like with the Conference, which we already have a  
4 computer program which some of the states are getting on, we  
5 could simply pull it up, find out if that individual has had  
6 a card removed. If I remove a card from somebody, that's  
7 the first thing I'm going to do, is have it entered into a  
8 database, if we have such a thing, that says that this  
9 individual has had a card removed, and here's why he's had  
10 it removed. NRC could tie into exactly the same kind of a  
11 database. They could do it, you know, by modem, say is that  
12 individual on, you could pull them off.

13 There's all kinds of things that could happen to  
14 make this work on a national basis. And, John, in one of  
15 your statements you ask how do you make sure that  
16 everybody's the same. You have a beautiful mechanism to do  
17 that, and it's called compatibility. And I'm -- it's my  
18 opinion that radiographer certification, if it takes place,  
19 is going to be a level one compatibility issue.

20 I mean, I don't see how it could be anything else.  
21 By level one, I mean, everybody's going to have to adopt --  
22 well, if everybody can agree what the testing requirements  
23 are, what the certification requirements are, everything --  
24 if they can all agree -- then it's all going to be the same.  
25 It may be administered by somebody else. But I know in the

1 agreement states, you fellows, through Carl's office, do a  
2 reasonably good job of trying to keep us straight, and that  
3 certainly would be an item that they would consider, I would  
4 think, in their review process.

5 So I think all the mechanisms are there. It's  
6 just getting them put in place.

7 DR. GLENN: That's probably something we need to  
8 come back to again, is to get some sense of the states as to  
9 whether everyone agrees that a level one compatibility  
10 should be assigned to this.

11 MR. COLLINS: Illinois does not agree. They might  
12 agree to a level two.

13 DR. GLENN: Yeah, I suspect that level two might  
14 be a lot more palatable to most states -- where the states  
15 could have something a little more restrictive.

16 MR. FLATER: If you want everything the same, you  
17 can't leave any room. That's my opinion. If Illinois wants  
18 to disagree, that's okay. I don't have any trouble with  
19 that.

20 DR. GLENN: That's probably a different  
21 discussion. I think the workability of multiple  
22 certification groups is maybe what we should be still on  
23 right now. I guess what -- one aspect that you brought up  
24 was the database, and I guess maybe some of the  
25 practicalities of that database -- if the Conference owns

1 the database, who actually is in charge of the  
2 administrative control of it?

3 MR. GODWIN: I was going to go back to your  
4 original question. How do you get different groups to work  
5 together?

6 If you look at the general license provisions that  
7 consistent in, I think, your regulations as well as ours,  
8 you specifically refer to certain requirements, you know,  
9 for the general license. And then you have a general phrase  
10 that says that you will recognize any other jurisdiction --  
11 agreement state jurisdiction, that licenses pursuant to  
12 those, or similar-type regulations.

13 It seems that it would be simple to have your  
14 reciprocity condition, which in most states is a general  
15 license, and I believe it's a general license under your  
16 regulations. That one of the conditions would be that it  
17 would have to meet these blah-de-blah requirements, whatever  
18 is going to be the national program. And if it meets that,  
19 you recognize it. If it don't meet that, you don't  
20 recognize it. It's pretty straight forward.

21 DR. GLENN: Steve.

22 MR. MILLER: I think California was next.

23 MR. FUNDERBURG: I have a question for NRC  
24 considering third-party certification. How do you envision  
25 enforcement procedures, such as civil penalties, when you

1 have a third-party such as ASNT certifying something and you  
2 go to them? Are you going to have an agreement with them  
3 whereby they will pull anybody's certification when you say  
4 yes, or will they have to have proof -- will they do an  
5 investigation?

6 DR. GLENN: Okay. Maybe ASNT should address this.  
7 I'll give you a little bit there. We, of course, since last  
8 September, have our own wrongdoing rule. So for a willful  
9 violation, we could proceed independently to take action  
10 against a radiographer who we feel demonstrates a -- or  
11 willfully or deliberately violated our regulations. So it  
12 would not interfere in any way with our own enforcement  
13 procedures.

14 However, again in terms of having this be  
15 effective outside of our jurisdiction, we would refer that  
16 matter to ASNT. One of our agreements is to share that kind  
17 of information with them, and they have their own board to  
18 review these. And then Donny Dicharry maybe could speak a  
19 little bit to the procedures that you have set up.

20 MR. DICHARRY: ASNT has procedures to enforce the  
21 program, to invoke sanctions in the case of violations. Our  
22 program consists of a set of Rules of Conduct that describes  
23 the source of the violations that we would in turn develop.  
24 However, ASNT cannot enforce this program on its own. It  
25 requires the participation of the government -- whether it

1 be the NRC, or the agreement states -- to provide evidence  
2 of wrongdoing.

3 Now, I think that more probably one of the issues  
4 that we would need to consider in this issue of how do we  
5 agree upon recognizing decertifications nation-wide in the  
6 event of violations, there would most probably have to be  
7 some agreements on which violations are we speaking about.

8 Our Rules of Conduct includes a number of  
9 violations that are appropriate as far as increasing and  
10 influencing the level of professionalism of a radiographer,  
11 and yet in truth have very little, or nothing, to do with  
12 overexposures. An example would be accepting a bribe. Well  
13 in reality, I don't know that this is the sort of item that  
14 has anything to do with overexposures, nor is it anything  
15 that we could towards the NRC or the agreement states to  
16 provide some sort of evidence of wrongdoing on the part of  
17 the radiographers.

18 But the issues that are important are the types of  
19 willful wrongdoing -- and as Mr. Bernero pointed out in his  
20 presentation -- the failure to use a survey meter, and other  
21 willful wrongdoings that can endanger not just the  
22 radiographer but the public as well.

23 Right now, ASNT does have procedures which need to  
24 be amended to take into account the means by which ASNT can  
25 incorporate the use of information from the NRC, from the

1 agreement states, regarding violations that we receive from  
2 you of violations. It then becomes an internal matter for  
3 ASNT to invoke sanctions -- to impose sanctions based upon  
4 this evidence of wrongdoing.

5 DR. GLENN: Yes.

6 MR. FUNDERBURG: I've got one more comment. In  
7 the State of California, we certify almost everything in the  
8 state. If it has any type of a limited intelligence, it's  
9 going to be certified.

10 (Laughter.)

11 MR. FUNDERBURG: We certify x-ray techs, nuclear  
12 medicine techs, medical doctors, and one of the problems  
13 that we've encountered is that we cannot recognize  
14 third-party enforcement.

15 We can recognize another state, another  
16 governmental agency, but we cannot recognize third-party  
17 enforcement. And Ed Bailey, who is the branch chief want  
18 me to expound on his beliefs of the problems with the  
19 third-party enforcement. The State of California would not  
20 be able to do any enforcement based on third-party  
21 certification.

22 MR. MILLER: Well, what if that's another state  
23 that's a third-party certifier?

24 MR. FUNDERBURG: Yes.

25 MR. MILLER: I don't quite understand how, in one



1 case you said that you can't recognize a third party but, if  
2 a state is a third party...

3 MR. FUNDERBURG: We would simply just withdraw the  
4 reciprocity from another state if not certified.

5 MS. CARDWELL: Well, maybe what we ought to do, I  
6 think there's been some -- or I get the feeling that for the  
7 last several years there's been some misunderstanding with  
8 the term third party. Because, a state regulatory agency is  
9 not truly a third party, it's a second party. And if we're  
10 going to talk about that, maybe we ought to start trying to  
11 train ourselves to use something else -- certifying entity,  
12 certifying body -- rather than third party, and that may  
13 clear up some of this confusion. I don't -- it doesn't  
14 address what you were talking about, because you wouldn't  
15 have to -- you could recognize another state, but another  
16 state is not a third party.

17 DR. GLENN: Don.

18 MR. FLATER: Well, we don't have the problem they  
19 do because on the medical x-ray side, we accept the ARRT,  
20 which is very similar to what the ASNT would try to become  
21 here. But, if the ARRT notifies us that one of their people  
22 that are under our umbrella of certification has been  
23 removed from their roles, they will be removed from the Iowa  
24 roles. They will not longer be qualified to function in the  
25 State of Iowa as a medical radiographer.

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1           This is no different. If ASNT tells us that  
2           somebody has been removed for misconduct, they can't show us  
3           a card -- if they have removed their card, they can't come  
4           back into the State of Iowa and function.

5           DR. GLENN: Now, let me explore this with  
6           California a little bit more. Let me set up the scenario  
7           that, in Oklahoma, we've had a problem. The NRC has  
8           notified ASNT of this problem, ASNT through their procedures  
9           has taken action and removed the certification.

10          Now, if that radiographer were to apply for  
11          reciprocity in California, would there be a problem, because  
12          he no longer would be licensed by the -- or no longer  
13          authorized by the NRC?

14          VOICE: The NRC has taken him off the license,  
15          issued an order to the licensee saying that he cannot act as  
16          a radiographer.

17          MR. FUNDERBURG: Let me give you an example of the  
18          ARRT. We still will give the exam, and I imagine in  
19          California, we probably will go ahead and give the exam. We  
20          will recognize reciprocity for a person that wants to come  
21          in to the state, but a person, on a permanent basis, that  
22          comes into the state, they will have to take the exam  
23          themselves. We will not recognize on a permanent basis  
24          another state's certification.

25          DR. GLENN: Let me see if I can clarify that a

1 little bit. What you're saying, if a person is going to be  
2 on a California issued license as a radiographer, they would  
3 have to have a California certification?

4 MR. FUNDERBURG: They would have to be certified  
5 by California.

6 MR. MILLER: Well that would be true then whether  
7 it was an agreement state, or whether it was ASNT, for  
8 example?

9 MR. FUNDERBURG: Yeah.

10 MR. MILLER: Oh. Well, see, that's what I was  
11 driving at. How could you do it one way and not do it the  
12 other.

13 Now, you're saying across the board, that if you  
14 come to the State of California, if you become a permanent  
15 licensee in the State of California, they must do -- they  
16 must jump through all of California's hoops, no matter what  
17 they've done someplace else, is that what you're saying?

18 MR. FUNDERBURG: Yeah. Now, we have not dealt  
19 with the reciprocity of certification of the individual --  
20 say you come in under reciprocity. We do not recognize  
21 reciprocity of an ARRT coming in, because that never  
22 happens. So, I'm not quite sure how we will work on this.

23 DR. GLENN: Well, I guess Texas has had to deal  
24 with this.

25 MS. CARDWELL: Well, I have a question for Bob.

1 If a person -- let's say they had a Texas card, and they  
2 were going to move to California and work for a company  
3 that's you licensed by y'all -- a California licensee. He's  
4 got a Texas card, but now you need for him to have a  
5 California certification?

6 MR. FUNDERBURG: Yes.

7 MS. CARDWELL: Would you necessarily let him take  
8 the same test over again, especially if you contract through  
9 the conference to use --

10 MR. FUNDERBURG: Yes, he would have to.

11 MS. CARDWELL: He would still have to take the  
12 test over again and still submit all the training, even  
13 though we both require the same thing?

14 MR. FUNDERBURG: Right.

15 MR. MILLER: Is that in your law?

16 MR. FUNDERBURG: I'm not sure. We do that with  
17 the nuclear medicine techs and the x-ray techs, and so I  
18 would assume that that's the way it would apply to the  
19 radiographers.

20 MR. MILLER: Well, the reason that I'm asking that  
21 is that, you know, if we're here this day or so to try to  
22 come to closure on some of these items, we would like to  
23 know whether this kind of a practice that you have going on,  
24 is it a part of your law, or is this just something that  
25 you've established as a part of your radiation control

1 program. You see? Because you can adjust if there's  
2 something that's in your program. But if it's something  
3 that's in your law, that would take a lot more adjusting to  
4 accommodate.

5 MR. BERNERO: Let me raise a question with Bob  
6 about California. Put the shoe on the other foot and say  
7 that it's a California certified radiographer, and under  
8 recognized reciprocity, that radiographer is doing something  
9 in another state -- let's say an NRC state, Oklahoma -- and  
10 NRC wants to pull the certification. It takes action, you  
11 know, for a wrongdoing. Are you able to recognize that  
12 information and act in enforcement by decertifying that  
13 radiographer?

14 MR. FUNDERBURG: I don't know.

15 MR. BERNERO: I understood you to say that under  
16 your state law, you can't recognize third-party enforcement?

17 MR. FUNDERBURG: Right.

18 MR. BERNERO: And I don't know if the distinction  
19 that Cindy makes about a second party versus a third party  
20 is operative here.

21 DR. GLENN: Let's see, I've seen Steve's hand and  
22 I've seen Bob's hand. We haven't heard from ASNT recently.  
23 Why don't we let Bob Feole speak.

24 MR. FEOLE: The question I had then, if I'm  
25 certified by ASNT and I want to come work in California --

1 let's say just for a job, not to work permanently, but work  
2 for a job, I'd still have to take the State of California's  
3 exam?

4 MR. FUNDERBURG: Yes.

5 MR. FEOLE: So, I couldn't even come in just to do  
6 one job and come out?

7 MR. FUNDERBURG: No, no, no. Under reciprocity,  
8 you can come in and do one job. This is something we  
9 haven't dealt with yet. I've got to find out how that would  
10 work. And maybe that's the reciprocity we're talking about.

11 MR. FEOLE: Yeah.

12 VOICE: If you --

13 MR. MILLER: Wait a minute. If there's anybody  
14 wants to speak who's seated back there, you have to stand  
15 up, because there we can't see and hear you.

16 VOICE: What impact would this have on national  
17 companies such as NQS that has offices in Oklahoma,  
18 Illinois, California. They have a guy that they want to  
19 send to do a job in California, does he have to get a card  
20 in California?

21 MR. FUNDERBURG: Yes. Yeah, it's -- I'll go back  
22 and check, but I'm sure it's the law that they have to be  
23 licensed in the State of California.

24 DR. GLENN: Steve Collins from Illinois, I guess  
25 you're -- you have regulations, I guess, in development for



1 a certification program?

2 MR. COLLINS: Well, they're developed. They just  
3 haven't been introduced into the rule making process. We  
4 have a statute that very clearly says that, to do industrial  
5 radiography after a certain date -- July 1st of this year,  
6 as a matter of fact -- that you must be certified by the  
7 State of Illinois. But we're going to introduce a bill to  
8 change that to January 1st since we don't have our rules in  
9 place yet.

10 (Laughter.)

11 MR. COLLINS: So we'll change that date to January  
12 1, 1993.

13 But basically, to address the issues that have  
14 been brought up and the Illinois procedure, the statute does  
15 require that Illinois certification be obtained. However,  
16 as far proof that you are qualified or that you've passed  
17 the test, the regulations are really clear that we'll accept  
18 alternative exams. We intend to use the Conference test,  
19 the Texas test brokered through the Conference. We will  
20 accept alternative examinations, provided that such  
21 examinations are available through the Conference or they've  
22 been found acceptable by the U.S. Nuclear Regulatory  
23 Commission.

24 To the best of my knowledge, that's the only two  
25 systems, from a broad perspective, that exist. We expect

1 NRC, if they do so, to approve ASNT and the Conference is  
2 already brokering the Texas test. That's the only two we  
3 knew of, so we put them both in there.

4 But our statute does require -- like Bob was  
5 trying to explain from California -- that we certify anyone  
6 who does radiography, or wants to do radiography in  
7 Illinois. We don't have that 90 days like Texas does, where  
8 you come in and work for 90 days before getting it. The  
9 first day you come in, you will have the Illinois  
10 certification, or you will be there illegally performing  
11 industrial radiography.

12 But, like I say, we will recognize the Texas test.  
13 You submit us evidence that you've passed the Texas test, no  
14 matter who it's administered by, or an NRC-approved test,  
15 pay us the \$30 -- they're \$60 for taking the test in  
16 Illinois, and you don't have to pay that fee. You just pay  
17 the \$30, submit proof that you've passed the test and an  
18 additional statement about experience that you have  
19 received, and then we'll issue you another document that  
20 will be your Illinois card.

21 That way, if an Illinois inspector catches you not  
22 doing what you're supposed to do, he will lift, on the spot,  
23 your card, and come back and begin due process proceedings  
24 to ensure that that lifting becomes permanent.

25 MS. CARDWELL: Well they don't have to jump

1 through all the hoops to begin with, they just have to have  
2 -- for Illinois legal reasons -- that card for Illinois?

3 DR. GLENN: But they would have to have, in fact,  
4 two certifications if they were coming from another  
5 jurisdiction?

6 MR. COLLINS: Right. But the --

7 DR. GLENN: Like someone from Texas would have to  
8 have both a Texas card and an Illinois card?

9 MR. COLLINS: Right.

10 MR. MILLER: But you have made it easy for them to  
11 get it, though?

12 MR. COLLINS: Right. We're going to make it  
13 really easy for them to get it. Basically, they can submit  
14 evidence that they've got it anywhere else, and it's still  
15 valid, and we'll give you the Illinois card.

16 MR. MILLER: But let's --

17 MR. COLLINS: That gives us the privilege, without  
18 going through ownership of cards-type mechanisms to -- if we  
19 catch you doing things you're not supposed to be doing, to  
20 withdraw it, based on Illinois due process proceedings. And  
21 those due process proceedings make it automatic, that if any  
22 other jurisdiction has removed your basis for the issuance  
23 of the Illinois card, which would be -- say if it was a  
24 Texas certification, that if you lost Texas certification,  
25 our regulations require us to automatically institute

1 proceedings to take away the Illinois certification because  
2 your basis for getting it has been removed.

3 MS. CARDWELL: But then you would notify us then  
4 -- on the same scenario, if you take that card away, you  
5 would immediately notify us that you've done that with the  
6 Illinois card?

7 MR. COLLINS: Exactly. We would immediately  
8 notify the issuing agency, and if there was a nation-wide  
9 communication system set up to list and de-list people, we  
10 would immediately put a notification on that system as well.

11 MR. MILLER: Yeah, that was the next question that  
12 I was going to ask you.

13 MR. COLLINS: Our regulation cover that  
14 specifically.

15 MR. MILLER: As you can appreciate, any kind of a  
16 certification program in radiography should be designed such  
17 that, if an individual, you know, is a wrongdoer in your  
18 state, he should not be able to go to some other state once  
19 you take that card away from him. And that's what we all  
20 should be driving at, some way to keep that individual out  
21 of the business, period. Not just in Illinois, but in any  
22 other state.

23 And your proposal -- would you go over that once  
24 more, Steve? How would you propose to make sure that that  
25 individual doesn't go over to Texas, or doesn't go over to

1 California and get a job?

2 MR. COLLINS: We will simply notify the involved  
3 states that issued the original certification that ours was  
4 based upon, that we have withdrawn it and will give the  
5 statements of cause. And it will be -- and we'll also, if  
6 there's a national database, notify that database that we  
7 have done that, also.

8 So, if it's coming from Texas -- or, let's say --  
9 let's assume that it's somebody from Oklahoma. If Oklahoma  
10 issued the card, they were planning to issue it based on the  
11 Texas test, then we would notify the State of Oklahoma, and  
12 if there's a national database, we would notify that  
13 database as well.

14 MR. MILLER: See now, Steve, you gave another  
15 little wrinkle here now. Oklahoma is not an agreement  
16 state, you see.

17 MR. COLLINS: That's the reason that I gave that  
18 state as an example.

19 MR. MILLER: Oh, it is?

20 MR. COLLINS: That's the reason I chose Oklahoma  
21 for the example because they are not an agreement state.

22 MR. MILLER: Well, it would be NRC.

23 MR. COLLINS: A lot of states are like Illinois.  
24 We have more radiographers using machines than we do sealed  
25 sources.

1 MR. MILLER: Oh, you're talking about non-licensed

2 --

3 MR. COLLINS: Our certification requirements apply  
4 to any source of radiation, whether machine-produced or  
5 radioactive material.

6 DR. GLENN: Okay, we've got a number of hands.  
7 Let ASNT, Bob Feole go first, and then Chuck Hardin and then  
8 Don Flater.

9 MR. FEOLE: Okay, my question is to the gentleman  
10 from Illinois.

11 Then you would accept the ASNT certification, is  
12 that correct?

13 MR. COLLINS: (No response.)

14 MR. FEOLE: If someone came into the State of  
15 Illinois and had an ASNT certification, you would accept it?

16 MR. COLLINS: If it's been found acceptable by the  
17 U.S. Nuclear Regulatory Commission.

18 MR. FEOLE: Correct. So then, you would accept  
19 it.

20 DR. GLENN: Yeah, for clarification, there is an  
21 existing voluntary certification program and ASNT has been  
22 found acceptable.

23 MR. FEOLE: It has been recognized and you can get  
24 a copy of that here.

25 MR. COLLINS: I read it off the way I did in the

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1 record because if you guys withdraw it, our withdrawal is  
2 automatic. It has to maintain a --

3 MR. FEOLE: I just wanted to make sure that it  
4 would be accepted in the State of Illinois, and it would be?

5 DR. GLENN: It would be accepted as a basis for  
6 getting the Illinois certification.

7 MR. FEOLE: Correct.

8 MR. COLLINS: It would be accepted as proof that  
9 they have met all Appendix A training requirements --

10 MR. FEOLE: That's what we need.

11 MR. COLLINS: -- 10 CFR Part 34.

12 MR. FEOLE: Exactly. Thank you.

13 DR. GLENN: Mr. Hardin.

14 MR. HARDIN: I have two issues. One is, let's go  
15 to the database, which possibly is a role that the  
16 Conference might play in this whole thing. I can envision,  
17 unless there is a substantive number of withdrawals of  
18 certification on a real frequent basis that -- we currently  
19 have a mechanism already set in place where we can notify  
20 all the states by simply pressing the button of a FAX  
21 machine to all the state radiation control agencies,  
22 non-agreement as well as Agreement States. And a mechanism  
23 could be set up that when we were notified of some  
24 withdrawal, that all of the states would be notified of that  
25 by that mechanism.

1           We're in the process of getting a -- as Don Flater  
2 addressed here a moment ago -- an electronic communication  
3 network set up, and if all states subscribe to that, then we  
4 could even have immediate notification through that system.

5           John, you asked earlier who would be in possession  
6 of that database, and I assume, if the Conference were  
7 chosen as the entity, that it would be in our possession as  
8 an entity of the Conference Radiation Control Program  
9 Directors. What could make it work however, not only would  
10 it have to be the states contributing information as it  
11 developed, it would have to be a cooperative agreement with  
12 the NRC that you too would supply information to us, as well  
13 as the NRC -- or the ASNT.

14           The other issue I would like to address -- it's  
15 not clear -- that was addressed earlier in the back of the  
16 room. If I'm not mistaken, most state agencies' regulations  
17 address radiation safety and not code of ethics. And the  
18 question I have, if ASNT -- or for that matter, anyone else  
19 -- would withdraw a certification based on a non-radiation  
20 protection issue, does the state, first, have the authority  
21 to withdraw whatever certification they have based on a  
22 non-radiation protection issue, and if they have authority,  
23 is that proper action? I guess that's a question I'm asking  
24 some of the states.

25           So, you do need to establish a clear line, it

1 seems to me like, when it is a withdrawal. Is it a health  
2 and safety matter, or is it a non-health and safety matter?  
3 If it's a non-health and safety matter --I believe I'm  
4 correct -- to the states here, is that an issue that you  
5 want to ignore, or will you address that and withdraw it?

6 DR. GLENN: I'll just respond briefly from NRC's  
7 point of view. That's why the fairness issue is so  
8 important, that the person have hearing rights and this sort  
9 of thing. But, if it were in our regulations that you have  
10 to have the certification and the person was found to be  
11 unqualified for the certification, and his rights have been  
12 protected, then it would hold.

13 Now, I guess a response from Texas?

14 MS. MCBURNEY: I guess the -- since the whole  
15 purpose of establishing credentialing and certification  
16 program was initially developed because of radiation safety  
17 issues, that we should stick to those types of violations  
18 only for action by other states. I don't know that we have  
19 the regulatory authority to get into some of the ethical  
20 issues, unless it impacts radiation safety.

21 If they -- you know, if they lie about some  
22 non-related -- I don't know what all the ethical -- the code  
23 of ethics cover, but accepting a bribe, if it's not related  
24 to radiation safety, I don't think that we could take any  
25 action on that.

1 DR. GLENN: I'm trying to think of the words that  
2 the NRC's regulations use, but basically false information  
3 on a matter of -- it's not substance -- what was it?

4 MR. COLLINS: If you would let me read a short  
5 paragraph from the Illinois draft of proposed rules --

6 DR. GLENN: Okay.

7 MR. COLLINS: -- maybe that will trigger your  
8 exact phraseology in the NRC.

9 But in the Illinois draft rules, it's "knowingly  
10 causing a material misstatement or misrepresentation to be  
11 made in the application for initial certification, or  
12 recertification, if such misstatement or misrepresentation  
13 would impair the Department's ability to assess and evaluate  
14 the applicant's qualifications for certification, pursuant  
15 to these regulations."

16 Now what that means is, if you lie to us about  
17 something that would have caused us to deny instead of grant  
18 the representation, we can take action against you. You lie  
19 to us about anything else and we don't care. That's  
20 different than the NRC. You lie to them on anything and  
21 they catch you, they call in the FBI.

22 (Laughter.)

23 DR. GLENN: Actually, the word I was thinking of  
24 was "material". It does have to be a material type thing.  
25 It would have had to affect the action we took. Whether it

1 would have caused us to deny the application is a different  
2 thing. But if it would have caused us to take a different  
3 action, if we had known the truth, it is willful.

4 Let's see, I believe Don had a question.

5 MR. FLATER: The concern that I had was the thing  
6 that Steve was talking about, because if Steve removes their  
7 card and he can't get hold of us -- say this happens late  
8 some Friday night and there's no way. That person's got two  
9 cards, he's had one removed, he can still function. That is  
10 why we put into our regulations -- we talked with our  
11 attorneys and this kind of thing -- that card, when it  
12 crosses Iowa, becomes an Iowa card, we remove it, that  
13 person only has one card. And that gets away from this  
14 double-card thing that you've got.

15 It's the same thing with the ASNT. If an ASNT  
16 person comes in, we're going to remove that card and send it  
17 back to the ASNT for their action against it. Now, if they  
18 give it back, we'll have to know why they did, and that's  
19 why we've got to have a communication thing if they give it  
20 back.

21 But that's what our concern was, was the  
22 double-card issue. And, you know, if Illinois can't take  
23 that other card, that guy can come right straight across  
24 that river to one of my chemical plants, which is right on  
25 the Mississippi River, and go to work. And if we never get

1 the communication -- and we have it happen all the time --  
2 they bounce back and forth -- and if he's got a card, we've  
3 got a problem.

4 MR. COLLINS: In Illinois, we have the right to  
5 confiscate the radiation source, the thing that's creating  
6 the danger, but we can't take his piece of property, which  
7 is this piece of card which he can't hurt anybody with. So,  
8 we can take the source of radiation that he's using, but we  
9 can't take the card from him. It's legal -- a legal  
10 technicality.

11 DR. GLENN: Bob?

12 MR. BERNERO: I would like to get a clarification.  
13 Perhaps ASNT, Dicharry might comment on this. It's sharp  
14 enough on the concept of ethical wrongdoing, not a radiation  
15 protection one, but a radiographer who is using survey  
16 meters and cranking a source in and out properly, but  
17 substituting false film, you know, using the same good shots  
18 for a whole pipeline, is that germane? I gathered from what  
19 Ruth McBurney said, it wouldn't be within your jurisdiction,  
20 and I think we should be very clear about that.

21 MR. DICHARRY: May I respond?

22 DR. GLENN: Yes, please.

23 MR. MILLER: Stand up so we can hear.

24 MR. DICHARRY: The code of conduct that ASNT  
developed was not developed with benefit of knowledge of how

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1 these types of ethical issues could have an impact on the  
2 state's ability to recognize the sanctions that have been  
3 imposed by ASNT.

4 Clearly, in a strict sense, many of these ethical  
5 issues are not germane to the topic of radiation safety.  
6 The primary goal of ASNT's program is to impact and improve  
7 safety. With that in mind, I would, even without -- at this  
8 point, the ASNT committee has not yet discussed this issue,  
9 and yet, I would suggest that this would be one that I would  
10 be very willing to reconsider, if that would allow the  
11 ASNT's program to become -- the enforcement actions taken by  
12 ASNT, to be able to be recognized by the states.

13 MR. BERNERO: Well, I'd just like to make sure  
14 that no one interprets my question as a suggestion to do  
15 that. I think Ruth put it right in saying the purpose of  
16 certification is to take due note of qualifications for  
17 proper radiation protection. And that is its scope and that  
18 should be its intent.

19 I would think that, you know, there can be fraud,  
20 criminal action, it could be a stolen source -- you know,  
21 all of that. That's some other jurisdiction, and that is  
22 not something that I would think is subject to or properly  
23 considered in decertification or recertification of a  
24 radiographer.

25 Now the -- you know, what Steve said, the -- if

1 you falsely represent your training, or something like that,  
2 that is germane.

3 MR. FEOLE: As it pertains to radiation safety.

4 MR. BERNERO: Yeah.

5 MR. FEOLE: That's the words that we really  
6 need. MR. BERNERO: Yeah, that's the key.

7 MR. MILLER: Let me make a statement that there's  
8 some misconceptions here. Even if CRCPD becomes a  
9 repository for all of the defrocking radiographers --

10 MR. KAMMERER: It's not a religious order here.

11 (Laughter.)

12 MR. FEOLE: We're getting there.

13 MR. MILLER: You know, neither one of these  
14 organizations are regulatory-type organizations, and they  
15 have not been -- they've been using this word "enforcement"  
16 here and you've got to be careful about that. Regulators  
17 enforce their regulations.

18 Now, the way they get involved, though, would be  
19 that if a regulator did something to a licensee or to an  
20 individual on a license, then if they notify these two  
21 agencies, then they certainly can do something. But they're  
22 not the initiators by a long shot, in no way, shape, form or  
23 fashion.

24 I know the question has come up in the past, how  
25 can these organizations become enforcers? They are not

1 enforcers, okay? But what they can do is react to you as  
2 regulators when you submit to them that you have taken a  
3 certification away from an individual, and you show that  
4 order or that letter, or whatever it is that you show, then  
5 you -- then you're encouraging them to call their committee  
6 together and take some type of action that would be  
7 long-term.

8 DR. GLENN: Aubrey?

9 MR. GODWIN: Godwin, Alabama. It appears that --  
10 from what I've seen in some of the court decisions is, the  
11 courts are rather reluctant to support the removal of a  
12 person's livelihood. You only have to look at the driver's  
13 license cases a little bit and you'll discover that they're  
14 not real gung-ho to yank them, even though society in many  
15 cases would support it.

16 So, I see a real problem, if we start affecting  
17 someone's livelihood for issues that are not related to a  
18 public safety -- health and safety issue, and whenever you  
19 have an organization -- a private organization using their  
20 code of ethics, one has no way of identifying the public  
21 interest of the code of ethics. And when we start accepting  
22 their certification based upon, in part, those code of  
23 ethic, we would be getting into a little hairy ground, I  
24 would submit.

25 DR. GLENN: Bob Feole.

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1 MR. FEOLE: We're talking about, as it pertains  
2 again to radiation safety, and not other -- as we stated,  
3 somebody taking a fake shot or using film over and over, the  
4 same shot, or that type of thing --

5 MR. GODWIN: Yeah, I understand that.

6 MR. FEOLE: -- we're talking only when it pertains  
7 to radiation safety. Again, it was mentioned, the NRC is  
8 the one that actually, in this case, takes the card. We do  
9 not take the card from the person, the NRC does that.

10 MR. GODWIN: But what I'm suggesting to both the  
11 states and the NRC, and to you, is the fact that we're using  
12 your -- or somebody's -- whether it's yours or somebody  
13 else's -- ethics as a part of a certification process. The  
14 courts are going to want to look at how that was applied to  
15 make sure that we met every legal standard of fairness.  
16 It's going to produce a much higher --

17 MR. FEOLE: And that's why we have a board that  
18 does that.

19 MR. GODWIN: -- I said much higher -- it's going  
20 to produce a question that's going to have to be answered in  
21 a court case.

22 DR. GLENN: Let me clarify a little bit about what  
23 Bob Feole said. I don't think we've actually ever mentioned  
24 taking cards. However, I think what we have talked about  
25 is, if the NRC, under its current enforcement options,

1 decided to issue an order against an individual -- and we  
2 have issued orders against individuals that do in fact  
3 deprive them of the right to perform radiography -- their  
4 livelihood. That would be the kind of information that ASNT  
5 then would feel they could act upon. I guess the point is,  
6 it's a high threshold. It is not for trivial offenses.

7 MR. FEOLE: That is correct.

8 DR. GLENN: Cindy.

9 MS. CARDWELL: We wanted to reiterate too that  
10 that -- again, to keep it in perspective -- we are talking  
11 -- we keep talking about pulling cards and yanking cards.  
12 We've never done that, because it's the ultimate. There are  
13 a lot of other ways -- the individual radiographers we've  
14 called in for enforcement conferences throughout the last  
15 several years, there have been other sanctions that have  
16 been taken. And I have to say, really the licensee has been  
17 the first one to do it, in terms of cutting their pay,  
18 suspending them from work for 90 days. We had -- putting  
19 him back to a trainee, in our case, rather than a  
20 full-fledged radiographer -- he gets less pay, there's less  
21 prestige, he has to work with a trainer.

22 In one case, we had a company lose a camera. They  
23 had to pay for their reward, for having it published in the  
24 paper. So it's hitting home economically, and those, we  
25 feel, are a lot more effective right now than going that

1 extra step, like Aubrey said, that -- getting us into that.  
2 That's our absolute last resort, is to revoke a card.

3 And there are a lot of -- if we keep in  
4 perspective that there are so many other options first,  
5 before that. I mean, I know that we have to discuss the  
6 fact of how we deal with this revocation across the board,  
7 but let's keep it in perspective.

8 DR. GLENN: Don.

9 MR. FLATER: One thing we have to address too,  
10 based on the card issue, is somehow, NRC getting to the  
11 agreement states. If you issued an order on somebody, what  
12 kind of a mechanism do we have for you folks to feed to the  
13 states, or into the system like Chuck's got, or whatever?

14 DR. GLENN: And I think that that's -- again,  
15 getting back to the point on the database, and maybe now's  
16 the time to get back to that.

17 As Chuck mentioned, it's probably fairly simple to  
18 document the withdrawals. I think we -- in fact, we already  
19 have a mechanism. It may not be as fast as you would want,  
20 but, in fact, I think all the states do hear when the NRC  
21 takes an action of that nature.

22 However, I think there's another use for that  
23 database, and that is for different jurisdictions to be able  
24 to determine that a person, in fact, is certified by one of  
25 the other jurisdictions, and therefore it would have to be a



1     rather large database, and it would need to be readily  
2     accessible, you know, 24 hours a day, that sort of thing.

3             Maybe, could ASNT -- I don't know whether you're  
4     prepared to address this or not -- whether you have  
5     envisioned your own database along those lines, and whether  
6     ASNT could, in fact, run such a database?

7             (No response.)

8             DR. GLENN: It looks like I'm premature on that  
9     one.

10            MS. THOMAS: Yeah, it's a little premature. It  
11     seems like CRCPD has a mechanism in force already to do  
12     that.

13            Did I understand that, Chuck?

14            MR. HARDIN: We have a mechanism in place to  
15     notify the states immediately, but we don't have a database  
16     set up, presently that -- for example, on a 24 hour basis,  
17     right now, we do not have such a mechanism that would exist  
18     for a 24 hour basis.

19            We do have a mechanism to immediately notify the  
20     states of any event, whatever it is. And so, if we had such  
21     information provided to us in some timely fashion, it could  
22     be sent out to the states. Now, when you mention 24 hours,  
23     that brings up a little different proposition.

24            DR. GLENN: Question?

25            MR. FUENTE: Fuente from Mississippi.

1 Cindy answered part of my concern when she said  
2 Texas hasn't pulled any cards or revoked any certifications.  
3 But in the event this should happen, is there some mechanism  
4 in place where a person could be recertified?

5 MS. CARDWELL: Yes. By law, we have to have all  
6 of our hearing and enforcement rules -- they have a chance  
7 to go through hearings and all that. And, yeah, basically  
8 we have -- either we can allow them to retest, retrain --  
9 there are a lot of options, and we've done that. We have  
10 suspended a card, and that was part of it. He had to go  
11 back -- he had to come back and retake the test, go through  
12 a week -- 40 hours of refresher training, and at that point,  
13 basically, he was reinstated. His card was not suspended  
14 anymore.

15 So that mechanism exists, even for a revoked card.

16 DR. GLENN: Ruth?

17 MS. MCBURNEY: Just to add to that. We consider  
18 that with the same mechanism that we would on relicense --  
19 reissuing a license to one that had been revoked or  
20 suspended. That we can take into account a previous action  
21 on making a decision whether to issue, just like you would  
22 on a license, if one had been -- if they had had problems in  
23 another state or something. When they came for a license or  
24 a registration in your state, that you could take their past  
25 activities into account.

1 MS. CARDWELL: In other words, it doesn't  
2 necessarily mean that it's been revoked for good.

3 MS. MCBURNEY: Right.

4 MR. FUENTE: Wouldn't that depend on the severity  
5 of the situation?

6 MS. CARDWELL: Yeah.

7 DR. GLENN: All right, Donny, do you want to  
8 comment with the ASNT's revocation of a certification?  
9 Would that have a time limit on it, could they reapply?

10 MR. DICHARRY: Oh, yes, they could reapply. I  
11 don't know what the time durations are, and certainly what  
12 ASNT would be in a position to do is to clarify its  
13 important procedures, so that there's no gray area regarding  
14 whether or not revocation would be based upon non-radiation  
15 safety related ethical issues.

16 I think a lot of the focus among all of the states  
17 and the NRC would ultimately hinge upon, well, just what  
18 sort of violations are considered relevant that revocation  
19 would occur across the board? No matter whether it be by  
20 ASNT, or the State of Texas, or any other certifying  
21 organizations.

22 The -- it appears clear that the types of  
23 violations that will result in information being provided to  
24 ASNT by the NRC, as described in the final rule entitled  
25 Deliberate Misconduct by Unlicensed Persons, clearly

describes the sort of conduct that would result in ASNT's opportunity to revoke certification or suspend certification.

The -- part of the concern that we have is that reports would only come after certain steps have been taken by the NRC to, first of all, verify that a violation had taken place, deliberate misconduct by an unlicensed person, that there has been some type of enforcement action taken by the NRC and then ASNT would be informed of it.

There is a possibility that ASNT would be in a position to respond to reports of radiation related violations from the agreement states on a much more quicker basis than could be done by the NRC. It appears that the NRC has its hands tied to some degree because of privacy act considerations, that maybe the agreement states are not quite so tied to.

So, what we may end up seeing is some distinction between how quickly ASNT can respond to reports of violations from the NRC versus from the agreement states. But again, this is now a new topic, and ultimately there would have to be an agreement on what sort of information ASNT can receive from the states and respond to on a consistent basis.

MR. FEOLE: The question was asked about the period of time. ASNT, in our document, states that there

1 are different levels of severity. There's levels one, two  
2 and three. Level three being the least and level one being  
3 the most.

4 Level three would be reprimands and so on. Level  
5 two, it states here, "Suspension shall for minimum of 30  
6 days to a maximum of 180 days", and notification of  
7 suspension, and so on, of violation. And severity of number  
8 one would be a minimum of one year, and that would be  
9 carried out. Now this is all in our document which we have  
10 here, so you can pick these up here and read about it.

11 DR. GLENN: Okay. I think maybe we've been at  
12 this one for just about an hour even. I think we've raised  
13 a lot of issues, maybe we can have some discussions in  
14 smaller groups.

15 Tomorrow then, I think what we -- in tomorrow's  
16 session, what we want to do is talk about what regulatory  
17 form we want to use to address these issues and try to come up  
18 with a solution that will work, given all of these different  
19 -- some states being able to take cards, some states not  
20 being to take cards and so forth and so on.

21 Tom?

22 MR. HILL: Question. You mentioned the wrongdoer  
23 rule. You mentioned certification. Am I to interpret what  
24 I've heard that the two are -- we have to have both of them  
25 for either one -- for the certification to work?

1           You can have the wrongdoer rule for something  
2 other than radiographers but that's not something that NRC  
3 is using for decertifying a radiographer?

4           DR. GLENN: No, I don't think that's fair. I  
5 think what has been drawn here is that, most likely, the  
6 kinds of cases that we identify under the wrongdoer rule and  
7 give that information to ASNT, are the ones that are likely  
8 to trigger their own sanctions. They are not absolutely  
9 tied together. I think, in fact, they probably will  
10 coincide quite often, but they don't have to.

11           MR. FEOLE: You'll be talking on the technical end  
12 of radiography.

13           DR. GLENN: Maybe one last comment from a member  
14 of the general public?

15           MR. MILLER: We've still got an hour to go.

16           DR. GLENN: No, to change the subject?

17           MR. MILLER: Oh, to change subjects. I'm getting  
18 nervous here.

19           (Laughter.)

20           VOICE: He's getting ready to leave.

21           MR. PARKER: Let me raise this question.  
22 Everything thus far has been that the regulators will pass  
23 on actions or inspection results to the ASNT for their  
24 action.

25           The ASNT program provides for their actions to be



1 taken independently of regulatory initiated actions. Can  
2 the regulatory agencies agree or abide by actions that are  
3 done -- initiated from the regulatory community?

4 MR. COLLINS: In the State of Illinois --

5 DR. GLENN: Well --

6 MR. FEOLE: Would you repeat that again, just  
7 so...

8 MR. MILLER: Roy, will you repeat the question?

9 MR. PARKER: Okay. In other words, as I  
10 understand the ASNT program, if radiography company XYZ has  
11 the right to file a request with ASNT saying that  
12 radiographer for AEC company has been involved in  
13 wrongdoing, ASNT now can take independent action and either  
14 suspend or revoke, under the present process where the  
15 regulators are not involved. Then can the regulatory  
16 agencies accept that or not, having not come or been  
17 initiated from the regulatory side?

18 DR. GLENN: I believe that -- maybe ASNT should  
19 respond to this. But I believe that ASNT's agreement with  
20 the NRC is that allegations and that sort of thing would be  
21 referred to us to do the investigation.

22 MR. FEOLE: Right.

23 DR. GLENN: Now, I guess you -- you can certainly  
24 initiate the information exchange --

25 MR. FEOLE: Yeah, we would do the investigation

1       probably, and give you the results.

2               DR. GLENN: Yes.

3               MR. FEOLE: That's basically the way it would  
4       work, as I see it, correct Don? We would do the  
5       investigation, and then we would pass that on to the NRC,  
6       then you would make the decision as to what happens.

7               But I see what he's saying. He's saying that if  
8       you have two labs, let's say, and this guy wants to squeal  
9       on that guy to get him off the job or whatever, and then  
10      there's a problem with it. So, you've got to look at that.  
11      But that's -- again, we would look into it to see if there's  
12      any justification. If there is, then proceed accordingly,  
13      and then pass that on to the NRC, or the agreement state, or  
14      whoever.

15              DR. GLENN: Gary.

16              MR. AMMON: Gary Ammon from Oklahoma.

17              What would happen if it was an ASNT company and a  
18      non-ASNT company?

19              MR. FEOLE: It doesn't matter.

20              MR. AMMON: Well, could you investigate an  
21      allegation against a non-ASNT company?

22              MR. FEOLE: You're saying non-ASNT, non-ASNT  
23      certified?

24              MR. AMMON: Well not all of your industrial  
25      radiographers are associated with ASNT.

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1 MR. FEOLE: Are they then certified by ASNT?  
2 That's the question.

3 MR. AMMON: Well, what if they're not even  
4 certified by ASNT?

5 MR. FEOLE: We have no jurisdiction.

6 DR. GLENN: They would have no jurisdiction.

7 MR. FEOLE: We have no jurisdiction if don't have  
8 anything to do with -- you know, if they haven't been  
9 certified by ASNT, then we have no jurisdiction over them.  
10 But if they have been certified by ASNT, then we would have  
11 jurisdiction.

12 DR. GLENN: Chuck.

13 MR. HARDIN: John, I've thought a little bit about  
14 the 24 hour notification. That is an important thing to me.  
15 If we can get the electronic system operating, and all the  
16 states participating in that, that is an availability at the  
17 initiation of the user end. If state A writes in to this  
18 bulletin board, basically is what it is, that industrial  
19 radiographer number 776 has been -- had whatever certificate  
20 withdrawn and puts it on the bulletin board, at the  
21 initiation of the state, that could be available on a  
22 24-hour basis. They could just go in and read it. It's a  
23 public radiation safety bulletin board is what it is. So  
24 that could be set up for that -- for that mechanism.

25 DR. GLENN: Yeah, I guess I'm still thinking

1 something even beyond that, though. One where you could go  
2 in and actually determine the status. You know, type in a  
3 name and determine whether they're certified, certification  
4 removed --

5 MR. HARDIN: That's the non-24-hour basis. If you  
6 wanted to see -- what I'm saying is, of an immediate nature,  
7 if you have some question that --

8 DR. GLENN: Okay, you want to know whether someone  
9 has had it --

10 MR. HARDIN: -- you can go in immediately and look  
11 at it and see if something's on the bulletin board. But on  
12 a non-24-hour need, there can be another system set up and  
13 look at this general status.

14 DR. GLENN: Okay. Maybe jumping in where angels  
15 fear to tread, I think the next big issue -- and perhaps we  
16 can have a discussion on it before we break up for the night  
17 and then be prepared to address it in the morning -- has to  
18 do with how new tests could be accepted by a third-party  
19 certifier. What do you see as the requirements for a test,  
20 other than the text of the test being deemed acceptable for  
21 such a certification?

22 MR. FEOLE: Do you mean a process for validation?

23 DR. GLENN: Yes, the process for validation.

24 Aubrey.

25 MR. GODWIN: It seems to me that any test that's

1 going to be accepted for any kind of certification that  
2 involves livelihood of individuals has got to be related --  
3 and you can clearly prove that the questions, each question,  
4 that individual took is related to the profession he's going  
5 to practice.

6 You've got to make sure that it's not biased in  
7 any way. It doesn't have any kind of hidden meanings or any  
8 tilts to it.

9 Secondly, it's got to be given in such a way that  
10 any qualified individual would be able to, you know, take  
11 it, pass it and be certified and not have to worry about  
12 either the individual that's qualified being turned down, or  
13 the non-qualified individual being able to qualify.

14 So, the process of the examination involves not  
15 only validation, but the -- if you would, the implementing  
16 mechanism -- a security mechanism to assure that the fellow  
17 makes it. I think you need to go to the folks who typically  
18 write questions and validate them. Because if you end up in  
19 court with one of these things, that judge -- before he's  
20 going to take somebody's livelihood, he wants to make sure,  
21 absolutely sure, that you -- you know, you've given him  
22 every fair opportunity.

23 And I just can't see how any of us can bow off of  
24 on any test that doesn't meet those kind of criteria.

25 MS. CARDWELL: We looked -- when we started doing



1       ours, we started out at the University of Texas Measurement  
2       and Evaluation Center.

3               When Rick mentioned a psychometrician; there's one  
4       on staff at the health department that we talk with. And  
5       there are criteria for validation of tests that are  
6       established by federal law, and we had to find out where  
7       what we were doing fit into that. How it did or did not fit  
8       into those criteria.

9               We ended up using the same approach for validation  
10       that the Texas Department of Highway -- Public Safety --  
11       whoever issues your drivers license tests -- took, and one  
12       of the important things in validation is, you've got to have  
13       a sufficient number of people taking the exam. And it's not  
14       just over a year, it's taking an exam, with the questions in  
15       a certain order, in a certain environment, and that's going  
16       to be up -- we've been fortunate in that we have enough  
17       people at a time to do that.

18              We can test -- they're going to be testing in  
19       Houston over two days next week, almost 200 people. That's  
20       fortunate for us, but it makes it very hard for anybody else  
21       who doesn't have the availability of those numbers of people  
22       to sit down at one time and take the test.

23              MR. FUNDERBURG: In the State of California, we  
24       have an agency that gives the test. And so it's very easy  
25       to hand them the test, they'll set up the time frame,



1 they'll -- what's the guy called that oversees it -- the guy  
2 -- the person will come in and he'll be taking a test next  
3 to the person that's taking the AART test. The next person  
4 over here may be taking a nuclear medicine test. So --

5 DR. GLENN: Yeah, but that would be the giving of  
6 the test. I think what we're talking about is the  
7 validation of the test itself, are the questions the right  
8 questions.

9 Bob Feole.

10 MR. FEOLE: For our level-three exams, we have the  
11 same type of thing where we had to, if you will, come up  
12 with an examination. And basically, we did it similar to  
13 what Cindy mentioned. We had -- we came up with an exam, or  
14 many exams, different exams, and we gave these exams many  
15 times. And the questions, again, weeded themselves out, if  
16 you will. We got the good questions and the bad -- the not  
17 so good -- the bad questions, and weeded out the bad  
18 questions. We presently do that with our level-three  
19 examination.

20 She had a good point. Unless you have a lot of  
21 people taking the examination, to do it that way may be  
22 difficult. But as we see it, if we take, if you will, all  
23 the states and all the NRC states and all the CRCPD states,  
24 there's a lot of people. And so, if someone has an exam, I  
25 think there would be that amount of people available to do

1 that. And that would be a way to get it started.

2 As you know, we have an exam which we're trying to  
3 get validated, and it's a problem to try to do that because  
4 there is no mechanism, if you will.

5 DR. GLENN: I guess what Cindy was saying though,  
6 there are actually regulations or laws that --

7 MR. FEOLE: That can be followed, yeah. Well,  
8 that's also another side of it.

9 MS. CARDWELL: I think it leads to another  
10 question; why? Why develop another one? You know, if it is  
11 just -- if it is cost -- I'm going to bring it up, because  
12 I've heard let's bring it up.

13 (Laughter.)

14 MS. CARDWELL: If it's cost -- if it turns out to  
15 be cost -- we discussed this a lot in our committee meeting  
16 last week -- and when you sit down and look at it -- what's  
17 Illinois going to charge?

18 MR. COLLINS: Sixty dollars for the exam.

19 MS. CARDWELL: Sixty dollars. Don's got --

20 MR. FLATER: A hundred.

21 MS. CARDWELL: -- ninety, a hundred, something  
22 like that. If all the other state programs are -- that's no  
23 profit for us whatsoever. In fact, over the last year,  
24 we've been losing almost \$25 an exam, by providing ASNT  
25 theirs, because there's not sufficient numbers. Every time

1 -- I think we gave it two people last week, and we had to  
2 sit down draw up an exam for two people and that costs -- it  
3 costs a lot versus sitting down to do it for 200 people in  
4 one week.

5 But the bottom line is that both contracts read  
6 the same. The one with CRCPD, if you're a state, it's going  
7 to cost Don \$40, plus Chuck's \$10, to get the exam. And if  
8 we look down the road, the other state programs will fall in  
9 that range. We'll probably end up being the cheapest just  
10 because we don't have that extra overhead. But if we're all  
11 the \$55 to \$100 range, then why -- does economics then  
12 become a real issue at all?

13 MR. FEOLE: Then it may not.

14 DR. GLENN: Is economics the issue?

15 MR. FEOLE: That's one of the main issues, as I  
16 see it, right Donny?

17 MR. DICHARRY: That's one of the issues and if  
18 indeed by developing our own exam we can save money to the  
19 industry, well, that's a valid reason to develop our own  
20 exam.

21 If there are also administrative impositions  
22 imposed upon a certifier, on ASNT, to use the Texas exam  
23 through CRCPD, then that also would become another valid  
24 reason for ASNT to consider developing its own exam. But  
25 it's not a foregone conclusion that the financial aspects of

1 those issues are irreconcilable. We have not discussed it  
2 enough yet.

3 MR. FEOLE: That's a good point. I think we would  
4 be willing to sit down, you know, and talk about that. I  
5 guarantee we will, as Chairman of the Board -- I mean, we  
6 definitely would.

7 It's an important factor with us, as we were told  
8 in the past that we could, you know, come up with our own  
9 examination, and it would be substantially less. I think  
10 we're finding, as we look into it a little bit more, that it  
11 may not be so true.

12 MS. CARDWELL: We may be able to provide you with  
13 figures. It takes -- right now we have a full person  
14 devoted to just -- not only just to the exams, but to our  
15 industrial radiography, and a half of another person and  
16 small, little five, ten, fifteen percent of other persons  
17 dedicated just to the maintenance of it.

18 MR. FEOLE: Well the point is, if a lot more exams  
19 are given, the price is going to go down because then you've  
20 got quantity. So, we can work around that also. So, I  
21 think maybe we can get together and see if that can be  
22 worked out, you know, together. It's a possibility.

23 DR. GLENN: Yeah. Let me just raise one issue  
24 that I see and it comes in the administrative thing. And  
25 that is, that it's a -- it's kind of like both of you have

1 to worry a little bit about the other one in the  
2 relationship. It's as though, if I'm going to play  
3 checkers, I have to go borrow the checkers from somebody  
4 else, and yet they were very valuable checkers and they  
5 wanted to make sure that the checkers didn't get harmed in  
6 the process.

7 We've had some interactions where both parties I  
8 think had legitimate concerns, and I guess if -- Bob Bernero  
9 mentioned one of the vulnerabilities of the third-party  
10 certification concept is that we could lose the third-party  
11 certifier and have a requirement that you be third-party  
12 certified. And with this relationship -- two parties  
13 essentially have to cooperate in order for the NRC to have a  
14 viable --

15 MR. FEOLE: It's an administrative problem.  
16 You're right in that respect.

17 DR. GLENN: I'm sure that those can be overcome.

18 MR. FEOLE: Plus --

19 MS. CARDWELL: Nobody has picked up their checkers  
20 and gone home yet.

21 (Laughter.)

22 MR. FEOLE: You know, we have to have the people  
23 validated, send that to Texas, they have to validate them,  
24 and it is an administrative -- somewhat of an administrative  
25 problem also. And that costs money on both sides, for us



1 and for them. And so we try to lower the costs. ASNT is  
2 trying to lower the cost of the exams.

3 To give you an example -- was it \$95, Sandi, per  
4 member and \$140 for a non-member of ASNT. And with that  
5 extra money, you become a member of ASNT. So that's what we  
6 have to charge to make it -- and we're not making anything,  
7 as you know.

8 But again, we get back to -- we've only given 300  
9 exams. As time goes on and it becomes a rule, maybe if  
10 we're giving 3,000 exams, it's a lot different because now  
11 the costs are able to -- you're able to eat up some of those  
12 costs in quantity. I think I'd be willing to look at that.

13 MR. KAMMERER: I was just going to observe that if  
14 something isn't broken, there isn't much of a need to fix  
15 it. Texas has got a very long track record of a large  
16 number of validations that has occurred, and perhaps there  
17 isn't as dramatic a need to duplicate the test and have  
18 another new test as was seen maybe two years ago.

19 MR. FEOLE: Yeah. Plus, we had a problem, as you  
20 know, this year with the contract and it got down to the  
21 last minute and we got it signed. But, you know, we would  
22 hope that that wouldn't -- that that type of thing wouldn't  
23 happen again. You get people involved, I guess, and things  
24 happen, you know. So that's always there, and I think it's  
25 felt by some people within our circle that if we have our



1 own exam, we wouldn't have to go through a lot of that. But  
2 again, maybe we can work out some of these things and  
3 instead of having a one-year contract, have a five-year  
4 contract. Then it wouldn't come up every year, you know.

5 MR. KAMMERER: We're opening new chapters, if not  
6 new books starting today.

7 (Laughter.)

8 MR. FEOLE: Exactly. And if we can get the states  
9 involved and CRCPD involved, that would be great because now  
10 we'll have everybody together doing the same thing and it  
11 would be helpful for everyone. And that's why we're here,  
12 you know, to try to work with the states.

13 MR. AUTRY: Have you gone far enough yet to where  
14 you would administer your exam, and the frequency of the  
15 exam? Is there central place to administer the exam?

16 MR. FEOLE: Right now, we don't have a central  
17 place. We go around the country. Where requests come in,  
18 we'll give an exam and I believe it's a minimum of five,  
19 supposedly. We try to have a minimum of five people. But  
20 it takes approximately, what, six months, three months, five  
21 months?

22 MS. CARDWELL: We have a 60-day deadline and Texas  
23 has a 30-day exam deadline.

24 MR. FEOLE: So we've got to plan ahead to try to  
25 get this done. But it's -- you know, we'll go -- I guess

1 you could say we'll go anywhere to give an exam if the  
2 people are there, because we're there to help the people in  
3 the field.

4 DR. GLENN: Let me add that that's one of the  
5 things we're considering in the rulemaking. It's important  
6 for a third-party certifier to offer it at enough various  
7 locations that it's fair to the radiography community; that  
8 we're not penalizing individual radiographers and saying --  
9 because they can't afford to travel a great distance, that  
10 they cannot be a radiographer.

11 MS. CARDWELL: Are you speaking of the state  
12 program thee also, or are you just talking about a  
13 non-regulatory --

14 DR. GLENN: We're talking about a non-regulatory  
15 certifying group. I think that's the source of my infamous  
16 remark in Sacramento.

17 MR. GODWIN: Yeah, that's very important because  
18 -- let's take I guess North Dakota. I'm not sure how many  
19 companies are up there, but I'm sure the guy up there would  
20 probably just be rushing to take a test. And that does get  
21 to be a real interest, even within the states. I imagine  
22 Texas has some areas of Texas where you really don't have  
23 that many radiographers.

24 MS. CARDWELL: Or people, period.

25 (Laughter.)

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1 MS. THOMAS: A lot it also is a matter of  
2 convenience. ASNT has the mechanism and the experience to  
3 produce a good technical exam. And we're willing to go to  
4 almost any measure to let you help us validate it, so that  
5 you will approve our exam. Right now, if I wanted to give  
6 -- if a company called and had 30 radiographers and they  
7 wanted us to come; we would go to them and them and train  
8 them. But we couldn't at their date. We would have to work  
9 with administrative guidelines that are in our contract  
10 right now, and then that puts us very close. We can't  
11 verify the 40 hours of formal training and the on-the-job  
12 experience before it's time for the guy to take the exam.  
13 And then, all of a sudden, it's time to take the exam, and  
14 he doesn't meet the criteria. And then, he's in a position,  
15 he wants a refund, and we've already paid the money. It's a  
16 matter of convenience more than anything else.

17 MS. CARDWELL: I think what you may run into there  
18 is that the states have all the same problems. We have the  
19 same -- Steve just mentioned, in their rule they've got 45  
20 days notification to be able to take the exam. We run into  
21 the very same problems. So I don't know that it would put  
22 either entity at any disadvantage where it's more -- once  
23 y'all's program gets better established and more and more  
24 state programs get established, I think we're all going to  
25 be working within equal parameters. Y'all are at a

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1 disadvantage right now because it costs them half to come to  
2 Texas. But that's not going to be true as we've seen  
3 already -- at least these states haven't.

4 MR. FLATER: I think something we have to try to  
5 understand, and I really hope I don't step on any toes, but  
6 we're there providing a service to those folks. And if it  
7 causes them some inconvenience, so be it. Because this  
8 deals with public health and safety, and that's our goal,  
9 and we can't hurry through this process.

10 We really need to verify, have they had the  
11 training and all this stuff, and get it ahead of time. And  
12 I'm saying the comments I made because I get it all the time  
13 from a licensee. They'll come in and say, we gotta have  
14 this immediately, immediately. Well fine, folks, you want  
15 us to plan, you can plan, too.

16 And so, I think -- I totally agree with Cindy. I  
17 think we'll find that this will all settle out. Once things  
18 work out, we're going to have the same thing that you are --  
19 maybe not the exact same thing, but the people are going to  
20 call us and they're going to be in a great big yank to get  
21 something done. How many times do you get through a  
22 regulatory agency, a license amendment the next day, if you  
23 want it? You never do.

24 MR. FUENTE: Fuente from Mississippi.

25 Does anyone in this room have a feel for how many

1 people we're speaking of -- approximately how many people?

2 DR. GLENN: To be certified?

3 MR. FUENTE: Yes.

4 DR. GLENN: Bruce, can you tell us?

5 MR. CARRICO: It's hard to say. That -- in the  
6 document New Reg that NRC puts out annually on the exposure  
7 data, which it is my understanding that it is only NRC  
8 licensees reporting, the number of monitored individuals  
9 under the radiography program is around 10,000. So about  
10 6,000 of those are receiving exposure, so that would include  
11 both radiographers and radiographers' assistants, or in  
12 Texas that would include trainees.

13 So we're only talking about radiographers -- we  
14 figured there would probably be about 6,000 radiographers.

15 MR. FUENTE: But Texas has certified half of them.  
16 And since there are only 3,000 left -- ASNT, you certified  
17 300?

18 MR. FEOLE: That doesn't include x-ray, which is  
19 required by some states.

20 MR. CARRICO: We figure it's about 20,000  
21 nation-wide.

22 MS. CARDWELL: We asked that question on the  
23 survey that we were talking about earlier. I don't have an  
24 added-up total figure with me, but I'm going to get this  
25 information and I'm going to send everybody on this list a



1 copy.

2 It's an estimate; most every state said  
3 approximately X-hundred, 400, 600 -- you know, ours was  
4 approximately 3,000.

5 MR. FEOLE: When we estimated -- when the program  
6 started, we estimated about 17,000. That didn't include  
7 x-ray people.

8 One of the other points I was going to make, and  
9 it was brought up, about how to validate the applications,  
10 too. And right now, again, I go back to a level-three  
11 program because it's been successful and we've been doing it  
12 for so long, is when you send in your level-three paperwork,  
13 you have to have references and have people sign who you  
14 worked for, your training, if you went to a training class,  
15 you have to have a certificate signed by the body that is  
16 noticed in the industry, if you will, and not just somebody  
17 off the street.

18 So, therefore, that's the way we do it for the  
19 level-three program. And there's no reason why we couldn't  
20 institute that in this type of a program, and it would help  
21 us with a lot of the validation of the things. As we go  
22 now, we basically have to call everyone; they don't submit  
23 anything like that, they just -- the application -- or the  
24 person making out the application just fills it in, kind of,  
25 and then it's up to us to go prove that what he said is

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1 correct.

2 MR. GODWIN: Is your program also capable of  
3 detecting false certificates? We've a couple or three  
4 instances of that.

5 MR. FEOLE: Yes. We have found false  
6 certificates, and we've taken action.

7 MS. CARDWELL: Have you been able to do that -- do  
8 you have some kind of verification like, if they say, I was  
9 trained by so-and-so company, or at so-and-so junior  
10 college, or whatever, and then you call them and --

11 MR. FEOLE: If we don't know them, yeah.

12 MS. THOMAS: Right. The program was designed to  
13 verify a percentage, but actually what we have done is  
14 verify every single one. We get a certificate of training  
15 to show that -- to show their training, and then we verify  
16 that certificate as valid.

17 MS. CARDWELL: That's good to hear because we do  
18 -- if they say they've been trained by, say, one of our  
19 consultants in Texas, according to that consultant's license  
20 with us, he's required to submit all his rosters -- class  
21 rosters. So we also, like Aubrey said, have found several  
22 false certificates --

23 MR. FEOLE: Yeah, we've found that.

24 MS. CARDWELL: -- and that's been, I think, one of  
25 the hold-up points with some of this, is the verification of

1 the training.

2 MS. THOMAS: Right. And that's one of the biggest  
3 problems that we're trying to work out. That's the hardest  
4 thing to overcome.

5 We also have the NRC regional list, and we call  
6 them -- if there's any question, we call them and say, is  
7 this a licensee, and have you approved their training  
8 program? We're pretty thorough.

9 DR. GLENN: Steve, did you have a question?

10 MR. COLLINS: Yes, I have a couple questions.

11 One of them is, let's assume NRC passes this rule  
12 as drafted -- and I sure would like to get a copy of that to  
13 read tonight before we come in tomorrow.

14 DR. GLENN: There is no draft rule.

15 MR. COLLINS: Oh, okay.

16 DR. GLENN: It's that simple.

17 MR. COLLINS: The question that I have, really, is  
18 if NRC goes forward with this rule requiring third-party  
19 certification, Illinois does that a statute that requires us  
20 to do our certification, whether you do that or not, we have  
21 a statute, so we're going to abide by our statute. Will the  
22 NRC recognize Illinois' certification?

23 DR. GLENN: I think that's what we're here to  
24 discuss.

25 MR. COLLINS: Well, that's a yes or no answer on

1 it. Will NRC recognize it?

2 MR. KAMMERER: Wouldn't it be dependent upon  
3 whether or not it meets a national criteria?

4 DR. GLENN: You could submit it, I would believe.

5 MR. COLLINS: We'll give it to anyone who comes to  
6 Illinois to take it; that's what I'm saying. What does  
7 national in scope mean? That's what caused the big  
8 question, in San Francisco --

9 DR. GLENN: I thought we addressed that. National  
10 in scope refers to someone who is a third party for the NRC  
11 performing, you know, this certification process. We have  
12 tried to separate, I think, in this discussion, the states  
13 running their own certification programs from that  
14 particular process.

15 Does Illinois intend to go nationwide and certify  
16 people in Wisconsin, Michigan, and so forth?

17 MR. CARRICO: In Oklahoma, we have to -- would  
18 your certification be satisfactory for a person in Oklahoma?

19 MR. COLLINS: We intend to use the Texas test.  
20 For anybody who wants to work in Illinois, he will be  
21 required to have our certification. And that's what I'm  
22 saying; if somebody does that and then he wants to go to  
23 work in an NRC jurisdiction, such as Oklahoma, will NRC  
24 recognize that certification?

25 DR. GLENN: We don't have a rule to judge your

1 program by yet. And it's a -- we can't -- it's not a yes or  
2 no question.

3 MR. COLLINS: What's your intent?

4 MR. GODWIN: Would you consider putting that kind  
5 of concept in the rule; that's the way you want it?

6 DR. GLENN: Yes. That's why we're here.

7 MR. KAMMERER: And would it not be that whatever  
8 criteria come from such a rule, as a beginning point of  
9 tomorrow's discussion, we'll be talking about what are the  
10 elements for this new rule. Wouldn't you then have the same  
11 kind of consideration here that Steve is raising? In other  
12 words, if their program meets the national standards, if  
13 there are ten items in there and you meet all of those, then  
14 it seems to me that they are exchangeable.

15 DR. GLENN: Well, except, I guess one of the  
16 problems is, is Illinois has already told us that they  
17 cannot have a complete recognition of anybody else's  
18 program. That they, in fact, can depend upon another  
19 certification in giving their own certification, but you  
20 cannot recognize it?

21 MR. COLLINS: We completely recognize your  
22 statement that they meet the Appendix A training  
23 requirements, based on your mechanism -- testing, whatever  
24 tests you approve.

25 DR. GLENN: But, an ASNT certification or Texas

1 certification would not allow the person to come into  
2 Illinois, they must go beyond that; is that correct?

3 MR. FEOLE: They'd have to let them know.

4 DR. GLENN: Yes.

5 MS. CARDWELL: Because of that, would that exclude  
6 an Illinois certification being recognized by Oklahoma?

7 DR. GLENN: I think that is something that  
8 everybody tomorrow should -- do the states have a problem?

9 MS. CARDWELL: Well let me ask a question then;  
10 are we going to start tomorrow's discussion with what was  
11 listed in the announcement that was sent out for this  
12 workshop on what the minimum -- the considerations for  
13 minimum criteria are?

14 DR. GLENN: I think that that's what tomorrow's  
15 discussion has to get into, is what would be the regulatory  
16 elements of a rule.

17 MR. LAMASTRA: For example, the mechanism you  
18 discussed where someone with ASNT certification approved by  
19 NRC would come to you and say, here is my card. You would  
20 look at the credentials, verify it, and then issue a State  
21 of Illinois certification.

22 A possible solution could be that someone could  
23 come to you and say, hey, ASNT is our certifier, one of the  
24 third-party people would go to them and say, here is my  
25 Illinois; ASNT could then maybe, perhaps, consider saying,



1     okay, we accept that, we verified it and now we will issue  
2     you an ASNT certification.

3             That could be a possible solution.

4             MR. CARRICO: Under ASNT's program, we already  
5     have that as a part of the program.

6             MR. LAMASTRA: No; but what I'm saying is that may  
7     be the solution we could discuss.

8             MR. CARRICO: It's already here.

9             MR. FUNDERBURG: Well, there comes the price into  
10    it now. If you're going to recognize another state  
11    certification, are you going to charge them the \$100 and  
12    write their name out, or are you just going to charge them  
13    \$10 and say we'll recognize the other state certification?

14            MS. THOMAS: Right now, if someone has a Texas  
15    card and they want an ASNT certification card, we're  
16    charging \$55 to do that.

17            MR. FUNDERBURG: The State of California wants all  
18    the money they can get.

19            MR. FEOLE: I guess that's the bottom line.

20            MR. FUNDERBURG: That's right. So they're going  
21    to charge \$100 or whatever it will be that we will establish  
22    whether they take the test or not.

23            MS. THOMAS: I'd better clarify that. In addition  
24    to saying that they have a Texas card and show documentation  
25    of that, they would also have to show documentation of the



1 40 hours of training and the on-the-job experience hours.

2 MR. CARRICO: Let me point out that the Texas card  
3 doesn't take that into account right now.

4 MS. THOMAS: But it will.

5 MR. CARRICO: They can use their card, basically,  
6 to take the test, and they don't have those criteria built  
7 in to issue that card. That's why ASNT is verifying it.

8 MS. CARDWELL: Yeah, but by the time y'all's rule  
9 comes out, ours will be changed.

10 MR. FEOLE: Steve, do you have a program now, or  
11 are you working on a program?

12 MR. COLLINS: We've got a proposed rule ready to  
13 submit to Illinois, and we'll register it the day our  
14 director approves it.

15 MR. FEOLE: Okay, so you do have a -- not an  
16 approved program, but you have a program.

17 MR. COLLINS: It's been ready since February.

18 MR. MILLER: But, Steve, one of the things that's  
19 kind of puzzling here, and I think we're kind of hitting on  
20 it a little bit, and that is when the ASNT talks about their  
21 certification program, they're talking about more than a  
22 test. They're talking about what Cindy was just saying that  
23 by the time NRC gets a rule on the books they will have  
24 included some of these other things as part of their card.

25 Now, the question to Illinois is, will your

1 program go beyond the test -- will it go for full  
2 certification, based on all the things that we've discussed  
3 today?

4 MR. COLLINS: Yes.

5 MR. MILLER: Then I see no reason why yours would  
6 not be a national, you know --

7 MR. FEOLE: If it meets the criteria.

8 MR. MILLER: Right.

9 MS. MCBURNEY: For the Illinois jurisdiction.

10 MR. MILLER: Beyond Illinois, if he includes all  
11 these things the program has been recognized by the NPC with  
12 regard to ASNT.

13 VOICE: what purpose; reciprocity? I mean, if  
14 this guy comes to work in Texas and he has his ASNT, do you  
15 insist that he gets a Texas card?

16 MS. CARDWELL: No.

17 MR. CARRICO: Him having that Illinois card will  
18 be fine?

19 MS. CARDWELL: Right. Or an ASNT card. Steve  
20 will have in his rules that we have to have x-number of  
21 hours of training to be verified, and on-the-job training,  
22 we will both have to have an exam. If we've got all the  
23 same things and we're using the same exam, there's no reason  
24 not to.

25 MR. CARRICO: Are you going to take action -- take

1 that individual and say you had a violation in Texas?

2 MR. MILLER: There are too many conversations  
3 going on and it's hard to follow.

4 MR. CARRICO: Are you prepared to do that?

5 MS. CARDWELL: Well, again, it goes back to the  
6 fact that we save revocation for the absolute worst case. I  
7 mean, if we're going to talk about absolute worst case, you  
8 know, if he's burned himself and somebody else, then we  
9 would issue an order, ordering him out of the state first of  
10 all, and immediately contact -- we'll call Steve at home.

11 MR. CARRICO: There's quite a difference in Texas.

12 MS. CARDWELL: Well, in the past, there has not  
13 been another program that's had the same requirements. Our  
14 concern in the past, like with the ASNT, has been the  
15 verification of training. And therefore that's why we  
16 accept -- if they come in with an ASNT certification, we  
17 accept that they have complied with taking and passing the  
18 exam portions that are required of our rules.

19 But we still require them to submit documentation.  
20 If we could all get to the point where we're all requiring  
21 the same thing, we're all verifying it, then there's no need  
22 to do any duplication of that, unless there's a particular  
23 odd state law.

24 DR. GLENN: It sounds like Illinois and  
25 California.

1 MR. FEOLE: They need the money.

2 MR. KAMMERER: Let the record show it's not that  
3 odd state law, it's the odd person.

4 MS. CARDWELL: So legally, Steve may have to issue  
5 that, but at a nominal cost, really, compared to the other  
6 one. And if they can get it to him in a turn-around time of  
7 within 24 hours, then it's not going to greatly affect the  
8 work of the individual. That's about how long it takes to  
9 get reciprocity through on anyone.

10 DR. GLENN: Ruth?

11 MS. MCBURNEY: Are you still entertaining comments  
12 on validation, Bob?

13 There are several other ways, if you have exams,  
14 to validate for doing so. I serve on the American Board of  
15 Health Physics, and we go through a validation process on  
16 exams that are not given very often -- in fact, all new  
17 questions every year, whereby a group of people, the panel  
18 examiners and the board, go through and respond to a series  
19 of questions about each exam item, about what percent of the  
20 minimally qualified people taking -- answering this question  
21 will score -- you know, will get this one correct. And go  
22 through -- and that data is fed into a computer and somehow  
23 it's crunched out to get some useful information.

24 So I think through either the regulatory oversight  
25 group or somehow, they could go through, as part of the

1 quality assurance on any exam that was developed, separate  
2 from the one that we have, to help in the validation  
3 process.

4 It's very time consuming.

5 DR. GLENN: Right. That brings up a point that we  
6 may invite a little bit of discussion on. I think one item  
7 that may irk some people, and which we've discussed among  
8 our staff in terms of where should the test be aimed, and  
9 the test generally should be aimed at the minimally  
10 acceptable person.

11 MS. MCBURNEY: The minimally qualified.

12 DR. GLENN: Because, again, we are a regulatory  
13 agency, it's not our job to keep qualified, even though  
14 they're the bottom part of distribution, to keep qualified  
15 people from earning a livelihood.

16 MS. MCBURNEY: As long as it sticks to those items  
17 in Appendix A on what, you know, the basic radiation safety  
18 -- as I was explaining to someone earlier that hadn't seen  
19 one of our exams or doesn't know what it's all about, a lot  
20 of it is just being able to read a meter face, being able to  
21 know where you put your boundaries, being able to read a  
22 measurement on a pocket dosimeter -- we'll have that sort of  
23 thing drawn out. What does a pigtail look like? You know,  
24 get down to real basics.

25 No -- No, Bob, you're from that odd state.

1 MR. FEOLE: It's a different kind.

2 That's what basically -- in our exams, where we're  
3 going is for the person just coming in, if you will.

4 I was just thinking of something else, and I don't  
5 know if it's possible, but maybe, you know, we all have  
6 banks of questions, if you will, there may need some  
7 mechanism to work together to try to put some of these -- we  
8 have some questions -- we have a lot of questions, I guess,  
9 and the state of Texas has a lot of questions and someone  
10 else might have a lot of questions. I don't know how, but  
11 there may be a mechanism to try to all work together, if we  
12 can, on a bank of questions. If we all decide to get  
13 together, if you will, then that may be a possibility. And,  
14 I'm sure it's workable. It's just a matter of the people  
15 getting together and trying to work it out.

16 But it's difficult for us -- maybe just one more  
17 time -- just, you know, to try to set up training courses  
18 and things, too, not knowing the types of things, if you  
19 will, not that you train for the exam itself, but the types  
20 of things to train people for.

21 MS. CARDWELL: I don't know, I might disagree with  
22 that a little bit because Appendix 34-A is pretty explicit.

23 MR. FEOLE: Somewhat, yeah. But again, there may  
24 be a mechanism to work together, I don't know.

25 MR. MILLER: Let me just ask, are there any other

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1 states having the same type of policy in their program that  
2 California has?

3 VOICE: Illinois, maybe, but not California.  
4 Where we cannot tell a licensee or an individual where he  
5 has to take test. I mean, we cannot specify ASNT or any  
6 other group. It has to be an open selection.

7 MR. MILLER: Well, that's different from the bottom  
8 line position of California.

9 MR. FEOLE: California is the only one; that's it.

10 MS. CARDWELL: That's correct.

11 MR. COLLINS: So, basically what Illinois would be  
12 saying is I think similar to what Don Flater is on the  
13 record as saying earlier is that we cannot specify that any  
14 third party is the sole source supplier. We have to offer  
15 an alternative, and the state giving the test itself is  
16 definitely going to be an alternative by statute.

17 MR. FLATER: That's exactly where we're coming  
18 from. We were backed into that same corner on the medical  
19 side. We have to have the -- we have to offer another  
20 opportunity for them to take it. That doesn't say we can't  
21 recognize ASNT, that's not the point.

22 MR. FEOLE: That's the point, as long as it's  
23 recognized.

24 MR. FLATER: It has to be made available.

25 MR. MILLER: Well, I think that's pretty true as

1 far as NRC is concerned. You know, if they -- if you go to  
2 the medical community, for an example, you'll say that,  
3 well, I would accept any certified -- board certified  
4 radiation doctor, okay? But you also have to make  
5 provisions for that doctor that's not certified.

6 And I think that's what you all are saying, that  
7 would be equal to what NRC is doing. Because not all  
8 medical doctors are certified. But they could be on the  
9 license and not be certified. Hopefully they would,  
10 eventually meet the qualifications and they would become  
11 certified.

12 MR. AUTRY: Well, they would have to meet the  
13 training requirements, first.

14 MR. MILLER: Oh, yeah. Yes. But once you're  
15 certified, you know, all that's given.

16 Now, it seems to me that -- I was thinking we were  
17 going to have a real stump tomorrow, but you all seem to  
18 have -- talking about Texas and Illinois in particular --  
19 some of this criteria we're going to be looking for tomorrow  
20 as to what is the things that make up for your certification  
21 program that would be equivalent to what we've already  
22 accepted as far as ASNT is concerned. And you all are  
23 pretty close there, as I understand.

24 Are there any other states that close?

25 MR. FLATER: What do you mean, Vandy, by that

1 close?

2 MR. MILLER: Texas says that they will have on  
3 their books in short order other provisions that goes beyond  
4 the test. It will be a complete certification.

5 MR. FLATER: Ours will be in place September 17th.

6 MR. KAMMERER: Any particular year, Don?

7 MR. FLATER: This year.

8 (Laughter.)

9 MR. MILLER: Let's hear it. You've been pretty  
10 quiet over there on that side.

11 MR. FLATER: These guys have been saying the right  
12 things, Vandy. You haven't brought up anything I'm willing  
13 to argue about.

14 MR. MILLER: Wait until tomorrow.

15 MR. FLATER: No, our rules -- our rules are in the  
16 process now. They've already gone to the Board of Health as  
17 a notice of intended action, they were shipped to the NRC  
18 over 30 days ago, to B.J., and they now have a date of  
19 September 17th of being in place.

20 MR. MILLER: And it reads pretty much like what  
21 Steve read for Illinois?

22 MR. FLATER: It's verbatim with what Texas has  
23 got, with some modifications relative to removal of cards  
24 and things like that.

25 MR. FEOLE: Is it just an exam?

1 MR. FLATER: Huh? No, no, no. They have to meet  
2 an educational requirement.

3 Texas' have to meet an educational requirement --  
4 a 40-hour training course.

5 MR. CARRICO: Is it verbatim on changes they're  
6 talking about, though, so that it would include issuing a  
7 card? Would it include verification of training and --

8 MR. FLATER: Oh, certainly. Ours includes the  
9 training and everything that they have to have for  
10 training.MR. FEOLE: How about a practical examination?

11 MR. FLATER: No, it does not include a practical.  
12 Because in our discussions with the State of Texas, they had  
13 that previously on the books and it never panned out to  
14 really be something that was overly important..

15 MS. CARDWELL: We feel that that's covered now in  
16 what documentation we require of on-the-job training, and  
17 the verification of that essentially does the same thing.

18 MR. HARDIN: Let me make sure -- I guess the  
19 question now is to Texas and to Don that I here talking. I  
20 could envision some states -- which I think Texas previously  
21 did -- that says if you pass my examination, I issue you an  
22 ID which basically says that you have passed this  
23 examination. It goes no further.

24 Now, if I hear you correctly, you are now standing  
25 on that requirement. To get the Texas card, you not only

1 have to pass the examination, but you have to meet some  
2 other criteria. And I think that what I hear, hopefully,  
3 coming out of this meeting will be what are those criteria  
4 that go totally in the certification program, not just a  
5 recognition of a test.

6 MR. MILLER: Exactly.

7 MR. HARDIN: And if that be the case then, are we  
8 leaning toward an end product that says, for a state who  
9 chooses only to issue an ID card that simply says you have  
10 passed the test, that that would not be an adequate program.

11 Am I saying that correct?

12 MS. CARDWELL: That's correct.

13 DR. GLENN: Does everybody say correct?

14 MR. MILLER: Yeah, but I saw Don saying correct,  
15 but shaking his head no over there.

16 (Laughter.)

17 MR. FLATER: I was just shifting the marbles  
18 around so I can get them to stay up there and think.

19 (Laughter.)

20 MR. HARDIN: And therefore, for an agreement  
21 state, that may be an area of compatibility if they finally  
22 get the criteria developed.

23 DR. GLENN: I think that Don's opening remarks for  
24 the session were that he felt that those criteria should --  
25 I think he said level-one compatibility.

1 MR. FLATER: I'm negotiable on that, but it's got  
2 to be a compatibility issue if we want -- in order to have  
3 total reciprocity in this country, and possibly even in the  
4 beautiful state of Canada --

5 MR. FEOLE: When did they join?

6 (Laughter.)

7 WALKER: Spell your last name, Don.

8 MR. FLATER: The only thing they got more of is  
9 fish.

10 MS. CARDWELL: The reason we are changing our  
11 rules -- I mean, we could sit back and say no, I'm going to  
12 do it our way -- because, to us, it was the only way that  
13 eventually a nation-wide program -- nation-wide reciprocity  
14 would work, if we all had minimum, if the card meant -- and  
15 the reason it popped up is because I asked somebody in  
16 Louisiana, what do you do if they come over with our card,  
17 and they said, oh, well, we assume everything's okay.

18 And so, we immediately started -- we have draft  
19 rulemaking in place that's already been sent out for public  
20 comment. And that's the reason, so that we could all just  
21 -- it would be -- reciprocity would eventually become easy.

22 MR. FLATER: This is no different --

23 MS. CARDWELL: And we have all that information --  
24 I guess -- let's not get into the database thing again, and  
25 I don't want to bring it up again, but we keep -- this is



1 our renewal year. We'll probably do 1,000 people again this  
2 year, so we are starting -- we're putting little stars on  
3 their cards so that we don't have to go back when our rules  
4 get implemented, we hope around September or October,  
5 something like that -- go back to all those people we've  
6 already re-done and reissue cards. We've already marked on  
7 them, already had them checked off that they've already met  
8 all their training requirements, because we have that  
9 database. And all that's available on a database.

10 So, if we got to that point, we have over 3,000  
11 entries that could be dumped in the one at the Conference.

12 MR. HARDIN: John, I want to be a devil's advocate  
13 here.

14 DR. GLENN: Okay.

15 MR. HARDIN: What if a state chooses not to go to  
16 the extent that I'm hearing here with this full  
17 certification program, but says, I don't want to go that  
18 total, but I do want to assure that they can pass an  
19 examination which I will administer, which may be the Texas  
20 examination, and give a card. What will NRC say to that  
21 state -- this agreement state, if they don't go any further  
22 than that?

23 MR. KAMMERER: You mean in such time as there is a  
24 national rule?

25 MR. HARDIN: That's correct. If a national rule

1 is in place, is that -- I'm trying --

2 DR. GLENN: I guess the question we would ask at  
3 that point is, if ASNT has such a program, why would you not  
4 opt to use their program?

5 MR. FEOLE: That's a good point. I was going to  
6 bring that up.

7 DR. GLENN: If you don't want to go that far, they  
8 go further.

9 MR. FEOLE: Why not just use the program?

10 DR. GLENN: Bob?

11 MR. BERNERO: But really, isn't that the  
12 compatibility issue?

13 MR. FEOLE: That's exactly -- it's got to be  
14 compatible. Everybody's got to do it the same.

15 MR. KAMMERER: Or close enough it don't make any  
16 difference.

17 DR. GLENN: Ruth?

18 MS. MCBURNEY: I would think that for  
19 compatibility purposes, it would have to be one or the  
20 other. If they wanted to do the testing themselves, then  
21 they could work out the mechanism with ASNT whereby the  
22 state would give the exam but ASNT would do the  
23 certification for any radiographers.

24 There all kinds of --

25 MS. CARDWELL: There are all kinds of programs to

1 do that. If Oklahoma wanted just to give the Texas exam and  
2 if they do the verification for us and we send you all the  
3 exams and y'all give them.

4 DR. GLENN: But we're saying nationwide. To be a  
5 radiographer, you would have to have passed an exam plus  
6 something else.

7 MS. MCBURNEY: Plus everything else.

8 DR. GLENN: That's essential for certification.

9 MS. MCBURNEY: Yes.

10 MR. MILLER: That's the information that Texas is  
11 going to be developing shortly?

12 MS. MCBURNEY: Right.

13 MR. GODWIN: We're going to drive compatibility,  
14 interestingly enough, by the reciprocity rule which would  
15 presumably say that for you to accept my radiographers, your  
16 rule would say that I had to meet some requirement. And if  
17 it doesn't meet it, then my people won't be able to go into  
18 your jurisdiction. And it won't take long for somebody to  
19 figure that out.

20 MR. FEOLE: That's right. You can't go to work  
21 there. You've got to go get it done right.

22 MR. MILLER: Well, let me move it one step  
23 further. Very early in the process with ASNT, there was  
24 considerable discussion on a task force to look at ASNT's  
25 program maybe annually. Now, we're going to have four or

1 five groups that have this type of program, how do you  
2 visualize that the other programs are going to be looked at?

3 MS. CARDWELL: Well, there's regulatory agencies.  
4 NRC does an 18-month review.

5 MR. MILLER: If it's an agreement state, then  
6 certainly when you get your assessment, your routine review  
7 or your visit, that would be looked at. That would be no  
8 problem.

9 MS. CARDWELL: Right.

10 MR. FUENTE: Am I hearing you saying that this  
11 would be the opportune time for the agreement states to  
12 review NRC's program?

13 (Laughter.)

14 MR. FEOLE: I don't believe you said that.

15 MR. KAMMERER: It has been a long day.

16 MR. MILLER: This gentleman from Mississippi has  
17 been quiet all day and has been waiting for an opportunity  
18 to step right in.

19 MR. FUENTE: I thought that was what you were  
20 saying.

21 MR. MILLER: That's not what I was saying.

22 (Laughter.)

23 MR. FUENTE: It sounded like that to me.

24 MR. MILLER: We were saying looking at ASNT's  
25 program. That's a long way from the NRC.

1 MR. FLATER: Well, but Vandy, I guess my question  
2 would be to you folks, what are you going to do to assure  
3 that the ASNT program meets the standards you set? You're  
4 going to have to do a review just like you do on us.

5 MR. MILLER: That's the point I was just making,  
6 that we have selected a task force already. And I just want  
7 to know, where would this task force fit now if we have  
8 other programs measuring up to the same standards as ASNT's  
9 program. I'm just throwing that out for discussion.

10 MS. MCBURNEY: The possibility would be then, to  
11 use some of the people that are on this group when you do  
12 your review of the agreement state program. For an example,  
13 since Mike and Ed are on that group -- I don't know who from  
14 -- who else, you know, if there's some from NRC. I know  
15 that when you do specific areas of our program -- for  
16 example, on uranium you bring down specific people that just  
17 deal with that. If a state has a certification program, you  
18 may want to bring in a separate task group just to look at  
19 that aspect of their program.

20 DR. GLENN: Steve?

21 MR. COLLINS: My remark was going to pretty well  
22 match hers, that a task group or some -- whatever name you  
23 want to call it -- made up of NRC and state representatives  
24 should evaluate any third party that's certifying.

25 MR. GODWIN: Why don't we call it certifying

1 entity instead of third party?

2 MR. COLLINS: Third party is a word we probably  
3 use too much.

4 MS. MCBURNEY: The sun is about over the yardarm.  
5 (Laughter.)

6 MS. C/ RDWELL: Can I bring up another topic?

7 DR. GLENN: Well, I don't think there's sufficient  
8 time to bring up another topic. Any final comments on this?

9 MR. GODWIN: We really never got into the  
10 discussion of the testing procedure, as far as the -- this  
11 may be viewed as a new subject, if it is we'll pass it to  
12 another time. But the mechanisms of testing to assure  
13 security and validity of the testing process which I don't  
14 -- do you view that as a new one or not?

15 DR. GLENN: Well, I guess I view that one as a  
16 different one, yes. Maybe that can be the first topic  
17 tomorrow morning.

18 MR. MILLER: Now, it is getting close to 5:00  
19 o'clock and we promised that we would try to call the first  
20 day to an end around 5:00. But what we really would like to  
21 suggest now, that we have put a lot of things on the table  
22 this afternoon, and you can use the rest of the evening to  
23 resolve some of these things in your mind and among some of  
24 your other colleagues, so that when we come back tomorrow  
25 morning, we can sail right through some items that we would



1 like to put on the table.

2 So, you've got the breadth of all of the problems  
3 in coming to closure on certification. So, if you will just  
4 discuss them among yourselves this evening, we should have a  
5 smooth discussion tomorrow.

6 Is there anything else that you would like to put  
7 on the record today before we cut the machine off?

8 (No response.)

9 MR. MILLER: Hearing none then, let's cut the  
10 machine off, and let's call on Aubrey again to --

11 DR. GLENN: You forgot to mention the time to  
12 reconvene.

13 MR. MILLER: Oh, tomorrow morning, we'll meet back  
14 in this room at 8:00 o'clock.

15 MR. GODWIN: Central time.

16 MR. MILLER: Central time.

17 We've asked you to make sure that you prepare to  
18 stay for the morning and hopefully we will be out of here  
19 before noon. But we didn't ask you to stay any longer than  
20 noon. So if you have made your reservations -- or you have  
21 not made your reservations back, we certainly will be  
22 finished by noon.

23 Now, Aubrey is going to tell you a little bit  
24 about later on this evening.

25 (The proceeding was concluded at 4:57 p.m.)

REPORTER'S CERTIFICATE

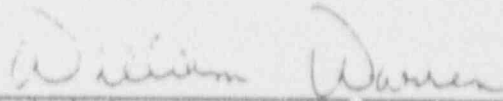
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in the matter of:

NAME OF PROCEEDING: Workshop

DOCKET NUMBER:

PLACE OF PROCEEDING: Mobile, Alabama

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Official Reporter  
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ORIGINAL

OFFICIAL TRANSCRIPT OF PROCEEDINGS

Agency: U. S. Nuclear Regulatory Commission

Title: Radiography Certification Workshop

Docket No.

LOCATION: Mobile, Alabama

DATE: Thursday, May 28, 1992

PAGES 142 - 265

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RADIOGRAPHY CERTIFICATION WORKSHOP

International Room

Hilton Hotel

Mobile, Alabama

Thursday, May 28, 1992

\* \* \*

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1       PRESENT WERE:

2

3       James McNess

4       Bob Feole

5       Sandi Thomas

6       George L. Kasyk

7       Mike Lamastra

8       David Turbeville

9       Braadley Grinstead

10      Raymond Worley

11      Roy A. Parker

12      Burl Nethercott

13      Robert Scoble

14      Virgil Autry

15      Charles Hardin

16      Steve Collins

17      Carl Trump

18      Vick Cooper

19      Jim Geringer

20      Arden Scroggs

21      Garry Ammons

22      Martin Hanrahan

23      Rick Kelley

24      Tom Hill

25      Dan Nash

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- 1 Bob Goff
- 2 Eddie Fuente
- 3 Donny Dicharry
- 4 Joseph Bush
- 5 Ruth McBurney
- 6 Cindy Cardwell
- 7 Michael Henry
- 8 Jim Sanford
- 9 Bob Walker
- 10 Robert Funderburg
- 11 Don Flater
- 12 Aubrey Godwin
- 13 Bob Bernero
- 14 Carlton Kammerer
- 15 Bruce Carrico
- 16 John Glenn
- 17 Vandy Miller
- 18 Arden Scroggs
- 19 Paul Nethercutt
- 20 Raymond Worley
- 21 Roy Parker
- 22
- 23
- 24
- 25

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## P R O C E E D I N G S

1  
2 MR. MILLER: Today -- well first, let me say this.  
3 If the rest of this workshop goes as well as our outing last  
4 night, I'm certainly sure that we're all going to leave here  
5 on the same note.

6 Now, we've covered a lot of things but we're going  
7 to have to kind of tie -- come to closure that we have  
8 covered some things that we think everybody is on the same  
9 sheet of music about. We're going to have a flip chart here  
10 in a few minutes.

11 MR. GODWIN: It'll be about 30 minutes.

12 MR. MILLER: And we're going to write some things  
13 on the chart that we think we would come close to closure  
14 on. But just in case we're not sure, John would like to  
15 kick off this morning by stating is there any really major  
16 difference between the ASNT certification packet and any  
17 state certification packet.

18 MR. GLENN: That's one of the issues. I guess  
19 also another thing is, before we get started, I would like  
20 to see general agreement that there has been a consensus  
21 reached on this issue of getting away with the term third  
22 party certification, but recognize that there will be  
23 certifying entities. One group will be agreement states and  
24 another group which is organizations recognized by the NRC  
25 for certifying its radiographers. That some of the criteria

1 will apply to both; the agreement states through the  
2 compatibility requirements for the organizations that are  
3 listed in the NRC's regulation based on the criteria that  
4 would be in the regulation. And one thing that I hope we do  
5 this morning later on when we have the flip chart and be  
6 looking at such things, is to list those elements that need  
7 to be in the criteria for a certifying group. I think it  
8 will probably break down into technical requirements and  
9 organizational requirements. I think the technical  
10 requirements will have to apply to agreement states in terms  
11 of compatibility, but the organizational requirements  
12 probably do not. In other words, the agreement state as an  
13 organizational entity has been recognized already by the  
14 NRC.

15           So in our discussions, I think it would be helpful  
16 if we can make that distinction. I think that will avoid  
17 some of the confusion in terminology that we've had before  
18 when we talk about having to have a program of national  
19 scope. Clearly, anyone who is recognized by the NRC as one  
20 of its certifying groups will have to have a national  
21 program; however, that would not carry over into the  
22 agreement states saying that if you're going to certify your  
23 own groups, then you have to have a national program giving  
24 tests throughout the nation. I think if we can perhaps make  
25 those distinctions in the discussion, we'll avoid some of

1 the problems that came up in Sacramento and other cases.

2 MR. COLLINS: Mr. Glenn?

3 MR. GLENN: Yes.

4 MR. COLLINS: Steve Collins from Illinois.

5 Some of us got together last night after that  
6 delicious dinner and decided that in the interest of  
7 accomplishing the mission as you stated it for this meeting,  
8 we thought we would try to put together a list of essential  
9 elements and things and --

10 MR. GLENN: Okay.

11 MR. COLLINS: -- try to give those to you and  
12 maybe start your list for your flip chart later. We would  
13 like to go ahead and do that early this morning, if we  
14 could.

15 MR. GLENN: I think that would be a good place to  
16 start at 8:30 as soon as we have some writing materials to  
17 look at.

18 Now what I thought maybe we could do in the  
19 interim before we have the writing materials; Aubrey Godwin  
20 had mentioned one further topic that we hadn't really  
21 discussed very much during yesterday's discussions. And  
22 that has to do with the security of the exams and  
23 maintaining the integrity of the examination process. So it  
24 may be useful to have a general discussion on that before we  
25 get into the specific criteria later on.

1 Aubrey, do you have any comments to make on that?

2 MR. GODWIN: Godwin, Alabama. It appears to me  
3 that in giving the exam, we need to look at having truly  
4 disinterested parties administering the exam, controlling  
5 the examination process and actually carrying through with  
6 the grading. The concern that we have is that -- presently  
7 we have really a self-grading process and if you're hiring  
8 an organization to come in as a consultant to do this, in  
9 effect, they become somewhat of an agent -- your agent. And  
10 what we were looking at is having a truly disinterested  
11 party do the examination process. The state or the federal  
12 government or perhaps some other agency that is truly  
13 disinterested ought to be really a requirement, as far as  
14 we're concerned, to make sure that you would have an  
15 examination where you don't have competitors examining each  
16 other, or even other associated companies. Many companies  
17 have several subordinates that operate radiography  
18 operations and they would be testing each other. In fact,  
19 they would do their own testing operation. The test may be  
20 better but it's really not a situation a whole lot better  
21 than what we've got now.

22 I think for everyone's overall liability  
23 protection, we really need a true independent setup. That's  
24 one of the key concerns that we have about it. That's the  
25 way I would open it up.

1 MR. KAMMERER: Kammerer, NRC. You used  
2 disinterested throughout most of your talking and ended with  
3 I think the right word to use and that was independent.

4 MR. GODWIN: Right.

5 MR. KAMMERER: We would really want someone who  
6 was interested but independent.

7 MR. GODWIN: Yeah, that's true.

8 MR. GLENN: Cindy.

9 MS. MCBURNEY: I'm Ruth.

10 MR. GLENN: I'm sorry, Ruth.

11 MS. MCBURNEY: Ruth McBurney, Texas. That has  
12 been one of our concerns in dealing with the contract with  
13 ASNT. There have been a couple of instances where a company  
14 wanted to test their whole group and using someone from that  
15 company as a proctor and we were just really concerned of  
16 the lack of independence of the proctor. Certainly, we have  
17 a big interest in maintaining our test security. And  
18 probably for that reason, we've put in several clauses in  
19 our contract just for that purpose, just trying to maintain  
20 some test security.

21 MR. GLENN: If ASNT could address that issue? I'm  
22 sure you have some kind of rules about self-examinations by  
23 companies.

24 MR. DICHARRY: Dicharry, ASNT. The security that  
25 ASNT employs is defined by the contract that we have with



1 Texas. In order to have an independent organization conduct  
2 our examinations on our behalf would impose an additional  
3 financial burden on ASNT and possibly there would be another  
4 means of providing the necessary assurances of security  
5 without necessarily having to rely upon another party to  
6 conduct exams on our behalf. Possibly it could be defined  
7 in whatever sort of oversight requirements of certification  
8 organizations there might be.

9 Clearly, we are in a position to consider the use  
10 of an independent organization. We are currently in the  
11 process of making arrangements with Professional Research  
12 Institute to conduct the accreditation of formal training  
13 organizations. So this is an area that we can consider of  
14 course, but it would possibly put ASNT's program under a  
15 significant financial burden, if indeed all other certifying  
16 agencies, certifying groups, such as the state of Texas, the  
17 state of California, would not have to also go to an  
18 independent organization to conduct the testing and bear the  
19 same costs.

20 MR. GLENN: Maybe if I can ask Aubrey to a little  
21 bit better define the scope of your concerns. One possible  
22 scenario that you've described is that we want to make sure  
23 there is sufficient criteria and rules regarding the testing  
24 procedure that we guard against having a company proctor its  
25 own people taking the exam, or a competitor who might want



1     them to fail proctoring the same exam. Or it could be  
2     you're talking that globally the idea of a professional  
3     group providing the examination causes you problems. Now, I  
4     guess precedent has been set in the medical area. We have  
5     for quite some time recognized the American Board of  
6     Radiology, The Society of Nuclear Medicine -- The American  
7     Board of Nuclear Medicine, those kind of certifications as  
8     being acceptable demonstration of competence.

9             So, I guess if I could ask you to clarify which  
10    issues or both issues you wish to address.

11            MR. GODWIN: Godwin, Alabama. Really both of them  
12    are what I'm looking at and I'm not precluding ASNT or any  
13    other organization that may end up doing it on their own. I  
14    would like to see sufficient safeguards to make sure we  
15    don't have a situation of self-testing, either through  
16    direct company relationship or through an indirect  
17    relationship through a subordinate company arrangement or  
18    competitor -- direct competitor. I recognize that you  
19    always -- to some degree, there's a certain amount of  
20    potential when you brought somebody say from California to  
21    Alabama. To some degree there is a national market that  
22    would be competitive.

23            I would say that if you had three companies in  
24    Mobile, you wouldn't have one of those three testing the  
25    other three in the Mobile area. It's effectively not

1 competitive. Maybe this is a little idealistic.

2 There is also a question of course of maintaining  
3 the integrity of the exam all the way up to -- I think  
4 that's almost a separate issue. That's really my concern at  
5 this point. I don't think it's something we can't resolve  
6 or can't be solved, but I think it's one that needs to be  
7 resolved.

8 MR. GLENN: Joe.

9 MR. BUSH: At the present time, we do --

10 MR. MILLER: State your name, please.

11 MR. BUSH: Joe Bush, ASNT.

12 We do have procedures that prohibit self-testing  
13 through the company and have gone to great pains to make  
14 sure that the monitors for the examination are not from the  
15 same company as the person being tested.

16 MR. MILLER: Speak up a little louder, Joe.

17 MR. BUSH: Okay.

18 If we need to or if we feel that we need to, I  
19 don't think there's been a problem so far with competitors,  
20 but -- and I don't know of any. So we could look into -- we  
21 could look into that and see if there has been a situation  
22 where that has -- where that has happened with a -- you  
23 know, a proctor, where it just happened to be a competitor  
24 being the proctor. I guess we could take a look at that.  
25 But I don't think we've had a problem to this point with our

1 procedures.

2 MR. GODWIN: Godwin, Alabama. Can we explore the  
3 subordinate company relationship of your procedures and  
4 address them? I'm not familiar with them, so I don't know.  
5 Where you have two companies under the same general  
6 ownership, you know, in completely different names and they  
7 don't even resemble each other when you look at them. Do  
8 you have procedures to address that?

9 MR. BUSH: Sandi Thomas needs to answer that. I'm  
10 not familiar enough with the procedures.

11 MS. THOMAS: Our procedures do not allow a proctor  
12 to serve for his employees. Our procedures do not allow --  
13 do not address competitors right now. But I've personally  
14 told proctors -- and I say, do you know these people? Are  
15 you affiliated? Do they work for you?

16 MR. GODWIN: Well they might not be working for  
17 him because they're in a different company, but the company  
18 headquarters is the same.

19 MS. THOMAS: Well, I'm saying our procedure right  
20 now does not address competitors.

21 MR. MCNEES: I'm Jim McNees, Alabama. I'm going  
22 to suggest the wording to write this up is vested interest.  
23 If the proctor has a vested interest or the proctor's  
24 company has a vested interest in the success of the  
25 candidate, then the states would probably perceive this as

1 being an improper situation.

2 MR. GLENN: Bruce.

3 MR. CARRICO: Bruce Carrico, NRC. I just wonder  
4 what kind of circumstances you might see occurring. The  
5 proctors are trained, they have to be qualified. How might  
6 they provide some advantage to their employees or associated  
7 companies?

8 MR. GLENN: Jim.

9 MR. MCNEES: The most typical situation you would  
10 think of is if you bid on the radiography on say three lay  
11 barges putting in a line out to the Sand Island natural gas  
12 processing plant and all of a sudden the company needed a  
13 dozen or 15 additional radiographers to meet that contract  
14 that they got. They would have quite a vested interest in  
15 getting somebody in and getting them immediately qualified.  
16 And if they needed them to meet a few hundred thousand  
17 dollar contract, it would be real easy to get the proctor to  
18 give them a little extra time maybe or anything like that.  
19 So I was trying to avoid the situation of the proctor having  
20 a vested interest in the test. Not to say that I know of  
21 any, or have heard of any occurrence of this happening.

22 MR. GLENN: Don Flater and then Sandi.

23 MR. FLATER: Two points, and one of it was brought  
24 up by a person in the state of Iowa relative to a situation.  
25 He said, well, what would preclude me from becoming a

1 proctor and going down the street with this testing lab  
2 that's right next to me and saying, you know, I'll let your  
3 people pass if you'll let my people pass.

4 MR. CARRICO: How is he going to let them pass?

5 MR. FLATER: Very easily. They throw it open for  
6 discussion. They're in a closed room and they're all from  
7 the same company and you say, guys, shutup, don't say  
8 anything outside of this room and they discuss every  
9 question through. Those kind of things happen. What we're  
10 trying to do in Iowa -- and I give a bunch of federal tests  
11 relative to radon and things like that -- is, we contract  
12 with one of our universities or one of the community  
13 colleges and they bring a -- I'll use the word disinterested  
14 party. Because they're not interested in the subject that's  
15 being given. They're interested in giving that test. So  
16 maybe they are interested from there. It costs very little  
17 to do this as far as we're concerned. That's what we do to  
18 keep ourselves out of having the finger pointed at us and  
19 saying, you know, you let somebody do something. But we  
20 give an EPA test on a routine basis and just contract  
21 through the process of that. So it's a concern of what  
22 would happen. And I'm not saying anything against ASNT from  
23 the standpoint of their integrity, but business does funny  
24 things. And if you have to have a bunch of people qualify  
25 and you need to get it done and you're getting pushed by the



1 provider of -- or the contracting company, there are amazing  
2 things that can be done.

3 MR. GLENN: Sandi, do you want to address that?

4 MS. THOMAS: Maybe we should clarify what our  
5 proctors actually do. We order the exams from Texas and  
6 each exam comes in a sealed envelope. The proctor doesn't  
7 see the contents of that envelope. The envelope is given to  
8 the examinee, he opens it, the proctor gives the instruction  
9 for the test. They open their own exams and then they seal  
10 their own exams. There's no way for the proctor to review  
11 the contents of that or to have anything to do with that.  
12 And then it's shipped back with 24 hours to Texas and Texas  
13 grades the exam and notifies ASNT of the score.

14 MR. GLENN: Perhaps, Sandi, you can go on a little  
15 bit further and describe the rest of the certification  
16 process. I believe that involves employees on ASNT rather  
17 than the proctor themselves.

18 MS. THOMAS: The certification process?

19 MR. GLENN: Yes.

20 MS. THOMAS: Do you mean our requirements and how  
21 we go to verify?

22 MR. GLENN: Right.

23 MS. THOMAS: Okay. Well, we would get all of the  
24 documentation. They would have to supply us a training  
25 certificate. We contact the issuer of the training



1 certificate to validate. We call the employer to validate  
2 their on-the-job experience. We would make sure they did  
3 their practicals. We submit that, and once all that  
4 criteria is in, then we certify them.

5 MR. GLENN: And that's done by the ASNT's own  
6 staff?

7 MS. THOMAS: Right.

8 MR. GLENN: Not by someone who has -- who is  
9 actually in the practice of radiology?

10 MS. THOMAS: Right. Texas totally provides the  
11 test and we -- it doesn't even come to headquarters. It  
12 goes directly to the proctor in sealed envelopes; they send  
13 it directly back to Texas in sealed envelopes and the  
14 results come from us.

15 MR. CARRICO: This is Bruce Carrico again.  
16 Currently ASNT is using ASNT volunteers as proctors. I was  
17 just wondering would it be a problem to incorporate some  
18 sort of procedure that would preclude what Aubrey is  
19 alluding to here. Make sure -- right now you make sure that  
20 there is no -- none of the individuals being tested, the  
21 proctor is not a member of that company, is that correct?

22 MS. THOMAS: Yeah, we do that now.

23 MR. CARRICO: So perhaps it's just another step to  
24 incorporate that.

25 MR. GLENN: Yes, Ruth.

1 MS. MCBURNEY: Ruth McBurney, Texas. In a few  
2 instances, I believe the state radiation control agency in  
3 the location where the ASNT exam is being given have been  
4 invited to sit in. That may be one mechanism. I don't know  
5 that the state regulatory agency would have a staff  
6 available at every exam to sit in and watch the proceedings.

7 MR. GLENN: It seems to me that if oversight can  
8 be provided, I don't think that ASNT or any other certifying  
9 group could probably exist with a situation where they  
10 always had to be able to get another party to agree to be  
11 there at a particular time. But if the invitation were  
12 generally open that the state radiation control group could  
13 be there --

14 MS. THOMAS: And that has happened.

15 MR. CARRICO: I --

16 THE REPORTER: I'm sorry but I couldn't hear what  
17 he said.

18 MR. MILLER: Who was it?

19 MR. CARRICO: Bruce Carrico. I was just noting  
20 that that's one of the items in the oversight program. We  
21 might do unannounced visits at the actual test site to  
22 verify that things are going the way they are supposed to be  
23 going.

24 MR. GLENN: Chuck.

25 MR. HARDIN: From a purely legalistic viewpoint --

1 MR. GODWIN: Who are you?

2 MR. HARDIN: Chuck Hardin with the CRCPD.

3 One of the agreements that we have with the states  
4 when they choose to use the Texas test through the CRCPD is  
5 a signed agreement by as high an official with the state  
6 that we can obtain. So basically, we have a contract in  
7 which it clearly states their obligations to have security  
8 of the test and maintain security. I guess my question is,  
9 I heard you -- it sounds like you do not have a specific  
10 formal arrangement, signed agreement, with the proctors or  
11 the people who administer the test. You call up and say do  
12 you know these people, et cetera. Have you considered a  
13 more formalized written agreement? In the event some breach  
14 of security does occur, at least you've got something in  
15 writing that legally you can go after.

16 MS. THOMAS: We have proctor procedures but we do  
17 not have a document for them to sign. However, all of our  
18 proctors have been trained by the state of Texas. If I had  
19 not been trained by the state of Texas, I couldn't proctor  
20 our exams.

21 MR. HARDIN: That's still a different question  
22 though. The question is legal responsibility in some  
23 written contract.

24 MS. THOMAS: We could certainly institute  
25 something like that. I don't see a problem with that.

1 MR. GLENN: Joe Bush.

2 MR. BUSH: Joe Bush, ASNT.

3 MR. MILLER: Excuse me just a minute, Joe. The  
4 reporter is having trouble hearing everybody. I thought  
5 with this lower ceiling you could hear better but that's not  
6 the case. So please speak as loud as possible so everyone  
7 can hear you and we can get it in the record. Plus, we're  
8 also getting some feedback from next door.

9 MR. BUSH: We have discussed at the board level as  
10 ASNT other ways of giving these exams to where we could be  
11 more cost effective and also dilute the possibility of  
12 specific proctors just for IRSP. The plan is -- and we  
13 couldn't do it this year because of some restrictions on  
14 dates being preset to give examinations. We wanted to  
15 integrate the certification of the IRSP and have those exams  
16 given at the same dates and locations that our level three  
17 exams are given by proctors that were properly trained, but  
18 also proctors for the level three. This way, we wouldn't  
19 have specific exams. People in the room would be taking  
20 exams for all different kinds of things, not just IRSP but  
21 also the level three program for different methods. And so,  
22 it would be very difficult to do the types of things that  
23 were discussed here just by giving more time or opening up  
24 the room for discussion of the questions, that type of  
25 thing. There would be a lot of different people in the room

1 with a lot of different interests. We do intend to fold  
2 this into our level three program as far as testing is  
3 concerned just as soon as we can get the schedules  
4 compatible. But we can't do that I think prior to December,  
5 huh, Sandi?

6 MS. THOMAS: It won't be until February.

7 MR. BUSH: Until February. We can't do it until  
8 February. So we hope that this will take care of a lot of  
9 those concerns, as well as some other concerns that we have  
10 based on finances. Right now, we'll go to an area and give  
11 an exam if five people sign up to take the exam. We only  
12 have proctors in some states; therefore, headquarters has to  
13 travel wherever we don't have a proctor to give an exam for  
14 five people. If we could fold it in on a regular schedule  
15 with a level three, I think we would solve a lot of this  
16 problem.

17 DR. GLENN: Any more comments?

18 MR. SCOBLE: Yes. Bob Scoble from United Air  
19 Lines. Just a general comment on the subject we're talking  
20 about right now. We feel that there's an integrity issue  
21 that's probably being discussed more than anything else  
22 here. And to discuss the issue of 15 radiographers that they  
23 had to have on board the next morning for examination  
24 purposes, that's not unusual in a dynamic company where you  
25 need staffing to move into a position. Our experience so



1 far is there aren't enough testing sites and enough testing  
2 agencies that deal with providing resources that a dynamic  
3 corporation needs in order to train and recertify  
4 radiographers. Whoever does it has to be timely and has to  
5 be responsive to the employers' needs and I don't think at  
6 the present time -- ASNP usually looks at six months to a  
7 year between scheduled exams and we would not be able to do  
8 that. Companies like United Air Lines, American and Delta  
9 -- those that are here -- we would simply sit and wait for a  
10 year for that rotation of the exam opportunity to come  
11 around and we would be exposed to I think considerable  
12 hardship and increased expenses to do that. People that  
13 don't have the integrity will figure out a way to get  
14 certified and violate your system anyway. I really think  
15 this is an issue of who would conduct the test. You would  
16 have to have more people capable and authorized to conduct  
17 the test. In our specific case, we are under California and  
18 we have an exam, the training program and our licenses  
19 approved by them. I think it's very timely that we should  
20 probably look at being able to continue that kind of  
21 authorization where under our license we're authorized to  
22 test and control our people through our proctors. We have  
23 the resources to deal with both internal quality assurance  
24 and internal training.

25 DR. GLENN: Maybe I should make clear that I think

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1 what we're discussing is exactly moving away from that  
2 system you described in California. That is the current  
3 system that the NRC has as well, where the training and the  
4 proctoring and testing are all done by the licensee. And  
5 what we're discussing here is a way to bring independence  
6 into the system and require a higher level of assurance of  
7 radiographer's training and background. But I think you do  
8 raise a very good issue in terms of this process must be  
9 fast enough so that the industry can live with it.

10 Aubrey.

11 MR. GODWIN: Godwin, Alabama. A key point there  
12 is not only giving the exam in a timely manner, but getting  
13 it graded in a timely manner. So we've got to make sure  
14 that whatever system or systems we go to, there's a  
15 reasonable turn-around time on the grading because these  
16 contracts don't usually last for years.

17 DR. GLENN: Yeah.

18 Sandi Thomas.

19 MS. THOMAS: Actually our time requirements are  
20 only 60 days and that's only because of the requirement that  
21 we have to get our order into Texas 30 days out. So we're  
22 giving ourselves 30 days to administratively put it together  
23 and then send the order to Texas. Now that is one of the  
24 reasons -- and the main reason ASNT would like to have its  
25 own exam. That way, if a company calls, we could go next

1 week and test everybody. As far as the grading, Texas  
2 usually has the grades back to us within two weeks. If we  
3 had our own exam, we would have the same, you know,  
4 capability. The main time -- if there is a delay in time,  
5 it's because the applicant cannot produce his training  
6 requirements and on-the-job experience.

7 MR. GERINGER: I'm Jim Geringer from Arizona. We  
8 have a small state that has relatively few radiographers and  
9 we also have the same concern that the airline has, is that  
10 if you have a small operation where you need to add one or  
11 two radiographers and the minimum number of people that you  
12 need to take the test is five, well then, you have to  
13 accommodate somehow these radiographers who need to get  
14 certified. That's one of the concerns that Arizona has is,  
15 will we still be able to certify or qualify radiographers  
16 who need to get on licenses without impinging the small mom  
17 and pop operations that do radiography without hurting their  
18 business. And that's something that needs to be considered.

19 DR. GLENN: Okay. Perhaps Texas could best  
20 address this issue, since you've had a mandatory program for  
21 some period of time.

22 MS. MCBURNEY: Of course the certification process  
23 is lengthy in itself, in that the applicant has to have had  
24 the 40 hours of training, then up to two months of  
25 on-the-job training, and so forth. So they know that

1 they're in the process, and you don't have someone all of a  
2 sudden saying, I need to get certified, one day and have to  
3 be certified the next because the whole thing is a process.  
4 And so there needs to be some planning and scheduling.

5 We give the exam once a month, at least. And in  
6 some months we will give it two or three times because of  
7 the -- this particular year we're in a renewal year, and  
8 it's time for everybody to renew. But we haven't seen that  
9 particular problem, in our state.

10 MS. CARDWELL: Cindy Cardwell, Texas. Maybe one  
11 of the reasons is, I don't know if this is a conceptual  
12 thing, but it's not like they cannot work if they're not  
13 certified. They can work as a trainee. There are still  
14 certain restrictions; they still have to have the 40-hours  
15 of classroom before they can touch a source of radiation,  
16 period. But they can still work while they're getting their  
17 on-the-job training, while the certification process is  
18 going through there, so it's not like we're restricting them  
19 from even doing their job. And that may be important to  
20 clarify--

21 DR. GLENN: I guess certainly that is one of the  
22 points -- one reason we want certification is that we do not  
23 want instant radiographers. I think that's been one of the  
24 problems that we have identified with certain kinds of  
25 operations, that they give a minimal amount of training and

1 then send the person out to perform the duties of a  
2 radiographer.

3 So, there is a -- we do want a process that  
4 assures sufficient time is given to the classroom training,  
5 the on-the-job training. And I guess the question is, what  
6 is the delta that we've introduced here in terms of getting  
7 that person fully qualified. I think that's it.

8 MS. CARDWELL: I think that maybe -- our rule has  
9 the two-man person rule in it, as does some other states  
10 like Louisiana, and that not only -- that serves two major  
11 purposes right now; safety number one, as the primary  
12 reason, but also because the two-man crew is required, then  
13 you've got someone there to supervise. They can't work two  
14 non-qualified -- or non-certified individuals can't work in  
15 the two-man crew. So, they are not only satisfying the  
16 safety aspect of having two people available for unforeseen  
17 circumstances, but you've got that other person in training,  
18 is able to work, earn a living, but still is not fully  
19 qualified while he's going through that.

20 DR. GLENN: I guess you experience has been that  
21 you haven't had anyone who said that the machinery is so  
22 cumbersome and it has delayed them so much that they have  
23 not been able to get qualified people on board fast enough?

24 MS. CARDWELL: Well, I guess we're maybe a unique  
25 situation in that we have given several tests just for

1 individual companies because they were willing to bring  
2 their people in. Usually they're willing to bring in 20 to  
3 25 at a time, we have that many -- we have just that much  
4 work there. So it's a little -- kind of not the norm in  
5 terms of the numbers, so we're able to accommodate them that  
6 way.

7 DR. GLENN: Well, Arizona was raising the issue of  
8 the small firm where maybe they only have one or two  
9 radiographers. If that one qualified individual leaves,  
10 then they're shut down. Now I think to some degree this  
11 might loosen it up because a person who is certified could  
12 -- you could, you know -- if you could hire a person who  
13 already has a certification, then that person is ready to  
14 perform quickly.

15 MR. GERINGER: Yeah, well, that kind of brings me  
16 into another question, is I was reading last night the ASNT  
17 certification program and it says, the certification is by  
18 examination method and consists of a written portion  
19 administered by ASNT or the CRCPD, and a practical portion  
20 administered by an institution recognized by ASNT. The  
21 practical portion is the part that I was questioning is, how  
22 do they do that, and we had one incident in Arizona  
23 concerning an over-exposure, and it wasn't that the person  
24 wasn't trained, it's just that he came from a very large  
25 company and he went to work on a job site in Arizona under

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1 reciprocity and he was given equipment that he wasn't  
2 familiar with. So, he was familiar with the Gamma  
3 Industries Sentry SA-type camera, and he was given a Spec-2  
4 T camera. Well, the problem arose where an over-exposure  
5 occurred because the individual wasn't familiar with that  
6 type of equipment.

7 Does the practical portion test all types of  
8 equipment? Is he certified on all types of equipment if  
9 he's given an ASNT certification, or how do you avoid a  
10 problem such as that where he moved from one location, one  
11 state, in this one individual company to another location --  
12 excuse me -- that had different equipment and there was a  
13 problem with an over-exposure resulting from that?

14 DR. GLENN: Okay. ASNT, I see, wants to respond  
15 to that.

16 I think one thing I want to point out before they  
17 respond is that the status-quo situation is very much the  
18 same where, where in NRC jurisdiction, the practical exam is  
19 required to be given and we have to rely upon the licensee  
20 to vouch for that.

21 ASNT?

22 MR. BUSH: Joe Bush, ASNT. You know, I don't want  
23 to get into another issue because that brings up another  
24 issue. I would just like to stress that if he's trained  
25 practically and in accordance with the rules and



1 regulations, he would have to be trained in accordance with  
2 his own O & E operating procedures with the equipment that  
3 his company has, and if he was working with a piece of  
4 equipment that his company didn't own, that he wasn't  
5 trained then he was in a different violation than any kind  
6 of certification program, number one.

7 Number two, the -- I forgot was number two was.  
8 The point that I made yesterday was that employer  
9 involvement, a buy-in of the employer on certification  
10 process, certification programs, is extremely important.  
11 And I'm really -- I really wish that we'd have thought far  
12 enough ahead to bring somebody in other than the fellows  
13 representing the airlines. They're really the only ones  
14 representing the industry here, and I wish we'd have had  
15 somebody from NDTMA and so on to be involved in here.

16 DR. GLENN: Cindy?

17 MS. CARDWELL: Cindy Cardwell, Texas. I think  
18 that Jim's point brings up another point I think we need to  
19 state -- we may wish to make is, basically because we don't  
20 believe in the validity of a practical exam, our rules  
21 require that they receive X-number of hours of OJT that have  
22 to be documented to us.

23 They have to documented -- the rules state that  
24 that OJT has to be with the equipment that they are using.  
25 So if they go from company to company and they don't get

1 that same OJT documented to us, then they're in violation,  
2 and our document that they have to submit requests type of  
3 equipment used, make, model number. And so, we feel that  
4 that takes the place, and actually does a better job, of  
5 assuring that the practical exam is administered on that  
6 machine.

7 DR. GLENN: We'll follow up the question from  
8 Texas first. Now, if a person has received the Texas card  
9 based on that representation that they now move to another  
10 company with a different piece of equipment, I guess then we  
11 still go back to the requirement on the licensee; right?

12 MS. CARDWELL: Right. That's exactly right.

13 DR. GLENN: That where it's always going to end  
14 up, is with the licensee?

15 Arizona?

16 MR. GERINGER: So, if an individual gets an ASNT  
17 certification, and then they switch companies, they have to  
18 be retrained. But if I see a card that says they're ASNT  
19 certified when I go and inspect them, how do I know that  
20 they've received the training on that company's equipment?

21 MR. CARRICO: This is Bruce Carrico. The program  
22 isn't designed to relieve the licensee of his responsibility  
23 for his equipment. Licensees always have that  
24 responsibility. If they get a new piece of equipment,  
25 they've got to make sure before they send a person out that

1 he understands how to use it. No ifs, ands, or buts. If he  
2 goes to a different job -- I mean, things could get that  
3 small if he's not used to the situation. They need to make  
4 sure that they understand how to do that before they send  
5 that guy out to do it.

6 MR. GERINGER: I realize that. But there are  
7 instances where a company will say, okay, you're qualified,  
8 go to work here. And if I catch somebody out in the field  
9 that comes in under reciprocity, I don't necessarily have  
10 access immediately to their training records or  
11 documentation that they have been trained on that equipment.  
12 And if all they show me is an ASNT card, how do I know that  
13 that's good for that particular equipment? There's a lot of  
14 problems that --

15 MR. CARRICO: It sounds to me as though it's a  
16 reactive situation with this type of thing. There's no way  
17 to know ahead of time if everybody's completely qualified  
18 for what he's supposed to be doing. If there's a problem,  
19 and you then find out that there's a problem, and then you  
20 take appropriate enforcement action against this person.

21 DR. GLENN: Yes. Vandy, and then --

22 MR. MILLER: Yeah, Vandy Miller again. There is  
23 no substitute for the responsibility of the licensee. I've  
24 noticed Texas talked about actually having some enforcement  
25 to individual radiographers, but that's in addition to

1 enforcing the commitments of a licensee. And in your case,  
2 that you explained, you know, you've got to get that  
3 licensee, because that licensee would really be in violation  
4 here.

5 Now, there are a lot of times that the  
6 radiographer could be violating something outside -- the  
7 licensee does about all they could do and then the  
8 radiographer goes out and commits an infraction beyond the  
9 commitments of the license, and then you can get the  
10 individual radiographer. But, in some cases, the licensee  
11 is the first one you go at, and in your case, I would think  
12 you'd want to go get that licensee.

13 DR. GLENN: Now, it's Cindy, and then I think  
14 ASNT. I'm sorry, Ruth.

15 MS. MCBURNEY: Ruth McBurney, Texas. It's for  
16 that particular instance that Jim brought up that some of us  
17 don't believe that the practical exam should be part of the  
18 certification process. And that that's more a rule or a  
19 condition of the license of the licensee to provide that  
20 training on the equipment that they are using and to  
21 document that. Certification is not an end-all for all  
22 situations; it's only to show that the radiographer has had  
23 basic radiation safety training. Beyond that, on the use of  
24 the particular equipment of the licensee or registrant, then  
25 I think it's still the responsibility of that licensee.



1 MS. CARDWELL: Well, I guess just to add one  
2 thing. Jim was talking about how would you know that. We  
3 have a section that requires -- that specifically states  
4 what paperwork they have to have in any temporary job site,  
5 and that's listed as one of them; getting on-the-job  
6 training.

7 DR. GLENN: On-the-job training.

8 Donny, did you have a comment?

9 MR. DICHARRY: Yes, Donny Dicharry, ASNT. The  
10 ASNT's practical exam can only be generic in nature. It --  
11 there's no possible way for it to include all equipment that  
12 is in use today.

13 But I do share Arizona's concerns regarding some  
14 means to assure that the radiographers do have knowledge of  
15 the use in all equipment. It is in -- what we envision, is  
16 a requirement for practical examination that would include  
17 such things as generic equipment inspection procedures, a  
18 verification that an individual does know how to perform a  
19 survey. And I think that these are the types of elements of  
20 a practical exam which are needed.

21 To rely only upon a documentation of OJT makes the  
22 assumption that an individual has received actual hands-on  
23 experience and knowledge with all equipment, and I would  
24 feel that to be a little bit of a loophole. But I don't  
25 know that that can be addressed by the certification method.

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1 DR. GLENN: Bob Feole.

2 MR. FEOLE: Bob Feole, ASNT. Our certifications,  
3 to be technical in levels one, two and three, do include a  
4 practical examination. I think this all falls under that  
5 type of thing where the person must show that they know,  
6 practically, how to use the equipment. And in most areas  
7 that I know of, if they're using a camera, they have to be  
8 certified at, I think, at least a level one to do that. And  
9 to do that, you must take the practical examination. And to  
10 take that practical examination means that you take it on  
11 that equipment, the equipment of your company, the company  
12 responsible, again, the employer. The employer is  
13 responsible for that certification. So, therefore, if you  
14 have that, that's another certification that you must have  
15 to operate a camera.

16 DR. GLENN: Okay. One question, I guess the board  
17 or whatever -- we don't know when that's coming?

18 MR. GODWIN: Yeah, it's supposed to have already  
19 been here, and I'm surprised it's not. There's some local  
20 people bringing it and I just don't know where it is. I  
21 called them about 7:30, but it's not here yet.

22 DR. GLENN: Yeah, I guess -- well, one point that  
23 Aubrey passed to me, and I think is quite correct, that we  
24 have to make sure that we define the scope of the  
25 certification program because we are beginning to ask the



1 certification program to solve all of the problems. And,  
2 obviously, that's not possible.

3 And so, we're really at the point where we need to  
4 start talking about what the elements of the certification  
5 program are, and maybe we could begin to do that.

6 MR. COLLINS: Aubrey, there were some flip charts  
7 in the room next door. I don't know if they were delivered  
8 to the wrong room, maybe. There are four of them over  
9 there, I think.

10 MS. MCBURNEY: Go steal one.

11 MR. GODWIN: You heard that.

12 MR. HARDIN: John?

13 DR. GLENN: Yes, Chuck?

14 MR. HARDIN: I want to make sure I understand  
15 what's going on. I'd like to repeat what I'm hearing, and  
16 then that way I do know I understood it.

17 Bottom line is, I think what you're planning to  
18 come out -- hopefully -- with recommendations from this  
19 meeting, is just exactly what does that card, if that be it,  
20 what does it represent when you see it? And I think the  
21 early interpretation by you that it was a broader-scope  
22 representation than what the intent is of the certification  
23 program, that it's going to be a more -- a clearly defined  
24 scope for which it represents, so that any state who goes  
25 and looks at a card should clearly understand when he or she

1 looks at it, what does it say to him?

2 And I assume that's one of the things that you're  
3 coming out of here with?

4 DR. GLENN: Yes, I would hope that what that card  
5 represents is a basic knowledge to perform radiography  
6 safely. But, it will not guarantee that that radiographer  
7 has been trained in absolutely every piece of equipment that  
8 they may be asked to use.

9 MR. HARDIN: And we need to convey that to the  
10 states so that they won't have the misrepresentation that  
11 you were raising.

12 DR. GLENN: Right.

13 Steve?

14 MR. COLLINS: Steve Collins from Illinois. Yes,  
15 since you've brought that up, some of us that worked on this  
16 a little bit last night have come up with four elements for  
17 a minimum standard, and I would like to present that when  
18 you're ready to listen, in the context of addressing all of  
19 the special issues and objectives that you brought up  
20 yesterday.

21 DR. GLENN: Okay. Did you have a comment before  
22 we do that?

23 MR. AUTRY: Yes, Virgil Autry, South Carolina.  
24 What was the conclusion on security of exams; did we ever  
25 come to one yet?

1 DR. GLENN: Well, I think we all agreed that there  
2 should be security; I'm not sure we've all agreed what is an  
3 adequate level of security. And I think that those are some  
4 of the elements that we need to address as we go through  
5 here.

6 Yes?

7 MR. NASH: Stan Nash, Florida. I have a little  
8 more basic question than the security of the exam; I think  
9 any exam is compromised to a certain extent over a period of  
10 time. I think, as Aubrey brought out, that proctoring is  
11 probably the most important thing.

12 But do I understand that ASNT has no interest in  
13 the certification process unless they're involved in the  
14 whole thing; not only involved, but they are the whole  
15 thing? That they give the test, they charge for the exams,  
16 they do the certification, and if they don't have -- are not  
17 involved in the whole process, are they still interested?

18 What I'm asking is, if the State of Florida would  
19 give the exam, could we go to ANST for the rest of the  
20 certification?

21 DR. GLENN: I think the ASNT can address that. In  
22 my understanding, in fact, they have that kind of  
23 relationship with Texas already.

24 MR. DICHARRY: I don't think we've considered it  
25 yet.

1 DR. GLENN: Well, I guess that -- it was my  
2 understanding that if they had passed the exam given by  
3 someone else that you would, in fact, consider going through  
4 the rest of the certification process?

5 MR. BUSH: We do that now with Texas. And there's  
6 absolutely no reason not to do it with another state. If  
7 they've already taken the Texas exam, I think we have a fee  
8 that we charge to do the rest of the certification process,  
9 and yeah, that's absolutely correct.

10 MR. CARRICO: This is Bruce Carrico. As I  
11 mentioned yesterday, the program does have this provision.  
12 It says that if the examination administered by ASNT or by  
13 an Agreement State. So this was one of the things built  
14 into the program from the very outset that there could be  
15 states willing to administer the exam, that ASNT would do  
16 the follow-up certification and issue a card and so on and  
17 so forth.

18 MR. NASH: Who pays the fee to ANST for the rest  
19 of the certification?

20 MR. CARRICO: Well, the individual would apply to  
21 ASNT for the remainder of the certification.

22 MR. MILLER: In fact, if I recall now, Sandi, you  
23 mentioned yesterday a different cost when the exam has been  
24 already administered and you were now carrying out the rest  
25 of the certification. What was that cost again, please?

1 MS. THOMAS: All right. Well, what we charge for  
2 the exam is \$95. If a person who has a Texas card wants to  
3 be certified through ASNT, he would be charged \$55. And  
4 what we're doing is we're dropping the \$40 for Texas.

5 MR. MILLER: Yes.

6 DR. GLENN: Okay.

7 MR. GODWIN: Along those same lines -- Godwin,  
8 Alabama -- along that same line, suppose that Alabama when  
9 into the business similar to Texas; would you do the same  
10 thing and accept Alabama's test as part of that, as long as  
11 it wasn't joint?

12 MS. THOMAS: I didn't hear the whole question; I'm  
13 sorry.

14 MR. GODWIN: Well, would you do the same thing for  
15 Alabama if we picked up the Texas test and the --

16 MS. THOMAS: Sure.

17 MR. GODWIN: -- appropriate certification process,  
18 so that --

19 MS. THOMAS: I we have -- as long as we all have  
20 the same criteria, I see no problem at all.

21 MR. GODWIN: Well then, there might be some  
22 advantage to them taking the Alabama test and also getting  
23 your card and being able to --

24 MS. THOMAS: Sure.

25 DR. GLENN: Okay. Maybe now we can go back to



1 Steve and you can list your four elements.

2 MR. COLLINS: As I said already, I have a little  
3 more than the four elements. They're a portion of what I  
4 have, and I'd like to, if I could, make a short  
5 presentation, uninterrupted, and then take questions --

6 DR. GLENN: Okay.

7 MR. COLLINS: -- from the states.

8 MR. MILLER: Steve, could you -- where's our other  
9 mike here? Could you just stand up, because I want to make  
10 sure everybody can hear.

11 DR. GLENN: Yeah, if you're going to make a  
12 presentation, if you would come down and use the speaker's  
13 microphone.

14 MR. COLLINS: Am I wired right?

15 VOICE: I think you'll still have to speak loudly  
16 so people can hear.

17 MR. COLLINS: Okay. I'd like to make this little  
18 presentation, and then I'll take some questions. I'd prefer  
19 it first from the states since the presentation is primarily  
20 oriented towards the state programs, and then from others.  
21 And then, if we could, I'd like to get an indication from  
22 the states here to find out if they support, basically in  
23 total, the concept that I'm going to cover.

24 And what we have done is taken the NRC's outlines  
25 that they presented as the format for this meeting's



1 discussion, first taking the special issues page, and then  
2 the NRC's concepts of a mandatory radiographer certification  
3 rulemaking page. So, starting with that draft of special  
4 issues, as NRC has already stated, they have no problem with  
5 using the term "certifying agency" or something like that as  
6 opposed to specifying third-party certifier which tends to  
7 narrow beyond what you really intended.

8 So, with that, number one, is the use of an  
9 examination developed by a certifying agency acceptable?  
10 The states' answer to that, I believe, is maybe. It will be  
11 a yes with three conditions being met. Validated test  
12 questions, regulatory oversight, and test security. Meet  
13 those three conditions and it's a yes.

14 Item two on the list was compatibility. What  
15 level is appropriate? We think the states would prefer a  
16 level three compatibility where you state, on a  
17 performance-based statement, what results you would like to  
18 have with the method that the state goes about getting to  
19 that end result unimportant. As Arizona stated earlier, you  
20 know, maybe he's only got one or two or three companies.  
21 Maybe he doesn't have to put it in his rules; maybe he can  
22 do it by license condition, but achieve the same end result  
23 and get the information out so that we would say that three  
24 is preferred, however, level two would be acceptable. I'm  
25 trying to anticipate NRC's needs.

1 (Laughter.)

2 VOICE: Illinois has defined level-five.

3 MR. COLLINS: We'll see you in court; keep  
4 pushing.

5 (Laughter.)

6 MR. COLLINS: Number three, reciprocity; what is  
7 necessary? What's necessary is that certification has the  
8 same minimum standards, and we have a list of four elements  
9 that go into that minimum standard. The objective of this  
10 is that certification be for all training and testing  
11 requirements have been met. That's what certification would  
12 mean; all training and testing requirements have been met.  
13 And there's four elements that we think are the minimum for  
14 that certifying body to have that.

15 Number one, training in Appendix A to 10 CFR 34 or  
16 equivalent. That's been referred to as 40 hours and a lot  
17 of other things, but that's what we're clearly trying to  
18 state.

19 Number two, a test be passed that demonstrates  
20 that item number one has really been learned.

21 Number three, a certain number of minimum hours of  
22 on-the-job training -- or call it experience, if you will --  
23 Texas specifies two months, or whatever number of hours is  
24 equivalent to that, but not a practical examination. We  
25 think that documentation that a certain minimum of

1 experience is sufficient for that, that the practical exam  
2 stuff is already incorporated as necessary, and doesn't need  
3 to be a part of the minimum standards elements.

4 The fourth one, verification of training has to be  
5 a part. And the NRC already has a system set up through the  
6 Sealed Source Device Registry type thing, a section in the  
7 end, for the states to provide input on training programs  
8 they've approved, and it basically could be distributed --

9 DR. GLENN: Clarification -- you're talking about  
10 verifications of training program?

11 MR. COLLINS: Yes, this is training programs.

12 Okay. Number four was program for periodic  
13 regulatory oversight of the third party. And we say that's  
14 absolutely required for non-regulatory agencies.

15 MR. FUENTE: Hey Steve, repeat number four?

16 MR. COLLINS: Number four on the special issues  
17 list was a program for periodic regulatory oversight.

18 MR. FUENTE: Oh, okay.

19 MR. COLLINS: And our response to that is  
20 absolutely required for non-regulatory agencies. We think  
21 the regulatory agencies already have the oversight through  
22 the various Agreement States or licensing state or that sort  
23 of thing, that there's already adequate there.

24 Number five, a method of communication between  
25 participants about radiographers and violations. A national

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1 database would be that method of communication. It is not  
2 necessary to have 24-hour operation; the next business work  
3 day is sufficient for almost anything that we could think of  
4 that would come up. So a national database, and we didn't  
5 specify who would maintain that. We don't think the method  
6 of getting that is as important as just having a national  
7 database. Okay.

8 Number six, regulatory recognition of third-party  
9 suspension of certification. The states probably cannot  
10 recognize true third-party suspension. Enforcement cannot  
11 be given to a third party. We think this is a state's call,  
12 a second-party call, maybe even a state's rights issue to  
13 our lawyers; we're not sure. But we just don't think that  
14 we can give this up in any way, and I don't -- from  
15 statements made by ASNT yesterday, I think that's their  
16 understanding of the way they'd like to have it, as far as  
17 actual enforcement.

18 On the NRC concepts on the mandatory radiographer  
19 certification rulemaking, the objectives -- provide  
20 assurance that radiographers have acceptable knowledge about  
21 radiation protection; we totally agree. Hold individual  
22 radiographers responsible for certain violations; we  
23 certainly agree. Workability on a national level; we  
24 certainly agree. Specify organizational criteria to ensure  
25 fairness, adequate resources and expertise; we don't think

1 this is necessary at all for state radiation control  
2 programs, we think it's already there, we think the law  
3 specifies and requires such things, that it be fair and  
4 adequate, and that the expertise and non-biased and  
5 non-discrimination provisions are already there by virtue of  
6 a lot of other laws. So we think this statement -- it  
7 should be clarified that that's aimed at true third parties,  
8 and it wouldn't be necessary for state radiation control  
9 programs.

10 And the next item on that was specify minimum  
11 program elements, and we've already given you the program  
12 elements on that special issues list for part of that.

13 On your options, we think that you should add --  
14 and I think you've already made this clear this morning --  
15 but to add the states' regulatory agencies as certifying  
16 parties. I think you made that clear this morning that  
17 you've already done that. That was -- but we think that  
18 language should be very clear.

19 With regard to Roman Numeral Three, the  
20 description of amendments under consideration -- that page  
21 and a half -- I have one comment with regard to that and  
22 that's this must not be applicable in any state that  
23 implements its own certification program and NRC and also  
24 other Agreement States must agree to recognize the  
25 certifying states and NRC's programs by reciprocity. That



1 statement is based on the assumption that it has those four  
2 minimum elements.

3 And that's the conclusion of the prepared remarks.  
4 I'd like to see if the states, first, have any questions, or  
5 comments.

6 (Applause.)

7 MR. AMMON: I've got one; can you take that and  
8 type it up and send everybody a copy, please?

9 MR. COLLINS: Everybody here is going to get a  
10 transcript. The transcript will be available -- I could,  
11 but the transcript will be available shortly I think. We'll  
12 just Xerox the appropriate pages of the transcript maybe if  
13 everybody wants a copy.

14 DR. GLENN: Yeah, again, when we have the flip  
15 charts, probably we'll need to have those -- the elements  
16 that we could discuss --

17 MR. FLATER: Just a quick question, since it was  
18 brought up on a document that's going to be transcribed --  
19 Don Flater with Iowa -- I would assume that everybody  
20 sitting around this table will get a copy of the transcript;  
21 is that correct? Once you get the transcript at NRC you  
22 will make copies and send them out to the people that are  
23 sitting around this table?

24 MR. MILLER: No. Now let me just say this; we  
25 have not made that a regular practice. What we normally do

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1 is put that transcript in the public document room and  
2 anyone can write for it, or they can go there and get it,  
3 but they have to pay for it. You know when that document  
4 comes out, that's document's going to be like this  
5 (indicating). That's not a small document in the first  
6 place.

7 MR. FLATER: But, Vandy, I would submit to you it  
8 is going to be no bigger than some of the other stuff that  
9 you send to us that we never even look at. This we will  
10 use.

11 MR. KAMMERER: We're talking about money.

12 MR. MILLER: We'll take that one under advisement.

13 MR. FLATER: So we're talking about \$25 a copy;  
14 send me a bill and I'll pay you for it.

15 MR. MILLER: But let me just say this, not only  
16 will the people that are in this room be interested in this  
17 transcript, there's going to be a lot of people interested.  
18 Now, you could imagine what we would be into trying to  
19 provide this document to everybody in the whole country.

20 We will have that document put into the public  
21 document room, it will be available, and you can go there  
22 and get a copy of it. But you'd have to deal with the  
23 public document room on that matter.

24 Now from the standpoint of the people that are on  
25 this list, we certainly will take that under advisement as

1 far as what we can do in that regard.

2 MR. COLLINS: To solve this problem, if the NRC  
3 will provide on loan -- and I'll return it to them -- one  
4 copy of the transcript, I'll photocopy the pages that  
5 contain all of this uninterrupted statement that I just did  
6 and send it to all of the state people that are here.

7 MR. FLATER: Or, if NRC wants to send me a copy of  
8 the document --

9 MR. KAMMERER: Why don't we take it under  
10 advisement and get on with the meeting.

11 DR. GLENN: All right. Alabama?

12 MR. GODWIN: Aubrey Godwin, Alabama. I'm having  
13 just a little difficulty understanding how we're going to  
14 really assure that we have the same standards so we don't  
15 end up with one-and-half compatibility numbers. Maybe some  
16 variation in the wording, but certainly the standards have  
17 got to be there. It's truly got to be a tight thing.

18 MR. COLLINS: Those minimum four that we mentioned  
19 we think ought to be locked tight, if we all agree.

20 MR. GODWIN: Yes, they ought to be locked tight; I  
21 think we ought to have that understanding.

22 MR. COLLINS: And your program objective was, can  
23 we agree on some minimum before we leave this meeting, and  
24 that's why we tried to carefully word those.

25 MR. GODWIN: With the understanding that those

1 will be tight, I think that would be a much more acceptable  
2 program from Alabama's point of view.

3 MR. KAMMERER: Question, am I a state?

4 MR. COLLINS: No, but it's your turn.

5 MR. KAMMERER: On point number four, you have a  
6 required oversight of non-regulatory, and I heard your  
7 rationality is that all the others are covered in some way  
8 --

9 MR. MILLER: Carlton, just talk this way; he can't  
10 hear you.

11 MR. KAMMERER: I was just asking -- I'm Kammerer,  
12 NRC -- about point number four as to the regulatory  
13 oversight; why wouldn't you just have that just generic and  
14 just require oversight of everybody? I recognize that it is  
15 -- that the licensing state has a review concept to it, the  
16 Agreement States has its review team that comes in there,  
17 why wouldn't you just apply it to everybody?

18 MR. COLLINS: Okay. We're not saying there  
19 wouldn't be any regulatory oversight at all. What we're  
20 saying is is that for the Agreement States and licensing  
21 states and stuff, there's already an adequate regulatory  
22 oversight in place, and that also we don't feel that for  
23 this a big-brother oversight really for the states  
24 implementing a program for certifying people as training to  
25 do something safely is necessary at all, since that

1 typically is a role reserved to the states and not to the  
2 federal agencies for anything. Whether you're authorizing  
3 the people to practice medicine, practice pharmacy, practice  
4 being a barber or a beautician, or anything else, that's  
5 typically things left to the states and we don't need  
6 federal oversight to do a good job at that.

7 We need to agree upon minimum criteria, that  
8 everybody will agree to on the program, and the states can  
9 ensure that that's there.

10 DR. GLENN: Yeah, maybe let's ask for more  
11 comments from other states. I think that yesterday we heard  
12 that in order to be workable, there has to be a fairly high  
13 level of compatibility, that the system just won't work if  
14 we allow too much variation.

15 MS. CARDWELL: We support what Steve said, the  
16 minimum four criteria as he said has to be pretty well  
17 everybody's criteria. The other things he talked about are  
18 extraneous. I mean, they may be good points, but they're  
19 extraneous, and I think one of the most important things,  
20 the issues, is that the states cannot turn over enforcement.  
21 Basically, I don't think the federal government can either,  
22 so therefore we support what Steve said, what he's laid out.

23 DR. GLENN: Yeah, let me address that again. We  
24 had quite a discussion yesterday about enforcement and I  
25 think NRC has never envisioned turning over the enforcement

1 process to ASNT. However, in recognizing the ASNT card or  
2 certification, as being both necessary and sufficient to  
3 demonstrate basic training for the NRC programs, the effect  
4 of ASNT's action of removing the card will in fact remove  
5 the ability of that person to operate within a non-agreement  
6 state. It is not that we're deferring our enforcement  
7 action, but that there is now a relationship between the  
8 qualifications of the individual and the actual certifying  
9 agency.

10 And I guess I don't know whether it's ever come  
11 up, but maybe under the states, if one of the medical boards  
12 were to withdraw its certification, is anyone aware of how  
13 they would handle that situation? I think it might be quite  
14 similar.

15 MR. COLLINS: Well in a situation like that, at  
16 least from Illinois, if a medical board withdraws a  
17 physician's right to practice medicine, then he has no use  
18 for radioactive materials anymore. I mean, if they want to  
19 try to make a HP out of a doctor, they can try it, but --  
20 well, I'd better not say what I was thinking.

21 DR. GLENN: Well, I think that that's perhaps a  
22 good analogy then that if ASNT withdraws its certification  
23 within the NRC's jurisdiction again that person is by his  
24 own peers not allowed to perform radiography. I guess the  
25 state -- there's not a similar state licensing of a



1 radiographer the way there is a doctor.

2 MR. COLLINS: Right. Steve Collins from Illinois.

3 And I mentioned that yesterday when I read the paragraph  
4 from our draft rules, I think that basically said, if ASNT  
5 or anybody else withdraws its card, then whatever other  
6 state might have recognized that card no longer has any  
7 basis for its original decision being right.

8 And it's pretty well automatic, if you got the  
9 model state's statutes and the model state regulations  
10 you're pretty well following it's pretty well automatic that  
11 any license or any certification or anything that you have  
12 to use radiation is predicated upon those initial  
13 statements, representations and conditions and things. So  
14 if any of that changes, you're automatically subject to  
15 review of whatever it is.

16 MR. FLATER: Don Flater from Iowa. I think the  
17 biggest point is that somebody was coming in with an ASNT  
18 card from out of state, and ASNT hasn't given them that  
19 card, we're not going to let them in. I mean, that's their  
20 passport to come into the State of Iowa. So, I think it's  
21 -- I mean, I'm not going to go out and if that person says  
22 yes I'm required but those guys just don't like me and they  
23 took the card, I'm not going back through that process.  
24 They've had their fair hearing as far as I'm concerned.

25 DR. GLENN: Okay, so let me get a sense; is there

1 a feeling there is a problem with the enforcement issue, or  
2 is it clear that any enforcement is actually up to the  
3 regulatory agency, but if the basis of the recognition is  
4 withdrawn then, in fact, all of it be withdrawn on that  
5 basis?

6 MR. FLATER: I guess the only problem that I would  
7 have, and that is if we take an ASNT card or something like  
8 that, what do they do with it, and I think that's something  
9 that has to be addressed. If we pull it for, say, a  
10 level-one violation, if we come upon the person who his  
11 instrument isn't working, his radiation detection instrument  
12 isn't working, it's in the truck, not doing surveys, not  
13 doing anything, and we take that card away, it's going to be  
14 up to ASNT to take action when we return that card back to  
15 them.

16 Now, if they don't do something there, based on  
17 what we tell them that's going on on a documentary report, I  
18 think there's where the regulatory problem comes in. But as  
19 far as them coming in from out of state into Iowa to work,  
20 if they haven't -- if they don't have a card, then they  
21 don't come in. That's plain and simple.

22 MR. FUNDERBURG: Bob Funderburg from California.  
23 I got a question. Can the State of Iowa take that card away  
24 from that guy, because it's issued by somebody else? By --

25 MR. FLATER: Our assistant attorney general says

1 that that card, once they come into the State of Iowa,  
2 because they agree under reciprocity and follow our rules,  
3 that card becomes our card the minute they cross the border  
4 into the State of Iowa, and we can remove it from them.

5 MR. FUNDERBURG: And if they say, I'm leaving now,  
6 give it back to me and I won't come back again?

7 MR. FLATER: No, no. Not if they did something  
8 that was in violation of a public health and safety issue,  
9 we don't give the card back.

10 MR. NASH: Nash from Florida. Are you saying that  
11 then the certification or registration is not legally like a  
12 license which is real property and which cannot be taken  
13 without due process?

14 MR. FLATER: The comment made by the assistant  
15 attorney general is that, if it is a true public health and  
16 safety issue, just like we can confiscate a source, if  
17 they're doing something, we can confiscate that card,  
18 because it prevents them from functioning in the State of  
19 Iowa and putting people in a detrimental position.

20 MR. DICHARRY: Donny Dicharry, ASNT. There are  
21 some significant issues with regard to enforcement that I  
22 believe that we do need to consider, and I'd like to raise  
23 those issues just as soon as possibly the discussion on the  
24 level of compatibility is completed because I think that  
25 there are some items that we will need to address that we

1 have not even put on the table today.

2 DR. GLENN: Okay. Are there more comments on the  
3 level of compatibility?

4 Chuck?

5 MR. HARDIN: Out of the data which Tom Hill  
6 presented yesterday, out of the 12 states that have  
7 specified that they are going to consider certification,  
8 one-third of those are non-agreement states. I guess the  
9 question is to the Agreement States that are here -- I'm  
10 Chuck Hardin with CRCPD, excuse me.

11 The question I have, the interpretation, if you  
12 would accept the general criteria that Steve just presented  
13 would be that if the non-agreement states chose to do their  
14 thing, I would presume that if they didn't meet this  
15 standard, you would not reciprocally recognize their cards  
16 as well? For clarification, I think Oklahoma is the only  
17 state we have here that's considering this, but for  
18 clarification, if they do not -- if you accept this  
19 criteria, and they do not meet this criteria, then the  
20 Agreement States would not reciprocally recognize a  
21 radiographer certified say by the State of Oklahoma, for  
22 example -- correct?

23 DR. GLENN: Texas was just -- Ruth, you're  
24 shaking your head. I guess that that was an affirmative,  
25 then?

1 MS. MCBURNEY: Yes, that is correct. We would all  
2 have to agree that any certifying entity that we could  
3 accept under reciprocity would have to meet all the criteria  
4 set out. And I suppose this would actually go into the NRC  
5 rule as -- I don't know if the criteria would go into the  
6 rule or not.

7 DR. GLENN: Yes, we would have to have the  
8 criteria in the rule.

9 Aubrey?

10 MR. GODWIN: Godwin from Alabama. I think it's  
11 important to recognize that there's a fairly large number of  
12 x-ray users out there that could potentially fall under  
13 this, and I think we ought to actively consider the criteria  
14 because some of the problems apply, and this would be in  
15 potentially a significant number of non-agreement states.  
16 So we need to look at, I guess on the states' side, how  
17 we're going to recognize and work with the non-agreement  
18 states that are not even licensing states, and make sure  
19 that there's regulatory oversight to them. That's probably  
20 within NRC's interest, but it is of vital concern to the  
21 states. I suspect to ASNT -- I'm sure -- I would imagine it  
22 is.

23 MR. MILLER: I guess that goes back five years ago  
24 when ASNT first met to consider a national certification  
25 program. They wanted to include both licensed materials and

1 non-licensed materials, so that they would include --  
2 whatever program that they came up with would be applicable  
3 to all 50 states. And that's what -- I think that's where  
4 you all have been all the time; correct?

5 MR. BUSH: Basically we have -- this is Joe Bush,  
6 ASNT. Basically we have on our card the difference between  
7 gamma and x-ray or both --

8 MR. MILLER: Right.

9 MR. BUSH: -- so that the person can have both  
10 blocks checked, which means he's qualified for both, or just  
11 one of those.

12 DR. GLENN: Okay. I see that we now have a board,  
13 and maybe we can discuss the four points that Steve raised.

14 Steve, do you want to run the discussion on this  
15 part?

16 MR. COLLINS: We'll go through them in order then,  
17 I guess.

18 The training and the subjects in the 10 CFR 34  
19 Appendix A are equivalent. That's the Appendix A or the  
20 40-hour training courses that we've been talking about all  
21 along. I mean, that's a given; that's the way it is now,  
22 and we have no intention of backing off from that in any way  
23 whatsoever.

24 Cindy?

25 MS. CARDWELL: I just want to make clear, when



1 we're talking about the compatibility issue, when we get  
2 down to it, too, this may be one of the things where  
3 training is absolutely required. But I don't, you know --  
4 whether we put 350 in and Steve puts 400, that's not a big  
5 issue. I just wanted to clarify that.

6 MR. CARRICO: What is that you're talking about  
7 now?

8 MS. CARDWELL: I'm sorry, not for that. But, I  
9 mean, even 40 hours or whether we have two weeks; that's  
10 what I mean.

11 MR. COLLINS: But we're not interested -- several  
12 people have said 40 hours, and we're not interested in tying  
13 down 40 hours. We're interested in specifying, these  
14 subjects will be taught. We don't want 40 hours tied down  
15 as -- in a compatibility type for the whole thing, is what  
16 we're saying.

17 DR. GLENN: Well, I think that the 40 hours is an  
18 element that's been a part of the regulatory guide which the  
19 NRC has had for some considerable time.

20 MR. COLLINS: Yeah, but I know there's been one  
21 program --

22 DR. GLENN: We need to have some discussion about  
23 the 40 hours.

24 MR. COLLINS: I know there's been one program, at  
25 least, in Louisiana that used to operate -- I don't know if

1 it still is or not -- where the guy did it differently. His  
2 course was a 24-hour course, but the prerequisites for  
3 getting to there were that you had to have met a certain --  
4 a lot of prerequisites that the other people didn't have.  
5 So, he accomplished in 24 hours of actually meeting  
6 classroom time what other people did in 40 just because he  
7 changed his prerequisites. He accomplished the same thing.  
8 And that's the reason I don't want to really specify.

9 I want to specify this is what they be trained in.  
10 and item two takes care of the proof that they really  
11 learned it. So I want to --

12 MS. CARDWELL: I hope we don't have a lot of  
13 disagreement on 40 hours. What we trying to make the point  
14 is that maybe, depending upon what compatibility level it  
15 ends up as, we don't necessarily have to get down to the  
16 point where there are specific numbers of hours and  
17 everything. I don't think we've got a problem.

18 DR. GLENN: Okay. This will come up again,  
19 though, when we get to the fourth element, verification of  
20 training. And then we're going to have to say well, what  
21 standards do you have to meet in order to be verified as  
22 well.

23 MS. CARDWELL: That's true.

24 DR. GLENN: So, I think we can all accept that the  
25 subjects in Appendix A are the appropriate subjects. Is

1 there anyone who disagrees with that?

2 (No response.)

3 DR. GLENN: Okay, so I think there is acceptance  
4 on that issue.

5 MR. COLLINS: Okay. And number two was that the  
6 written exam demonstrates adequate knowledge of those  
7 training subjects in 10 CFR 34 Appendix A.

8 DR. GLENN: Okay, now, I think probably there's a  
9 general agreement on that. I guess the questions is do we  
10 want to, at this point, then go into -- the first item that  
11 you mentioned was that an independent test, other than the  
12 Texas test, might be acceptable if it met three criteria.  
13 Do we want to cover that now, or --

14 MR. CARRICO: Does anyone have any problems with  
15 that?

16 MR. COLLINS: Those three criteria were that it  
17 had validated test questions, had regulatory oversight and  
18 test security was assured. We didn't talk about mechanisms  
19 in our little discussion here. What Chuck Hardin mentioned  
20 earlier about having contract positions that specifically,  
21 you know, make someone legally responsible for test security  
22 sounds like a good way to me. I'm not saying that's the  
23 only acceptable way, but that's one good way. And we didn't  
24 really want to tie down methods where we didn't have to.

25 DR. GLENN: Okay. But the principles of

1 validation oversight and those -- and we've already had  
2 quite a bit of discussion on the record about some of the  
3 aspects of that.

4 Aubrey, did you have a comment?

5 MR. GODWIN: Yeah. Godwin, Alabama. I think we  
6 should look a little bit beyond just saying the State of  
7 Texas test, other than the Texas test. I think it's  
8 important to recognize that if the Texas test should reshape  
9 itself such that it no longer meets this criteria we  
10 wouldn't accept that, either. I don't think that's likely,  
11 but I think the principle is what we're looking at.

12 DR. GLENN: Right.

13 MR. COLLINS: That the examination use validated  
14 test questions, that there be regulatory oversight --

15 VOICE: Oversight of what?

16 MR. COLLINS: The exam.

17 MS. CARDWELL: Meaning not only the compilation  
18 and just the nitty-gritty of putting the exam together, but  
19 the validation process.

20 VOICE: The process?

21 MS. CARDWELL: The process; right.

22 DR. GLENN: I guess that -- I was thinking that  
23 this regulatory oversight would also be a task force that  
24 includes the states, the NRC -- that comes in and looks at  
25 each individual --

1 MR. COLLINS: That's my view, too. But, once  
2 again, we tried not to specify methods and get it that  
3 detailed, where it wasn't absolutely necessary.

4 So we're talking about examination in the sense of  
5 the use as a noun and a verb -- regulatory oversight of all  
6 of that.

7 And the third one was test security.

8 DR. GLENN: It looks like we have a general  
9 consensus on that?

10 MR. COLLINS: Okay. Number three was some  
11 specified hours of on-the-job training or experience. And  
12 that was specifically stated to be a requirement to exclude  
13 any practical exam -- that is, practical exam should not be  
14 specifically required. We think adequate documentation and  
15 verification of the certain number of hours of on-the-job  
16 training -- we didn't specify that minimum number because  
17 right now Texas has one number, Illinois proposes another  
18 one -- that's something that should be open to a negotiated  
19 process between the regulatory partners to come up with a  
20 good number, in addition with the --

21 DR. GLENN: We could start that discussion maybe  
22 today. I guess the currently the NRC requires, essentially  
23 three months, five hundred hours of OJT. I understand Texas  
24 and some other states require two months, essentially.

25 MS. CARDWELL: We're changing that to specified

1 number of hours.

2 MR. COLLINS: Right, I think Illinois specified  
3 360, I think it was, and then if you had x-ray -- or  
4 machines on top of sources, that was an additional 80 to a  
5 440 total. But, we are -- we're flexible on that absolute  
6 minimum number of hours.

7 The gentleman from Arizona?

8 MR. GERINGER: Well, I wanted to --

9 MR. COLLINS: Name, please?

10 MR. GERINGER: I wanted to bring up a comment. In  
11 the ASNT portion they say a practical portion administered  
12 by an institution recognized by ASNT; obviously that would  
13 not necessarily be the case, but I was wondering -- I just  
14 had a question as to what that meant, recognized by ASNT --  
15 how do they recognize it?

16 DR. GLENN: Donny?

17 MR. DICHARRY: Donny Dicharry, ASNT. They -- at  
18 this point the definition of an organization that's  
19 recognized by ASNT is any that is recognized by any  
20 governmental regulatory agency.

21 MR. GERINGER: Okay.

22 MR. DICHARRY: Including, primarily, licensees.

23 MR. GERINGER: Okay.

24 MR. KASYK: George Kasyk, New York Department of  
25 Labor.



1 MR. MILLER: Speak up, George, he can't hear you.

2 MR. KASYK: George Kasyk, New York Department of  
3 Labor. Another element of oversight is the number of shots  
4 they take. A crew can be sitting on a pipeline for ten  
5 hours -- I mean, they get credit for ten hours and they may  
6 not take a single shot. So you may be accumulating a lot of  
7 hours, but not getting any practical experience.

8 MR. COLLINS: In most of the country he won't do  
9 that but one day. Industrial radiography is very much a  
10 competitive business, and you've got to produce feet of film  
11 or you don't last very long.

12 MR. SCROGGS: Yes, Arden Scroggs, Washington  
13 State. I've got a question of which comes first; the exam  
14 or the OJT?

15 DR. GLENN: Cindi.

16 MS. CARDWELL: We've had that discussion many,  
17 many times, because we've been going over our rules. And  
18 the way we've re-written them now, the IE part is the  
19 end-all; it means when you get that, they are certified,  
20 they have had all their training, have had it verified and  
21 taken the test. We still don't specify the order in which  
22 they do that, because they could essentially come in -- you  
23 get anybody taking this test, we've got educational  
24 backgrounds from PhDs to junior high school dropouts. You  
25 can get somebody who can come in and do a lot of studying

1 out of a book, pass the written exam, assume he could do his  
2 OJT, and to us that's not a big deal.

3 So, the end-all means that all of this -- and the  
4 card means that all of this has been verified and completed,  
5 but we don't necessarily care in what order. And that's  
6 just from our experience.

7 DR. GLENN: Bob?

8 MR. BERNERO: Bob Bernero, NRC. But there's a  
9 specific question I'd like to clarify. Isn't the essential  
10 issue here that there is no practical exam; there's only  
11 some agreed-upon scope of on-the-job training, but no  
12 practical exam? There is the written exam, but the  
13 practical exam is omitted here; right?

14 MS. CARDWELL: Well, the way we had it set up, it  
15 says they have to have on-the-job training in the equipment  
16 that they are -- the specific equipment that they are to be  
17 using -- I'm not sure if we have it in the new draft or not,  
18 but we could add something to address Donny's concerns, and  
19 survey instrumentation so that they know how to use that.  
20 They have to document that. That has to be signed off by  
21 their RSO, so it's essentially the very same thing.

22 MR. BERNERO: It's a de facto. Practical.

23 MS. CARDWELL: Yeah. There's no reason for an  
24 additional, you know, practical exam; it's essentially the  
25 same piece of paper.

1           MR. BERNERO: That takes care of New York's  
2 question too.

3           MR. CARRICO: Can I ask -- this is Bruce Carrico,  
4 NRC. Since Texas does things a little differently than the  
5 NRC does, licensing in radiography, you all do name  
6 individual radiographers on the licenses, and NRC allows the  
7 licensees to do that. If an individual changes from  
8 licensee to licensee, in essence then he cannot act as a  
9 radiographer until he's named on that license; does he have  
10 to go through OJT again with that licensee?

11          MS. CARDWELL: We haven't done that in the last  
12 two or three years. We just name our trainers -- the  
13 licensee trainers.

14          MR. FUENTE: Fuente from Mississippi. What we do,  
15 we list them, and we will continue to list them as  
16 radiographers.

17          MR. CARRICO: I'm just wondering with this OJT  
18 thing, is this going to cause some problems? I mean, I hear  
19 you saying that if they use tech-ops equipment compared to  
20 specs equipment, and they're not qualified with specs  
21 equipment, then you're not going to allow them back as  
22 radiographers, or is that not what you're saying? It's  
23 still that licensee's responsibility to ensure --

24          MS. CARDWELL: That's right.

25          MR. CARRICO: -- whose fault that was.

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1 DR. GLENN: Ruth?

2 MS. MCBURNEY: McBurney, Texas. No. The OJT, we  
3 give them the credit for. What they do have to do, when  
4 they move to a new licensee, is that licensee has to assure  
5 us that they have received copies of, and show competence in  
6 their specific operating and emergency procedures with their  
7 equipment. And that's all.

8 MS. CARDWELL: Which is different; it would fall  
9 back on the licensee having the responsibility to monitor  
10 the technical procedures.

11 MR. FUENTE: Fuente from Mississippi. That's what  
12 I'm saying. If that guy's name is not on that license, he  
13 is not authorized to act as a radiographer or a radiographer  
14 assistant. That's all we recognize in Mississippi; those  
15 two classes. That licensee must demonstrate to us that that  
16 person, or persons, have received OJT.

17 MR. HILL: Tom Hill from Georgia. I think what I  
18 was going to say has really already been covered in that  
19 it's the licensee's responsibility. Now whether the  
20 particular state lists that radiographer on the license or  
21 whether they list the trainer, the state can still inspect  
22 that if they list the trainer when they go in to do an  
23 inspection, they can look at that licensee's training record  
24 and verify that, in fact, this particular individual was  
25 trained before he went out, in the procedures -- operating

1 procedures, et cetera. So, it's his problem.

2 DR. GLENN: I guess it has been the NRC's thinking  
3 in this that we did want, in fact, a practical exam, and  
4 that we have representation by the people who gave that  
5 practical exam that it was given, that the person has  
6 established their competency prior to the certification.  
7 Now, we're hearing that Texas essentially feels they get the  
8 same thing; is it a matter of how we word that requirement?  
9 Does everyone really agree that someone should be on the  
10 record as saying that the person has mastered the concepts  
11 and demonstrated practical ability?

12 MR. CARRICO: May I ask something of Texas? You  
13 mentioned that the RSO signs off; is the RSO looking at that  
14 individual doing these type things so that, in essence, a  
15 practical examination is being given at some point in time?

16 DR. GLENN: Steve?

17 MR. COLLINS: It was just answered.

18 MR. MILLER: Let's get McNees over there.

19 MR. MCNESS: I'm Jim McNees from the State of  
20 Alabama. I was just wondering, the certifying entity or the  
21 certifying agency, what is the vision of how they verify  
22 that number three has taken place?

23 DR. GLENN: That would be based on signed  
24 representations by whoever the qualified training  
25 organization was, which is most likely the licensee.

1 MR. COLLINS: That provides our transition into  
2 item number four, which will occur after the coffee break.

3 DR. GLENN: After the coffee break.

4 MR. MILLER: After the coffee break we will start  
5 on four. But, now I'm convinced that your number three that  
6 says practical exams should not be specifically required.  
7 Well, there is a practical exam that is taking place as a  
8 part of the OJT.

9 We'll break at this point.

10 (Brief recess.)

11 MR. MILLER: We're now back on the record.

12 We're now starting after the break, and we -- at  
13 the time of the break we stopped at item number four from  
14 Steve Collins' presentation, before the break, so now let's  
15 continue on with his discussion with item number four.

16 MR. COLLINS: Now, we had just begun this. The  
17 actual verification of training -- and we're talking about  
18 verifying the on-the-job training and this Appendix A  
19 training, both, as we've referred to it as classroom  
20 training -- and a mechanism for verifying the training  
21 programs or courses. All of those would be a part of the  
22 minimum required.

23 This one may stir up a lot more conversation than  
24 all the rest combined.

25 Tom Hill?



1 MR. HILL: Well -- Tom Hill from Georgia. The  
2 verification of training programs or courses would be very  
3 similar to what's being done right now as far as any  
4 radiographer licensee looking at their training course.  
5 Would there be -- is anybody looking at a big change in that  
6 particular aspect of what we're doing now; that's my  
7 question.

8 DR. GLENN: Aubrey?

9 MR. GODWIN: Godwin, Alabama. I don't think every  
10 jurisdiction is currently going and sitting in on the  
11 training courses. The failure to do that -- to attend on a  
12 random basis, is very critical. And if you don't do it,  
13 it's quite easy to get a little loose on things, I guess is  
14 a good way to describe it. And when you go and attend, the  
15 classes are taught fully and they go into much better  
16 explanations, I guess would be a better way to express it --  
17 I don't want to imply that the people aren't teaching the  
18 courses because I think they are, but I think they would  
19 spend more time on explaining things to make sure that they  
20 cover it.

21 And there's a better interest on the part of the  
22 radiographer. I mean, if somebody had enough interest to  
23 come down and attend the course with them to make sure  
24 they're getting the material, it shows an interest on the  
25 part of the government, or whoever's doing the review.

1 MR. HILL: So one element of the verification of a  
2 training program would be that the agency sit in on, audit,  
3 whatever, some of the training courses.

4 DR. GLENN: Glenn, NRC. And I guess that's where  
5 it begins to have a large impact. I think that's probably  
6 been the NRC's practice for the major training programs  
7 where -- like the course in Massachusetts, yes, we've done  
8 that kind of thing and they're on -- I think they're on the  
9 computer listing that the NRC does.

10 However, 95 percent of the programs that we've  
11 approved are licensee-training programs where they have  
12 submitted a syllabus and told us who -- the qualifications  
13 of the person designing the training. And that has been the  
14 extent of the verification at this point. Plus, those are  
15 not in any database.

16 Ruth?

17 MS. MCBURNEY: Yes, Ruth McBurney, Texas. That's  
18 been our experience also, that for commercial type things or  
19 those that we would put on an approved list, we do sit in  
20 and audit. However, the in-house training courses, there  
21 are just too many for us to actually go and attend -- like  
22 NRC just approve, look at the syllabus and who's going to be  
23 presenting the training and so forth on those.

24 DR. GLENN: Donny?

25 MR. DICHARRY: Dicharry, ASNT. The -- as I

1 mentioned yesterday, ASNT is embarking upon a program to let  
2 an independent organization accredit the training programs  
3 that provide the formal classroom training. In addition, we  
4 will continue to recognize any training program that is  
5 recognized by any government jurisdiction, NRC or Agreement  
6 State. As a practical matter, however, I would agree that  
7 there is a -- still some potential for weaknesses in some of  
8 those groups that are providing formal training.

9 DR. GLENN: Ed?

10 MR. FUENTE: Some time ago -- and maybe it's still  
11 going on today, I'm not sure -- but this is a question.  
12 Regarding those firms that are --

13 MR. GODWIN: Who are you?

14 MR. FUENTE: Eddie Fuente from Mississippi.  
15 Regarding the firms that have been, let's say, authorized to  
16 conduct this training, whether it be an Agreement State or  
17 the NRC -- at one time there was a list being maintained of  
18 these firms; are we still maintaining this list? If so, are  
19 we getting copies from the different states -- NRC -- who  
20 are considered qualified to conduct this training?

21 DR. GLENN: The database certainly exists.  
22 Whether it's user-friendly enough that it's being used, I'm  
23 not sure.

24 MR. FUENTE: It used to be part of the, like the  
25 old Sealed Source and Device catalog, you know.

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1 DR. GLENN: And it is still there; it's part of  
2 the same database, I think.

3 MR. CARRICO: As some of you may know, recently  
4 the database for Sealed Source and Device Registry was moved  
5 from NIH's big mainframe to the NRC minicomputer. The STIS  
6 is part of that NIH thing -- I'm not sure if the STIS was,  
7 in fact, moved. The STIS was -- subsequently Steve Baggett  
8 really developed and kind of oversaw -- what the current  
9 status of that is, I'm not sure. I don't think that, in  
10 fact, it was ever used as widely as perhaps it should have  
11 been and perhaps in recent times it's gone into some  
12 disrepair, I guess? So, I'm not sure what the status of it  
13 is, either.

14 MR. GODWIN: Well, for those poor folks down in  
15 the country of Alabama, what's STIS?

16 MR. FUENTE: Who are you?

17 MR. GODWIN: Godwin, from Alabama. What's STIS?

18 MR. CARRICO: I'm not sure I can tell you that.  
19 It stands for training -- Service, Training -- something, I  
20 -- Information --

21 VOICE: Information systems, maybe?

22 MR. CARRICO: I just know it as STIS.

23 MR. MILLER: Well, irregardless of what it stands  
24 for, let me just point out that this goes back to my old  
25 days in NMSS, and that it was never our intention of listing

1 approved courses. What we were making available to the  
2 Agreement States is the courses that individuals come in and  
3 say that they have received their training under this  
4 particular course, and then we listed them all. But that  
5 was -- we didn't intend to make this an approved list, from  
6 the NRC's standpoint.

7 MR. FUENTE: That wasn't my understanding --  
8 Fuente from Mississippi.

9 MR. MILLER: Well, this was never an approved  
10 list. It was just a list of courses that were available.  
11 And we may have approved a licensee for radiographers that  
12 took that particular course, but not approve the course  
13 itself, because we certainly did not want individuals going  
14 out and getting ahead at the NRC expense by saying, hey,  
15 this course was approved by NRC, take my course versus  
16 taking course B. And that's what we were trying to avoid.

17 DR. GLENN: Don Flater?

18 MR. FLATER: Maybe this would be an item that --

19 DR. GLENN: Please call your name.

20 MR. FLATER: Don Flater.

21 DR. GLENN: Even if I call your name, please  
22 identify yourself.

23 MR. FLATER: Okay. Would this not be something  
24 that we'd need to consider as part of the national database  
25 -- the new national database, to make this a section of it,

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1 that the states, as they approve courses, can go ahead and  
2 feed this information in, and NRC could do the same, and the  
3 ASNT could do the same?

4 MR. MILLER: I think that's a good point, Don, but  
5 you have to keep in mind though, if you start putting the  
6 approved courses on a list, somebody's got to keep up the  
7 matrix on those courses, and making sure that these courses  
8 maintain a high level of efficiency. And that's why I'm a  
9 little reluctant about this business of having approved  
10 courses on the list.

11 MR. FLATER: Well, I think the issue would be, if  
12 the state puts them on, it's the state's responsibility to  
13 take them off, and it's the same with the NRC. If the NRC  
14 puts them off and they -- or, puts them on and they fall on  
15 their face, take them off.

16 MR. MILLER: That would work, then.

17 DR. GLENN: Bob Bernero?

18 MR. BERNERO: Bernero, NRC. I think the real  
19 question is just being touched on here, it would be a list  
20 of currently recognized training programs. And it would be  
21 important to be maintained, both to be current and who did  
22 the recognizing, and then some sort of amalgamation of that  
23 information.

24 MR. GODWIN: Godwin, Alabama. It seems to me that  
25 a regulatory agency, or even as a certifying group, it would

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1 be terrible if we going to say that a company came in 40  
2 years ago who had a very good cadre of structures, we're not  
3 going to ever look at that group again to see if they're  
4 maintaining that. If this is what this list is ending up  
5 being, we're in real trouble, because somebody from time to  
6 time has got to know that that course is still being taught  
7 pretty much along the lines required for health and safety.  
8 And the way it came across the first time, I think you'll  
9 admit this, once you got on the list and everything, nobody  
10 ever really looked at it again, and I don't think that's  
11 really what we want to establish. We need somebody looking  
12 at them from time to time.

13 DR. GLENN: I think that's certainly a danger.  
14 There's a question from the public.

15 MR. NETHERCUTT: Burl Nethercutt with American  
16 Airlines.

17 I've just been sitting here and listening to you  
18 guys for a day and a half. I feel like that somebody is  
19 missing the boat in the respect that I get the feeling that  
20 you people, as regulatory agencies -- whether you're state  
21 or NRC -- fail to recognize that there are integrity amongst  
22 companies out there.

23 Now we've been working under NRC license for --  
24 I've been the RSO for over 15 years. We have a training  
25 program that was established by the NRC and we meet their

1 requirements. We have less than 100 millirem average per  
2 badge -- I think I can almost show you that for 15 years.

3 So we must have a program that's working. If we  
4 didn't have, then the annual audits would pick it up. When  
5 they look at my test scores and test questions that I  
6 provide to a class, the auditors would complain if they saw  
7 that we were not giving adequate training.

8 All of a sudden, we're all bad guys. I have to be  
9 certified by this guy or that guy or somebody else. To  
10 recognize that my training program has been successful for  
11 15 years is no longer any good. I really do think that  
12 somewhere that you should recognize that major corporations  
13 do have integrity, and we do have good training programs out  
14 there.

15 Most of you guys flew in here on an airplane.  
16 Radiography of that engine or that airframe is just one  
17 small part of that airframe. And if we're capable of  
18 maintaining that entire airplane to fly you from Washington  
19 D.C. to Mobile, Alabama and back safely, and certainly our  
20 -- the airlines have proven that it's the safest mode of  
21 transportation out there, we got to have a little  
22 credibility.

23 What I'm really feeling from you guys, we don't  
24 have any credibility. I've got to be certified by this  
25 person or that person or someone else. If this new

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1 regulations all take place in all states where x-ray has to  
2 be certified, isotope has to be certified, all of a sudden  
3 I've got about 100 radiographers. United's going to have  
4 about 100 radiographers. We have a mobile society within  
5 our company. I do not hire off the street. I can't fire  
6 the guy. He may not work in radiography if he doesn't  
7 comply with the rules and regulations, but he certainly is  
8 still an employee of American Airlines. That's the union  
9 concept, and that's the way, I'm sure, it's going to remain  
10 for a long time to come.

11           Whereas, a small NDT organization over here on the  
12 east side of town, as these things progress, I envision that  
13 he will only hire a guy that's got a card. He's not going  
14 to train him. You want a job? You got a card? I got a job  
15 for you. If you lose your card because you screwed up, I  
16 don't have a job for you anymore. But American Airlines and  
17 other large corporations can't do that. I can take him out  
18 of radiography, which I quickly will do, but I can't fire  
19 him.

20           We have to hire from within the company. It comes  
21 up through seniority. We can screen them out, we can give  
22 them all sorts of tests within the company, finally we make  
23 them into a radiographer and take them through -- my program  
24 will take them through 108 hours of training before he would  
25 ever get to be a radiographer, not including, of course, the

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1 OJT portion of it.

2 But, I submit to you that we have a viable  
3 training program. We're very sensitive to safety. We're  
4 observed almost daily by the FAA. I've had the FAA sit in  
5 on my classes. They sit in on all of our NDT classes. I  
6 have flunked FAA people that come in and said I want to take  
7 your course. And he comes in there and he sits back, has a  
8 nice, easy week, and he doesn't pass the course, he gets the  
9 same treatment that everyone else gets.

10 And I would dearly love to have any one of you  
11 guys -- anybody -- come and sit in on one of my radiography  
12 courses. I have been to tech-op courses, I have sent people  
13 to tech-op courses. After they go through one of my  
14 courses, they find going to tech-ops is almost meaningless  
15 because all they did is take a few hours of radiation safety  
16 and roll it into 40 hours. I support Steve here when he  
17 says let's don't put a time frame; let's cover the material.  
18 Because I can ask you 40 questions around the same subject,  
19 but it don't mean that you're any better after I did that,  
20 and stretch it into 40 hours, but it doesn't make you any  
21 more safe than just that you covered, and successfully  
22 demonstrated that you passed and understood what you were  
23 being taught.

24 I would just like to ask all of you people to  
25 think about industry that has these kinds of problems

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1 within. We have a little bit different situation than the  
2 small mom-and-pop NDT organization, and we simply can't wait  
3 60 to 90 days to make a radiographer.

4 Now, I've been working with Texas since their  
5 program began. In fact, one of my alternate RSOs was one of  
6 the very first ones to take the test, and I believe --  
7 unless Cindi can come up with a new number -- he made 97 on  
8 the test. And for a long time that was the highest score  
9 scored on the Texas test. I don't know if it's been  
10 superseded now, or not --

11 MS. CARDWELL: By one point.

12 MR. NETHERCUTT: Okay -- but at any rate, I'm just  
13 saying we do have integrity. We do have good programs out  
14 there, and we have been living under the program NRC  
15 established, and I would just like for all of you to think  
16 about that when you're setting your regulatory things for  
17 the states.

18 And what goes into these reciprocity, these items  
19 right here, absolutely is needed, and from my point of view,  
20 you go through all of this and you get a card -- I don't  
21 care where you get it from, but if you're going to come to  
22 work for me at American Airlines, and you come to me with a  
23 card, well, I can't really use you because you're going to  
24 have to work up through the seniority.

25 So, to me, it's really moot, because I can't



1 really use the guy. But if he comes to work for a company  
2 with a card from, say, Texas, so he comes over into  
3 Oklahoma, he should be able to say to the Oklahoma  
4 Department of Health, I have a card. I am going to be his  
5 employer, if that should be the case, I'm going to give him  
6 a practical. I'm going to make sure he knows how to use my  
7 equipment. He's already had the basic training, so I don't  
8 have to worry about basic training, but I'm going to give  
9 him enough practical experience on the job and make darn  
10 sure he knows how to use my equipment on my airplane.

11 And when I do that, I feel confident to sign a  
12 sheet of paper saying Joe Blow has complied with that  
13 requirement, submit it to the state, and I would surely hope  
14 that the state recognizes me as an RSO that they would then  
15 accept that and give me a radiographer. And it needs to be  
16 done in a timely frame manner.

17 Now, Texas is talking about time. Texas schedules  
18 it, and I can pend on a monthly test with nothing said  
19 about I got to have 40 people or 10 people or whatever,  
20 they're going to have a test. So I can schedule my training  
21 under the assumption that they're going to have a test down  
22 the road. I start preparing that guy, get into all of his  
23 training programs and get him into their test, and that has  
24 worked for us. We have not really had a problem because we  
25 know there's going to be a test available. Sending him to



1 Austin is not a problem. Paying the \$50 is not a problem.  
2 It's got to be timely.

3 But, bear with me on that. If you have any  
4 questions, I'd dearly love to answer them.

5 MR. FUENTE: I've got a question -- Eddie Fuente  
6 from Mississippi. After you provide all this training to  
7 your people, do you conduct unannounced audits of your  
8 personnel to see that they're practicing what they've been  
9 taught?

10 MR. NETHERCUTT: You betcha. In fact, that brings  
11 up an interesting problem that the NRC has boxed themselves  
12 into a situation. If you take -- American Airlines does not  
13 do an x-ray job every night, isotope-wise. We may do one  
14 tonight and then it may be two or three days. The NRC  
15 auditor comes in, he wants to see a job.

16 Under the new program, I'm going to get hit for \$1,300 the  
17 minute he walks on that facility; there may not even be a  
18 job there. But he walks in, says are you doing a job, I  
19 want to see a job? Well, we're not doing one tonight.  
20 Okay, I'll go on over to one of the other places. I'll get  
21 a bill in about three weeks for \$1,300. He can't even come  
22 on my facility without giving me an audit, so there's no  
23 other procedure in his program.

24 But, me as an RSO, I can walk out there at  
25 midnight; I know there's going to be a job, because I can

1 see what the workload is. You walk out there about the time  
2 you know that they're all set up and see if they follow all  
3 the procedures. And I do have control on what's going on  
4 out there, and if the guys are not following my procedures,  
5 I can counsel them. And if they don't want to accept the  
6 counseling, we have ways to take them out of service.

7 I can't take them out of the company, but I can  
8 sure the heck make sure they're not working in radiography.  
9 And I think that's where the -- that's where we got to get  
10 back to. You've got to give us, the RSOs on the job, some  
11 responsibility, and expect that of us, and as I told Vandy  
12 Miller probably ten years ago, a long time ago, one of the  
13 most important things I think about the whole licensing  
14 process is make sure the RSO has the ability to control his  
15 program. How many RSOs out there, that you can probably  
16 figure, count on that cannot truly go out there and control  
17 what is going on. There is, I think, is a lot of your  
18 problems.

19 DR. GLENN: Okay. I guess I'd like to have this  
20 discussion maybe go on a little longer. But, if we're going  
21 to get on track because we need to speed up a little bit, I  
22 would like to narrow the focus of comments on your remarks  
23 to what is an adequate verification of the training  
24 organization. I think you made a rather eloquent plea that  
25 we should recognize those licensees who have a long history

1 of doing good training. And so the question is, what is the  
2 level of verification that is required in that kind of  
3 situation.

4 Are there any comments or questions on that?

5 (No response.)

6 DR. GLENN: I guess ASNT right now essentially  
7 relies on calling the NRC, the regional office, in  
8 determining that, in fact, there has been a program that has  
9 been approved during licensing or, I don't know, any other  
10 method that they might use.

11 MR. MILLER: Let me say this, generally, before we  
12 go further, on behalf of the RSO's comments here that I  
13 don't think licensees themselves have been under attack  
14 here. I think when we first started discussing this we were  
15 talking about some group out there that comes up with  
16 training, but that group is not a licensee, but they're  
17 putting on training for radiographers. Licensees who  
18 develop their packages, they pretty much follow this Part 34  
19 all the way down the line, and I'm sure your program is very  
20 strong based on Part 34.

21 MR. NETHERCUTT: Absolutely.

22 MR. MILLER: And I don't think that your program  
23 is under any kind of questioning here, really. But when we  
24 started first talking about this, we were talking about  
25 training courses that anyone can come up with that's out

1 there and you send your people off someplace else to be  
2 trained. But you have your own in-house training program,  
3 and that has met the regulatory requirements.

4 MR. NETHERCUTT: Well, there is one problem that I  
5 have ran into that I think Cindi is making some changes, and  
6 that's in relation to the draft. But back six years ago  
7 when I first submitted my first original application for  
8 licensing under their regional program, even though I had a  
9 training program under NRC license, Texas would not accept  
10 that training program. So, I had to make alternate  
11 conditions for that. In talking to Region IV, they couldn't  
12 quite understand it, but that's the way it was in the early  
13 stages of the program.

14 And they have made some concessions now where they  
15 say that they will recognize a training program that is  
16 recognized by the NRC, or another Agreement State -- is that  
17 the way it's worded? But, at the original concept of the  
18 program it wasn't that way. And so then I had to go out and  
19 send my people other places where, truly, I didn't believe  
20 they got as good training as what I was providing -- they  
21 were getting trained for, you know, other -- they may go out  
22 on shipbuilding, they may go out on pipelines. The training  
23 I try to focus on -- and I think that's what most of you  
24 manufacturers, or at least most big companies do -- we focus  
25 our training on what it is that they're going to be doing.



1 And the end result, I think, is better radiographers for  
2 that company.

3 DR. GLENN: Aubrey?

4 MR. NETHERCUTT: Thank you.

5 MR. GODWIN: Godwin, Alabama. I think we need to  
6 recognize that the inspection program of both NRC and I  
7 guess most of the Agreement States does not look at the  
8 conduct of the training by licensees as well as I would like  
9 to see to meet this verification requirement. And in all  
10 candor, some licensees do an excellent job. They put out  
11 the money, they put out the effort, they bring in the good  
12 instructors. Other licensees, that is a high overhead item  
13 for their business and they keep the costs down as much as  
14 they can, and, to be candid about it, we really need to look  
15 at it and make sure that they're getting the training that  
16 they need.

17 I think that there are instances of licensee --  
18 where a licensee training program has been approved, but  
19 unless someone is there verifying that it's given -- I think  
20 a lot of it tends to meld into the OJT and perhaps they  
21 don't get the formal training that they need. So we need to  
22 look at that very closely.

23 DR. GLENN: Okay. I believe ASNT -- Joe?

24 MR. BUSH: Yeah, Joe Bush, ASNT. We hope that the  
25 regulatory bodies -- both the states and the NRC -- also

1 look at these training programs that they've approved by  
2 license because that's what we recognize. If somebody has a  
3 training program that is included in their license, we have  
4 to assume that the NRC has reviewed that and approved it  
5 because it's on their license. We have to assume that the  
6 different states have reviewed that and looked at it on  
7 their license, and that's what we call an approved training  
8 course. We're making provisions for training courses that  
9 are not covered by licenses by having them eventually go  
10 through a program by PRI that approves training programs  
11 that aren't covered by licenses.

12 And so, we would, as a matter of fact, accept, as  
13 I believe now Texas does, the training program from American  
14 Airlines because the verification would show that that is  
15 approved by an NRC license. And so, the only difference is  
16 that Burl is a classic example of now having to send his  
17 people to take a test even though he's one of the -- and his  
18 program is one of the good programs, and he's one of the  
19 good guys, but now he's suffering because of some of the bad  
20 guys. And that's part of the problem.

21 DR. GLENN: Cindy?

22 MS. CARDWELL: Cindy Cardwell, Texas. I think on  
23 this training issue again, we've, again, batted this around  
24 many times with staffing -- I think we have more staffing --

25 MR. MILLER: Speak up a little bit more.



1 MS. CARDWELL: All this is agency approved, and  
2 actually in our new draft, we got completely away from that  
3 because, what came out of our staffings was that if we use  
4 the term agency approved, it indicates that there's some  
5 kind of quality level in there. You know, we've got stages  
6 of quality and we don't.

7 It's just basically if they are teaching what's in  
8 the Appendix they've got a -- they're a qualified instructor  
9 and the student, I think -- there's no quality level in  
10 there, I'm saying -- qualified meaning that they have  
11 experience in radiography and a few other things; they've  
12 done a syllabus and they've got an exam, but we ask for a  
13 whole basic minimum list, just like we've developed up here  
14 for the training course. We haven't sat in on any of the --  
15 any of our licensees' in-house training courses. We have  
16 audited on a -- not even on regular intervals, just  
17 periodically we will go out and look at some of the  
18 commercial ones. But, I think we agree with Aubrey; if  
19 we're going to move more towards this, we maybe need -- we  
20 as a state -- we need to bone up a little bit more on what  
21 we do on in-house.

22 And we use the term agency accepted because we  
23 don't intend to get into that -- this one's quality level  
24 down here, and this one's quality level up here. Just  
25 because of what Vandy said, we don't want anybody to say we

1 are approved by Texas as a four-star -- we don't want to get  
2 into that. So maybe -- we're just talking about it here,  
3 maybe boning up on some of this in-house stuff is what we  
4 look at.

5 DR. GLENN: Let me see if I can make a comment  
6 here. It sounds to me like there's a weakness here, but at  
7 this time it would be difficult for us to give a regulatory  
8 criteria for verification beyond that the content is  
9 appropriate and the instructors are qualified. And that's  
10 just about all that we can do with -- at this time.

11 MS. CARDWELL: We don't have the staff to go to  
12 every one of our in-house on any kind of regular intervals,  
13 just like a normal regular inspection. We try, so maybe we  
14 just need to find that level between a minimum and what we  
15 consider --

16 DR. GLENN: Bob Bernero?

17 MR. BERNERO: Bernero, NRC. But don't you also  
18 have to go that one step further where the "we" represents  
19 states and NRC and there has to be a pooling of that  
20 information.

21 MS. CARDWELL: Yes, that's what was intended by  
22 that statement. We agree with Aubrey.

23 DR. GLENN: Jim?

24 MR. MCNEES: Jim McNees, Alabama. One thing that  
25 we do is if anybody has an approved in-house training

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1 course, we require them, before we accept the graduates of  
2 that course, to notify us one week in advance that we are  
3 going to have -- they're going to conduct that course.  
4 Unfortunately we don't get to see a big percentage down in  
5 the office -- just by notifying us, you've got to tell us  
6 when you're going to have your course, they think we might  
7 go in and audit that course.

8 MS. CARDWELL: Yeah, the commercial ones we do  
9 that, too. And we also have them submit afterwards a roster  
10 of the people that were trained, not so much with in-house.

11 DR. GLENN: I think -- okay. We agree that we  
12 probably need a roster, but the roster does not indicate the  
13 quality of the training but that, as outlined, it meets the  
14 minimum requirements; the content and the qualifications of  
15 the instructor, and so on.

16 MR. GODWIN: I would go and submit that we ought  
17 to, you know -- we're not doing it now, but we ought to  
18 have, as a part of the verification process, there ought to  
19 be an attendance, from time to time, whether it's a licensee  
20 training course or it's a commercial training course, from  
21 some appropriate regulatory, or otherwise certified group,  
22 to assure that the quality remains above some minimum level.

23 DR. GLENN: Roy, do you have a short comment?

24 MR. PARKER: As one who gives a lot of training  
25 programs, I'd like to suggest -- Roy Parker -- I'd like to

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1 suggest a possible thing for consideration. And that is,  
2 every training course that I give I issue a summary of  
3 radiography training. That is a fairly detailed list of  
4 what is covered, what is done, what it means, what it does  
5 not mean, what should be done to qualify the person for  
6 radiography.

7 I've done that ever since I have been as an  
8 independent consultant, and I have found that to be very  
9 useful, not only to the radiographers, but to some of the  
10 regulatory agencies.

11 MR. DICHARRY: Dicharry, ASNT. What ASNT would  
12 like to do, to help give food for thought in this area, is  
13 to provide the list of training program qualification  
14 requirements which PRI will be auditing on our behalf. We  
15 would like to know whether or not these qualification  
16 requirements would be considered suitable to all of the  
17 states. We would like to find that out sooner rather than  
18 later, rather than to have the accreditation fall under  
19 concern at a later point in time over issues regarding the  
20 accreditation of training programs.

21 We don't have that material with us; we would like  
22 to submit it to everyone, and invite comments.

23 MS. CARDWELL: Donny, if you'd like, that's  
24 something that we handle through the G-34 committee to,  
25 again, poll the states.



1 DR. GLENN: Okay. Well, let's see if I can sum  
2 this up. I think there has been general agreement in terms  
3 of the four elements that Steve Collins presented. There  
4 have been some comments about things that need to be  
5 included or excluded, but I think there's general agreement  
6 that those four elements are necessary parts of a valid  
7 certification program, and that we would require a fairly  
8 high level of compatibility for those four elements. Does  
9 everyone agree with that one?

10 MR. GODWIN: If I may add to you, Steve, on number  
11 four, and give you a B section, regarding the OJT; it seems  
12 to me that the licensee should be able to document that by  
13 having the individual sign their utilization form or some  
14 similar document as they work with various types of  
15 equipment as a part of their OJT training. And that would  
16 be available for inspection by the regulatory agencies, and  
17 it's straight forward. It's one way of, as a B to that, we  
18 looked at the classroom; we need to look at the OJT now.

19 DR. GLENN: Let me just make one comment on that  
20 now. When we just discussed OJT, it was apparent that the  
21 practical examinations need not, perhaps, be a separate part  
22 of the on-the-job training, but could be a built-in part of  
23 the on-the-job training. Clearly there would need to be  
24 some documentation of that process, and I don't know whether  
25 we want to go too far with that.



1           Bruce?

2           MR. CARRICO: I just have a comment that -- it  
3       seems to me that that documentation will need to be done by  
4       an individual other than the radiographer who is typically  
5       doing the OJT. Of course, we have his trainer, but I think  
6       that the NRC would want to see the RSO actually observing  
7       and documenting this qualification.

8           MR. COLLINS: Okay, Steve Collins from Illinois.  
9       The last item I mentioned, before I started this was, after  
10      we did it, could we take a poll of the states that are  
11      represented here to see if they actively endorse what's been  
12      presented. So, can we do that now, Mr. Chairman?

13          MR. MILLER: Now, I want to make sure I know what  
14      you're asking the states to endorse. Summarize that  
15      quickly?

16          MR. COLLINS: The entire concept of these four  
17      elements being a minimal -- minimum essential requirements  
18      for a certification program.

19          MR. MILLER: I think that's pretty clear.

20          MR. COLLINS: Alabama?

21          MR. GODWIN: Yeah.

22          MR. COLLINS: Iowa?

23          MR. MILLER: Well, let's just ask if there's  
24      anyone opposed to it, rather than go all the way down.

25          DR. GLENN: I think there is --

1 MR MILLER: There is opposition?  
2 DR. GLENN: No, no. There is consensus.  
3 MR. MILLER: There is consensus.  
4 MR. COLLINS: For the record, could we get an  
5 individual state-by-state poll of those that are here?  
6 MS. MCBURNEY: What, showing hands, or --  
7 DR. GLENN: Yeah, just a show of hands.  
8 MR. COLLINS: Okay, all of the states in favor,  
9 then?  
10 (Show of hands.)  
11 Okay, all opposed?  
12 (Show of hands.)  
13 There is one opposed; Arizona is opposed --  
14 MR. GERINGER: I just want to --  
15 MR. COLLINS: -- oh.  
16 MR. GERINGER: -- qualify my opposition here.  
17 Arizona does not necessarily see a need for the  
18 certification program. However, if you did incorporate it,  
19 we would agree with those conditions.  
20 MR. COLLINS: Which means level-three  
21 compatibility would just --  
22 MR. GERINGER: Yeah.  
23 MR. COLLINS: -- suit your needs ideally.  
24 (Laughter.)  
25 DR. GLENN: I guess I'd like to, a little more

1 quickly, move on to -- and maybe I should get up there and  
2 write.

3 MR. BERNERO: Are you going to write as neatly as  
4 Cindy?

5 MR. GLENN: I don't think I can do that.

6 John Glenn. And, as I mentioned in my first  
7 remarks this morning, I think that there are going to be  
8 some additional requirements that would be required of the  
9 non-regulatory third-party certifier to make sure that we're  
10 getting qualified groups who are doing the certifications.  
11 And I've listed five very short bullets here that maybe  
12 should apply.

13 The first one is that the group have expertise in  
14 industrial radiography, that certification is open to the  
15 public -- in other words that ASNT, as a certifying group,  
16 must make their process open to enough people who are not  
17 members of the Society, for example -- that it be a  
18 non-profit organization -- I think this gets to the question  
19 of having a vested interest, if it's a for-profit  
20 organization, that there could be a vested interest there.  
21 Four, that it have a permanent, full-time staff, and five,  
22 that it have written policies and procedures, and going  
23 along with that, a method for ensuring that those policies  
24 and procedures are held, you know, followed, including such  
25 things as ethical review for individuals who violate

1 principles of the organization.

2 So maybe we could take those one at a time. Is  
3 there any disagreement that whatever group that is  
4 certifying must, in fact, have experience, some association  
5 with industrial radiography and understand the field?

6 We could guarantee independence by saying it's  
7 someone who has nothing at all to do with radiography, but I  
8 think we'd run into a problem there that they're not  
9 qualified then to run the certification.

10 Is there any problem with that whoever is  
11 identified as this non-regulatory certifying agency, that  
12 they must make their certification open to everyone who  
13 requests it?

14 MR. SCOBLE: Sir, I have a question for  
15 clarification; what do you mean by that? Is that -- in  
16 other words, do they have to make their service available to  
17 anyone, or does anyone have to have the ability to evaluate  
18 and determine if the program is adequate, is one. There's  
19 two, --

20 DR. GLENN: Clearly the first; that the  
21 certification process is open to non-members of the group.

22 MR. SCOBLE: And what about other agencies being  
23 to evaluate their certification processes and meeting their  
24 specific requirements?

25 DR. GLENN: Well --

1 MR. SCOBLE: In other words, another -- an outside  
2 auditor being able to evaluate the third party individuals?

3 DR. GLENN: Now we go back to the four principles  
4 that we were speaking of before. We would have this  
5 oversight group that would be evaluating any group that's  
6 approved here, to see that they meet those technical  
7 requirements that we discussed.

8 MR. FUNDERBURG: Funderburg from California. Does  
9 this preclude ASNT from charging higher fees to non-members?

10 DR. GLENN: No. We don't address that. My  
11 understanding is our lawyers looked at that and didn't see a  
12 thing.

13 MR. CARRICO: Our lawyers looked at the entire  
14 program and didn't have problems with it, it was not an  
15 atypical situation, then the fees charged were the same.

16 MR. FUNDERBURG: Basically, by charging a fee, it  
17 means that they have to be members of ASNT?

18 MR. MILLER: Speak up a little bit Bruce.

19 MR. CARRICO: No, it's open to everybody; a  
20 non-member, any members can apply for ASNT certification.

21 DR. GLENN: Aubrey?

22 MR. GODWIN: Godwin, Alabama. We should remember  
23 that this non-profit thing is strictly an income tax  
24 statement. In actual fact that they can make a profit, and  
25 record a profit, but it's how they use it. So, it's really



1 not a profit in the sense of that they can do a lot of  
2 things, but it's okay for them to make a profit -- strange  
3 as that may seem for a non-profit organization.

4 MR. BUSH: John?

5 DR. GLENN: I'm sorry, Joe Bush?

6 MR. BUSH: While you're absolutely correct that  
7 it's okay for us to make a profit, I can guarantee you that  
8 we're not making any profit.

9 (Laughter.)

10 MR. BUSH: And that's okay, because it's a service  
11 to our membership, and we want our membership and anybody  
12 else that participates in our program to operate safely.

13 The -- and so we don't mind taking a few dollars  
14 that we make profit someplace else and investing it into the  
15 program. However, those things are membership services and  
16 subsidized by the membership, therefore, in order to offer a  
17 certification for a certain period of time where we maintain  
18 lists, maintain certification, verify qualifications, do  
19 that type of thing for a non-member, while the additional  
20 price to a non-member is equivalent to a one-year  
21 membership, if he chooses -- he doesn't have to join ASNT --  
22 he can pay that additional fee. If he wants to apply that  
23 to a one-year membership and then not renew his membership  
24 for the next couple of years that we maintain his  
25 certification, we can do that.

1           And so, we've justified the additional money  
2       because our members can't subsidize a non-member just as the  
3       non-member fee can't justify another program -- can't  
4       subsidize another program that we have. And so the  
5       additional fee is justifiable; it's not only been run  
6       through NRC legal, it's been run through ASNT legal and also  
7       through a couple of accounting firms and what we're doing is  
8       absolutely correct and no different than what any other  
9       society is doing for certification programs for non-members.

10           DR. GLENN: Bob?

11           MR. BERNERO: Bernero, NRC. I think there is a  
12       point that should be made here. These are generic criteria  
13       for a certifying organization, and the open to the public is  
14       perhaps the only one that gives you an avenue to say, if a  
15       certain -- technically, these all apply to a state  
16       regulatory agency, with the exception of the focus on the  
17       state jurisdiction as against the national availability.  
18       So, open to the public should be understood as open --  
19       obviously a state regulatory organization is necessarily  
20       open to the public of that state. And a national certifying  
21       organization would be open to a national public.

22           MR. SCOBLE: Just a comment -- Bob Scoble, United  
23       Airlines. But, I'd like to speak not for United Airlines  
24       but for myself, at this point. I usually get them guys in  
25       trouble, more than they deserve.

1 I didn't really have a problem defining what a  
2 non-profit organization really is. The airlines this past  
3 year lost over \$4 billion, and it's the highest dollar  
4 revenue loss that has ever been experienced in an industry.  
5 And even though we're talking maybe \$100, \$120 to certify a  
6 radiographer, it's still money that, as a manager of the NDT  
7 Department, it's coming out of my budget, and it's not going  
8 to come from the radiographers, it's going to come from  
9 United Airlines and American Airlines and whoever.

10 And I think I'm going to have a very difficult  
11 time, both morally and ethically, going to my management  
12 saying that I'm going to transfer hard-earned revenue  
13 dollars to a third-party organization, as good as ASNT is, I  
14 think I would have a difficult time saying that they are a  
15 non-profit organization, and transferring a certification  
16 fee to them for an exam that we will not really receive any  
17 return investment from.

18 Through a state agency or a federal agency, that  
19 money we typically see as going in to support that agency,  
20 and in a sense you get a pay-back out of that support of  
21 that agency. But, ASNT, that money goes in to support ASNT  
22 management and leadership and their programs, and really is  
23 gone. So, I think that's going to be a difficult avenue to  
24 deal with as a third-party certifier calling anyone a  
25 non-profit agency.

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1 DR. GLENN: Okay. Well, rather than focusing on  
2 whether ASNT makes a profit, I think the terminology as I  
3 used it there would particularly cover something like United  
4 Airlines being its own certifier. I think that an employer  
5 of radiographers, someone who earns money in the practice of  
6 radiography, would not be qualified to be a third-party  
7 certifier. In other words --

8 I'm sorry, Chuck?

9 MR. HARDIN: What is the rationale -- Chuck Hardin  
10 with CRCPD. What's the rationale why it needs to be  
11 non-profit? Would could it not be profit? I don't think I  
12 understand the rationale of why that is needed at all.

13 DR. GLENN: Okay. Again, I think it's not whether  
14 they make money or not, it's whether they are in the  
15 business of radiography to make money as an organization  
16 that is an issue here. If they are, it would appear to us  
17 that there's a built-in conflict, they would have a vested  
18 interest in certifying their own people.

19 Yeah, Bob?

20 MR. BERNERO: Bernero, NRC. I think this is the  
21 way you get at least one measure of objectivity as against,  
22 let's say, some private company which might make a business  
23 of providing training in radiography safety would also  
24 market certification. And there would be one less degree of  
25 objectivity in it, very significantly less -- lesser degree

1 of objectivity there. And that's why an independent  
2 organization, which is not in the overt business is  
3 important.

4 DR. GLENN: Bob?

5 MR. FEOLE: We're saying it's non-profit as deemed  
6 by the IRS?

7 DR. GLENN: Yeah, that's essentially --

8 MR. FEOLE: I mean, that's what we're saying.  
9 It's not so much whether it makes money or not, but it's  
10 non-profit as deemed by the IRS.

11 DR. GLENN: Yeah, we're using a legal term there.  
12 Ruth?

13 MS. MCBURNEY: Ruth McBurney, Texas. Would that  
14 preclude an organization or a company like Professional  
15 Testing Service to develop a certification program?

16 DR. GLENN: I think so. Yeah, in other words, it  
17 would exclude a professional testing organization.

18 MR. FEOLE: They would be making a profit on it.

19 DR. GLENN: Yeah. Again, we're trying to make it  
20 very much like the medical certifications, where it's the  
21 independent, peer-review professional groups that are doing  
22 it.

23 Is there any disagreement that it should be an  
24 organization that has a full-time staff so that we're not  
25 depending upon volunteers to have to pull together in order



1 to be responsive to the requests -- not that there cannot be  
2 volunteers used, but that it has to be a structure that will  
3 support the program?

4 (No response.)

5 DR. GLENN: Okay. Now, number five actually gets  
6 into a whole other arena of possible requirements, because  
7 what are these policy procedures about? But, we felt it was  
8 very important that they have by-laws, a very structured  
9 internal disciplinary organization in order to qualify as a  
10 certifying entity.

11 Ruth?

12 MS. MCBURNEY: I think that for a regulatory  
13 agency, those could take the form of regulations, regulatory  
14 guides and procedures given to -- in order to qualify for  
15 certification. And certainly, you wouldn't necessarily then  
16 have to set up a code of ethics, you would have regulations  
17 and procedures that would be followed, whereas a third-party  
18 certification would have to have some sort of written  
19 policies and procedures to be approved.

20 DR. GLENN: Donny?

21 MR. DICHARRY: Dicharry, ASNT. In order for  
22 oversight to be able to exist, there must be some written  
23 procedures to audit. And to the extent that the -- all of  
24 the essential points of a certification program need to be  
25 verified, you know, it can be verified through the written

1 procedures, and that is what the extent and scope of the  
2 written procedures must cover.

3 DR. GLENN: I want to -- Bruce, can you mention  
4 some of the things that we've talked about with the lawyers  
5 that might be in these by-laws?

6 MR. CARRICO: I was just talking to Vandy; I don't  
7 know what y'all are talking about. Do you want to repeat  
8 that?

9 DR. GLENN: Okay. The question would be, in terms  
10 of these written policies and procedures, the by-laws that  
11 we might require on behalf -- I know you've talked with the  
12 NRC legal staff, and can you mention some of the types of  
13 things that they have mentioned should be included in this?

14 MR. CARRICO: Well, I guess I could generalize  
15 because that's really language that the legal staff  
16 themselves said was mandatory in order for the NRC to be  
17 able to recognize a third party. I think what they were  
18 looking at was that if they had a very organized, structured  
19 control organization and by-laws where they had-- they could  
20 take action to restrict individuals if they violated those  
21 by-laws, or those types of things.

22 DR. GLENN: And some of the things would be like  
23 non-discrimination, appeal procedures, things of that nature  
24 which are really kind of general?

25 MR. CARRICO: Well, it would not go, say, to the

1 IRS to the program because that's what it was all talking  
2 about, specifically, but also to the overall organization  
3 itself. Not only did the program have to have that type of  
4 thing, but the organization should have that type of a  
5 structure set up.

6 DR. GLENN: Bob?

7 MR. BERNERO: Bernero, NRC. I'd like to reinforce  
8 that, yes indeed, that written procedures and policies point  
9 for certifying organizations outside of state regulatory  
10 bodies. I'd like to echo Ruth McBurney's point, though,  
11 that the structure of regulations and procedures that exists  
12 in the government is the alternative form, and these are  
13 generic criteria.

14 DR. GLENN: Chuck Hardin?

15 MR. HARDIN: That answered my question.

16 DR. GLENN: Has anyone thought of something that's  
17 been explicitly left out in terms of these more  
18 organizational requirements?

19 George?

20 MR. KASYK: George Kasyk, New York State  
21 Department of Labor. How would you handle a union  
22 radiographer set up just like this?

23 VOICE: What was the question, please?

24 DR. GLENN: Yeah, I guess -- would they --

25 VOICE: We can't hear you over here.

1 MR. MILLER: Would you state your question again  
2 from New York, and state your name.

3 MR. KASYK: George Kasyk, Department of Labor.  
4 How would this apply to a union qualified radiographer which  
5 would comply with all five of the parts?

6 MR. GODWIN: Early on, I think the question --  
7 Aubrey Godwin, Alabama. Early on I think the problem would  
8 be would it be national in scope, in significant areas?

9 MR. KASYK: It would be --

10 DR. GLENN: Bob?

11 MR. BERNERO: Bernero, NRC. I think the evident  
12 answer would be that any organization which met these  
13 criteria can theoretically qualify as an external -- you  
14 know, it would have to be national in scope, open to the  
15 public, et cetera -- so it's theoretically possible. As a  
16 practical matter, I don't think it is possible.

17 MS. CARDWELL: Cindy Cardwell, Texas. Maybe a  
18 suggestion to expand somehow that definition of non-profit  
19 -- I don't know -- early on, I can't remember the exact your  
20 words, but it was something about not making a profit in  
21 radiography --

22 DR. GLENN: Well, those were my words. The  
23 lawyers can supply us with the very good words.

24 MS. CARDWELL: But it's suggested wording right  
25 now. We don't ever allow any of our staff to gripe about

1 something like that at the suggestion part -- I can't think  
2 of it right now -- but maybe that should be expanded to take  
3 care of these issues.

4 MR. CARRICO: Bruce Carrico, NRC. I wonder if  
5 rather than -- that might be a possibility. What if we said  
6 a society or association without eliminating, you know,  
7 other associations.

8 DR. GLENN: Does anyone, in practice, think this  
9 is a problem?

10 VOICE: A union out of St. Louis has always had a  
11 radiography program --

12 DR. GLENN: Is that a training program, though?

13 VOICE: It's a very important -- Operating  
14 Engineers Union out of St. Louis has, for years, had both a  
15 training and a program by which -- I don't know how active  
16 they are these days -- but which particularly is for high  
17 priority radiography, and as one of the big questions that  
18 has been in the regulatory community for years because NRC  
19 -- is the question of who is recognized. I don't know if  
20 the Operating Engineers is still going or not --

21 MS. CARDWELL: We tested them -- it must be about  
22 two years ago, but we tested a big group of them and it's  
23 all union, and had a union meeting afterwards, the whole  
24 bit.

25 DR. GLENN: Ruth?



1 MS. MCBURNEY: I think somehow we need to get back  
2 to the independence aspect; not only non-profit but somehow  
3 independent from --

4 MS. CARDWELL: The vested interest.

5 MS. MCBURNEY: Yes.

6 DR. GLENN: One thing I'll mention is that you'll  
7 quite often run into this problem that if you want them  
8 totally disinterested, then they're no good to you.

9 MS. MCBURNEY: Yeah, then they don't have the  
10 expertise.

11 MR. CARRICO: Bruce Carrico again. I want to  
12 mention something that I've been thinking about; not only a  
13 group not for profit, but actually recognized and involved  
14 in setting national standards and practices in this field of  
15 expertise, but I'm not sure if that might limit the scope of  
16 what you're talking about.

17 VOICE: Are you looking for something that applies  
18 to professional organizations?

19 DR. GLENN: Well, we're looking for expertise and  
20 independence that, in some way, almost implies  
21 professionals. We're not trying to limit it, but I think  
22 that's the natural fit.

23 Mike?

24 MR. LAMASTRA: Mike Lamastra. Look, we just want  
25 to ask to recognize the situation that if it would happen

1 that another party would come forward and fit our criteria,  
2 then they would like to be recognized by NRC as an  
3 independent certifier. We cannot exclude that possibility,  
4 or we'll get ourselves into more trouble than we care to get  
5 in.

6 But, we do have to live with that possibility, and  
7 if it happens, we'll go through the necessary steps to  
8 recognize them.

9 DR. GLENN: Ruth?

10 MS. MCBURNEY: Ruth McBurney, Texas. I really  
11 feel that any entity that would meet whatever criteria are  
12 set out still has the same degree of regulatory oversight as  
13 any other. And, certainly that would be the mechanism,  
14 then, of assuring some consistency from group to group.

15 MR. FLATER: Don Flater from Iowa. If there were  
16 some lawyers sitting in this room and this was a public  
17 document, and we were having the discussion we were having,  
18 they would all probably have coronaries. Especially if they  
19 were attorney generals or legal people for the federal  
20 government because we're trying -- we're sitting here trying  
21 to figure how to exclude somebody. And that's a real  
22 problem. So I would suggest that you may not want to pursue  
23 this much farther.

24 DR. GLENN: Well, I would say we've been trying to  
25 determine what are the criteria that are necessary to

1       guarantee the proper amount of independence.

2               Bob?

3               MR. BERNERO: Bernero, NRC. An essential  
4       character of any rulemaking we might do is to set generally  
5       applicable criteria for a certifying organization, and that  
6       is exactly true. That does not exclude -- it does not  
7       single out only one that can be approved. There would be  
8       general criteria.

9               And I say again, I think it's a theoretical  
10      possibility, but not a practical one.

11              DR. GLENN: Donny?

12              MR. DICHARRY: I know that we're getting ready to  
13      run short on time -- Dicharry, ASNT -- but under item five,  
14      the written procedures, you mentioned that one of the items  
15      in there would have to be such things as the enforcement  
16      procedures, appeal procedures and the like. And I would  
17      like to raise a couple of issues that I know we're not going  
18      to be able to resolve here today, but I feel it's important  
19      for them to get on the record.

20              We have recognized the need for nation-wide  
21      recognition of all certified individuals, no matter which  
22      certifying organization is the one that is certifying them.  
23      And in addition, it is equally as important to have  
24      national-wide -- nation-wide recognition of anyone that is  
25      decertified, or other sanctions invoked, such as

1 suspensions. And I suspect that there are -- that we must  
2 consider definitions to assure compatibility in certain  
3 areas. And there are four that I would like to mention  
4 right now.

5 One is, which safety-related violations will be  
6 subject to sanctions? And what should those sanctions be?  
7 If one organization has a different list of violations from  
8 another, can certifying organization A recognize sanctions  
9 that are imposed by organization B?

10 In addition, what method of due process must be  
11 recognized by all certifying agencies, organizations? I  
12 believe that yesterday California had a concern in this  
13 area. There must be due process. What's the definition of  
14 due process?

15 Number three, how will violations be documented,  
16 and communicated, among all the certifying organizations? I  
17 know that we have already suggested that this would be the  
18 -- a natural role for an umbrella organization that is  
19 manning the databank, such as CRCPD, possibly.

20 But, to ASNT, we need to focus on the fact that we  
21 cannot enforce our program. I know enforcement to us  
22 carries different meanings than it does to a government  
23 agency, but we cannot enforce our program unless we are  
24 receiving documentation of wrongdoing from the government.  
25 We already have a means in place to receive information from

1 the NRC. Well, that covers about a third of the individuals  
2 that ASNT may certify. From the Agreement States, however,  
3 there is no such mechanism, and because there has been no  
4 such discussion up to this point. And that is essential in  
5 order for ASNT's program to work.

6 There is another issue, issue number four, and it  
7 is, will an individual be allowed to be certified at one  
8 time by more than one organization? It opens a door to some  
9 problems such as an individual is certified by ASNT, he  
10 steps into Iowa and he commits a violation, Iowa pulls his  
11 card. And then ASNT decertifies him. But in the meantime,  
12 he's also certified by Texas and he continues to work. So,  
13 there needs to be some mechanism in place to address this.

14 And, again, I know that we're not going to be able  
15 to do that at this setting, and I would suggest that this  
16 also is an area that must be resolved with participation of  
17 the users themselves, and possibly through NDT in May,  
18 possibly through some representation from the industry  
19 itself.

20 ASNT has to amend its enforcement procedures; we  
21 know that. And yet at this point we are really not in a  
22 position to do so until we have some answers to these  
23 questions. And I don't know when and where we'll address  
24 it, but it must be done.

25 DR. GLENN: It seems to me that we do need to



1 discuss this to some degree -- and I think perhaps there are  
2 two issues, the first one may be a little simpler, and then  
3 we have to --

4 The first issue is, should this be through  
5 rulemaking, or is this from some sort of protocol that are  
6 established separate from the rulemaking? I think we could  
7 discuss that one.

8 The second one is, what should be the substance of  
9 this communication and exchange of information and  
10 reciprocity of action? I think we should discuss that, but  
11 I think you're probably right; we will not resolve all those  
12 issues today.

13 I guess the first one would be in terms of  
14 proceeding with a mandatory certification rule. Are these  
15 the kind of things that really belong in the rule, or are  
16 they really more protocols and agreements that may be  
17 discussed within the proposed rulemaking, as part of the  
18 background, but not as required specific language in the  
19 rules.

20 Ruth?

21 MS. MCBURNEY: Ruth McBurney, Texas. Some of  
22 these things I don't think will need to be specifically  
23 addressed in the rulemaking. Certainly, things like due  
24 process will depend on -- especially in regulatory agencies,  
25 the procedures that are in effect in that jurisdiction. We

1 have certain specific due processes; if we take an emergency  
2 action, we have to have a hearing within ten days to allow  
3 that person to be heard, and hear the other side and so  
4 forth. It may be a little different in Iowa.

5 If we just cite a violation or do an intent to  
6 suspend or revoke, then we have to give a hearing within 30  
7 days. There are, you know -- I don't think that that sort  
8 of thing needs to be tied down in rules.

9 How the violation will be documented and  
10 communicated, I think also should come through agreement of  
11 the parties involved, rather than through the rule. And  
12 also that that communication ties in with being certified by  
13 more than one entity. Certainly, based on the circumstances  
14 of the reason a card not being revoked or suspended by one  
15 entity and then that being communicated to the other entity  
16 could, you know, be justification for bringing proceedings  
17 against them. I don't know why they would want to.

18 MR. KAMMERER: Well, my fellow Americans, it  
19 occurs to me that we're not going to be able to settle on  
20 each of those items, but having the G-34 -- is it --  
21 committee, and various representations here all around the  
22 table to sit on these and some of these other unresolved  
23 issues would be a useful thing to do.

24 One thing in the due process area, that would have  
25 to be addressed. We would have to address that in the rule

1 making. Some minimum guarantee of due process.

2 MS. CARDWELL: It's got to be clear --

3 THE REPORTER: I can't hear what you're saying.

4 MS. CARDWELL: With the provision that it be made  
5 clear that it's for non-regulatory certifying body so that  
6 it wouldn't appear to be immediately a conflict of existing  
7 --

8 DR. GLENN: Clearly, the states are governed by  
9 their own laws.

10 MS. CARDWELL: Right, but it helps to spell it  
11 out.

12 DR. GLENN: Okay. And I think clearly that this  
13 issue of the database is one we need to discuss with the  
14 Conference. I think there is definitely a need for a  
15 database and the exact requirements for that database  
16 perhaps can be worked out in that forum.

17 Now, do I hear --

18 MR. MILLER: I think that last one from the  
19 standpoint of can someone has more than one certification,  
20 we probably could take a stance on that right here.

21 MS. MCBURNEY: Except for California.

22 (Laughter.)

23 MR. MILLER: We're going to talk to California  
24 separately.

25 DR. GLENN: I guess Illinois would also want to

1 have -- that if there is an ASNT certification, you would  
2 also require an Illinois certification, although it would be  
3 sort of automatic?

4 MR. COLLINS: Well, the drafting of the procedures  
5 as written was based on an assumption that the certification  
6 by the Texas test only documented the test and not a  
7 complete certification requirement. We'll re-look at that  
8 issue under the new assumptions that have been put forth.

9 I really don't have any problem though with  
10 certification by more than one body, as long as we have a  
11 national database where, if they really screwed up in one  
12 jurisdiction and it's been revoked, not only will that  
13 second agency -- whether it's me or anybody else -- will be  
14 looking at, oh, well, they messed up here, I'd better look  
15 at revoking mine too. And one of the criteria that we have  
16 in our regulations for an automatic revoking of the Illinois  
17 certification was, is that if you messed the -- your other  
18 certification, we automatically start proceedings to revoke  
19 the one in Illinois. The rule requires us to.

20 DR. GLENN: Chuck?

21 MR. HARDIN: In respect to CRCPD serving as a  
22 database source, I did investigate that a little bit last  
23 night, and there are a lot of viable systems that could be  
24 available from a modem/computer situation where you could  
25 have free access to the data that's in there. Actually,

1 even though you said it doesn't need to be 24-hour basis, I  
2 think it could be set up whereby it could be available on a  
3 24-hour basis.

4 And, I did investigate that, and that's certainly  
5 a feasibility.

6 MS. CARDWELL: I think -- just another opinion  
7 that this really points out a real necessity for that  
8 database. Because what Steve is talking about -- I mean,  
9 trying to keep in perspective here that revocations are  
10 absolutely the worst case, and in most cases it's just not  
11 going to be done. But if we have that database and somebody  
12 goes to Illinois and is somehow issued maybe just a notice  
13 of violation, he goes to California and he gets maybe a  
14 little bit more than that, or a penalty of some sort. All  
15 that's going on the database. He goes to Iowa, and all of a  
16 sudden -- Don doesn't revoke his card, but he does a little  
17 bit more to him. He comes down to Texas and we pull it --  
18 and he messes up, we issue a notice of violation. We pull  
19 him up and if he's got a long laundry list, we might  
20 immediately go to some other escalated enforcement at that  
21 point. That's really going to point out the importance of  
22 something of the database.

23 DR. GLENN: Is there anyone who feels very  
24 strongly that there should only be one certification?

25 MR. NASH: The intent -- Dan Nash, Florida. It is



1 the intention of Florida that Florida will certify  
2 radiographers working in Florida. If your rules say there  
3 must be certification and set minimum standards, that's  
4 fine. But in the State of Florida, the intention is that  
5 the state will certify them.

6 DR. GLENN: So what I hear is, I think there is  
7 very strong feeling towards allowing multiple  
8 certifications; there is no strong feeling toward --

9 MR. FUNDERBURG: California comes back again.  
10 (Laughter.)

11 MR. BERNERO: Bernero, NRC. But underscoring the  
12 importance of a national database, there is traceability and  
13 collectability.

14 MR. GODWIN: Godwin, Alabama. I detect some  
15 slight sentiment for being able to recognize the  
16 certification of other states as giving credit, if you  
17 would, in the new jurisdiction they would be going to. So,  
18 I think that's -- quasi-reciprocity and all of that would  
19 still need to apply.

20 MR. MILLER: I visualize now that we're going to  
21 need to call up for a summary here before we quit, and that  
22 we have on schedule both Bob Bernero and Carl Kammerer for  
23 due closing summary remarks, but we will not eliminate those  
24 individuals who gave formal talks at the beginning of the  
25 workshop to any summary comments they would like to make as

1 well.

2 So let's go right on into the summary now with Bob  
3 Bernero.

4 MR. BERNERO: Well -- Bernero, NRC. I would just  
5 like to say that I came into this meeting with a rather  
6 gloomy expectation. I was -- I thought John Glenn would  
7 give another inflammatory speech --

8 (Laughter.)

9 MR. BERNERO: -- and create a riot and I had to  
10 be here first-hand to attend the wounds or something.

11 I'm very pleased with what I have heard. I think  
12 there is enough consensus on the concepts and the  
13 relationships for appropriate certification procedures and  
14 bodies -- certifying bodies, and I will never again use a  
15 numbered party.

16 (Laughter.)

17 MS. CARDWELL: Thank you.

18 MR. BERNERO: And I think that has done credit to  
19 all the states and the organizations, ASNT and others. I  
20 think that it's been very fruitful.

21 There's more to come. I think the G-34 committee  
22 and the CRCPD procedures and the database support is clearly  
23 there. But these are protocols and mechanics rather than  
24 the principles. I think we have seen a rather clear  
25 consensus on principles and I'm very happy for that.

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1 MR. MILLER: Carl Kammerer.

2 MR. KAMMERER: For me there are two points; one  
3 is, I think we all know that a chain is only as strong as  
4 its weakest link, and as I've heard around the table here  
5 the last couple of days, there's a lot of strength and a lot  
6 of unanimity on some very fundamental issues. And that is  
7 very pleasing. I'm very excited about the progress that's  
8 been made here today.

9 I think too, I believe it was Rousseau who said,  
10 or wrote, men -- that was referring to mankind -- is born  
11 free and is everywhere in chains. And I think during these  
12 last couple of days, we've liberated some hostages who for  
13 the last year have been kind of locked in chains. And so,  
14 that too is quite noteworthy and a worthwhile expenditure of  
15 our funds here.

16 I want to pay particular tribute to Bob for  
17 helping to put this thing on in a major way and getting all  
18 of the people here is just terrific. I'm very pleased with  
19 what's happened.

20 MR. MILLER: ASNT?

21 MR. BUSH: I too, and ASTN is extremely pleased  
22 with the outcome thus far of the spirit of cooperation  
23 around the table with the states and the NRC and industry.  
24 I think that what we're going to wind up with is a national  
25 certification program. No matter who does the certifying,

1 that is going to be a tremendous benefit to the industry.  
2 And that's the overall goal and the overall purpose of us  
3 all being here. And I would just like to personally thank  
4 everybody, as well as thank them on behalf of ASNT, for the  
5 spirit of cooperation here this week.

6 MR. MILLER: The state of Texas?

7 MS. MCBURNEY: Well, I think that we too have  
8 found this to be very productive, and being able to get  
9 together with the other states and the ASNT and the NRC and  
10 get a lot of the issues out and come to some consensus so  
11 that we can go forward.

12 MR. MILLER: Conference of Radiation Control  
13 Program Directors.

14 MR. HARDIN: I agree with Bob Bernero that when I  
15 came here, I felt like that there might not be a lot of, I  
16 guess, success in the objectives. But I feel certainly to  
17 the contrary. I do feel that in listening to the  
18 discussions here, there is a great deal of cooperation and  
19 effort to get on with the nation's program. I was -- I've  
20 attended a number of meetings on this subject, and I'll have  
21 to say in coming out of many of those other meetings, I had  
22 a very uneasy feeling, but with this particular meeting it  
23 seems like it's finally on the track to the right direction.

24 MR. MILLER: Organization of Agreement States.

25 MR. HILL: Well I too am pleased with the progress

1 that's been made. I think we have come a long ways, and I  
2 do wish that we had had an unprecedented accomplishment.

3 MR. MILLER: The U.S. Nuclear Regulatory  
4 Commission.

5 DR. GLENN: Certainly, having been one of the  
6 leaders of the discussion, I certainly appreciate both the  
7 substance and the tenor of the comments. I think that the  
8 group has worked together very effectively, that we have  
9 said what needed to be said, but we've said it in a very  
10 polite and constructive manner.

11 I think that, in fact, mandatory certification  
12 does have a future. We certainly will be working towards  
13 that both with ASNT and through G-34 trying to work out some  
14 of these protocols and issues, working on regulatory  
15 language and getting that out and ready, too.

16 But, I wish to thank all the participants for the  
17 way that you've conducted yourselves and contributed to the  
18 meeting.

19 MR. MILLER: Our neighbors to the north, Canada?

20 MR. WALKER: Well, I've been sitting here kind of  
21 as an observer. We've been certifying people now for --  
22 we've been testing people now for about nine years. We  
23 haven't been certifying them as such. But we see the need  
24 for north/south reciprocity I think because we're all part  
25 of the North American community and we're tied pretty



1 closely economically and socially to these states.

2 And I'd like for the state of Canada --

3 (Laughter.)

4 MR. WALKER: So I would like to work as closely as  
5 I can to see if we cannot harmonize our certification  
6 programs in our two countries. I think we can do that.

7 MR. MILLER: A spokesman from the G-34 committee.

8 MS. CARDWELL: I was just going to say we're  
9 going to approach seeing about getting Bob on also the G-34  
10 committee, so we've got reciprocity covered at either end.  
11 I don't know what I'm going to do about Mexico, but we might  
12 even check into that.

13 MR. KAMMERER: We want to add another member here  
14 to the G-34.

15 MS. CARDWELL: Yes, the committee's got a lot of  
16 work to do obviously next year. But I think we've made some  
17 good starting points. So we'll be anxious to get at it;  
18 right, Don?

19 MR. MILLER: Don Flater.

20 MR. FLATER: And I think another point that we've  
21 already started, and I think there's more that we should  
22 explore on the G-34. In our last meeting, we had Donny  
23 Dicharry there and we were able to share a lot of  
24 information in this, and I think we would want to continue  
25 that side of it, including the folks from industry. I think

1 we should have those folks in on this, too. If we have  
2 meetings on this issue, I think we definitely need to get  
3 everybody on that. Maybe a little smaller group and then  
4 come up with something that could be in a draft format and  
5 given out to people to look at. We can get reasonably good  
6 turnaround I believe.

7 MR. MILLER: One last comment from the public.  
8 Anybody, quickly.

9 MR. NETHERCUTT: Vandy, I want to thank all of you  
10 for listening to me tell you my story. But I do feel like  
11 -- I've been to several meetings involving certification and  
12 like Chuck Hardin down there, I came away from most of them  
13 feeling pretty down about what was happening. I think we've  
14 accomplished more here today as far as communicating between  
15 the states and perhaps even the industry, even though we  
16 only represent one side of it, than from what I've heard  
17 from other meetings.

18 So, I appreciate our being here and you tolerating  
19 us.

20 MR. MILLER: Now, the last comment is that I'm  
21 very appreciative of everybody coming, and I want you to  
22 know that the communications were completely open and above  
23 board and we are now on a roll about these workshops. We've  
24 had two very successful ones back-to-back now. We had the  
25 fee workshop, and now we've had certification workshop, and

1 we're going to continue good workshops in the future.

2 Thank you.

3 (Applause.)

4 (The proceeding concluded at 11:36 a.m.)

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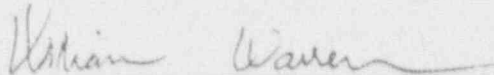
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