

**U.S. NUCLEAR REGULATORY COMMISSION
REGION I**

Report No. 030-01250/96-002

Docket Nos. 030-01250

License Nos. 06-02388-01 Priority 3 Category G Program Code 02120

IA No. 96-067

Licensee: New Britain General Hospital
100 Grand Street
New Britain, Connecticut 06050

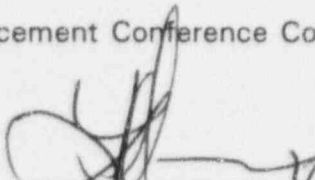
Facility Name: New Britain General Hospital

Individual: Michael J. Muszynski

Predecisional Enforcement Conference Conducted at: King of Prussia, PA

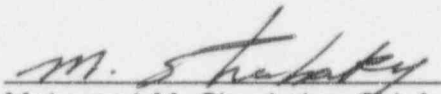
Predecisional Enforcement Conference Conducted: November 13, 1996

Prepared by:


Louis Manning, Health Physicist

12/11/96
date

Approved by:


Mohamed M. Shanbaky, Chief
Nuclear Materials Safety Branch 1

12/11/96
date

Predecisional Enforcement Conference Summary: A transcribed predecisional enforcement conference was held at NRC Region I in King of Prussia, Pennsylvania, on November 13, 1996, to discuss the apparent violation identified as a result of NRC Office of Investigations (OI), Region I, investigation findings. The individual denied the apparent violation, and contends that the records of the dose calibrator constancy were not falsified. He believes that the calibration of the dose calibrator occurred on November 29, 1995 not November 28, 1995 as stated by the Radiation Safety Officer.

Details

1.0 Attendees

Representing Michael J. Muszynski

Michael J. Muszynski, Former Chief Nuclear Medicine Technologist
New Britain General Hospital

Denise B. Muszynski, Wife of Mr. Muszynski

NRC

Charles W. Hehl, Director, Division of Nuclear Materials Safety

Hampton Newsome, Acting Regional Counsel

Mohamed M. Shanbaky, Chief, Nuclear Materials Safety Branch 1

Judith A. Joustra, Senior Enforcement Specialist

Louis Manning, Health Physicist

2.0 Summary

On November 13, 1996 a predecisional enforcement conference was held at NRC Region I Office, King of Prussia, PA. The conference provided an opportunity for Mr. Muszynski to discuss the apparent violation, and to provide an explanation of the circumstances surrounding the falsification of the New Britain General Hospital's dose calibrator constancy records.

The Director of the Division of Nuclear Materials Safety (Director) gave an opening statement and provided the reasons for the pre-decisional enforcement conference. The Director explained that this meeting would provide Mr. Muszynski an opportunity to discuss the events surrounding the apparent violation, to accept or deny the apparent violation, and provide any additional information that would enable the Commission to make an enforcement decision. The violation, although not of safety significance, does have serious regulatory consequences due to the willful violation of NRC requirements. The investigation findings were transmitted to Mr. Muszynski via the investigation synopsis enclosed in NRC letter dated November 5, 1996. The Director said that this meeting would give the NRC an opportunity to hear any additional information that Mr. Muszynski had to substantiate or negate the OI findings.

The Branch Chief reviewed the issues surrounding the dose calibrator constancy records, in order to provide background information. Mr. Muszynski was given opportunity to discuss his views surrounding the records in question. Mr. Muszynski did not provide any documentation or other information which could substantiate his belief that the dose calibrator was calibrated on the November 29, 1995 rather than November 28, 1995 as indicated by the Radiation Safety Officer.

The Senior Enforcement Specialist explained the enforcement options available to the Commission.

The meeting was adjourned.

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06-02388-01

UNITED STATES NUCLEAR REGULATORY COMMISSION REGION 1

In re: MICHAEL J. MUSZYNSKI, JR.

NEW BRITAIN GENERAL HOSPITAL, Licensee

Enforcement Conference taken by

Jennifer S. Walker, Registered Professional Reporter and
Notary Public, at the offices of the United States
Nuclear Regulatory Commission, 475 Allendale Road, King
of Prussia, Pennsylvania, on Wednesday, November 13,
1996, commencing at 1:00 p.m.

NRC MEMBERS PRESENT:

CHARLES W. HEHL, Director, Div. Nuclear Materials Safety
MOHAMMAD SHANBAKY, Chief, Nuc. Materials Safety Branch 1
HAMPTON NEWSOME, Esquire, Acting Regional Counsel
JUDITH JOUSTRA, Senior Enforcement Specialist
LOUIS MANNING, Health Physicist

ALSO PRESENT:

Denise B. Muszynski

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MICHAEL J. MUSZYNSKI, JR.

MS. MUSZYNSKI: Denise Muszynski,
Mike's wife.

MR. MUSZYNSKI: Michael Muszynski.

MR. HEHL: We do appreciate you
coming in. We recognize that, certainly, travel is a
burden, but the issues, as we described in the November
5th letter that I sent to you, are certainly serious
issues with regard to alleged falsification of records.

And whenever the NRC is made aware
of issues that are significant that involve, certainly in
this case, potential falsification of records or any
other issues that may be classified in accordance with
our enforcement policy as potentially escalating
enforcement issues, we generally have an enforcement
conference with either the licensee or, in this case, the
individuals involved to make sure that we have a clear
understanding of the issues, make sure we have an
opportunity to hear firsthand the information from you so
that when all of the information is in, we can make an
appropriate decision on which way we go with regard to
enforcement. Particularly, in the case of enforcement
involving individuals, we want to take particular care to
make sure that we understand and hear your side of the
story.

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MICHAEL J. MUSZYNSKI, JR.

MR. HEHL: This is an

administrative procedure. It's informal to a certain
extent. We do use a court reporter in this case just so
there's a record. Particularly, for cases that involve
individuals, we want to make sure that we have a clear
understanding and record of what was discussed, but this
is not under oath or an affirmation or anything else.
It's an administrative procedure. Let's go ahead and
introduce ourselves.

DR. SHANBAKY: My name is Mohammad
Shanbaky. I'm the branch chief in Region 1 responsible
for medical inspection and licensing.

MR. HEHL: I'm Charles Hehl. I'm
the director for the Division of Nuclear Safety in our
Region 1 facility.

MR. MANNING: I'm Louis Manning,
health physicist in the medical branch.

MR. NEWSOME: I'm Hampton Newsome,
acting regional counsel.

MS. JOUSTRA: Judy Joustra, senior
enforcement specialist.

MR. HEHL: I guess, just for the
record, you might as well introduce yourselves.

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MICHAEL J. MUSZYNSKI, JR.

As I indicated in the letter that
I sent to you, dated November 5th, as a result of
information that was provided to the NRC, we conducted an
investigation -- one of our special agents conducted an
investigation into this matter and the results of that
investigation indicate that a record that was produced on
November 29th, 1995, by yourself appears to be false.
And when a record, that is required by the licensee to be
maintained, is false, that's a violation of 10-CFR 30.9,
which requires licensees to have information to be
complete and accurate in all material respects.

You, as an individual, potentially
having caused the licensee to be in violation of 30.9
would then be, under our regulations, subject to a
violation of 10-CFR 30.10, which requires that any
licensee employee not engage in any deliberate acts that
cause a licensee to be in violation.

What we'll do -- as I indicated
initially, this is not a hearing. This is an
administrative process to help us gain information so
that we can make an enforcement decision. What we'll do
this afternoon is we'll have Dr. Shanbaky just walk
through maybe a little bit some of the issues and then,
basically, we'll want to hear from you, your side of the

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1 MICHAEL J. MUSZYNSKI, JR.
 2 story. I want to reemphasize, though, before we get
 3 started, that no decisions were made. This is, by
 4 nature, called a predecisional enforcement conference.
 5 We certainly have information that
 6 was developed through the investigation, which caused us
 7 concern and, as indicated in the synopsis of the
 8 investigation that was provided to you, the investigator
 9 did determine, based on the information reviewed, that
 10 the alleged violation did occur. So that's kind of our
 11 starting point and that's why we're here. So Dr.
 12 Shanbaky, why don't you...
 13 ---
 14 (Whereupon, questioning of MICHAEL
 15 J. MUSZYNSKI, JR., commenced.)
 16 ---
 17 BY DR. SHANBAKY:
 18 Q. I'm glad you made it to the Region today. We were
 19 expecting some snow, but it did not materialize, I guess.
 20 We're talking about the specific
 21 record -- do you want me to call you "Mr. Muszynski"?
 22 A. You can call me "Mike."
 23 Q. The record related to the dose calibrator constancy
 24 checks, which were performed on November 29, 1995, to my
 25 understanding of this is that the dose calibrator was

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1 MICHAEL J. MUSZYNSKI, JR.
 2 readjusted on or about the 28th of November and the
 3 values of constancy, specifically on the barium channel
 4 and the cesium 137 channels, were changed to give
 5 different values.
 6 Looking at those calibrator
 7 records for the 28th, 29th and the 30th, it looks like
 8 those calibrator constancy values recorded for November
 9 29th were almost identical or similar to the 28th, where
 10 in reality, they should read a little bit higher. And
 11 based on the investigation conducted by the NRC office of
 12 investigation, they made a determination that it appears
 13 that these records were not accurate on the 29th for the
 14 barium 133 channel and the cesium 137 channel.
 15 The values for these readings were
 16 supposed to be in the order of 85 for the barium channel
 17 and 116 for the cesium channel and the values that you
 18 recall -- these are your initials?
 19 A. Yes.
 20 Q. -- the values you recall here with your initials on
 21 the 29th were 80.9 and 111.3 for these two isotopes.
 22 Based on this apparent discrepancy, they made the call
 23 that this data was not accurate.
 24 A. That's what they're claiming.
 25 Q. Right.

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1 MICHAEL J. MUSZYNSKI, JR.
 2 A. That's what New Britain General Hospital originally
 3 claimed.
 4 Q. Did the hospital also claim that, that this data was
 5 not accurate?
 6 A. Well, actually, what -- I'm the one that actually
 7 recognized the discrepancy and I'm the one who brought it
 8 to the RSO's attention and he had indicated that he had
 9 come in late on the 28th to do a dose calibrator check
 10 and to change the readings. He never indicated that he
 11 did this. Now, on the 30th, when I did recognize the
 12 changes, I called -- actually, I repeated the test
 13 several times to see if something was off. I rechecked
 14 the background and when I did consistently get higher
 15 numbers, that's when I notified the RSO.
 16 At that time, he indicated he was
 17 he was in late on the 28th to do a change. So my
 18 question is -- I actually believe that he was not there
 19 on the 28th. I actually believe that he was there on the
 20 evening of the 29th and that's why we had the change and
 21 I found the discrepancy on the 30th.
 22 Q. So can you walk us through what you actually did on
 23 the 29th, then?
 24 A. The 29th is what I did every other day that my
 25 initials are here. I go in for the dose calibrator

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1 MICHAEL J. MUSZYNSKI, JR.
 2 constancy check. I hit the background button, zero it
 3 out and then I perform, you know -- when we just use the
 4 two sources, we use the barium and then the cesium for
 5 the rest of the checks. So on the 28th, 29th or even any
 6 place up here on the 3rd, every day was -- I did it
 7 consistently.
 8 Q. Do you do the test and immediately log the data on
 9 this form or do you write it on a piece of paper and then
 10 transform --
 11 A. No, we keep these logs in the hot lab. The book is
 12 right open next to the dose calibrator. So, as we see
 13 the readings, we just write it down immediately right
 14 from the LED reading.
 15 Q. Did anybody else work with the dose calibrator on
 16 the 29th?
 17 A. Other people have used the dose calibrator, but they
 18 didn't do a constancy check. Only one person does the
 19 constancy check and that's done first thing in the
 20 morning, unless we're measuring a dose, which really
 21 doesn't match up to what we expect to be administered,
 22 then we'll redo a constancy check.
 23 Q. You get doses from pharmacies, correct?
 24 A. That's correct.
 25 Q. Can you describe to us the relative errors that you

1 MICHAEL J. MUSZYNSKI, JR.
2 were getting with these doses that day on the 29th; did
3 you have any discrepancy between the dose said at the
4 pharmacy and the dose said on the 29th with the dose
5 calibrator?
6 A. To my knowledge, we had no discrepancies. A bone
7 dose, we would give about 20 millicuries. Could be 19
8 millicuries, 21 millicuries, depends upon the time of the
9 administration, but we had no discrepancies. I mean,
10 none of the technologists came to me and said, "Mike,
11 something's wrong." And the patients that I
12 administered, I found no change in the doses that were
13 administered.
14 Q. A discrepancy has to be above five percent before
15 they let you know or what kind of discrepancies --
16 A. We like to keep it, as a rule, about five percent.
17 I know you can go as high as ten percent. That's
18 basically what our rule of thumb was, ten percent. If it
19 went outside of five percent, that's when we would
20 recheck the dose calibrator or zero it, hit the
21 background, zero it down.
22 Q. None of the doses that you are saying for patients
23 on the 29th indicated any values near or above five
24 percent?
25 A. To my knowledge, no, there was no differences.

1 MICHAEL J. MUSZYNSKI, JR.
2 Q. Okay.
3 ---
4 BY MR. HEHL:
5 Q. Perhaps we could back up a little bit and just ask
6 you to maybe walk through and explain what occurred here.
7 A. What occurred there is I did the daily constancy
8 check as I do every other day -- I'm usually one of the
9 first individuals in in the morning. And, like I said,
10 between the 28th, 29th, 30th or any other day or any
11 other month, there was no alteration on how I performed
12 this test.
13 Q. Were you aware, I guess, that -- or are you normally
14 made aware when the contractor is to come in to do the
15 calibration or --
16 A. In the past, I was aware. With this new radiation
17 safety officer, I was not aware. Never did indicate to
18 us.
19 Q. Does he leave -- after he completes his work, does
20 he leave any documentation or anything there to reflect a
21 change?
22 A. It may be a couple days or maybe a week or a month
23 later when a report comes out saying what he's done that
24 month, but he wouldn't leave a note saying, "I changed
25 the dose calibrator check or I changed the numbers." He

1 MICHAEL J. MUSZYNSKI, JR.
2 never left anything like that. It's not his practice to
3 do that.
4 ---
5 BY DR. SHANBAKY:
6 Q. You said something which is very important for me
7 here. You said that he was not there on the 28th and he
8 actually did the calibration on the 29th?
9 A. That's my belief, my personal belief.
10 Q. What's the basis for this?
11 A. My basis for that is because -- and that's why I
12 took the long trip down here, to prove my innocence and
13 regain my credibility to show that I consistently did
14 this test with no variations. I'm the one that
15 recognized the problem and that's when I reported it to
16 him. And then when he came to me and he accused me of
17 falsifying records because he was in on the 28th, and I
18 said, "I'm sorry, but these are the numbers that I've
19 gotten" --
20 Q. When did you report it to him?
21 A. I reported it on the 30th when I received the
22 discrepancy.
23 Q. That's the morning when you did the -- start of the
24 day -- Q.C. on the dose calibrator and you saw these
25 values, you took it --

1 MICHAEL J. MUSZYNSKI, JR.
2 A. I saw those values that were much different and
3 that's when I repeated the test. I believe I repeated it
4 at least three times, moving the doses, the two standard
5 doses aside, checking the background, doing a test of the
6 dose calibrator and then repeating the study to make sure
7 that, you know, maybe something wasn't off. And once I
8 consistently got the higher numbers, that's when I
9 notified the radiation safety officer.
10 Q. You deal with him on a daily basis?
11 A. No. Actually, he's contracted through, I believe,
12 several hospitals. So maybe it's once a week I'd see
13 him, sometimes maybe twice a week.
14 Q. Does he have, like, regular days that he shows up at
15 the hospital?
16 A. No, he just comes in when his schedule fits. It's
17 not like he's there every Monday or every Monday and
18 Wednesday. Sometimes he'll be there in the morning on a
19 Tuesday, afternoon on a Friday or the following Wednesday
20 at noon. It's all different times.
21 Q. What did you report to him on the 30th? What did
22 you tell him?
23 A. I told him that I performed the dose calibrator
24 constancy check and I thought some of the readings were
25 off, so I repeated the study several times and I still

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1 MICHAEL J. MUSZYNSKI, JR.
2 received the same discrepancy. And that's when I called
3 him and I explained, you know, something's wrong. And he
4 says, "Oh, I was there on the evening of the 28th --
5 29th, after hours to change the readings."
6 MS. MUSZYNSKI: 28th.
7 A. The 28th.
8 ---
9 BY DR. SHANBAKY:
10 Q. He said he was in on the evening of the 28th?
11 A. That's what he says.
12 ---
13 BY MR. HEHL:
14 Q. During the conduct of the investigation that was
15 done, apparently, Mr. Young, who is a medical physicist
16 at the facility, was interviewed and he confirmed that
17 the calibration took place on the 28th. He, apparently,
18 was a witness to the activities that Mr. Mas was
19 conducting, the RSO, as far as the calibrator testing.
20 A. You know, it's down to his word against my word
21 because I've -- I have people that I work with,
22 associates, they cannot actually claim that they
23 specifically saw me do this test on the 28th, 29th and
24 30th, but they have consistently seen me perform this
25 exam because we have another technologist -- we have two

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1 MICHAEL J. MUSZYNSKI, JR.
2 technologists come in in the morning and she happened to
3 be pregnant at the time and I wanted to keep her out of
4 the hot lab. The only thing she came in for was, like,
5 technetium dose to do blood fields.
6 As a matter of fact, she was
7 interviewed by the investigators and she claims that,
8 yes, she has seen me perform this test consistently,
9 without fail and in the same manner. And there's another
10 individual in radiology who testified basically the same
11 thing, but they cannot actually say that, yes, they did
12 see me on this particular day. They can just say that
13 they've consistently seen me perform the study and they
14 consistently do it in the same manner.
15 ---
16 BY DR. SHANBAKY:
17 Q. What was your patient workload that day, if you
18 remember?
19 A. Usually, our patient workload really didn't vary
20 that much. It was a normal day. At the time that we
21 performed -- at the time we do these studies, the record
22 of receipt, there are no patients in the department. Two
23 technologists; one had the job of doing the quality
24 control and one has the hot lab duties. So we would do
25 the constancy check and the record of receipt first thing

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1 MICHAEL J. MUSZYNSKI, JR.
2 in the morning between 7:00 and 7:30.
3 Q. This is before you get schedule for the scheduled
4 patient?
5 A. Correct. Our first patient would be 7:30 and all
6 these duties and records would be done during that period
7 of time, when there's no patients.
8 Q. So you did not know what would be your patient
9 workload that day?
10 A. I did.
11 Q. You did. That was, like what you said, normal?
12 A. Just a normal day, yeah.
13 Q. What's normal?
14 A. A normal day is doing a couple of cardiac studies,
15 bone studies, sometimes you do some emergency bone scans.
16 The majority of the time, it was mostly thalliums or bone
17 studies. They would be consistent every day.
18 Q. How long does a test take, to do the constancy
19 check?
20 A. Constancy check --
21 Q. Yeah.
22 A. -- and documenting them, probably 15, 20 seconds.
23 After you hit the background and check your barium dose
24 and you put your cesium in, it's just a matter of hitting
25 the preset buttons and writing down the values.

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1 MICHAEL J. MUSZYNSKI, JR.
2 MS. MUSZYNSKI: I don't know if
3 I'm allowed to speak, but, I mean, this is my husband.
4 Of course, I love him dearly. I wouldn't stick up for
5 him if I didn't honestly believe him. I mean, you have
6 to know my husband. He doesn't even allow our children
7 to cheat in games. It infuriates my kids that they can't
8 take the extra step to win. I mean, he's a stickler by
9 the rules. And his job was so important to him that I
10 cannot, in my wildest dreams, fathom that he would ever
11 even conceive of doing this.
12 I work at New Britain General
13 Hospital, too, not in the x-ray capacity. I'm a nurse.
14 But it just -- I just cannot understand how somebody
15 could say -- knowing him, as he's done, he's been there
16 20-something years, and one day, the figures are off and
17 all the sudden, he's falsifying records. The machine
18 couldn't be off? I mean, the machine has been known to
19 give problems and, as of recently, through the hospital
20 grapevine, I've heard the machine's been sent out because
21 figures are just getting so out of whack.
22 This is the worst nightmare come
23 true. Seems like nobody will believe us. The reason we
24 came to the NRC was because, after working at the
25 hospital for so many years, no one would listen to him.

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1 MICHAEL J. MUSZYNSKI, JR.
2 Even his supervisor didn't want to hear an explanation.
3 They just said, "You're guilty" and that's it. It's...
4 MR. HEHL: I understand it's
5 certainly a difficult situation. You know, the problem
6 we have is that the NRC, you know, we may come to the
7 hospital maybe once a year. I don't know if this is a
8 priority-one program, but, typically, once a year. The
9 rest of the time, you know, we rely entirely, really, on
10 the hospital and both the radiation safety committee and
11 RSO and the individual technicians to make sure that
12 everything is followed appropriately. And that's the
13 reason we certainly have to take these issues very
14 seriously because we're only there once a year.
15 MS. MUSZYNSKI: And that's why we
16 took it so seriously also.
17 MR. HEHL: We understand that.
18 The problem we have is that on the 30th at least the
19 readings are consistent with what was set into the
20 machine as part of the recalibration. So those values
21 appear to be fairly consistent with the -- characterize
22 this as the as-left values after the calibration took
23 place. If, in fact, the calibration took place on the
24 28th, then the values on the 29th should have reflected
25 the numbers that are recorded for the 30th and that's the

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1 MICHAEL J. MUSZYNSKI, JR.
2 difficulty we're having.
3 And we certainly don't disagree
4 with you that machines can have problems, but at least,
5 on the surface, it certainly looks like if the machine
6 was having problems, then it certainly wasn't evident
7 from the record here. So that's kind of the quandary
8 that we're in, is how do we explain this situation.
9 A. My explanation was that -- because I know, in my
10 heart, that I performed this study like I did every other
11 day. My actual true feeling is that Mr. Mas was not in
12 there on the 28th.
13 ---
14 BY DR. SHANBAKY:
15 Q. Did you see him in the hospital on the 28th?
16 A. No, I did not.
17 Q. Did you see him in the hospital on the 29th?
18 A. No, I did not.
19 Q. Did you see him in the hospital on the 30th?
20 A. Yes, because I called him.
21 Q. When you called him on the 30th, what did he say?
22 A. After I explained what I did and that I repeated the
23 study, that's when he indicated that he was in on the
24 28th to perform the recalibration and he says, "You
25 should have gotten those numbers on the 29th." And he

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1 MICHAEL J. MUSZYNSKI, JR.
2 came in and he looked at what we have in front of us here
3 and he just indicated right to my face, he says, "You
4 falsified records. Do you realize the seriousness of
5 it?"
6 Q. That's immediately?
7 A. That's correct. I told him, "I don't think you
8 should be accusing me of this and making those
9 accusations" because I consistently stay stringent to NRC
10 regulations. I always have. I've been there 23 years in
11 nuclear medicine and if you go back and look at all the
12 records from day one -- of course, we don't have them
13 back to day one -- but there's never been a situation
14 like this. That's hundreds of thousands of loggings that
15 I performed.
16 And why, on this particular day, a
17 normal day, would I change those numbers or not perform
18 the study? What would I really, personally, have to
19 gain? If it took -- if it was a two-hour test and it was
20 a busy day, people can say, "Well, you fudged some
21 numbers," but that is not the case. It's a very simple
22 study to do and I consistently always did it and I had
23 nothing to gain by putting down any other numbers.
24 ---
25 BY MR. HEHL:

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1 MICHAEL J. MUSZYNSKI, JR.
2 Q. We were wondering -- I'm looking at the calendar for
3 November of '95. These days when it's marked on this
4 record that the department was closed typically Saturday,
5 Sunday, Saturday, Sunday, and then there's a Saturday and
6 it looks like there was work on Sunday and then, on the
7 25th, there was -- the department was closed and then --
8 would those, I guess, represent the typical work
9 schedule, Saturdays and Sundays?
10 A. No. We weren't open. We didn't have Saturday
11 hours, but if we were called in to perform a lung scan or
12 GIB, it's our practice, it's regulation that when you
13 come in -- of course, maybe we could have done -- say, we
14 used some technetium, we could have done barium, cesium
15 and technetium, but to be consistent, I always insisted
16 that my staff do all the numbers, even if we're not going
17 to use those radioactive materials.
18 Q. Do you recall -- I guess, in looking at this record,
19 is this a fairly accurate indication of the days that
20 were worked for this time period for November of '95?
21 A. Was somebody called in on those particular days?
22 Q. Do you have any way of knowing if that's -- well, it
23 looks like E.D., whoever's initials those are, may
24 have --
25 A. So that was a Sunday.

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1 MICHAEL J. MUSZYNSKI, JR.
 2 Q. Yeah, that was the 26th, so -- so you weren't called
 3 in?
 4 A. No, we only had one person on-call.
 5 Q. Oh, okay. So that was -- that would reflect, then,
 6 the person that was on-call?
 7 A. That's correct. As a matter of fact, I've got a
 8 copy of the entire year of '95 because I have a lot of
 9 copies of my own documentation, not just the copies of
 10 these. You can look back and find Saturdays or Sundays
 11 that -- or holidays that I was there, so you'll find my
 12 initials on, basically, an off day.
 13 ---
 14 BY DR. SHANBAKY:
 15 Q. When did you leave the department on the 28th?
 16 A. If I was the individual in there to perform that, 7
 17 o'clock. So my shift would have been done at 3:30.
 18 ---
 19 BY MR. HEHL:
 20 Q. You normally left right at 3:30?
 21 A. Approximate time.
 22 ---
 23 BY MS. JOUSTRA:
 24 Q. Can you recall anything unusual occurring on the
 25 28th, 29th or 30th? Did you have problems zeroing it or

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1 MICHAEL J. MUSZYNSKI, JR.
 2 getting background or was it reading negative background
 3 on any of those days?
 4 A. No. I mean, if it read negative numbers, like .01
 5 mics, something like that.
 6 Q. But consistently it went right to zero?
 7 A. Yes.
 8 Q. Was there any reason for any difference in any
 9 background radiation in the hot lab that caused anything
 10 unusual to occur?
 11 A. No, because everything was -- we hadn't performed
 12 the record of receipt at that point. So everything was
 13 still in lead pigs and/or put in the lead drawers. So
 14 the only thing that would be out would be the standard
 15 dose.
 16 ---
 17 BY DR. SHANBAKY:
 18 Q. You're the chief technologist?
 19 A. That's correct.
 20 Q. When you left on the 28th, you said that, since you
 21 worked from 7:00 to 3:30, you left at 3:30; did you leave
 22 anybody else in the department?
 23 A. Yes, we were a four-person department. So we had
 24 two people in from 7:00 to 3:30 and two people worked
 25 9:00 to 5:30.

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1 MICHAEL J. MUSZYNSKI, JR.
 2 Q. Did any of them see Mr. Mas doing those calibrator
 3 accuracy tests?
 4 A. I have not questioned them, whether they saw him or
 5 not. I have spoken to them since and they can't recall
 6 whether -- you know, once this incident came up, they
 7 can't say whether -- they knew he was around that week,
 8 but they didn't know exactly what day.
 9 ---
 10 BY MR. HEHL:
 11 Q. Did Mr. Young work in your department?
 12 A. Mr. Young -- as a matter of fact, that was his first
 13 week working in New Britain General. He had contracted
 14 out. So he was kind of just, I guess, going through an
 15 orientation.
 16 Q. He worked for Mr. Mas?
 17 A. No, he worked with a group of physicists out of
 18 Hartford Hospital and they contract themselves out to New
 19 Britain General.
 20 ---
 21 BY MS. JOUSTRA:
 22 Q. So he has no contract or relationship with Mr. Mas?
 23 A. Except that they're associates. That's it.
 24 ---
 25 BY DR. SHANBAKY:

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1 MICHAEL J. MUSZYNSKI, JR.
 2 Q. When you saw the data on the 30th of 84.9 and 107.4,
 3 what did you think? The machine is not acting right
 4 or --
 5 A. Yeah, my first initial thought was something is
 6 wrong. Of course, I looked around to see if any dose is
 7 out first. Then I removed the standard doses from the
 8 area and rezeroed the dose calibrator and then reinserted
 9 the standard doses and that's when it read the same
 10 thing. That's when I repeated that sequence several
 11 times. I was convinced that I kept getting the same
 12 number and that's when I called Mr. Mas.
 13 Q. So you repeated -- do you remember how many times
 14 you repeated the test?
 15 A. I know I repeated it at least three times. So it's
 16 the initial constancy check and then I repeated it three
 17 times.
 18 Q. Every time, you came up with the same or similar --
 19 A. Similar numbers. Those were my original numbers.
 20 Q. The first test?
 21 A. That's correct.
 22 Q. And then you repeated it, like, three times and you
 23 were getting similar numbers?
 24 A. That's correct.
 25 Q. And why you went to Mr. Mas?

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1 MICHAEL J. MUSZYNSKI, JR.
 2 A. Because he's the radiation safety officer. If I'm
 3 getting an inconsistency that I can't explain, it's my
 4 duty to contact the radiation safety officer.
 5 Q. What were your expectations; what was he going to do
 6 about it?
 7 A. Well, the expectation was he would come in and check
 8 it out and/or he would look at the numbers and say,
 9 "Okay. It's within limit." Basically, what I was
 10 looking for was an explanation, number one. Number two,
 11 I was not going to administer any doses to patients if
 12 I'm getting an inconsistency like this, even though I do
 13 have the script from a radiopharmacy saying that the dose
 14 should read such and such, but still, when there's a
 15 difference like that, it wouldn't be proper to administer
 16 any doses.
 17 Q. How often Mr. Mas do the accuracy test and change
 18 the setting on the machine, how often?
 19 A. I would assume he does it quarterly.
 20 Q. So this was changed after the quarterly test was
 21 performed on the dose calibrator, the values here for the
 22 barium and the cesium channels?
 23 A. Um-hum.
 24 Q. Did you find any other discrepancies in the record
 25 or things that were not consistent with new accuracy test

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1 MICHAEL J. MUSZYNSKI, JR.
 2 values?
 3 A. If you're asking me other than doing a constancy
 4 check, other recordkeeping, like record of receipts or
 5 anything else, is that what you mean?
 6 Q. For the dose calibrator, quality-control
 7 measurements; did you look at any of the other records
 8 after the previous accuracy checks?
 9 A. No, I did not.
 10 Q. You did not. How long did you stay in the
 11 department after your discussion with Mr. Mas?
 12 A. I finished out my shift that day. How long did I
 13 stay with him?
 14 Q. In the department, working in the department that
 15 day and then --
 16 A. Well, I finished my regular shift. I finished at
 17 3:30 or thereabouts. I was there all day. I wasn't with
 18 Mr. Mas all day.
 19 Q. And what the hospital administration did, they come
 20 and told you -- you tell us what actually happened.
 21 A. Actually, I wasn't told anything. When Mr. Mas saw
 22 this and he got it in his head that I falsified records,
 23 he went right away running to the medical director and
 24 administrator of the department --
 25 MS. MUSZYNSKI: Didn't you say

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1 MICHAEL J. MUSZYNSKI, JR.
 2 something to him first --
 3 A. He did say to me, when he accused me of doing this,
 4 I said, "Don't tell me that I falsified records, because
 5 I know what I did and I know I do it consistently every
 6 day."
 7 He said to me, "Being a
 8 supervisor, you should know better than to not comply
 9 with NRC regulations."
 10 I said, "I did comply with NRC
 11 regulations because I did the constancy check."
 12 And he says, "Well, I don't want
 13 anyone to get fired over this, so I'll just let this one
 14 go by." The next thing I know, he turns around right
 15 outside the door and goes running off to -- like a
 16 little, happy puppy -- to go squeal on someone.
 17 Q. And he told whom?
 18 A. He told the administrator of the department and he
 19 told, I believe, the assistant administrator and the --
 20 probably the medical director of nuclear medicine.
 21 Q. And what did they tell you?
 22 A. They kept me in the dark for a very long time. That
 23 particular day, I was performing a bone scan on a patient
 24 and the administrator and assistant administrator came in
 25 as I was performing the study, and they asked me if they

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1 MICHAEL J. MUSZYNSKI, JR.
 2 could see the record -- logbook. And I said, "It's in
 3 the hot lab." And I was going to show them where it was.
 4 They said, "No-no-no. We'll get
 5 another technologist to get it for us." And then they
 6 confiscated the book and went and they made copies of --
 7 I don't know if just that one particular month or if they
 8 did other months. And afterwards, I went to them and I
 9 asked them, you know, "Are you going to explain to me why
 10 you want the records? Can you tell me what's going on?"
 11 And that's when -- actually, this is several days later
 12 because I consistently asked them. I said, "What's going
 13 on?" The only thing that they did to me is they
 14 restricted me of my duties without an explanation.
 15 Q. When was that? From November, the end of November?
 16 A. I'm not sure of the exact date.
 17 MS. MUSZYNSKI: Beginning of
 18 December.
 19 A. It was a couple days after this incident, several
 20 days later. Because I kept wanting some information of
 21 why they keep taking the book and copying it and having
 22 their little meetings. I was curious.
 23 ---
 24 BY DR. SHANBAKY:
 25 Q. The following week?

1 MICHAEL J. MUSZYNSKI, JR.
 2 A. Yes. And, finally, I was called in by the
 3 administrator of the department, assistant administrator,
 4 and I was told they were going to restrict me of my
 5 duties. And I said, "Well, why are you restricting me of
 6 my duties?" And they went into the story how Peter Mas
 7 claims that I falsified records
 8 And they said, "You're restricted
 9 of duties. You cannot perform any type of hot-lab work,"
 10 except they did make some allotments. They were allowing
 11 me to write down prescription numbers and patient doses
 12 and the volumes that we administered. So they allowed me
 13 to do that, but they wouldn't allow me to do any type of
 14 tests.
 15 Q. You were allowed to work in the department?
 16 A. I was allowed to work in the department with
 17 restrictions.
 18 Q. And the restrictions was not to do the dose
 19 calibrator Q.C. tests or --
 20 A. The only log that they were allowing me to make was
 21 the administration log, okay, when I administer a dose to
 22 a patient. So that would be patient name, Rx number, the
 23 volume, dose, time, that type of thing. They allowed me
 24 to do that. There was another incident where they lifted
 25 my restriction to clean an IO31 room after a patient had

1 MICHAEL J. MUSZYNSKI, JR.
 2 received 150 millicuries and was discharged. So they
 3 lifted my restriction by calling me at home on my day off
 4 to come in and clean the room and actually allowed me to
 5 write down my readings and do the wipe test and that sort
 6 of thing.
 7 ---
 8 BY MS. JOUSTRA:
 9 Q. The patient administrations that they allowed you to
 10 log, were you also allowed to use the dose calibrator for
 11 a dose prior to administering it as well?
 12 A. Yes.
 13 Q. So you were responsible for that whole process?
 14 A. That's correct.
 15 ---
 16 BY DR. SHANBAKY:
 17 Q. How about this stuff -- talking to the
 18 investigator -- said that you were offered another job in
 19 another -- like, x-ray or can you tell us about this?
 20 A. Well, they had come to me and they said that they
 21 were offering me either termination or resignation -- it
 22 was my choice -- because of falsification of records,
 23 which was not proven at that point
 24 MS. MUSZYNSKI: Well, no. It
 25 started where the end of the month -- or during the whole

1 MICHAEL J. MUSZYNSKI, JR.
 2 month of December, they kept him in limbo. Finally,
 3 right before Christmas, they called him and said, "We're
 4 going to have to talk to you after Christmas." After
 5 Christmas, they came in and they said -- they gave him a
 6 poor evaluation and said, "We're dismissing you because
 7 your -- of poor performance." They offered -- they said,
 8 "You can either resign or we can terminate you," so...
 9 ---
 10 BY DR. SHANBAKY:
 11 Q. You were not offered another job?
 12 MS. MUSZYNSKI: That comes in a
 13 minute. So we offered to have them terminate him.
 14 A. I chose termination.
 15 MS. MUSZYNSKI: And at the same
 16 time, we went through -- the hospital has a
 17 problem-resolution committee. If you have a problem that
 18 you feel wasn't handled properly, you can go to this
 19 committee. So he followed the procedure for that, went
 20 through the committee to -- because he felt he was
 21 wrongfully terminated. He wrote down the problem, how
 22 his supervisor did not follow through on things. He
 23 wrote about the discrepancy with the dose calibrator in
 24 his article that he had to write.
 25 He submitted that to the

1 MICHAEL J. MUSZYNSKI, JR.
 2 problem-resolution committee. He went through the
 3 problem-resolution committee. When members of the
 4 problem-resolution committee saw the things about the
 5 dose calibrator, they questioned him about it and human
 6 resources said, "That's not the issue here."
 7 A. They said, "Ignore that issue."
 8 MS. MUSZYNSKI: "Ignore that
 9 issue. That's not why he was terminated." Anyway,
 10 problem-resolution committee met, heard his side, heard
 11 the other side. And they voted in his favor, to
 12 reinstate. The problem-resolution committee felt that he
 13 was wrongfully -- wrong was done to him. So the hospital
 14 called and said he could be reinstated back to his old
 15 job on Monday with a six-month limitation, I think, or
 16 a --
 17 A. Yeah, gave me a six-month probation not because of
 18 this.
 19 MS. MUSZYNSKI: And he goes back
 20 in that Monday and they tell him that because of this,
 21 now he can't get that job -- his job back. They were
 22 going to offer him a job in portable x-ray, which he
 23 hasn't done since he's been a student. And that job was
 24 eliminated years ago to cut budget. So we fought that
 25 one and that's when they came back and said, "Because you

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1 MICHAEL J. MUSZYNSKI, JR.
2 falsified these records, we can't give you a job in New
3 Britain General Hospital. You will never be employed
4 with them again."
5 ---
6 BY DR. SHANBAKY:
7 Q. Did you have any other difficulties with the
8 hospital, either with your staff or people you were
9 supervising or management?
10 A. I never had a problem with the people I supervised.
11 I did have a problem with an individual in management and
12 that's why I was originally given the choice of
13 termination or resignation. And there were other
14 discrepancies with Peter Mas that I don't feel he was
15 performing his duties correctly. I don't feel that he
16 gave us proper supervision as being a radiation safety
17 officer.
18 Q. Is this --
19 A. I have actual fact of certain things, that, if
20 anything does happen, a lot of times he will pass it off
21 where it's someone's mistake. There were actually two
22 incidences of recordable incidents and one was in March
23 and February. I do have copies of that. And there was
24 no signature by the radiologist, so it's a recordable
25 incident. Mr. Mas never educated us or never let us know

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1 MICHAEL J. MUSZYNSKI, JR.
2 about the quality-management program that, if this does
3 happen, we would have to send in a report.
4 Well, Mr. Mas, actually about
5 three months later, he indicated to me to write up these
6 reports. So I wrote them up and had them in his hands
7 within a matter of three days. And then he went to the
8 administrators, too, and in his report said that I did
9 not comply with my job because I did not write the
10 reports within 30 days of the incident. Well, Mr. Mas
11 never educated us or supervised us in telling us that
12 this has to be done. I mean, he never told us the
13 regulations on it.
14 MS. JOUSTRA: Are you saying
15 "recordable" or "reportable"?
16 DR. SHANBAKY: He's saying,
17 "Recordable."
18 ---
19 BY MR. HEHL:
20 Q. You were never trained on the quality-management
21 program?
22 A. I never received a copy of the quality-management
23 program. I was just -- we had a form and I was told this
24 was the form we were going to use because of the
25 quality-management program. I had to do some const. nt

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1 MICHAEL J. MUSZYNSKI, JR.
2 reminders, you know, could I please have a copy of the
3 quality-management program. And finally, he did make a
4 copy and I did receive it, but this is way after the fact
5 of those two incidents.
6 ---
7 BY DR. SHANBAKY:
8 Q. So you had some concern about Mr. Mas's training of
9 the staff, including yourself; did you make these
10 concerns known to Mr. Mas? When did you make this
11 concern known to the hospital administration or to Mr.
12 Mas?
13 A. Actually, one of my requests to him is since --
14 well, since this incident happened, that I thought that
15 the nuclear medicine department should have their own
16 copy of NRC regulations that would pertain to nuclear
17 medicine. And I consistently asked him for copies of
18 this. Then I went to my immediate supervisor and
19 explained the situation. My immediate supervisor wanted
20 copies also and, as of the date that I left New Britain
21 General, to my knowledge -- well, maybe they're there
22 now -- but when I left, there were still no copies of the
23 regulations. So the technologists there are only taking
24 his word because he always said, "You do what I tell you
25 to do and that will cover everything."

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1 MICHAEL J. MUSZYNSKI, JR.
2 Q. Did you have any problem with Mr. Mas or
3 difficulties with Mr. Mas before November 29?
4 A. Well, that's -- sure, I did. He was trying to blame
5 those two events of the IO31, quality-management program.
6 ---
7 BY MR. NEWSOME:
8 Q. Had you had any communication with him about your
9 concerns? Was there a relationship there?
10 A. Actually, it wasn't -- we didn't have a bad
11 relationship, not at all, but there were situations where
12 I felt that he was trying to kind of sway the blame on
13 me, you know, if something was a problem because Mr. Mas
14 does not like to be wrong.
15 ---
16 BY MS. JOUSTRA:
17 Q. With respect to the hospital in, I guess, your
18 working relationship with management, are you given maybe
19 an annual or some kind of performance appraisal or some
20 type of evaluation annually --
21 A. Yes.
22 Q. -- and, if so, how were they throughout the years?
23 A. Actually, it's an annual performance appraisal and I
24 worked under three different managers and every year
25 since the beginning of my employment there, I received

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1 MICHAEL J. MUSZYNSKI, JR.
2 either excellent or outstanding through my first manager.
3 Second manager, I received basically the same thing,
4 outstanding or excellent.
5 Q. Always in the same capacity as a chief technologist?
6 A. That's correct. Now that I'm under the third
7 person, couple years I got satisfactory, and then the
8 last couple years, I got unsatisfactory or unacceptable.
9 And that's when they said that there's a problem and that
10 led up to the termination. My entire personnel records,
11 it shows consistently I was top of the level, top of the
12 level and then my performance failed.
13 ---
14 BY MR. HEHL:
15 Q. I think you mentioned, at some point, that Mr. Mas,
16 the RSO, was new; how long had he been there?
17 A. Mr. Young?
18 Q. Mr. Mas.
19 A. Mr. Mas was there several years because I was in
20 on -- I was there when it was, I guess, not the monetary
21 negotiations, but deciding whether we were going to be
22 contracting Hartford Hospital. There was certain things
23 that they wanted me there so I could find -- to see if
24 the RSO would be adequate. And some of the requests that
25 I had of him was for him to review logs such as this or

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1 MICHAEL J. MUSZYNSKI, JR.
2 the record receipt or weeklies or monthlies and I
3 requested that he review and initial them, at least
4 biweekly. And also to educate us. I asked him to do
5 inservices on radiation safety and, in all the time he
6 was there, outside of the required educational program,
7 he only did one. And so he just wasn't complying with
8 what I requested when the negotiations were going on to
9 contract them out.
10 ---
11 BY DR. SHANBAKY:
12 Q. When he does the accuracy test, does he leave his
13 records there after he finishes the test?
14 A. After he finishes that, a copy goes into the
15 logbook.
16 Q. When?
17 A. Whenever he gets around to putting it in there.
18 Q. Oh, it is not like you fill this form in and put it
19 in the logbook?
20 A. No, he just gets the numbers that he needs and then
21 he goes back and puts it through his computer and could
22 be three or four days, a week later, could be longer. I
23 really never -- I knew the tests were done quarterly when
24 they were supposed to be done, but I never, you know,
25 noticed whether it was a week, two days or a week and a

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1 MICHAEL J. MUSZYNSKI, JR.
2 half when it was finally actually put into the book.
3 Q. So this record could be generated and then entered
4 in the logbook after the work is done three or four days
5 later?
6 A. That's correct.
7 Q. Did you see this record?
8 A. Yes. As a matter of fact, I have copies of that.
9 Q. When was the first time you saw this?
10 A. It had to have been at least several days after the
11 study was done after he claimed -- because that's what I
12 specifically wanted to look at, when he said he was there
13 on the 28th, I wanted to look and see what date he had
14 written down on his record there.
15 Q. Is there anything that would prove or disprove his
16 presence in the hospital, since this is your primary
17 claim that he may have not done the calibration on the
18 28th, actually he may have done it on the 29th? Is there
19 anything you can help us with to substantiate your claim?
20 A. I can tell you my beliefs. I really feel that I
21 was -- it was a planned thing to kind of get me out the
22 door because we were going through a merge with another
23 hospital and the individual at the other hospital -- this
24 is my feeling -- that she was going to get my job because
25 she's younger, probably gets paid less. Me being there

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1 MICHAEL J. MUSZYNSKI, JR.
2 23 years, I was one of the top paid people in the
3 department. I think they were trying to find a way to --
4 find reasons to terminate me.
5 ---
6 BY MS. JOUSTRA:
7 Q. Is there any requirement for Mr. Mas to identify the
8 fact that he's there, like, sign in like a visitor or
9 anything like that?
10 A. Not at all.
11 ---
12 BY DR. SHANBAKY:
13 Q. Logbook?
14 A. There's no logbook.
15 Q. Security check?
16 A. No.
17 ---
18 BY MS. JOUSTRA:
19 Q. Billed by the hour or how does he get --
20 A. That, I have no knowledge. I think it's a flat fee,
21 but I'm not familiar with that part of it. But as far as
22 logging in and out like being an employee, I had to use
23 my I.D. badge and kind of go through and it goes through
24 a computer and it says, you know, "Okay. You're here."
25 And then do it again at the end of the day and it says,

1 MICHAEL J. MUSZYNSKI, JR.
 2 "Okay. You left." Mr. Mas was not required to do that.
 3 He only used it for showing that he was a hospital
 4 employee.
 5 ---
 6 BY MR. HEHL:
 7 Q. So he's not required to key in or key out?
 8 A. (Witness shakes head in the negative.)
 9 ---
 10 BY MS. JOUSTRA:
 11 Q. Are you currently employed in any NRC-licensed
 12 activities at this time?
 13 A. No, I had applied to many hospitals and I hadn't
 14 received any type of employment at all. I just have one
 15 job that's pending, but other than that -- I've had
 16 several interviews, but they say the positions are filled
 17 or are just not responding to me at all.
 18 As a matter of fact, when this
 19 whole issue came up and Mr. Mas made that accusation, I'm
 20 the one who initially took the step to call Mr. Manning
 21 and report this. And we discussed it on the phone for a
 22 while. That's what kind of got the ball rolling on this.
 23 ---
 24 BY MR. HEHL:
 25 Q. When did you do that?

1 MICHAEL J. MUSZYNSKI, JR.
 2 A. Give me a few minutes.
 3 ---
 4 BY MR. MANNING:
 5 Q. Basically, when you called me, you stated that
 6 basically whatever the follow-up was going to be that you
 7 wanted to have -- basically, to tell your side of the
 8 story.
 9 A. That's correct.
 10 ---
 11 BY MS. JOUSTRA:
 12 Q. When you placed the call to Mr. Manning, had you
 13 been interviewed by our investigator?
 14 A. No, that's what I'm saying. When I was first
 15 accused of this and I wanted to retain my credibility and
 16 reputation, because I know that I did that study, that's
 17 when I called Mr. Manning.
 18 Q. Then you were interviewed by our people after that,
 19 after that phone call was made?
 20 A. That's correct.
 21 ---
 22 BY DR. SHANBAKY:
 23 Q. Do you have any ongoing litigation between you and
 24 the hospital at the present time?
 25 A. Basically, what I want from the hospital is to have

1 MICHAEL J. MUSZYNSKI, JR.
 2 my credibility and reputation cleared.
 3 MS. MUSZYNSKI: We haven't filed
 4 anything with the hospital. We have a lawyer and that's
 5 it. The big issue -- what I was just recalling was --
 6 one of the reasons we called was because, after we went
 7 through this problem-resolution and everything, the head
 8 of not personal, but -- I just lost it -- said that
 9 because of the allegations of falsifying records, the
 10 hospital's thinking of bringing criminal charges up
 11 against him. First it was not an issue, now it's a big
 12 issue. Now, the hospital's bringing criminal charges. I
 13 mean, they wouldn't even listen to him. They wouldn't
 14 hear his side of the story. That's why we felt that the
 15 only person who would listen to us was the NRC.
 16 A. As a matter of fact, I received --
 17 MS. MUSZYNSKI: So it was probably
 18 in March.
 19 ---
 20 BY MR. MANNING:
 21 Q. You did make a call for the regulations as well,
 22 which was sent to you?
 23 A. That's correct.
 24 Q. You called and, I believe, the first call to me was
 25 April 15th.

1 MICHAEL J. MUSZYNSKI, JR.
 2 A. Okay. The reason being is because I had to go
 3 through this problem-resolution process and that took
 4 quite a while.
 5 MS. MUSZYNSKI: We won the
 6 problem-resolution process. Then they call him and tell
 7 him, "You can't have the job," instead, they're thinking
 8 of bringing criminal charges.
 9 ---
 10 BY MR. MANNING:
 11 Q. You mentioned in your phone call that it was
 12 regarding a falsification of records in New Britain. You
 13 provided me the background information and informed me
 14 that you had additional information that would refute the
 15 allegations against yourself and wanted to speak with the
 16 NRC inspector, who was following up on the allegations,
 17 to present your side of the story.
 18 You mentioned that you tried to
 19 present this information to Ms. Liz Lynch, vice
 20 president, and Mr. Dan Chapman, director of human
 21 resources, and they did not want to speak with you
 22 because of issues concerning the allegations. You also
 23 informed me that you spoke with Lawrence Tanner, C.E.O.,
 24 in writing regarding your termination and the
 25 allegations.

1 MICHAEL J. MUSZYNSKI, JR.
 2 You also indicated that you had
 3 been reinstated as supervisor in radiology and spoke with
 4 Mr. Chapman on April 15th regarding this issue. He was
 5 informed that you could be criminally charged because of
 6 falsifying records. That's what I have as a record of
 7 our conversation.
 8 A. That's very accurate. And after that, when I made
 9 the appeal in writing, as you said, to Mr. Tanner, he
 10 responded in writing also saying that because of the
 11 evidence that I falsified records, that I was not to work
 12 in New Britain General. And, at that time, I wanted to
 13 go through the problem-resolution process a second time
 14 because, according to the rules, I could do that. They
 15 refused to let me go through problem-resolution a second
 16 time even though -- after I submitted to it. And then
 17 they sent me another letter saying because they have
 18 evidence that I falsified records, that I'm just never
 19 going to be employed at New Britain General Hospital
 20 again.
 21 Q. I called you on May 3rd verifying -- I think you
 22 asked for some information as well regarding the records.
 23 ---
 24 BY MR. HEHL:
 25 Q. Well, what were the records, I guess, that you

1 MICHAEL J. MUSZYNSKI, JR.
 2 indicate that you had. I mean, do you have anything
 3 other than what we've talked about here?
 4 A. To show what?
 5 Q. To show that you did not falsify the record?
 6 A. I don't have anything to show that I did not falsify
 7 a record. I can show -- like, I indicated before, I
 8 believe that Mr. Mas was there on the 29th and not the
 9 28th. And he does not want to admit that maybe he's
 10 wrong, in my eyes, because that's the type of person he
 11 is.
 12 ---
 13 BY MR. SHANBAKY:
 14 Q. Do you have any statement from any other
 15 technologist or anybody else that will substantiate that
 16 they saw him doing the dose calibrator accuracy test on
 17 the 29th?
 18 A. To my knowledge, no one witnessed him doing that.
 19 Q. Other than Mr. Young.
 20 ---
 21 BY MS. JOUSTRA:
 22 Q. And he works with or for Mr. Mas out of Hartford
 23 Hospital; is that correct? Mr. Young worked for or with
 24 Mr. Mas out of Hartford Hospital on a consulting basis?
 25 A. Right.

1 MICHAEL J. MUSZYNSKI, JR.
 2 ---
 3 BY DR. SHANBAKY:
 4 Q. Did you talk to Mr. Tanner?
 5 A. Mr. Tanner would not take my phone call or respond
 6 to my appeal because it was my expectation that once I
 7 appealed the problem-resolution -- I mean, I was
 8 reinstated, but then I was terminated again, basically.
 9 Q. So you did not turn down the x-ray job?
 10 A. What happened, they offered me -- like Denise was
 11 saying -- this is a job that was open for, like, two or
 12 three years and because -- initially, when I first won
 13 the problem-resolution process, I was supposed to be
 14 reinstated to my former position. And then they brought
 15 up this open issue. They said they would offer me a
 16 position as being a portable OR technologist supervisor.
 17 Now, number one, they couldn't
 18 produce a job description. And then my immediate
 19 supervisor, who is the one who puts up the
 20 qualifications, she put down that you need two years of
 21 experience in doing OR portables. Well, I was 23 years
 22 in nuclear medicine, so how could I get the experience?
 23 So they said, "Well, you're not qualified." So they
 24 offered me the job and then they said --
 25 ---

1 MICHAEL J. MUSZYNSKI, JR.
 2 BY DR. SHANBAKY:
 3 Q. And then they said, "You are not qualified?"
 4 A. That's correct.
 5 ---
 6 BY MR. HEHL:
 7 Q. I guess you did not file anything with the
 8 Department of Labor, then, with regard to your
 9 termination or anything?
 10 A. No. I went through the Department of Labor so I
 11 could collect my compensation, but that was it.
 12 Q. But you didn't file any claim or anything with --
 13 MS. MUSZYNSKI: No, we went
 14 through the hospital policy.
 15 A. That's correct. I was advised by my attorney to
 16 take that route because the best route -- because it
 17 would be complying with their policy. And I complied
 18 with their policy to the utmost, but I don't feel that
 19 they complied to their own policy.
 20 ---
 21 BY DR. SHANBAKY:
 22 Q. What is the status now? What's the situation
 23 between you and the hospital today?
 24 MS. MUSZYNSKI: Nothing.
 25 A. Well, I'm allowed to go there and visit a patient,

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1 MICHAEL J. MUSZYNSKI, JR.
2 but if I ever -- I was told that I am not welcome in the
3 department of radiology, that I should not even enter the
4 department of radiology.
5 Q. You don't have any pension from the hospital?
6 A. They offered me absolutely nothing. They would not
7 even offer me a severance. The only thing they offered
8 me is the COBRA program, which is for insurance, which is
9 a law that I have to get that anyways. But they actually
10 offered me nothing.
11 ---
12 BY MR. HEHL:
13 Q. Could you describe, I guess, what your duties were
14 as chief nuclear medicine technologist?
15 A. Well, my duties were to, obviously, you know,
16 control the staff, the schedules, order any
17 pharmaceuticals, making sure that all compliants were
18 being followed. I would look through the books every day
19 just to make sure that the -- you know, say if I came in
20 at nine o'clock on a particular day, I would go in and I
21 would make sure that the logbooks had been kept up to
22 date.
23 And I did, of course, the area
24 wipes, the area surveys. I did all the IO31 for CA
25 thyroid, I was the one that always administered that.

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1 MICHAEL J. MUSZYNSKI, JR.
2 I'm the one that always kept the records and cleaned up
3 the room. Mr. Mas had done it a couple of times with me,
4 but I preferred to do it myself only because he was --
5 especially, the last one.
6 I indicated the time they lifted
7 my restrictions and let me come in on my day off to do
8 this. Mr. Mas was there. I was doing some wipes and he
9 was doing some surveys and when I went to go into the --
10 I knew he threw some linen out and I questioned whether
11 that was hot and he said, "No-no, we're just going to
12 send it down to the laundry." And I also went into the
13 bathroom to clean the bathroom and the toilets, the thing
14 that's always the hottest. So Mr. Mas instructed me, he
15 says, "No, just leave it alone. By the time housekeeping
16 gets through, it will be clean."
17 Q. It was hot, you said?
18 A. It had to have been hot, but he didn't --
19 ---
20 BY MS. JOUSTRA:
21 Q. Didn't survey it?
22 A. He was the one that had to have surveyed that room
23 because I did the surveys in the other room. You do the
24 bed, the phone, anything where, you know, excretion could
25 be contaminated. And he's the one that measured the

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1 MICHAEL J. MUSZYNSKI, JR.
2 bathroom and measured the laundry.
3 Q. Did he document those measurements that you're aware
4 of? Is there a standard form for that?
5 A. There is a standard form. He did not make that
6 readily available. And since I was terminated shortly
7 after that, I don't know exactly what he logged. I do
8 know the log he was reading, though. I believe it was
9 .5. I have it written down. I can't say for sure. But
10 I know it was contaminated and it was not put in storage
11 for decay, it was sent to the laundry.
12 Q. It actually was released?
13 A. That's correct.
14 ---
15 BY MR. HEHL:
16 Q. Do you remember or recall what the approximate date
17 was when you were called in to clean up this room?
18 A. So many things were going on, I'm trying to remember
19 all these dates.
20 MS. MUSZYNSKI: He's a keeper of
21 facts and this is right up his alley, logging things.
22 A. It was December 14th.
23 ---
24 BY DR. SHANBAKY:
25 Q. So that was a 135-millicurie treatment?

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1 MICHAEL J. MUSZYNSKI, JR.
2 A. It should be on that -- it wouldn't be on that log.
3 It usually ranged from 100 to 190, the range. But at
4 least it was over 100.
5 ---
6 BY MS. JOUSTRA:
7 Q. Close 150 possibly? You said --
8 A. Very possible.
9 Q. I remember that from earlier.
10 A. Okay. On that particular day, on the 14th, they
11 called me in, actually called me several times because
12 they wanted to clear that room. Mr. Mas was attempted to
13 be notified through his beeper at Hartford Hospital. He
14 never responded until I had arrived and that's when he
15 came up into the room. Mr. Young was with him also. And
16 it seemed that he just wanted to get this done and get
17 out of there.
18 And what I have is that he did not
19 perform the wipe test on the toilet. The readings that I
20 got on that particular room, the door was approximately
21 2.5 MR -- I'm sorry, the maximum reading in the entire
22 room was .015 MR. And the contaminated garbage removal
23 that was stored was .5 MR, but the hot -- the linen was
24 logged in as .5 MR -- well, what I saw, whether he liked
25 it or not, I don't know. But I have .5 MR.

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SHEET 14 PAGE 53

1 MICHAEL J. MUSZYNSKI, JR.
2 Q. Who would have contacted housekeeping to go up there
3 and clean that room?
4 A. Either myself or Mr. Mas.
5 Q. Did he do it or -- I guess what I'm looking for, was
6 there any delay between the time you realized it was
7 still contaminated and the time they actually got there
8 to clean it or did they show up there right away?
9 A. They showed up right away because that's why they
10 called me in. They wanted to get that room cleaned
11 quickly because they wanted to have a patient put in
12 there.
13 Q. What was background outside the room, just out of
14 curiosity?
15 A. At the door was .015.
16 ---
17 BY MR. NEWSOME:
18 Q. Did you ever have any discussions with co-workers
19 about the alleged falsification? Did anyone give you
20 opinions about what happened? You said that you couldn't
21 corroborate your belief that the test had been done on
22 the wrong day, but just to get a feel of what your
23 communication was with the co-workers.
24 A. I did speak with my co-workers, a staff of four.
25 The other three I had spoken to, none of them could say

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1 MICHAEL J. MUSZYNSKI, JR.
2 that they saw Mr. Mas in on a particular day. They had
3 seen him that week, but they can't tell on a particular
4 day.
5 ---
6 BY MS. JOUSTRA:
7 Q. Can you tell me those staff members by name?
8 A. Richard Wetmore, Elizabeth DeMicco and Lisa Asklar.
9 I had talked to them after the investigation and they
10 said that they were interviewed, but they just couldn't
11 believe that I was being allegedly accused of this
12 falsification because all three of them said that they
13 have seen me consistently do the test.
14 ---
15 BY MR. NEWSOME:
16 Q. And none of them said they were with Mas when he did
17 any kind of tests or any of those things?
18 A. No, they just said they had seen him --
19 Q. I mean to you.
20 A. They told me that they had seen him, but they didn't
21 see him perform any type of tests.
22 ---
23 BY MR. HEHL:
24 Q. But they saw him on the 28th?
25 A. They saw him there that week. They cannot recollect

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1 MICHAEL J. MUSZYNSKI, JR.
2 exactly what day.
3 ---
4 BY MR. NEWSOME:
5 Q. Do you know whether any of them had communicated
6 problems they had with the way Mas conducted operations?
7 Did those discussions ever occur with you?
8 A. Those discussions did occur and I could -- two of
9 the three would mention that they have some problems or
10 he had made some unacceptable remarks and there's --
11 Elizabeth DeMicco actually stated that she just does not
12 trust him. I was on the radiation safety committee when
13 I was there and a committee chairman was Dr. Pai, who's
14 now, I believe, in Taiwan. He went back to where he was
15 originally from. And he indicated to me once, he said,
16 "I just can't trust Mr. Mas." It was after a meeting and
17 I guess he didn't like the way it was conducted and he
18 made that comment to me.
19 ---
20 BY MR. HEHL:
21 Q. You indicated, I guess, your thoughts that perhaps
22 the motive for Mr. Mas indicating that he had done the
23 check on the 28th versus the 29th was because of this
24 other -- or a desire to get you out of the department?
25 A. I believe that that was in the making and the other

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1 MICHAEL J. MUSZYNSKI, JR.
2 reason is that I feel that he does not want to admit that
3 he was wrong. And I feel that he was there on the 29th.
4 Q. Has this takeover with the other hospital taken
5 place?
6 A. Yes, it did take place. It was probably about a
7 month after I left. And then the individual, who was the
8 supervisor at the other hospital, several months after
9 that --- as a matter of fact, it was in the spring -- she
10 took over my old position.
11 ---
12 BY DR. SHANBAKY:
13 Q. Getting back to my question about litigation; is
14 there any lawsuits or any --
15 A. We have not filed a lawsuit against the hospital.
16 We have not filed a lawsuit at all.
17 ---
18 BY MR. HEHL:
19 Q. Any particular reason, just --
20 A. Well, I wanted to go through the proper channels,
21 like, I went through the problem-resolution process first
22 and I wanted to get everything cleared up with the NRC to
23 see what avenue I'm going to take after this.
24 MS. MUSZYNSKI: Clearing his name
25 is a big thing. I mean, that's been his life. Until we

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1 MICHAEL J. MUSZYNSKI, JR.
2 can do it, we can't prove it. It's his word, basically,
3 against the hospital's.
4 MR. HEHL: Any other questions?
5 MS. JOUSTRA: No.
6 DR. SHANBAKY: No.
7 ---
8 (Whereupon, questioning of MICHAEL
9 J. MUSZYNSKI, JR., concluded.)
10 ---
11 MS. JOUSTRA: Do you have any
12 other statements you want to make before we --
13 MR. MUSZYNSKI: Will I be allowed
14 to get a report of this whole conference?
15 MR. HEHL: I think the way the
16 process works is you can request a copy of the
17 transcript. We can give that to you, but normally what
18 happens is a copy gets put into our public docket room
19 that we have here in King of Prussia. I suspect it will
20 be filed along with the hospital's docket file. If, in
21 fact, someone requested, then, from the public to see
22 that file or requested the information, a copy of the
23 transcript, under the Freedom of Information Act, or
24 something like that, we would be obligated to give it up.
25 We would typically redact that

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1 MICHAEL J. MUSZYNSKI, JR.
2 copy for personal privacy type of information, which may
3 or may not include your name. But in any case, just to
4 let you know the whole process, we certainly can get you
5 a copy, but a copy also goes, then, into the public
6 record.
7 MR. MUSZYNSKI: I do have a copy
8 of New Britain General's license. Does the docket number
9 and license number stay the same? I know it's coming up
10 for renewal in February.
11 MR. HEHL: That typically will
12 stay the same assuming they're filed at the time of
13 renewal and get a renewal license.
14 MR. MUSZYNSKI: Okay. So if I
15 wanted to contact you about this, you would send it out?
16 MR. HEHL: Certainly.
17 MR. MUSZYNSKI: Do I have to
18 request this or will it automatically be sent to me?
19 MR. HEHL: If you want to request
20 it now, we'll take note of that and we'll send you a
21 copy.
22 MS. JOUSTRA: There's a time
23 period as far as when we'll get this back. I wouldn't
24 expect it within a day or two. Do we have an address or
25 something to send it?

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1 MICHAEL J. MUSZYNSKI, JR.
2 MR. HEHL: The address we used is
3 good.
4 DR. SHANBAKY: You will get a
5 letter of what we discussed in this meeting and the copy
6 of the transcript will be attached to the letter.
7 MR. HEHL: May be a couple weeks,
8 then. I'm not sure what the arrangements are.
9 COURT REPORTER: Seven days to you
10 (indicating NRC members).
11 MR. NEWSOME: Did we discuss the
12 referral and the disposition of that?
13 MR. HEHL: Oh, no. I can tell you
14 that since you did mention -- or the hospital mentioned
15 criminal charges, under the Atomic Energy Act, a
16 violation of certain aspects of our requirements are
17 criminal and, specifically, a violation of 10-CFR 30.10,
18 which is essentially a wrong-doer rule, is criminal under
19 the Atomic Energy Act.
20 Now, what our process is and what
21 was done in this case is, after the report of
22 investigation was completed, the information was shared
23 with the Department of Justice. And the Department of
24 Justice verbally declined to pursue that further or do
25 their own investigation or follow up on the issue. So

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1 MICHAEL J. MUSZYNSKI, JR.
2 that moved the issue out of the potential criminal
3 aspects back to this administrative process we're going
4 through now where we need to make a decision.
5 MR. MUSZYNSKI: The report of the
6 investigation is not in the Freedom of Information Act?
7 Because I did request it and then I received another
8 paper a couple of days later saying it's in the Privacy
9 Act.
10 MR. HEHL: Are we aware of what --
11 DR. SHANBAKY: No. You sent a
12 letter requesting it from --
13 MR. HEHL: Because why we sent you
14 the synopsis is -- the normal process we go through is we
15 don't make the investigative report itself available.
16 Routinely, what we do is send a synopsis until we
17 complete our process. At that point in time, then we
18 certainly make a copy of the report available.
19 MR. MUSZYNSKI: Because this is
20 what I --
21 MR. HEHL: But you can, I believe,
22 request it under the Freedom of Information Act.
23 MR. MUSZYNSKI: Well, I did. And
24 then I received, a couple weeks later (handing) --
25 MR. HEHL: When was this done?

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Enforcement Conference of November 13, 1996

SHEET 16 PAGE 61

1 MICHAEL J. MUSZYNSKI, JR.
2 October 23rd, okay.
3 MR. MUSZYNSKI: If you take the
4 papers out of the sleeve, you have everything there.
5 MR. HEHL: This may well have been
6 done. I'm not sure when it got to...
7 MS. JOUSTRA: The report date?
8 MR. HEHL: The report was dated --
9 MS. JOUSTRA: Report is dated
10 September 30th.
11 MR. HEHL: It was sent to us
12 October 2nd and then I'm not sure when the Department of
13 Justice declined. Anyway, we'll take a look at this
14 because it may well have been withheld because it was
15 still --
16 MR. NEWSOME: It's marked "Law
17 Enforcement," so it is still considered predecisional.
18 MS. MUSZYNSKI: So that means they
19 haven't made a decision?
20 MR. HEHL: The Department of
21 Justice has made a decision at this point in time.
22 MR. NEWSOME: This request has to
23 do with whether NRC can hold the investigation report
24 from the public.
25 MR. HEHL: What we'll do is, we

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1 MICHAEL J. MUSZYNSKI, JR.
2 will -- based on your interest in obtaining a copy --
3 we'll revisit this and get back to you if we can get you
4 a copy of the whole thing.
5 MR. MUSZYNSKI: I was curious, you
6 know, do we have to keep reapplying for this?
7 MR. HEHL: Well, once a decision's
8 made and a response back on the Freedom of Information,
9 if circumstances change that would allow a release of the
10 report, I don't think they would go back and
11 automatically do that. They're responding to a specific
12 request.
13 MR. MUSZYNSKI: And I wouldn't
14 know if it was released.
15 MS. JOUSTRA: I guess part of the
16 issue would be, too, what, if any, action comes out of
17 New Britain Hospital. So even though you're through here
18 today, and still have additional records involving New
19 Britain Hospital, I don't think anything will leave here
20 until we're done with the whole process. That's just my
21 guess.
22 MR. HEHL: We'll revisit the issue
23 to determine whether we can and when we can release it
24 and we'll certainly have a record of your request to get
25 it. If we can get it to you, we'll certainly do that.

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1 MICHAEL J. MUSZYNSKI, JR.
2 MR. MUSZYNSKI: I certainly
3 appreciate that.
4 MR. HEHL: As we indicated -- I
5 don't know if I indicated in the November 5th letter, but
6 we're also having an Enforcement Conference with New
7 Britain Hospital, in fact, Monday I think --
8 MS. JOUSTRA: The 18th.
9 MR. HEHL: -- to talk about these
10 issues also. So I guess if there isn't any additional
11 information or you don't have any other questions, we'll
12 give all this information back to you for your records.
13 Judy, why don't you go ahead and walk through where we go
14 from here.
15 MS. JOUSTRA: To briefly summarize
16 what the NRC will do from this point on -- try to bear
17 with me because I tend to lose my voice in the middle of
18 sentences -- is, basically, take into consideration the
19 information you provided today as well as the information
20 obtained during the NRC OI investigation. We'll take a
21 look at all the information and then we have what's known
22 as enforcement sanctions or options that are available to
23 the NRC.
24 One sanction would be to issue a
25 notice of violation that would indicate, based upon the

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1 MICHAEL J. MUSZYNSKI, JR.
2 information obtained, we believe, in fact, a violation of
3 NRC regulations did occur. We'll spell out the violation
4 to you and what we will do is assign a severity level to
5 that violation. Basically, that indicates the
6 significance of it in terms of the safety or regulatory
7 aspect of it. That NOV, or notice of violation, requires
8 a written response from you. You can either deny or
9 admit the violation. What we look for also is corrective
10 actions, what you will do to prevent this from happening
11 in the future.
12 Another option or sanction
13 available to the NRC is to issue an order prohibiting
14 your involvement in NRC-licensed activities for a
15 specified period of time. Also, what we have done in the
16 past, if need be, is issue a notification portion of that
17 order which would say that if you were to be employed by
18 an NRC-licensed activity, you would notify the NRC prior
19 to accepting that employment and also inform the
20 prospective employer of this order that was issued to
21 you.
22 Those, typically, are the types of
23 sanctions or options that we take. Again, we will
24 consider all the information and review the transcripts,
25 obviously, to make sure we have a good understanding of

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1 MICHAEL J. MUSZYNSKI, JR.
 2 the discussion here today. I don't know if you have any
 3 questions with reference to our enforcement. That's sort
 4 of an overview. Did we send out a copy of the new reg
 5 1600 also?
 6 MR. HEHL: We did.
 7 MS. JOUSTRA: Again, all the
 8 actions we take in our decisions, if you want to get an
 9 idea of severity levels, are mentioned in that new reg in
 10 the back portion, supplement portion. That may give you
 11 a better understanding once you see the actual document,
 12 whatever it may, whatever form it may take.
 13 We can also issue letters to
 14 individuals -- sort of another option that we have --
 15 indicating that, in fact, it appears as though there may
 16 have been a violation based on the circumstances and the
 17 evidence and information that we have at hand. There's
 18 not going to be actually a violation being issued at this
 19 point in time, however, be aware of the fact that if one
 20 occurs in the future, it could result in escalated
 21 enforcement. So, in other words, you know, be on your
 22 toes.
 23 MR. HEHL: So there's a wide range
 24 of options.
 25 MS. JOUSTRA: Yes.

1 MICHAEL J. MUSZYNSKI, JR.
 2 MR. HEHL: Just to reiterate,
 3 there hasn't been any decision made at this point in
 4 time. We still need to get information through our
 5 discussions on Monday and --
 6 MS. MUSZYNSKI: Are the
 7 discussions on Monday with the hospital concerning this
 8 problem still?
 9 MR. HEHL: Certainly.
 10 MS. JOUSTRA: Because if, in fact,
 11 he did violate 30.9, it then puts the hospital in
 12 noncompliance or vice versa.
 13 MR. HEHL: The issue with the
 14 hospital is, if this violation occurred, in other words
 15 if this false record -- if this actually represents a
 16 false record and a false record was generated.
 17 MS. MUSZYNSKI: How are you going
 18 to prove it? How can we prove it?
 19 MS. JOUSTRA: The process is going
 20 to be the same. We're going to afford them the same
 21 opportunity as we have you today.
 22 MR. HEHL: This isn't a hearing.
 23 This isn't a court of law.
 24 MS. MUSZYNSKI: Why do I feel
 25 we're going away guilty?

1 MICHAEL J. MUSZYNSKI, JR.
 2 MR. HEHL: We have to make a
 3 decision based on a standard which is whether it's more
 4 likely than not. It's not beyond a reasonable doubt. We
 5 have a different level for making these determinations.
 6 Now, if we take some action, we certainly then have a
 7 legal recourse that you can go through to bring this to a
 8 hearing which is a process that you can go through if, in
 9 fact, we take some sort of individual action against you,
 10 you then have hearing rights to go before an
 11 administrative law judge and go through a formal hearing
 12 process.
 13 MS. JOUSTRA: And the information
 14 on your rights will be provided also in that document.
 15 MR. NEWSOME: And the details
 16 regarding the requirements for NRC hearings are in Part 2
 17 of the regulations.
 18 MR. HEHL: If you'd like to, we
 19 can give you a copy of that information before you leave.
 20 MR. MUSZYNSKI: I'll take any
 21 information I can get.
 22 MR. HEHL: I don't know if you
 23 ever got your copy of Part 35.
 24 MR. MUSZYNSKI: Yes, I received
 25 that. Thank you.

1 MICHAEL J. MUSZYNSKI, JR.
 2 MR. HEHL: I don't know how to
 3 respond to your question of "How do you prove it?" We're
 4 trying to collect the information. We're going to have
 5 to make a decision at some point in time. And it's
 6 certainly a difficult situation, I fully agree with you.
 7 MR. MUSZYNSKI: I was just very
 8 surprised when I received that letter from you because,
 9 you know, knowing that I did do this study and knowing
 10 that I did initiate the investigation by contacting the
 11 NRC and when I was interviewed by the investigators and I
 12 felt confident that -- not that they're going to say,
 13 "Yeah, Mike, you're right." I was very confident. I was
 14 very surprised to see what you wrote in that letter.
 15 MR. HEHL: Unfortunately, it takes
 16 some time for investigations to take their course and
 17 then, as we indicated, once an investigation comes to the
 18 conclusion that there's a potential violation of a
 19 portion of the Code of Federal Regulations that is made
 20 criminal under the Atomic Energy Act, then it has to go
 21 through a process of going through the Department of
 22 Justice, the Department of Justice has to review the case
 23 and then decide whether they're going to pursue it or
 24 whether they decline it and send it back to the agency
 25 for administrative work. And that's what happened in

1 MICHAEL J. MUSZYNSKI, JR.
 2 this case. I apologize for that. It's unfortunate it
 3 takes us as long as it does to take us through that
 4 process.
 5 Okay. Well, certainly, if you
 6 have any other questions or you have any other
 7 information that you want to provide, it's going to take
 8 us, I would imagine, probably several weeks to work
 9 through this. Typically, from this point on, our process
 10 runs thirty to sixty days before we come to a final
 11 termination. But in the interim, if you come up with any
 12 additional information or anything, any questions, please
 13 contact us.
 14 MR. MUSZYNSKI: Okay.
 15 MR. HEHL: I guess that's about
 16 all for this discussion at this point in time. Again,
 17 I'd like to thank you. I know it's a long drive down
 18 here.
 19 MR. MUSZYNSKI: Well, I'm glad I
 20 had the opportunity to come down. That's why I accepted
 21 the invitation to just finally finalize this and see if I
 22 can prove my innocence and get my credibility back.
 23 MR. HEHL: Okay. Thank you.
 24 ---
 25 (Whereupon, hearing was concluded)

1 MICHAEL J. MUSZYNSKI, JR.
 2 at 2:30 p.m.)
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CERTIFICATE

I, JENNIFER S. WALKER, being a
 Registered Professional Reporter, do hereby
 certify that the foregoing Enforcement Conference
 was taken stenographically by me on Wednesday,
 November 13, 1996, and that this transcript is a
 true and correct transcript of the same, fully
 transcribed under my direction, to the best of my
 ability and skill.

I further certify that I am not a
 relative, employee or attorney of any of the
 parties in this action; that I am not a relative
 or employee of any attorney interested in the
 event of this action.

Jennifer S. Walker
 Registered Professional Reporter

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