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CENTERS FOR DISEASE CONTROL AND PREVENTION
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convenes

WORKING GROUP

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held in Las Vegas, Nevada, on Jan. 7, 2008.

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TRANSCRIPT LEGEND

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-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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P R O C E E D I N G S

JAN. 7, 2008

(1:15 p.m.)

OPENING REMARKS

DR. WADE: This is Lew Wade, and I have the privilege of serving as the Designated Federal Official for the Advisory Board. And this is a meeting of the subcommittee on Procedures, work group on Procedures -- I'm sorry -- for the Advisory Board. It's chaired by Ms. Munn, members: Gibson, Griffon, Ziemer, Robert Presley is an alternate. All of those Board members mentioned with the exception of Presley are present in the room.

Is Robert Presley on the phone?

DR. ZIEMER: Presley's flying in this morning, and he thought he would be at the airport around 11:30.

DR. WADE: Well, he might join us.

DR. NETON: I saw him at the elevator.

MS. MUNN: I think he's in the building.

DR. WADE: Are there other Board members that are on the call right now other than Munn, Gibson, Griffon and Ziemer? Other Board members?

1 (no response)

2 **DR. WADE:** So we don't have a quorum. We're
3 free to begin. We'll go around the room here
4 and identify. I guess I'd ask the people on
5 the flanks to shout out your information, and
6 then we'll hear from the people on the
7 telephone. We'll do a little bit of telephone
8 etiquette discussion, and then we'll begin the
9 important work of this work group.

10 Again, I'm Lew Wade. I work for NIOSH
11 and serve the Advisory Board.

12 **MR. GIBSON:** Mike Gibson, Advisory Board.

13 **DR. MAURO:** John Mauro, SC&A.

14 **MR. GRIFFON:** Mark Griffon, Advisory Board.

15 **DR. ZIEMER:** Paul Ziemer, Advisory Board.

16 **MS. MUNN:** Wanda Munn, Chair of this group.

17 **MR. HINNEFELD:** Stu Hinnefeld, NIOSH.

18 **MR. ELLIOTT:** Larry Elliott, NIOSH.

19 **DR. NETON:** Jim Neton, NIOSH.

20 **DR. MAKHIJANI:** Arjun Makhijani, SC&A.

21 **MS. ADAMS:** Nancy Adams, contractor to
22 NIOSH.

23 **MS. CHANG:** Chia-Chia Chang, NIOSH.

24 **MS. HOWELL:** Emily Howell, HHS.

25 **MS. HOMOKI-TITUS:** Liz Homoki-Titus, HHS.

1 **DR. WADE:** That's the extent of those in the
2 room except for Ray, who's busily doing his
3 function.

4 Kathy, could you hear those
5 introductions?

6 **MS. BEHLING (by Telephone):** Yes, I could.

7 **DR. WADE:** Very good. Let's then ask for
8 other NIOSH or ORAU team members who are
9 connected to this call.

10 **MR. SMITH:** This is Matthew Smith of ORAU
11 team.

12 **DR. WADE:** Welcome, Matthew.

13 Other NIOSH/ORAU team members on the
14 call?

15 **MS. THOMAS (by Telephone):** Yes, this is
16 Elyse Thomas with the O-R-A-U team.

17 **DR. WADE:** Welcome.

18 Other NIOSH/ORAU team members on the
19 call?

20 (no response)

21 **DR. WADE:** Members of the SC&A team on the
22 call?

23 **MS. BEHLING (by Telephone):** This is Kathy
24 Behling, and Hans Behling is here also.

25 **DR. WADE:** We're honored to have you both

1 with us.

2 **MR. MARSCHKE (by Telephone):** This is Steve
3 Marschke.

4 **DR. WADE:** Welcome.

5 **MR. LOOMIS:** Don Loomis with SC&A.

6 **DR. WADE:** Welcome, Don.

7 Other SC&A team members?

8 (no response)

9 **DR. WADE:** What about other federal
10 employees who are working on this call?

11 (no response)

12 **DR. WADE:** Other federal employees, the
13 Department of Labor, the Department of Health
14 and Human Services, Department of Energy?

15 (no response)

16 **DR. WADE:** Is there anyone else on the call
17 who would like to be identified for the record
18 as being on the call?

19 (no response)

20 **DR. WADE:** Again, this is a meeting of the
21 work group on procedures. Again, as always I
22 would ask if you're not speaking, then mute
23 the instrument that's close to you. Be
24 mindful of the need to maintain good phone
25 discipline so that this work group can be

1 productive but also share its deliberations
2 with people on the phone.

3 Wanda.

4 **INTRODUCTION BY CHAIR**

5 **MS. MUNN:** I trust that most of you have a
6 copy of my e-mail of January 3rd in which I
7 indicated that we would use the action list as
8 an agenda. If anyone does not have that
9 perhaps you should have it before you because
10 it's my intent to just go down these items one
11 at a time until we encounter something that
12 takes us off on another tangent. Hopefully,
13 that won't happen.

14 **DATABASE DISCUSSION**

15 I'm assuming that Kathy's going to
16 take the lead with respect to these first
17 items relative to page number detail, titles
18 and the presentation of the new matrix. Is
19 that correct, Kathy?

20 **MS. BEHLING (by Telephone):** That's correct.

21 **MS. MUNN:** Very good. Why don't you start
22 with telling us what we're going to do with
23 the page number detail and just follow down
24 those first three items?

25 **MS. BEHLING (by Telephone):** Okay, Wanda.

1 If you don't mind, I'm going to cover the page
2 number issue a little bit later in the
3 presentation when it's a little bit more
4 appropriate if you don't mind.

5 **MS. MUNN:** That'll be fine.

6 **SC&A, REVISE TITLE OF DATA BASE**

7 **MS. BEHLING (by Telephone):** I hope that
8 everyone received the presentation that I
9 prepared in Word. Initially, I thought that
10 it might be beneficial for all of us to have
11 the ACCESS data base in front of them so that
12 we could work real-time from that database.
13 However, after giving it some thought, I think
14 we might be better just using the presentation
15 that I sent to everyone on Saturday.

16 Does everyone have that, and did John
17 Mauro bring some extra copies with him?

18 **DR. MAURO:** I did not, and, Kathy, I have to
19 apologize. I did not download it. I have in
20 front of me your actual ACCESS program, not
21 the material you just described.

22 **MS. BEHLING (by Telephone):** Do the other --

23 **MR. GRIFFON:** Kathy, is this called ACCESS
24 DB screen views? Is that --

25 **MS. BEHLING (by Telephone):** Let me see what

1 I called it, just one second.

2 DR. ZIEMER: Well, screen view, yes.

3 MS. BEHLING (by Telephone): Yeah, I sent it
4 out on Saturday.

5 DR. ZIEMER: Kathy, you had one last month
6 with the same title. I assumed you have
7 revised it somewhat.

8 MS. BEHLING (by Telephone): Yeah, here's
9 the name of the file. It's Task Three Matrix
10 Mod, M-O-D, pres-dot-doc. It's a Word file,
11 and it was sent on the 5th.

12 DR. ZIEMER: I don't think that's the title
13 that it came to us on.

14 DR. NETON: Yeah, it is.

15 DR. ZIEMER: It is?

16 DR. NETON: Uh-huh.

17 MR. GRIFFON: I have another one called Task
18 Three Matrix in mod pres. Is that --

19 MS. MUNN: May have to find it by date.

20 MS. BEHLING (by Telephone): Yeah, can you
21 find it by date? Because I apologize that you
22 don't have this. Like I said, initially, I
23 thought we would work from the actual
24 database. But I think this will be easier.

25 MS. MUNN: Well, added to our difficulty,

1 Kathy, is the fact that the room in which we
2 are meeting apparently does not have wireless
3 access. So we are doubly hampered.

4 **MS. BEHLING (by Telephone):** Okay, so that
5 would not have worked anyway. Can we get
6 copies of that made?

7 John, I had tried to call you earlier
8 to make sure you had --

9 **DR. MAURO:** Kathy, I brought the ACCESS
10 program instead of the actual copies you sent
11 earlier, and I downloaded it, and I have it on
12 my machine, but not the Word version.

13 **DR. ZIEMER:** Does somebody need it? I've
14 got it.

15 Do you have it?

16 **MR. GIBSON:** I have it, uh-huh.

17 **DR. ZIEMER:** Mike has it.

18 **MS. HOMOKI-TITUS:** They didn't send it to
19 the attorneys so if we could just get a copy
20 of it at some point, I can just take it maybe
21 to the Business Center. Not right now. We'll
22 do it afterwards.

23 **DR. WADE:** Who around the table of the
24 principals needs it? Wanda, do you have it?

25 **MS. MUNN:** I'm trying to see if I do. I'm

1 not quite sure what I downloaded.

2 **DR. ZIEMER:** Paul, could you put it on a
3 flash drive and we'll...

4 **MS. MUNN:** It is new format mod
5 presentation?

6 **MS. BEHLING (by Telephone):** It's Task Three
7 Matrix Mod Presentation, P-R-E-S for
8 presentation dot-doc.

9 **MS. MUNN:** I got it.

10 **DR. WADE:** But Stu needs it so, Paul, if you
11 could... Stu and Wanda are going to share for
12 now.

13 **MS. BEHLING (by Telephone):** Okay, tell me
14 when you are prepared for me to begin.

15 **DR. WADE:** I think we are prepared for you
16 to begin.

17 **MS. BEHLING (by Telephone):** First of all
18 let me start by saying that we have also, SC&A
19 has also been working with Stu Hinnefeld and
20 ORAU team to actually get this database up on
21 the O drive, and that did happen today. So
22 when you are in a position that you can log
23 onto the O drive, this document or the
24 database has been uploaded to the O drive, and
25 it's been put into a separate directory that's

1 entitled "Advisory Board-dash-SC&A" with a
2 subdirectory that has the title of "Tracking
3 System".

4 And then you will open up the database
5 by going into Tracking System and there will
6 be two files there. One file, the file name
7 ends with data, D-A-T-A. That is not the file
8 that you use to access the database. You use
9 the other file. It has a long name to it, but
10 you want to open the file that does not have
11 the data in the file name. And then you will
12 be able -- this is considered a read-only
13 version of the database, but you'll actually
14 be able to go in and look at this data and
15 work with the database yourself. So we were
16 pleased to have that up there.

17 We're also working with ORAU that
18 there'll be a select number of people from
19 SC&A that will have privileges to write to
20 this particular file. Now, NIOSH -- and Stu
21 can maybe add to this -- NIOSH will also be
22 updating this file, but apparently they use a
23 different system. They don't necessarily get
24 onto the O drive, and so we're working out
25 details as to how NIOSH will update the

1 database.

2 Is that correct, Stu?

3 **MR. HINNEFELD:** Yeah, we don't actually see
4 the O drive. Things get replicated back and
5 forth between the ORAU system and our system.
6 And I've been talking to Jack Gibson who's the
7 manager of the IT function for ORAU about some
8 delicacy, I guess, in terms of having a
9 database like this with multiple users trying
10 to write to it. You have a chance to corrupt
11 it. So for the time being I just don't plan
12 to, we don't plan to replicate anything back
13 over to ORAU.

14 If it comes to me, and I enter
15 something in it, then I would probably have to
16 e-mail it to SC&A to be updated. Or we can
17 work out some other administrative approach
18 around. I'll just have to talk to Jack Gibson
19 about what would be a good way to do this.
20 Chances are we may want to think about going
21 past ACCESS to some other system that will
22 replicate back and forth and keeps track of
23 everything so you can replicate and make
24 changes on both sides.

25 We have a number of programs that do

1 that now. We have a number of applications
2 that do now between us and ORAU. We can write
3 to it. They can write to it, and it gets
4 replicated and keeps track of everything. So
5 we may think about moving it to something like
6 SQL, that's a SQL-based system that does that
7 or some system like that.

8 **SC&A, MATRIX REVISIONS AND UPDATES**

9 **MS. BEHLING (by Telephone):** And before I
10 get on to page one of this presentation, you
11 heard earlier Don Loomis is on the line with
12 us. He's the one that has developed this
13 ACCESS database, and I have asked him to
14 please interrupt me anytime I say something
15 that's not accurate because he is the designer
16 of this database.

17 Okay, now I'm going to prepare
18 everybody to be wowed because this is really
19 very nice. We're going to start off on page
20 one of what I've sent to you, and this is just
21 the opening screen. And let me also tell you,
22 when I went onto the O drive today to open up
23 this database, one thing you have to remember
24 is to be a little bit patient because when the
25 ACCESS database opens up, before you actually

1 see this screen, it sits there awhile and
2 looks around or whatever it is doing. But it
3 takes a little while until this screen will
4 open up so you just have to be a bit patient.

5 This screen looks very similar to the
6 initial database that I had presented to you
7 during our last meeting. But as you'll see on
8 the very top of the screen in the yellow
9 section, we did change the title of this
10 database, and that title is reflected on
11 anything that is printed. And you'll now see
12 A-B-R-W-H Procedures Issues Tracking, and
13 underneath there it indicates the last time
14 that this database was updated. And we'll
15 talk a little bit more about that later. Also
16 in the room if anyone has any questions along
17 the way, just please stop me.

18 This first screen I printed a screen
19 that shows everything that currently exists in
20 the database which is 376 records. Now that's
21 the same number of records that was in there
22 the last time. I had hoped to update and add
23 some records to this, but we were not able to
24 do that. We just finished putting all of the
25 finishing touches on the database at the end

1 of last week.

2 The other thing that you don't see at
3 the top of this screen is we previously had a
4 button that said, I believe it said includes
5 closed items or includes closed. We no longer
6 have that button, but we are able to do that
7 with our filter sort button which I will
8 discuss in the next page. Does anybody have
9 any questions so far?

10 **MS. MUNN:** I have only one, Kathy. Looking
11 at the buttons, trying to identify how I'll
12 use this when I do use it, under your headings
13 you have summary details, procedures --

14 **MS. BEHLING (by Telephone):** Yes, I should
15 have mentioned that. What you're looking at
16 here is the summary sheet. If you take
17 notice, that's white. The other two are gray.
18 So we're actually looking at the summary
19 sheet, just the first page of that summary
20 sheet or what appears on the screen. If you
21 kept scrolling down, you'd be able to see all
22 376 records.

23 **MS. MUNN:** Excellent, all right, so the one
24 highlighted is what I'm looking at. That's
25 what you're saying?

1 **MS. BEHLING (by Telephone):** That's correct.
2 Yes, and we had gone through those tabs last
3 time, and we'll do that again this time to
4 show you some of the differences. But I
5 should have mentioned that this is the summary
6 screen.

7 **MS. MUNN:** Thank you.

8 **MS. BEHLING (by Telephone):** As I said we've
9 added a filter sort data button. And if you
10 turn to page two of the presentation, you will
11 see what shows on your screen when you select
12 that button. And in fact, I took notice today
13 when I was on the O drive. I believe -- on
14 the left-hand side of the screen are the ways
15 that we can sort any of the data that we're
16 looking at.

17 And as you can see Don gave us lots of
18 options here. We have a first, second and
19 third level sorting mechanism. And that's
20 actually written in now. I believe that was
21 just added, and that's what's showing on,
22 above each of those buttons it will say first,
23 second and third, and so you can sort on three
24 different levels.

25 On the right-hand side of the screen,

1 this is where it gets fancy. One of the
2 things that we talked about during the last
3 meeting was we wanted an option to be able to
4 go in and search on a certain word or a
5 phrase. Well, under the filter on section,
6 the very first field is, contains phrase.

7 And for an example here I typed in the
8 word ingestion because that's one of our
9 global issues, and I wanted to see if based on
10 the information that we have in this current
11 database, and like I said, it is by no means
12 complete at this point, how many records will
13 show up putting the word ingestion in that
14 contains phrase.

15 And if you move on to page three, you
16 will see the results of that filter of
17 ingestion. It's only showing five records,
18 and it is showing those records where
19 ingestion is part of any of the major text
20 fields. In other words if the very first item
21 on there is the OCAS-IG-001, that should have
22 been actually 002 or 01 or in our finding
23 number, but IG-001-07.

24 You don't see in the procedure title,
25 ingestion, but if you look on page four of the

1 data that I sent to you, you can see under
2 NIOSH's initial response the term ingestion is
3 located there. And that's why this record was
4 identified among these five records that have
5 ingestion somewhere in the major portion of
6 the text in the detailed report.

7 The other thing I'll point out to you
8 if we can go back to page three which is the
9 result screen for the ingestion search, is you
10 take notice under the title of this database
11 there's now in red it says, "Filter is on."
12 This is indicating that we're not looking at
13 the entire database. We are looking at
14 whatever filter selection we have made from
15 the previous sort filter screen.

16 **MS. MUNN:** That is nice.

17 **MS. BEHLING (by Telephone):** Yeah, that was
18 something I was surprised we were going to be
19 able to do.

20 **MS. MUNN:** Very good.

21 **MS. BEHLING (by Telephone):** We can move on
22 now. If we move on to page five --

23 **DR. ZIEMER:** One question --

24 **MS. BEHLING (by Telephone):** Yes.

25 **DR. ZIEMER:** Kathy, clarify for me the sort

1 levels. There's three sort levels. Is that
2 right?

3 **MS. BEHLING (by Telephone):** That's correct.
4 The sort level means let's say we decide we're
5 going to sort on, as we have here, procedure
6 number.

7 **DR. ZIEMER:** Oh, okay, it's the thing to the
8 --

9 **MS. BEHLING (by Telephone):** Yes, whatever
10 is to the right of that. So what's been
11 selected in this example it will first sort by
12 procedure number. The second sort will be by
13 finding date, and the third sort will be by
14 the status in the work group process.

15 **DR. ZIEMER:** Got you.

16 **MS. BEHLING (by Telephone):** If we move on
17 to page five --

18 **DR. ZIEMER:** Now the only thing that may not
19 be clear is what, I guess you're just assuming
20 everybody works from left to right.

21 **MS. BEHLING (by Telephone):** Okay, and as I
22 said, when you get into the database, there
23 has been, on the O drive, it is now marked
24 that that left side, that very first column on
25 the left, is now marked first, and there's a

1 second and a third above each of the columns.
2 That has been added.

3 **MS. MUNN:** Oh, good, that will help.

4 **DR. ZIEMER:** Once it gets the first sort,
5 then it goes to the second.

6 **MS. BEHLING (by Telephone):** That's correct.
7 Probably more sorts in there than we needed,
8 but we wanted to cover all bases.

9 **MS. MUNN:** I gather.

10 **MS. BEHLING (by Telephone):** Can we move on
11 to page five?

12 **MS. MUNN:** Please do.

13 **MS. BEHLING (by Telephone):** This again I've
14 pulled up the filter and sort box that we can
15 select from. And if you take notice here, the
16 second item under the filter is status of work
17 group process. Here we have the option of
18 selecting how we want a filter on that status
19 column alone. We can select all of the
20 status, and then as you saw in the first
21 screen, we get the 376 records. Or we can
22 pick and choose any of these, and we will get,
23 the database will then eliminate anything that
24 is not checked here.

25 And in this example I unchecked the

1 closed box, and if you look at page six, this
2 is the result of un-clicking that closed box.
3 So you can now see that in your right-hand
4 column under the status of work group process,
5 there should be no closed items that appear
6 here, and it appears now that there are about
7 213 records of those. If you look at the
8 bottom of that screen, there are 213 records
9 of those initial 376.

10 So we have a lot of options here with
11 this sort that we can look at only open items.
12 If we want to look at only items that have
13 been transferred, we can do that. We can look
14 at any combination of this six status items
15 that we agreed upon. Any questions?

16 **MS. MUNN:** No, so we have 150 closed items
17 essentially.

18 **MS. BEHLING (by Telephone):** Based on the
19 information that I have in the database to
20 date, yes.

21 **MS. MUNN:** That's great.

22 **MS. BEHLING (by Telephone):** And again, if
23 you look on page six, again you'll see in red
24 that filter is on, and so you know you're
25 dealing with a subgroup of the entire

1 database, the entire population.

2 All right, we'll move on to page
3 seven. And here what I've done is open, the
4 very first item on page six is in the summary,
5 I've now opened up the details page. And as
6 you can see the highlighted item under the
7 tabs is the details. And we're looking at, I
8 want to point out some of the modifications
9 that we've made to this detailed screen.

10 The first modification that you'll see
11 up in the gray portion of the screen is called
12 related link. And here is where we indicated
13 that during our previous meeting that we would
14 like to have the option of linking our white
15 papers to this database. And this is where
16 we're going to do that.

17 I typed in an example here of the SC&A
18 web page or home page because initially I was
19 not sure if we were going to be able to upload
20 this information onto the O drive, and perhaps
21 we could make, we were initially thinking we
22 would make a location on SC&A's website for
23 our white papers and the same thing with
24 NIOSH.

25 However, since we're all going to be

1 using this database on the O drive, ORAU has
2 indicated to us that they should be able to
3 set aside another directory with those white
4 papers in there. And we can link those white
5 papers directly to the ACCESS database.

6 So when you type in the location --
7 we're still working out the details of this --
8 but when you type in the location of where
9 those white papers will exist, or the actual
10 file name, it most likely will be a PDF file,
11 we will type that in there. And once you
12 leave this field and you come back and click
13 on that field -- it's like opening a website -
14 - you will open up that white paper.

15 **DR. WADE:** Just for the record, Robert
16 Presley has joined us at the table.

17 **MS. BEHLING (by Telephone):** Hello, Mr.
18 Presley.

19 **MS. MUNN:** He's grimacing. He's still
20 catching his breath.

21 And, Kathy, I think you either lost me
22 or I got off on the wrong page when you
23 started talking to us about that, yeah, the
24 modified detail screen.

25 **DR. ZIEMER:** She said go to seven, page

1 seven.

2 **MS. BEHLING (by Telephone):** That's correct,
3 page seven, the modified detail screen page.

4 **MS. MUNN:** Yeah, okay, I was not following
5 all that you were saying there. So links,
6 links, links.

7 **MS. BEHLING (by Telephone):** On the left-
8 hand side in the gray box, about midway down
9 on that screen, you'll see a title of a field
10 called "Related Link".

11 **MS. MUNN:** Yeah.

12 **MS. BEHLING (by Telephone):** Inside the
13 field or the box associated with that I have
14 typed in www-dot-S-C-A-I-N-C-dot-com for
15 SC&A's web page. That was just an example
16 that I had used at the time. Since preparing
17 this and talking with ORAU, it appeared --
18 they're going to be working on this for us --
19 that we will be able to type a location in
20 here with the, and we will have an
21 understanding of where these white papers will
22 exist and the name of that white paper. And
23 it'll be linked directly to the database so
24 that if you're in this ACCESS database, and
25 you go to that field, you should be able to

1 click on that field, and it will open up that
2 white paper.

3 **MS. MUNN:** So I can actually go from the
4 database to your database?

5 **MS. BEHLING (by Telephone):** Yeah, and it
6 actually -- I've confused things a little bit
7 here -- it's not going to be our database
8 anymore. It is, everything is going to reside
9 on the O drive. And so when we enter this
10 data or when NIOSH enters their data, they
11 will be able to put in the location of where
12 that white paper exists in the exact location
13 and then white paper name. So that when you
14 as a Board member looks at that, you'll be
15 able to click on that field, and it will open
16 up automatically on the O drive while you're
17 in this ACCESS database. I know that Jack has
18 indicated we're working on the details of
19 that.

20 And, Don, do you have anything more to
21 add to clarify this?

22 **MR. LOOMIS:** Yeah, I do, just a little bit.

23 What that does presume, however, if
24 we're going to the --

25 **MS. MUNN:** Can you speak just a little

1 louder, Don?

2 **MR. LOOMIS:** Yeah, I'll do my best.

3 If we're going to use the O drive that
4 way, that means that that's presuming that the
5 people on term serve to access it because it's
6 looking at O which is the map drive on the
7 term server, the terminal server, to get to
8 that data.

9 We set it up so it can work that way
10 or it can work off of an internet U-R-L. This
11 is more a configuration question that has to
12 be resolved. But if we do use the O drive
13 with a folder on the terminal server, then to
14 have that feature work, the person will have
15 to be using terminal server.

16 **MS. MUNN:** Yeah, that makes sense to me. I
17 was a little surprised to see the U-R-L. I
18 think that's what was confusing me. I was
19 trying to figure out how you could reasonably
20 access that from the O drive. It didn't sound
21 like a good idea to me.

22 **DR. MAURO:** As I understand it then once
23 this is transferred to the O drive it sounds
24 like there's also a SQL trans. In other words
25 you wouldn't work from ACCESS. You'd work

1 from SQL.

2 **MR. HINNEFELD:** Right now I would not
3 because I don't have this front end in Sequel.
4 Right now we'll just have to work out an
5 administrative process where, for making sure
6 that SC&A is completely off of it, and then I
7 could use the update to the database as it was
8 replicated over, but it would be in ACCESS.
9 And then replicate that back over to ORAU, and
10 it would go back on the O drive while no one
11 else is using it. Only one person is using
12 it. So there would have to be an
13 administrative process right now.

14 **MS. BEHLING (by Telephone):** From the
15 Board's perspective you will be on the O drive
16 to access this database so you will simply,
17 once we have these details worked out, there
18 will be something in there that will allow
19 you, some words in there that will allow you
20 to click on that field, and it will open up
21 that PDF file or that report for you.

22 **MS. MUNN:** Okay, we'll have to have some
23 idea of where it is we want to go.

24 **MS. BEHLING (by Telephone):** Actually, it
25 will be between SC&A and NIOSH that we would

1 most likely enter this information. And so
2 once you're looking at this detail screen, and
3 there's been a white paper associated with a
4 particular finding, that information should
5 exist there, and you should be in a position
6 just to click and that file will open.

7 **MS. MUNN:** Oh, okay.

8 **MS. BEHLING (by Telephone):** So it won't be
9 anything where you will have to know where the
10 file location is. It'll just be the
11 appropriate people from NIOSH and SC&A that
12 will need to do that, enter that data.

13 **MS. MUNN:** Paul?

14 **DR. ZIEMER:** I have a question, and it's for
15 the work group and maybe Kathy to give us some
16 input. But if indeed this procedure and this
17 methodology is extended to our other work
18 groups as part of the matrix resolution
19 process, then I can anticipate that
20 petitioners or people from sites are going to
21 want to have access to this matrix in this
22 form. If it's on the O drive, does that
23 present some problems?

24 **MS. BEHLING (by Telephone):** Yes.

25 **DR. ZIEMER:** In other words we, is there

1 anything in this database as it stands that
2 would require it to be on the O drive? I
3 think this is all public information except
4 for these links perhaps, but I just want us to
5 think about that as we go forward. If this is
6 exclusive for the O drive, how do the
7 petitioners get at those issues?

8 **DR. MAURO:** And if it wasn't, then it
9 becomes a question is there any material in
10 there that may be sensitive from a PA point of
11 view?

12 **MR. HINNEFELD:** Well, the comment I was
13 going to make not so much as it relates to
14 procedures but with respect to dose
15 reconstruction review, expand it to that.
16 Very frequently the discussion and resolution
17 of the dose reconstruction review findings
18 would not be acceptable from Privacy Act
19 standards because it just provides too much
20 information about the EE, energy employee.
21 And so it wouldn't be acceptable to just put
22 the DR part in the open.

23 **DR. MAURO:** I think we have a problem.

24 **DR. ZIEMER:** What about the other matrices?

25 **MS. HOWELL:** I wanted to just add to what

1 you're saying here. You're also talking
2 about, you're talking about an electronic
3 version that's going to be in draft form. And
4 while we've made matrices available to members
5 of the public in the past, these have always
6 been previously reviewed by either OGC or
7 NIOSH staff for Privacy Act. And they're also
8 at a point where, while it may still be a kind
9 of draft, it's not -- Larry, maybe you can
10 help me out on this -- but you can't be giving
11 out information that is not finalized at least
12 somewhat yet --

13 **DR. ZIEMER:** I realize that.

14 **MS. HOWELL:** -- because you're waiving all
15 sorts of protections that way. So if you guys
16 want to try and think about coming up with a
17 way where you have specific dates where you
18 have meetings, and you have kind of a screen
19 shot of what is in the matrix at that time and
20 that can be passed along to the correct people
21 for Privacy Act review and then be made
22 public, that's possible.

23 But I don't see how making available
24 an actual database, that's just going to
25 create a wealth of problems. So I think

1 you're going to have to kind of go back to
2 this whole paper matrix idea when you talk
3 about getting it available to the public. And
4 it will still have to be reviewed. There is
5 going to be a delay. Those problems are going
6 to be significant.

7 **DR. ZIEMER:** So at the time of a particular
8 meeting, for example, you can say, okay,
9 here's how the database is as of some date.

10 **MS. HOWELL:** Right, and you know what you
11 would need to do would be to pick a date a
12 week ahead of time or something and say that
13 this is the date that we're cutting it off
14 because it's going to take time to get the
15 right people to review it.

16 **MR. ELLIOTT:** When you say database, Dr.
17 Ziemer, I assume you're talking about
18 everything that's in, that's captured into
19 your system. If that's what you're saying you
20 want a snapshot of, that's going to take a lot
21 of effort to --

22 **MS. HOWELL:** Because it's different than
23 what we had on the matrix.

24 **DR. ZIEMER:** I raise the issue because we've
25 had this already in our work groups and the

1 petitioners in terms of issue resolutions they
2 have --

3 **MR. ELLIOTT:** The work groups on special
4 exposure code work and site profiles, those
5 matrices have been treated as a work in
6 progress. They've been treated as pre-
7 decisional. They've been treated as if a
8 person wants to see them, they have to give us
9 a request in that case. We treat it as a FOIA
10 request and pass, pass what they request in a
11 Privacy Act review, and then we turn that
12 around. And we do that as timely as we can,
13 and in some instances we make the deadlines
14 for a meeting, and others we're pushing
15 against it so we don't have it. That's where
16 this is all at.

17 **MS. MUNN:** Let me articulate for just a
18 moment what I believe the thinking of most of
19 this group was when we undertook this. I
20 believe, at least what I was thinking was, we
21 needed to have more detail in our matrix and
22 be able to follow where we had gone with each
23 individual item with an end expectation of
24 closing the item and putting it in a different
25 box and dropping it off the active matrix. It

1 was never the original intent I believe for
2 the entire matrix, the operating matrix, to be
3 out there. It was intended as a working
4 instrument in my mind for this group.

5 Now if we talk about we now are in a
6 situation where we can filter the closed items
7 out from the entire set of procedures that
8 we've looked at, if we want to talk about the
9 possibility of having closed matrix items
10 available some place other than on the O
11 drive, then in my view there's probably no
12 major obstacle to that but individually.

13 **MR. ELLIOTT:** Post that on the website.

14 **MS. MUNN:** Yeah, individually I would be
15 very reluctant to consider the matrix material
16 that we are working with at this time as being
17 fully available.

18 **DR. ZIEMER:** That's helpful. I think Emily
19 caught the idea then that a summary matrix
20 with just the page without the details which
21 tells you which items are in progress and
22 which are closed and so on probably is fairly
23 easy to review. You wouldn't be putting all
24 the details on something like that.

25 **DR. MAURO:** Or at least in this case, the

1 summary level, certainly Emily and Liz could
2 take a look at what kind of information is
3 there, in other words these one-liners on the
4 summary level. Now whether or not the summary
5 level for, let's say a case for close out,
6 dose reconstruction close-out matrix would
7 contain that material.

8 But I have to say when we initially,
9 as you said, started the process it was really
10 to serve the working group process. This is
11 the first time, frankly, when you start to
12 think about it in a practical sense, how do we
13 open this up and can we open this up. And my
14 initial reaction is there's so much material
15 that's going in, perhaps not so much under
16 Procedures but certainly under dose
17 reconstructions.

18 It's going to be a monumental
19 undertaking to go from a living interactive
20 machine that we're building right now to
21 something that then could be made readily
22 available in an open session. I think that is
23 going to be a challenge.

24 **MS. BEHLING (by Telephone):** Excuse me, let
25 me just, I didn't hear all of the discussion

1 about the Privacy information, but let me
2 interject this with regard to let's say we do
3 want to make some portion of the database or
4 some summary information available to a
5 petitioner or to some member of the public if
6 the Legal team feels that that's appropriate.

7 It's very easy to do that with this
8 database because, remember, we're now sitting
9 here looking at the ACCESS database, but we
10 can print, we can filter this data in all of
11 the ways that we've talked about so far, and
12 then we can print that filtered data to either
13 in a summary form with all of the detailed
14 sheets behind it or simply the summary form to
15 a PDF file which could be made available on
16 the NIOSH website or associate it with the
17 agenda or anything that exists that says we
18 have, let's say we do -- well, I guess that
19 would be too many people. But if we wanted to
20 give a petitioner access to the, let's say the
21 open items so that if they attend a meeting
22 and we allow them to participate at that
23 level, we could certainly do that by just
24 giving them or sending them a PDF file that's
25 filtered in whatever way meets the Legal

1 team's permission.

2 **DR. WADE:** Arjun has a comment.

3 Arjun, maybe come closer to the table
4 if you could, Arjun.

5 **DR. MAKHIJANI:** I do most of my work on
6 SECs, as you all know. But I think for SC&A
7 so much detail might not be useful because
8 it's a more limited period of time and I've at
9 least found -- Jim, you also do a lot of work
10 in that area -- I've found a matrix format
11 that we have comes in quite useful, and if you
12 could just maybe, here with Procedures you
13 have over 100 procedures each with many action
14 items, and we're talking about hundreds and
15 hundreds of items.

16 Whereas with SECs I would at least
17 want to think a lot before recommending that
18 we go to this level of detail because where we
19 close-out items or one close-out item a lot
20 faster, you can have an index maybe as to what
21 white papers we're preparing because right now
22 it's not systematized. We might come back to
23 you if you wish with some procedure on that.
24 I don't have an opinion about the dose
25 reconstruction.

1 **DR. MAURO:** There is a big break between the
2 level of detail from the procedures and for
3 the dose reconstructions where we're dealing
4 with hundreds. And each one of those ^ a ten
5 as opposed to a site profile SECs where we're
6 really dealing with ten or 12. So I think
7 that maybe we separate those at least for the
8 time being.

9 **DR. NETON:** The only thing I would offer --
10 this is Jim Neton -- is that the SEC matrices
11 is really subsets of the site profile review
12 matrices. And so I would segregate that out
13 separately. I don't know how you would do it
14 on a practical basis. They do have a shorter
15 lifespan, you're right, because they get
16 closed out.

17 **DR. MAKHIJANI:** What we're doing right now
18 was I think with Hanford the first time is,
19 I've sent a draft to Jim Melius, because it's
20 not on the agenda, he's not circulating it yet
21 and maybe that's a comment for you if you want
22 to circulate it. But what he asked us to do
23 was to compare an SEC specific matrix using
24 the site profile matrix ^ of the evaluation
25 report and make a matrix for the SEC review

1 itself.

2 **DR. NETON:** That's my concern then they'll
3 be, because that has to be fed back into the
4 site profile issue which we make. I mean,
5 they're pulled out, but they were issues that
6 were raised, and they have to be somehow
7 documented that lead to closure.

8 **DR. ZIEMER:** Right, and we've done that in
9 other site profiles. We indicated SEC issues
10 over ^ SC&A address that --

11 **DR. WADE:** We did it at Rocky Flats.

12 Let's just pause for a minute and sort
13 of take stock of where we are on this issue of
14 making public materials through this process.
15 What you have here is two very laudable values
16 that sometimes come in conflict. I mean, we
17 all believe in the value of transparency in
18 what we do, and Lord knows this Board and this
19 working groups have lived consistent with
20 that.

21 We also realize that for the Board to
22 be productive, its work groups have to be able
23 to work at a fairly rapid pace, and sometimes
24 those two issues come in conflict. We have
25 the protection for a member of the public that

1 if at any point in time a member of the public
2 would like access to the work in progress,
3 then as Larry said, they could make a request
4 under the FOIA Act for information, and it
5 would be dealt with in a timely way. So I
6 think that protection is there.

7 What you folks can consider at some
8 point now or in the future is if you would
9 like to do a moment in time print screen kind
10 of version of the material prior to a work
11 group meeting and get that cleared through the
12 Privacy Act and make it available, you could
13 consider that as a vehicle. Again, I'm not
14 advocating that.

15 I think you should consider that. I
16 think being able to let the work groups work
17 and continue to make progress is the dominant
18 value here, and I would ask you to keep that
19 in mind. Again, looking at mechanisms to
20 allow the public to have access to what you're
21 doing would be a good thing. But again, I
22 don't think you want to do that and put in
23 jeopardy the ability of the work groups to
24 make progress.

25 We do have the protection if someone

1 wants information, they can request it under
2 FOIA, and we'll deal with that. If you want
3 to do the added courtesy to the public of
4 saying a week before our work group meeting
5 we'll try and do a print of the summary view,
6 make that available for Privacy Act review,
7 and then make that available, we could
8 consider that. But I wouldn't hold hostage
9 your progress to that.

10 **MS. MUNN:** Well, then too is the fact that
11 nothing goes into these matrices that has not
12 been aired in one of the public work group
13 meetings. Any member of the public who is
14 deeply involved to the point that the need for
15 detailed information is great for them has
16 access to these telephone calls and has access
17 to the minutes of the meeting. The data is
18 there. It's just our intent with these
19 matrices to have them in a much more
20 effective, but more efficient manner for us to
21 deal with on a regular basis.

22 **DR. MAURO:** On this particular product it
23 would seem to me, not to over-generalize
24 though, but in general the summary level and
25 the detail level are really not going to have

1 Privacy Act information. But what might have
2 Privacy Act information is when you click on
3 the related link where a special analysis was
4 done where we dive into some literature, some
5 cases because very often we do case studies as
6 part of an analysis. And that's where I think
7 the real danger lies of possibly having as
8 part of this PA material. But that's
9 certainly something that General Counsel can
10 determine being familiar with this matrix. I
11 really don't often see the kinds of
12 information in this particular Procedures
13 matrix, that we run into that situation, but
14 we can on the links. I can see it happening
15 there.

16 **MS. MUNN:** I could, too, and that's one of
17 the reasons why I tried to go back over again
18 where we were in this, and exactly what that
19 related link material was likely to be. It's,
20 I think, a legitimate reason for concern. But
21 by the same token for our purposes here in
22 this working group looking only at procedures,
23 it's quite valid. If it goes off the O drive
24 then it appears to me there's a concern. We
25 may have to address that.

1 **DR. ZIEMER:** I'm satisfied the O drive is
2 the place for it to reside. I just wanted to
3 clarify what the public did and did not have
4 access to. And it's clear that if there's a
5 need for a snapshot in time of these or other
6 matrices resolution process, a snapshot in
7 time, that there's a mechanism to do that. So
8 I think we're fine.

9 **MS. MUNN:** I believe so, too. And from this
10 work group's point of view it's my feeling
11 that we appear to be going in the right
12 direction. If this turns out to be a pattern
13 for other work groups who want to adopt it,
14 then there are other issues which, depending
15 upon the material that they deal with, will be
16 more salient than they are for us in the
17 Procedures group.

18 I'm sorry, Kathy. That was a long
19 discussion right in the middle of your
20 presentation.

21 **MS. BEHLING (by Telephone):** No, that was
22 worthwhile discussion, too.

23 All right, if we're ready, I'll
24 continue. We're still on page seven, and this
25 again is the modified detail screen.

1 And if you look to the right of this
2 related link field, you'll see "Last Updated".
3 And what this field is, any time, if I went
4 into this particular record and started typing
5 something into the section on SC&A follow up
6 to the work group meeting that you see there
7 on 1/15/2005 -- this is from our first set of
8 procedures that were reviewed -- that date
9 would automatically change. So that date
10 represents the last time this record was
11 updated, and it's an automatic stamp. It
12 happens when you type something into this
13 record. And we'll talk a little bit more
14 about again this date field when we get
15 further into our print screens.

16 I think that the only thing that has
17 been added to our detail screen, and again, we
18 can work with this related link item and get
19 some further direction.

20 **MS. MUNN:** Paul has another question.

21 **DR. ZIEMER:** Kathy, on the updating is there
22 any way to identify who did the updating or is
23 there a need to know who did the last update
24 on a certain date by SC&A or by Kathy or by
25 Larry Elliott? Do we need, is there a need --

1 I'm not sure. It just occurred to me that
2 maybe we need to know who did the updating, or
3 do we?

4 **MS. BEHLING (by Telephone):** Currently, we
5 don't have that built in, and --

6 **DR. ZIEMER:** I don't know if it's important
7 or not. I'm raising the question here.

8 **DR. MAURO:** Well, the reason we put that in
9 -- remember the last --

10 **DR. ZIEMER:** Oh, I know --

11 **DR. MAURO:** We want to make sure we're all
12 on the same page, remember? That was one of
13 the problems. But now this is another --

14 **DR. ZIEMER:** I don't want to keep pursuing
15 this too far, but I guess there will only be
16 certain people authorized to do updates.

17 **MS. BEHLING (by Telephone):** That's correct.

18 **DR. ZIEMER:** I'm not going to see, you know,
19 Bob Presley is not going to be updating it or
20 Paul Ziemer is not going to be. There'll be
21 somebody from SC&A authorized and NIOSH
22 authorized.

23 **MR. PRESLEY:** This is Bob Presley. Did we
24 not say though that on these updates that
25 there would be a central location like Larry

1 Elliott's office that would keep up with these
2 updates and make sure? Did we not do that?
3 There was somebody, did we not talk about
4 that? That there was going to be some central
5 area to keep up with these things?

6 **MS. MUNN:** We did talk about the fact that
7 there would be key personnel both at SC&A and
8 at NIOSH who would be the prime individuals
9 responsible for overseeing it. I don't know
10 that we indicated there would be a specific
11 office. I think we talked about --

12 **MR. PRESLEY:** We need to do that. If we set
13 that down, if we put one person or one person
14 in two groups, then if you've got a question,
15 that's who you call.

16 **MS. MUNN:** Yeah, if there's a go-to person
17 that each organization has identified.

18 **DR. MAURO:** You'll notice in the bottom half
19 of the details there's the, it's the blue-
20 green color. Whenever there is new
21 information, let's say SC&A, in response to a
22 working group directive, SC&A's asked to do
23 certain things and those things are done.
24 Well, you'll notice on the left-hand side in
25 the blue area on the bottom left there's a

1 date, and then there would be the material, a
2 summary of the SC&A material, and similarly
3 there would be a date in the NIOSH material.

4 So I think it's all track-able back to
5 that. In other words if you want to know who
6 put what material in at what time, it should
7 be there with the date. Now the last time
8 that's updated, whenever that last action was,
9 should be the date that's in the last update.
10 So in other words if you want to get into the
11 ^ structure, it should be track-able.

12 **DR. ZIEMER:** Yeah, okay.

13 **MS. MUNN:** And we had discussed in our
14 previous conversations about this that when
15 this is up and running we would anticipate
16 that Kathy would be the person who would be
17 doing most of the actual data input into that
18 blue area and that she'd run it by me as Chair
19 of this particular group before it went to
20 NIOSH for any final placement in the material.

21 **MS. BEHLING (by Telephone):** That's correct.
22 And with regard to Bob Presley's question.
23 I'm not sure if you were in the room when I
24 first introduced some information about the
25 database, but it will be maintained on the O

1 drive, and the Board access will be read-only
2 access, and there'll only be a select number
3 of people from NIOSH and SC&A that will have
4 the ability to write to this file. Now
5 perhaps -- and Don Loomis can correct me or
6 please add to this -- perhaps we can tie
7 either an SC&A or NIOSH tag to that date. I'm
8 not sure.

9 Don, can you help me out?

10 **MR. LOOMIS:** There's a couple different ways
11 that we can do that. Right now there's no
12 identification of the person using it so we
13 would have to get that. Either having a sign
14 on at the beginning or having a, just adding a
15 field that let's somebody put in NIOSH, SC&A
16 or their initials. To do it automatically you
17 would have to have some sort of sign in so we
18 know who the person is so that we can tag it
19 with their --

20 **DR. ZIEMER:** Well, I don't know that it's
21 necessary. I was really just asking the
22 question. It looks like perhaps the material
23 that John report to may take care of that. It
24 shows what the changes are and when they're
25 made.

1 **DR. MAURO:** And if it's in the box called
2 "SC&A Follow up" with the date and then some
3 words in there, SC&A is responsible for that.
4 And if the words in there are inappropriate
5 or, that's SC&A, you know, falls on us when
6 putting in bad information. So I know if we
7 have to actually name the person, we have to
8 control our people to make sure that the right
9 information gets into that box. And I'm held
10 accountable for that.

11 I think in a similar way NIOSH would
12 be populating that section, again someone at
13 NIOSH that would be held accountable to make
14 sure the correct information gets in there.
15 So I mean, I don't know if we need, there may
16 be several people working on the science in
17 the background, but eventually it comes
18 through you or it comes through Kathy or me
19 and finds its way into this database. So in
20 other words who you hold accountable is pretty
21 self evident. It's the project manager.

22 **MS. MUNN:** And we just have to all know who
23 the go-to person is.

24 **DR. ZIEMER:** One follow up though. Don or
25 Kathy, if the authorized person opens the file

1 but doesn't make changes, does that date
2 change on this last update?

3 **MR. LOOMIS:** No.

4 **DR. ZIEMER:** They have to actually change
5 something.

6 **MR. LOOMIS:** That's correct.

7 **DR. ZIEMER:** Okay, thank you.

8 **MS. MUNN:** That's good. So just reviewing
9 it doesn't cause any data change, good.

10 **MS. BEHLING (by Telephone):** Okay, should we
11 move on?

12 **MS. MUNN:** Yeah, back to you, Kathy.

13 **MS. BEHLING (by Telephone):** We're going to
14 go ahead to page eight now, and we're back to
15 this filter and sort screen so that I can just
16 show you a few more elements of the screen.
17 Under the filter on section on the right-hand
18 side, you'll see procedure number, below that
19 finding date and rating.

20 I opened up the drop-down box
21 associated with the finding date. The reason
22 we put this in there is because, again as we
23 discussed previously, the finding date is
24 going to be associated with, for the first set
25 of findings all the finding dates should be

1 the same which was January 17th, 2005. So if
2 we wanted to go into this database and sort,
3 let's only look at what SC&A submitted to the
4 Board during our first set of reviews or our
5 second set or third set. We can do that with
6 this particular field.

7 Above that field, the procedure
8 number, again there's a drop-down box that
9 lists all of the procedures that have been
10 entered into the database so far. If one
11 decides that they only want to look at ORAU
12 OTIBs, they can type in just that portion, and
13 then that drop-down box will list all of their
14 OTIBs. Or if you only wanted to look at the
15 PROCs, the procedures, that are out there, you
16 can type in just ORAU-dash-PROC, hit the drop-
17 down box and that will open up all of the
18 procedures that have been entered into the
19 database.

20 And then lastly, the rating, and again
21 I know we said we weren't going to include
22 that on the summary sheet; however, as we've
23 done in the past, Wanda, there have been times
24 where we had a working group meeting and you
25 said let's focus on those findings that are a

1 of just the information in the database
2 currently. And again, this database has not
3 been updated with any of some of the newer
4 information on the newer procedures we've been
5 working with. But as you see on page ten, the
6 results of that filtering for items that were
7 rated a one identified 15 records.

8 Then in some cases we have multiple
9 ratings associated with one finding. If one
10 is in any of, if the one is a rating in
11 anything there under that rating file, that
12 will show on this particular screen. In fact
13 the last two items are PROC-92 items. If you
14 could read the entire ratings there is a one
15 listed later on in that rating box. So that's
16 why that was identified on this screen. But
17 I'm just trying to show you how this filtering
18 works.

19 **MS. MUNN:** You're right. It did get better.

20 **SC&A, PAGE NUMBER DETAIL**

21 **MS. BEHLING (by Telephone):** Now what I did
22 for the, what we're going to view on page 11.
23 I took just a subset of data, these 15 items,
24 and I said, I hit the print summary button as
25 you see at the top. And the result of hitting

1 that print summary button is what you will see
2 on page 11. This is at least the first page
3 of two pages, and this is where our page
4 number comes into play. The fourth column on
5 that summary sheet identifies the page number
6 of the details or the detail record that will
7 follow this summary. Don was able to -- and
8 if we sort this database, if we went back to
9 the original screen that I showed you, and I
10 were to say let's print a summary of that
11 particular screen, it would have 376 detailed
12 records behind it, and it would renumber this
13 column accordingly. That's impressive to me.

14 **MS. MUNN:** That is really impressive.

15 **MS. BEHLING (by Telephone):** I was amazed
16 that he was able to do that.

17 Now you'll see in the third column we
18 still do have, we have included the SC&A page
19 number, but that page number is associated
20 with our hard copy report that was sent to
21 you.

22 **MS. MUNN:** Right.

23 **MS. BEHLING (by Telephone):** But this fourth
24 column is the page number of the detailed
25 records behind this summary.

1 **MS. MUNN:** That's incredible.

2 **MS. BEHLING (by Telephone):** And then just
3 to show you how that works, on the very last
4 page I actually printed the detail for the
5 very first record so that you can see this is
6 page one of 15. If you went to page ten
7 again, and you put your cursor on, let's say,
8 the last item or any of the findings here, and
9 you were to hit on the top right-hand button,
10 "Details for Current Procedure Number," it
11 would open up that detail page and you'd see,
12 "This is page 15 of 15," for that last record.
13 I think that that hopefully resolves our page
14 number issue.

15 **MS. MUNN:** It does indeed, very nicely.

16 **MS. BEHLING (by Telephone):** Yeah, I was
17 amazed that Don was able to do that.

18 But that's the modified database in a
19 nutshell here. I don't know if there's any
20 other questions or changes that you'd like to
21 see introduced.

22 **MS. MUNN:** It looks wonderful.

23 **MS. BEHLING (by Telephone):** Thank Don for
24 that.

25 **MS. MUNN:** Does anyone else have issues,

1 questions, problems?

2 (no response)

3 **MS. MUNN:** If not, even though we have only
4 been at this for an hour, in view of the fact
5 that we are, all of us are in a kind of
6 tentative state here this afternoon, I think
7 it's a good opportunity for us to take a ten-
8 or 15-minute break so that we can be ready to
9 take up our, move away from the database and
10 go on to our next items when we get back. If
11 that's agreeable with everyone here?

12 **DR. WADE:** We're not going to break the
13 line. We'll just mute the phone, and we'll be
14 back on in ten or five, ten or 15 minutes,
15 depends on the whim.

16 **MS. MUNN:** Fifteen with any luck at all.

17 **DR. WADE:** Okay.

18 **MS. MUNN:** Thank you.

19 (Whereupon, a break was taken from 2:20 p.m.
20 until 2:35 p.m.)

21 **DR. WADE:** We're going to go back into
22 session in the work group.

23 Kathy, can you hear us?

24 (no response)

25 **DR. WADE:** Kathy, are you with us?

1 **MS. BEHLING (by Telephone):** Yes, I am. I
2 can hear you.

3 **DR. WADE:** Wanda, please?

4 **SC&A AND NIOSH, DATA BASE CHANGES**

5 **MS. MUNN:** Let's continue going down our
6 action item list, the next one being item
7 four, SC&A and NIOSH work out changes to the
8 databases.

9 **MR. GRIFFON:** Wanda, (unintelligible).

10 **MS. MUNN:** We're looking at --

11 **MR. GRIFFON:** Oh, this is good, the e-mail
12 agenda?

13 **MS. MUNN:** Yes, the e-mail agenda, item
14 four.

15 I'm not at all sure that there's
16 anything to be reported on that. Is anyone
17 aware of any specifics that we were concerned
18 about when we were discussing this last time?
19 I think we were just concerned about what we
20 discussed earlier. That is primarily who was
21 going to be the key individual with respect to
22 how changes were going to be made.

23 **MR. HINNEFELD:** Kathy, and I have talked
24 about, and Don has helped me out. And as far
25 as I know there's nothing more to worry about.

1 We kind of both understand how it's going to
2 work. It has to be loaded, and so, you know,
3 because a lot of the information hasn't been
4 loaded into it yet that we're supposed to
5 load. Maybe everything you're supposed to
6 load is in there, but not everything we're
7 supposed to load is in there now. So that's
8 all I know.

9 **DR. MAURO:** Kathy, am I correct -- this is
10 John -- when you go into the database and get
11 to the details, like for example, we're having
12 the working group meeting right now. I'm
13 assuming that we're going to be adding in a
14 date. I'm looking at the details first page
15 for the very first issue. Well, loading that
16 in should be intuitive.

17 **MS. BEHLING (by Telephone):** That's correct.
18 We will just be putting another section under
19 the working group that, another working group
20 meeting and identifying discussion, what went
21 on and any directives from the work group and
22 so on.

23 **DR. MAURO:** Now that would be a continuation
24 of the very first page. I'm looking at the
25 very first line item, OCAS-IG-001, the very

1 first line item, and that would just be a
2 continuation of that page.

3 **MS. BEHLING (by Telephone):** That's correct,
4 a continuation of the detailed screen.

5 **MS. MUNN:** So I'm prepared to drop item four
6 off of our list on the assumption that NIOSH
7 and SC&A have agreed on who's going to be the
8 key people and how those process that's going
9 to take place and make the changes to the
10 database. We have that now, right?

11 **MR. HINNEFELD:** We can work it out. I mean,
12 the process of changing it while it's still
13 accessed is something that we need to agree
14 on. But I think if it can be a simple matter
15 of just SC&A essentially suspending working in
16 it for a particular part of time, a particular
17 day or whatever, we could make our changes on
18 that day, replicate and send it to ORAU, and
19 have them load it up. Yeah, we definitely can
20 do it administratively.

21 **DR. MAURO:** How will this conversation that
22 we're having right now be captured in this
23 database? In other words from a practical
24 standpoint you're going to have another set of
25 number, date, this meeting, and there'll be a

1 section NIOSH-SC&A discussion. Is that right?
2 In other words in this discussion that we're
3 having will be captured here.

4 **MR. HINNEFELD:** You think so? What detail
5 page do you capture it on? See, it's a sort
6 of meta, meta discussion. It pertains to all
7 of the findings, and it's an administrative
8 process.

9 **DR. MAURO:** So discussions relevant to this
10 machine that we're building really are, is a
11 meta issue as opposed to outside -- good,
12 okay.

13 **MS. MUNN:** Yes, and administrative issues,
14 to be resolved?

15 **DR. ZIEMER:** It's all here in our
16 transcript.

17 **NIOSH, RESPONSE TO OTIB-0017 SC&A WHITE PAPER**

18 **MS. MUNN:** Then we'll move on to item five.
19 I don't believe, Stu, there's nothing to, is
20 there anything to report in the way of
21 progress on this? We don't really and truly
22 anticipate anything until March.

23 **MR. HINNEFELD:** Right, March, we, should be
24 a good date.

25 **NIOSH, CLARIFY WHEN OTIB-0019-01 IS USED**

1 **MS. MUNN:** Item six, look at clarifying OTIB
2 0019, item one.

3 **MR. HINNEFELD:** I did do another response to
4 19-01 and our view of the, what's being done
5 by that R-squared test when you test data, you
6 know, coworker data. And I submitted that
7 back in December.

8 **DR. MAURO:** Is it in your latest procedure
9 package that you sent out?

10 **MR. HINNEFELD:** It's in the last matrix I
11 sent which was either December 11th or December
12 17th. It has under Finding 19-01, that's OTIB
13 0019-01. There's an addition dated December
14 11th in NIOSH response. So I provided that.
15 Now, it occurs to me that our discussion at
16 the last meeting was in the event that we're
17 going to use the 95th percentile in dose
18 reconstructions at that point, then at that
19 point we would want to worry a bit about
20 whether the parametric 95th percent that we
21 normally generate is sufficiently favorable or
22 whether we should use a nonparametric method.

23 **DR. MAURO:** That was the discussion.

24 **MR. HINNEFELD:** That was the discussion we
25 had last time. We've not made a revision to

1 OTIB-0019 then to reflect that. It's going to
2 be essentially a one or two sentence revision,
3 but that part has not been made.

4 But our take on the R-squared just,
5 you know, we come to these, we come to the
6 situation of coworker data with a sort of an a
7 priori assumption that the data is lognormally
8 distributed. And so the R-squared just makes
9 us feel good about our a priori assumption.
10 It's not a true test as the comment points
11 out.

12 It's not a valid test to prove
13 lognormality. It would just identify a
14 serious deviation from lognormality, a
15 significant deviation from lognormality. So
16 that's the point, that's why we use it. And
17 as we talked about in our last discussion,
18 very often for coworker datasets we use the
19 distribution. And if you use the
20 distribution, you have to make some assumption
21 about the shape of the distribution. So
22 you're kind of driven to a parametric that
23 would be very close to what the data says
24 anyway. So that's the nature of our
25 discussion last time.

1 And then in our discussion we said in
2 the event that you're going to use the 95th
3 though, you need to make a check, and make
4 sure that whether it's parametric or
5 nonparametric is more favorable or if there's
6 a particular reason to choose one over the
7 other.

8 **DR. MAURO:** And we agree with that. That
9 was during a previous meeting when you
10 suggested that strategy the response was, yes,
11 that's a reasonable way to go. Because when
12 the fit deviates from the ranking there is a
13 concern. And it sounds like you folks are
14 going to look into that.

15 **MR. HINNEFELD:** That would be our approach
16 just look in that situation where it's going
17 to be, where you're going to use the 95th or
18 the 84th, whatever you're going to use. In
19 that situation then you have to worry about is
20 it the appropriate one. You want to use the
21 appropriate one.

22 **DR. MAURO:** And, Wanda, all I was going to
23 say, that response is acceptable to SC&A. So
24 from our perspective as long as Wanda and the
25 rest of you agree, we find that issue closed.

1 **MS. MUNN:** The second part of the issue was
2 whether, talk to Jim Neton about whether a
3 page change is necessary.

4 **DR. NETON:** Yeah, I think it would certainly
5 do that.

6 **MR. GRIFFON:** I guess I was going to ask how
7 does the decision outline how you
8 quantitatively define deviates from the
9 ranking? When you say that it deviates from
10 the ranking, how are you going to, because
11 that seems, the interesting ones that are
12 pretty far apart or at least very low R-
13 squared.

14 **DR. NETON:** It's not so much the R-squared
15 as if it's fitted 95th percentile value is
16 lower than parametric, not parametric, but,
17 you know, the value, you go with that. More
18 often than not with large datasets those tend
19 to be a tail off. The fitted value 95th
20 percentile's higher than the actual rank order
21 number. And if there were large deviations,
22 we've done that in the past. Chapman Valve's
23 a good example.

24 **MS. MUNN:** So the question's still hanging
25 at do we need a page change.

1 **MR. HINNEFELD:** Mark, in response to your
2 question, remember, OTIB-0019 is the general
3 OTIB about using, about coworker models. Each
4 coworker model there's a site specific OTIB
5 written, and so the description of why did we
6 identify a significant or which, whether we
7 use parametric or nonparametric, that would be
8 documented after we documented in the site
9 specific document. I mean, there may be some
10 actually some review of those, look back and
11 make sure they're all copasetic the way they
12 are or should we adjust them based on this
13 issue. There may be some discussion about
14 that.

15 **DR. NETON:** It's not as trivial as it
16 sounds.

17 **MR. HINNEFELD:** No.

18 **DR. NETON:** You've got a basis for like
19 urine data at Oak Ridge, for example, we had
20 decades. There are a lot of distributions
21 that have been fitted, but we're prepared to
22 do that.

23 **DR. MAURO:** In light of this just for this
24 particular OTIB, is this something that's in
25 abeyance or is this closed?

1 **MS. MUNN:** Well, that's my question, too.
2 Do we need to somehow document what we've just
3 said here in the OTIB document itself?

4 **DR. NETON:** I think we should.

5 **DR. ZIEMER:** I think last time we talked
6 about just putting some words in 19 that
7 clarify this very issue and how 19 is used to
8 do the other site specific cases just
9 basically explaining what we just said which
10 is not a change but simply a clarification in
11 the procedure so that it sort of eliminates
12 the original question.

13 **MS. MUNN:** Could we --

14 **DR. ZIEMER:** In that sense it's closed but
15 maybe kind of a commitment to make a minor
16 wording change.

17 **MR. HINNEFELD:** Well, normally, when there's
18 a document to be changed it's in abeyance.

19 **MS. BEHLING (by Telephone):** This is Kathy.
20 I would consider that in abeyance just because
21 we're waiting on NIOSH to make a change. And
22 so it's something that we will want to just
23 follow up on, and once that change is made, we
24 can turn this into a closed item.

25 **MS. MUNN:** The technical issue is closed.

1 The administrative issue is...

2 **DR. MAURO:** I think it's important to point
3 out that in abeyance means really we're on the
4 one-yard line, at least in this case. My
5 guess is there are some in abeyances where
6 there's a commitment to make a change, a
7 substantive that is not analysis. For
8 example, we were talking high-fired plutonium,
9 and there was commitment. We've got this new
10 methodology and a commitment to put out a new
11 OTIB. And that's a big abeyance. But this
12 one is a little one.

13 **MS. MUNN:** Possibly one we might be able to
14 clear up by April meeting?

15 **MR. HINNEFELD:** We might.

16 **MR. GRIFFON:** Well, you modify the language
17 in OTIB-0019, but you --

18 **MR. HINNEFELD:** -- I think we can do it, but
19 I think we can do it --

20 **MR. GRIFFON:** -- but the bigger piece, as
21 Jim said going back and looking at all of
22 these may take a little more, that may be your
23 bigger --

24 **DR. NETON:** I think it could be closed
25 before that happened and where the commitment

1 (inaudible).

2 **DR. ZIEMER:** And you're not talking about
3 changing what you're actually doing
4 procedurally.

5 **MS. MUNN:** No.

6 **DR. ZIEMER:** You're talking about clarify
7 the procedure --

8 **DR. NETON:** In a sense that is a slight
9 change what we're doing procedurally because
10 if we have not to my knowledge been looking
11 strictly at the nonparametric versus
12 parametric fit. And we have done that. Like
13 I said Chapman Valve comes to mind where it
14 was obvious that there was a discrepancy using
15 a fit. But there may be something that we
16 use, one or the other, without a conscious
17 thought process.

18 **DR. ZIEMER:** More intuitive or judgmental.

19 **DR. NETON:** Well, I think since the language
20 was pretty straightforward it fitted the 95th
21 percentile; usually there's one requirement
22 though to assure that it was more
23 conservative.

24 **MR. GRIFFON:** I'm pretty sure it wasn't Dr.
25 Bryce. I mean it must have been Joyce, we

1 were discussing that.

2 **DR. NETON:** We had the discussion, right.

3 **MR. GRIFFON:** Yeah.

4 **DR. NETON:** Well, let's think about this
5 though. We expect that fitted data were truly
6 not fit to be higher half the time and lower
7 half the time. So in that sense it doesn't
8 make good science.

9 **MR. GRIFFON:** Yeah, I don't know if --

10 **DR. NETON:** We might want to rethink that.

11 **DR. MAURO:** You know, we only brought this
12 up because if it's an automated system where a
13 dose reconstructor goes in, that'll give you
14 the kind of thoughtfulness as an issue. The
15 way we see it is that as long as they're
16 thinking in those terms, that is, is this
17 dataset and the way in which we fit it seem to
18 work for this particular case. And that's on
19 a case-by-case basis. But I think that
20 judgment has to be made, made in a consistent
21 way. I realize that in the end you really
22 can't turn it into a, I don't know if you want
23 to, you can't automate it. But your analyst,
24 eventually it comes out to someone's judgment.
25 That is, in this particular case it looks like

1 95th works or, no, there's only, let's say, a
2 very limited number of build up. I'm not sure
3 what to do in those cases. I'm not quite sure
4 if the 95th really catches it.

5 **DR. NETON:** Like I said we go with the
6 higher value.

7 **DR. MAURO:** And that's what you did at
8 Chapman?

9 **MS. MUNN:** Yeah. So I'm concerned about how
10 to word the action item so that we're all on
11 the same page the next time we meet. The page
12 change to OTIB-0019 is not a major problem.
13 You can do that by (indiscernible). But my
14 concern is the action with respect to
15 reviewing and rethinking how this process was
16 used in the past in already closed cases.
17 It's an entirely different kind of action item
18 to me. And I'm not sure exactly how to word
19 that or what sort of time constraint to put it
20 in whether we are asking NIOSH to consider
21 establishing a process or how you look at
22 these things.

23 **DR. ZIEMER:** Are there particular procedures
24 that you would say we could go back and look
25 at these in light of this that come to mind?

1 Or you sort of implied that you needed to go
2 back and take a look at something. What is
3 that?

4 **DR. NETON:** Those coworker models have all
5 been fitted.

6 **MS. MUNN:** I think we've covered the site,
7 the individual site issues. The question is
8 now can you go back and take a look at those?
9 Is there an outstanding action item that we
10 need to be following other than your
11 rethinking whether -- do you see my problem?
12 I'm struggling with what the action item is.

13 **DR. NETON:** I think you have to go back and
14 rethink exactly what we would do if you looked
15 at them again. I'm not sure, again, like just
16 picking the ones higher is the most
17 appropriate.

18 **MR. GRIFFON:** That's why I was asking, how
19 do you respond? How do you plan to evaluate
20 this?

21 **DR. NETON:** I think that we're going to have
22 to go back and think through that approach. I
23 hadn't thought about it.

24 **DR. ZIEMER:** It's something along the lines
25 of thinking about the implications of this and

1 not addressing particulars like this, but what
2 are the implications of this.

3 **DR. NETON:** Well, there may be some
4 instances, and I'm not aware of any where we
5 fit the 95th, straight line through it with the
6 95th percentile and the data may be, and R
7 squared could be something like 0.7 which is
8 allowed. The data had an upward turn, some
9 crazy turn to the upper end of the
10 distribution so that we were inappropriately
11 biasing the 95th. I mean, I don't know.

12 **MS. MUNN:** What I'd like to do with your
13 agreement of the rest of the working group is
14 bring this into two factors. The easy one is
15 the page change. And the second one will be
16 NIOSH's rethinking the approach and reporting
17 to us. We'll have a discussion on it, not at
18 our meeting with the Amarillo session, but at
19 the following full Board meeting when the work
20 group meets prior to that. Does that, that
21 would probably be two, maybe three months out.
22 Is that a reasonable way to approach this? Am
23 I off on the wrong track? I see nodding
24 heads, shaking heads.

25 **MR. HINNEFELD:** That seems doable.

1 **DR. NETON:** We may have a proposal at that
2 point because I'm thinking if the data are, if
3 there is a test that we can make that is
4 higher, then maybe one should just fit and
5 demonstrate there truly is lognormal
6 distributed and the distribution's valid.
7 We're going to have to look.

8 **MS. MUNN:** You'll think that through, and
9 we'll just make that, we'll talk about at
10 after you've had a chance to discuss it a
11 little bit.

12 **DR. MAURO:** We just make it into direction
13 by the working group into our matrix.

14 **MS. MUNN:** Yes.

15 **SC&A, RE-EVALUATE EQUATION USED IN OTIB-0025-01**

16 Number seven, SC&A re-evaluate
17 equation being used in OTIB 0025-01 and
18 provide comment by the next working group
19 meeting. If no significant comment arises,
20 this item is closed.

21 **MR. GRIFFON:** Wanda, that last one was TIB-
22 0019?

23 **MS. MUNN:** TIB-0019, yeah, 19, item one.

24 **MR. HINNEFELD:** John, is SC&A going to enter
25 that, that work group direction --

1 **DR. MAURO:** Yeah, I guess, my thinking right
2 now is that Steve Marschke and Kathy are
3 sitting down and taking notes. And right now
4 the notes should say something to the effect,
5 directive provided by the working group. Now
6 this would be a directive that goes to NIOSH
7 responsibility. We're going to write that
8 down anyway. We should write it. You folks
9 will be doing the same. So eventually when we
10 start to populate this particular work group
11 meeting we're all on the same page. So I
12 don't think we should -- We should all just
13 take notes.

14 **MS. MUNN:** And now we're on OTIB-0025, item
15 one. Have I seen anything from SC&A? I don't
16 think I have on --

17 **DR. MAURO:** Yes, we put out a, we are, the
18 issue had to do with radon breath analysis. I
19 think the action item was, in fact, let me
20 open up so you can see how this thing serves
21 us. No, I'm looking at OTIB-0021, 21 you
22 said?

23 **MS. MUNN:** No, it's 25.

24 **DR. MAURO:** Twenty-five, I'm sorry, 25, and
25 it's closed. We did resolve it at the last

1 meeting. I have it here on my sheet as
2 closed.

3 **MS. MUNN:** Okay, because my wording was if
4 no significant comment has arisen --

5 **DR. MAURO:** No significant comment has
6 arisen.

7 **MS. MUNN:** Very good, the item is closed.

8 **DR. MAURO:** So far it's serving us well.

9 **MS. MUNN:** Yes.

10 **DR. MAURO:** It's helping.

11 **MS. MUNN:** Yes, one step at a time.

12 **NIOSH, CONTINUE REVIEW OF OTIB-0012**

13 Item eight, NIOSH continue review of
14 OTIB-0012 with the expected report by the
15 March meeting. Nothing to do now, that's
16 still --

17 **MR. HINNEFELD:** That should be a good date.

18 **MS. MUNN:** -- in progress, good.

19 **PROC-0092**

20 PROC-0092: SC&A assures the sense of
21 items four through eight is captured in items
22 one and two. And NIOSH review procedure
23 language indicated in item two and HP reviewer
24 terminology throughout. Provide suggested
25 changes that we talked about in item three.

1 **MR. HINNEFELD:** Well, from our standpoint we
2 don't have the revision of PROC-0092 available
3 yet which is there were a number of, as I
4 recall, there were a number of things that we
5 said this is, we agree, there are a number of
6 things from the recommendations of PROC-0092
7 we agreed should be altered. And we don't
8 have that revision.

9 **MS. MUNN:** We were particularly concerned
10 about that identification of the health
11 physics interviewer.

12 **MR. HINNEFELD:** Health physics interviewer,
13 that's one of the items on the, I mean, there
14 are a number of things to go in there. I
15 mean, some of the other specific items were
16 criteria to ask when does a question from a
17 close-out interview go to a dose
18 reconstructor's criteria for that. So there
19 are a number of things that are going to take
20 some deliberation in order to get in there.
21 And so we don't have that revision ready yet.

22 **DR. MAURO:** I have a question for Kathy and
23 Don. I noticed sitting at the meeting and I
24 have in front of me the summary of the
25 database. And I'm just scrolling down as

1 we're talking when a particular PROC or OTIB
2 comes up. I go down to summary and I go find
3 it on the sheet, which I can find very
4 quickly. And I see whether it's open or
5 closed, and question. I would sure like to be
6 able to click right here on the summary sheet
7 and go right to the details. Is there a way
8 to do that?

9 **MS. BEHLING (by Telephone):** Yes, you should
10 be able to do that when you're in the
11 database, John.

12 **DR. MAURO:** Okay, I'm in the database, and
13 I'm on PROC-0092 where it says, you know,
14 closed, closed, open, whatever. How do I
15 click on this to make it go to the full page
16 for this one?

17 **MS. BEHLING (by Telephone):** Okay, make sure
18 that the cursor is on some place in that line
19 where PROC-0092 is, and then select the
20 detailed tab at the top.

21 **DR. MAURO:** Print detail.

22 **MS. BEHLING (by Telephone):** Not print
23 details, no, on the left-hand side. There's a
24 summary tab, and there's a details tab, and
25 then there's a procedures tab. Once you have

1 your cursor in a summary line, and then you
2 hit the details tab, that should open up the
3 details for that particular finding.

4 **DR. MAURO:** Thank you, I got it.

5 **MS. BEHLING (by Telephone):** Okay, good.

6 **DR. MAURO:** If it works for me, believe me -
7 -

8 **MS. BEHLING (by Telephone):** Okay, great.

9 **MS. MUNN:** So we'll expect -- Stu, do you
10 think you'll have an opportunity to look at
11 that before our next Procedures meeting which
12 is February 14th?

13 **MR. HINNEFELD:** Well, I hesitate to say
14 because this competes with every other ORAU
15 procedure change and OTIB change and the other
16 work that they're doing. So I hesitate to say
17 sitting here, but we can make an objective.
18 We can make an objective and try to have this
19 in place, you know, have a revision and have
20 it by then. But I don't know that I can
21 commit to it. I mean, since it's on the to-do
22 list, I don't like to leave them hanging out
23 there so we'll work on it. But I hate to
24 commit, I hate to promise anything, but I will
25 promise that we will try to get it.

1 **MS. MUNN:** We'll request it for February.

2 **MR. HINNEFELD:** February, the beginning or
3 the end of February? A mid-term one?

4 **MS. MUNN:** Yeah, we said we would.

5 **MR. ELLIOTT:** We'll give you a status.

6 **MR. HINNEFELD:** Yeah, I can give you a
7 status in February.

8 **MS. MUNN:** That's fine.

9 And SC&A, my note had said assure the
10 sense of items four through eight, but I'm not
11 sure that I have four through eight for PROC-
12 0092 in front of me, were captured in 102.
13 But you can't do anything until those changes
14 have been made, can you? That's in abeyance
15 for you.

16 Until we have those changes you can't
17 assure that because when we looked at PROC-
18 0092 last time, we essentially had items one,
19 two and three that were broad enough that they
20 pretty much covered the items in, the
21 subsequent items. And what we had said at the
22 time was they can be addressed in items one,
23 two or three. So until the procedure rework
24 is done, you really can't address that, right?

25 **DR. MAURO:** I'm reading. Well, looking at

1 number three, the actual details, they had to
2 do with the current Health Physics review.

3 **MS. MUNN:** Yeah, and that's just one of the
4 three.

5 **DR. MAURO:** And that's one of the, is that
6 captured in, that was one, two -- bear with
7 me. So we have one, two and three were the
8 three ones that we felt were, and then when
9 you move onto four you're saying now, or
10 further down.

11 **MS. MUNN:** Yeah, four through eight we are
12 anticipating will be captured, will be taken
13 care of in the changes to one, two and three.

14 **DR. MAURO:** I see what you're saying.

15 **MS. MUNN:** That's what we said last time.

16 **DR. MAURO:** Okay, but did that particular,
17 is that one I'm looking at four right now to
18 see what we have, details, I'm looking at it.
19 And we do not cross it back to OTIB^. I
20 agree, that's -- I agree that's what we
21 discussed, and we agreed upon. That is it
22 collapsed back to one, two, three. However,
23 that does not appear to be captured in our
24 database.

25 **MS. BEHLING (by Telephone):** Excuse me,

1 John. The reason that we didn't capture
2 everything in the database yet is because I
3 had to turn the database over to Don Loomis
4 while he was working on this. And so I
5 couldn't update a lot of the information from
6 the PROC-0092 discussion and from our last
7 meeting. So unfortunately, you may not be,
8 you're obviously not looking at the most
9 updated information. What we were focusing on
10 is just making the modifications that the work
11 group had requested, and I wasn't able to get
12 all of the new data into the database yet.

13 **DR. MAURO:** Okay, thanks, Kathy. I didn't,
14 it sounds like that we're heading in that
15 direction.

16 **MS. BEHLING (by Telephone):** We certainly
17 are, and, in fact, I think we have a method.
18 We've been collating a lot of this data even
19 into an ACCESS database, and Don assures me
20 that we should be able to potentially automate
21 the process right from ACCESS or from Excel --
22 I'm sorry. We've been collecting this data in
23 Excel.

24 So I have had people working on trying
25 to put together the additional data that have

1 to go in there. And he indicated if we do it
2 into an Excel database, we should be able to
3 fairly quickly convert it into the ACCESS
4 database. But because it was Friday when we
5 were still testing the database and making
6 changes, I wasn't able to do that yet, and I
7 apologize.

8 **DR. MAURO:** That's fine. Thanks, Kathy.

9 **MS. MUNN:** So essentially, you can do
10 nothing more until the actual changes --

11 **DR. MAURO:** And in our database we will
12 reflect that.

13 **MS. MUNN:** Right. We'll see in February
14 where we are with that.

15 **NIOSH, PROC-0090 MATRIX ITEMS**

16 And item ten, NIOSH is to write the
17 summary for each box of PROC-0090 matrix items
18 by the March meeting. Still in process, on
19 track.

20 **MR. HINNEFELD:** Yeah, that we can do. I
21 mean there was no point in, we couldn't
22 rewrite them until we had the database. When
23 we have the database...

24 **MS. MUNN:** Very good.

25 **NIOSH AND SC&A, INCORPORATE CONTEXT OF**

OTIB 0023 INTO IG-01

1 And the last item that I have is item 11.
2 NIOSH and SC&A working together to determine
3 whether further wording is needed and
4 incorporate -- excuse me -- whether further
5 wording is needed and incorporate the context
6 of OTIB-0023 into IG-01. I believe that Stu
7 has provided us with all that. Does everyone
8 have copies of what's been provided?

9 (no response)

10 **MS. MUNN:** Stu, do you have anything to say
11 about that?

12 **MR. HINNEFELD:** I provided it in two pieces.
13 The first piece I submitted was the page
14 change for IG-01, and the second piece I
15 provided very recently was the mark-up of
16 OTIB-0023. Now I believe that those two, the
17 modification to IG-01 and the modification to
18 OTIB-0023, comply with the discussions, the
19 offline discussions, I had with Hans and Kathy
20 about rephrasing or rewriting these documents
21 to remove some of the inconsistencies in the
22 reading of the two of them and to reflect
23 what's truly what OTIB-0023 was intended to
24 direct people to do.

25 So the action that I had was to

1 provide the mark ups, actually, IG-01 is
2 already revised and published. That was a
3 pretty simple change. That was one single
4 page. OTIB-0023 is not yet revised and
5 published, but there's a mark up and it's even
6 in track changes to show the revisions that
7 were made.

8 And so barring something else, we
9 intend to proceed with the publication of
10 essentially that marked up version. Now it
11 still needs to go through our technical review
12 so there may be some word-smithing that's
13 done, but since I'll be involved in the
14 technical review, I'll make sure they're
15 smithed to the way we read in that
16 calculation.

17 **DR. MAURO:** Now you had sent out, I saw in
18 your correspondence, is the ball in our court
19 to look at that or is there still more --

20 **MR. HINNEFELD:** I guess unless you, if you
21 look at it and say, hey, this isn't what we
22 agreed to. This isn't what we thought you
23 were going to say, if you could let me know
24 that, then we can go back through. I know you
25 weren't the one --

1 **DR. MAURO:** I saw it come out on my desk,
2 but I did not --

3 **MR. HINNEFELD:** Yeah, when I'm looking at
4 you, I'm talking SC&A.

5 **MS. BEHLING (by Telephone):** Excuse me, this
6 is Kathy again. I did look at that, both Hans
7 and I did review the track changes report that
8 Stu sent, and we believe that it does reflect
9 the conversation that we had, the technical
10 conference call that we had. And we're in
11 agreement with everything that Stu has done on
12 this issue.

13 **DR. MAURO:** It's always important to
14 recapture that in the database, and is this in
15 abeyance or is this closed?

16 **MS. MUNN:** This is closed.

17 **DR. MAURO:** This is closed, all right.

18 **MS. MUNN:** Because the only thing that is
19 still outstanding is just the routine process
20 at NIOSH. Items that we were concerned about
21 have been addressed, and it's just in process
22 in terms of administrative, no technical
23 action.

24 **MS. BEHLING (by Telephone):** Yes, this
25 should be closed.

1 **DR. WADE:** What a world.

2 **MS. MUNN:** Yes, what a world. And for those
3 of you who are on east coast time and for whom
4 it is now 6:15, you will be pleased to know
5 that I have no other items on my list.

6 **DR. WADE:** What about getting together
7 again? We need to.

8 **FUTURE PLANS**

9 **MS. MUNN:** When we get together again is our
10 next issue. We have agreed that we would try
11 to have an interim, at least, phone
12 conversation before the Amarillo meeting to
13 see what we were going to need to do for
14 Amarillo. And my calendar says the 20th.
15 That's not a full Board meeting, is it?

16 **MR. HINNEFELD:** If you're talking about the
17 calendar for the next Advisory Board meeting
18 is the first week in April.

19 **MS. MUNN:** Yes.

20 **MR. HINNEFELD:** The seventh through the
21 ninth.

22 **MS. MUNN:** Yes, I know. And we had
23 discussed the possibility of having a face-to-
24 face meeting in March for this working group.

25 **MR. HINNEFELD:** You're right. The Board has

1 a teleconference on February 20th.

2 **MS. MUNN:** And we were expected to have a
3 face-to-face meeting in Cincinnati of this
4 group on the 13th of March originally. Is that
5 still a viable date for all of us?

6 No? Where you going to be, Mr.
7 Presley?

8 (inaudible response)

9 **MS. MUNN:** Oh, dear, that's not a good one.

10 **MR. PRESLEY:** After the fourth of March, you
11 can count me out. I'll be on the telephone.

12 **MS. MUNN:** Okay.

13 **DR. WADE:** A face-to-face March 13th in
14 Cincinnati airport is our --

15 **MS. MUNN:** Yes, uh-huh, at which time we
16 anticipate having all kinds of progress on the
17 new database and with any luck at all have it
18 in condition so that we may be able to have it
19 on the full Board agenda in Amarillo. Is that
20 reasonable, Kathy?

21 **MS. BEHLING (by Telephone):** Yes, it is.

22 **MS. MUNN:** And then we were discussing the
23 further out actions for NIOSH with respect to
24 some of the rethinking on the 95th percentile
25 question. Since the next Board meeting that I

1 have scheduled shows in June, that bill is
2 going to fit okay? Jim, are you still here?

3 **DR. NETON:** Yes, I am.

4 **MS. MUNN:** Does that sound reasonable?

5 **DR. NETON:** (Inaudible)

6 **MS. MUNN:** We were talking the next full
7 Board meeting is in June so by that time
8 you'll have an opportunity to rethink that.
9 Report to us before that time hopefully.

10 Any other outstanding issues?

11 Anything new?

12 **MR. HINNEFELD:** For agenda items for next
13 time, there are some procedures that NIOSH did
14 not provide initial responses on promptly.
15 And when we started working through the
16 matrix, there were no initial responses to
17 discuss. Some of those have since been filled
18 in. I think of OTIB-0010 in particular
19 because it's first on the matrix.

20 And I think there may be some others
21 where at first blush we did not have -- I can
22 come up with a list here. We don't have to
23 keep the whole group here. But I think it
24 might be worthwhile to send out notice and to
25 prepare for those discussions at a future

1 meeting, and to see do these initial responses
2 fit the bill or what needs to be fleshed out
3 on these initial responses.

4 **DR. MAURO:** On the database for each of the
5 pages for every comment, now we were talking
6 about all ones where there was no initial,
7 like we have our findings in the database.
8 Right below that is NIOSH's initial response.
9 Some places there aren't any. You have to go
10 back. But there's a whole bunch now in your
11 third set of procedures ^ couple months ago.
12 So I guess we're going to start to populate
13 all of that. I guess that's the goal. That
14 is, many of the NIOSH responses that we loaded
15 up, because you know once they're loaded up,
16 let's say we get to that point. Well then
17 we're in the homestretch of closing out.

18 **MS. BEHLING (by Telephone):** John, this is
19 Kathy. Yeah, and Stu, I apologize because I
20 had sent Stu our database. I thought it was
21 the final database on Friday morning and then
22 I found some changes that I wanted to
23 introduce. And so Stu did attempt to put some
24 new data into that database; however, we
25 changed it thereafter, and I apologize. We

1 will take care of updating that, and, in fact,
2 we will take care of updating all of the NIOSH
3 responses that were provided at the last
4 meeting and that you introduced into the old
5 style matrix. In fact, Don is in the process
6 of doing that.

7 The only thing that I do need from
8 you, Stu, if you saw the e-mail that I sent
9 out along with the database to the work group
10 members, when you send me this file, Outlook
11 will block any ACCESS database files, anything
12 that ends with the md db. That's why we have
13 to zip these things into a file and send them
14 via e-mail because the information that you
15 sent me I did not, I was not able to open
16 anything because of restrictions in Outlook.
17 So if you could just zip that information to
18 me and resend it, we'll take care of updating
19 the database.

20 **MR. HINNEFELD:** Okay, thank you.

21 **MS. MUNN:** Are you going to be able easily,
22 Kathy, to identify -- I can do it manually. I
23 clearly have the printout of the last whole,
24 old typed matrix that we have. But are we
25 going to easily be able to identify those for

1 which we do not yet have any response from
2 NIOSH?

3 **MS. BEHLING (by Telephone):** That is a good
4 question. I don't believe Don is --

5 **MS. MUNN:** Stu says he can do it manually.

6 **DR. MAURO:** Just as a question, Don, are you
7 on the line?

8 **MS. BEHLING (by Telephone):** No, he's not.
9 I asked him to just stay on for the first
10 portion here. I, what I can do is go back to
11 our original matrix, and I can identify them
12 through that original matrix and provide you
13 with that information.

14 **DR. MAURO:** My question was, I know Don's a
15 magician with these. It sounds like one more
16 sort. And I don't know if that's a sort that
17 can be done easily. In other words please
18 list every finding that does not have a NIOSH
19 response.

20 **MS. BEHLING (by Telephone):** I'm sure he can
21 do that, no doubt in my mind, and I can have
22 him do that once we've loaded the database
23 also. That would probably be the quickest
24 method.

25 **MS. MUNN:** Well, I'm wondering whether

1 that's the correct sort or whether the correct
2 sort is, are responses outstanding. Because
3 when we get in a situation where NIOSH
4 responds, we expect SC&A to review their
5 response and get back to us, I guess what I'm
6 trying to say is the response we're looking
7 for is not always a NIOSH response. Sometimes
8 it's an SC&A response.

9 **DR. MAURO:** We're layering. I'm looking at
10 it from a singular, in other words when we put
11 out, let's talk about our third set of
12 procedures. They're not even on the table
13 yet. What happened is we could populate this
14 database which will have all the information
15 and all there'll be in the first row will be
16 SC&A's findings. And right below that where
17 eventually there will be a NIOSH response,
18 there'll be a blank. Appropriately so, you
19 haven't gotten it yet.

20 So see that's like a pre-work group
21 meeting. That's when you populate the
22 database before you even have your first work
23 group meeting on that, you know, pertaining to
24 that. In reality until the NIOSH initial
25 response to our initial finding finds its way

1 into the database, we really haven't triggered
2 the dialogue yet.

3 And so I guess my understanding of the
4 conversation was that you may find it
5 desirable to know are there issues that may
6 have been raised a year ago that NIOSH really
7 hasn't had a chance to present its initial
8 response. And if you wanted to, we could sort
9 on that, and it'll make it a little easier for
10 you.

11 **MR. HINNEFELD:** That would be very helpful
12 for us.

13 **MS. BEHLING (by Telephone):** I'm sorry, I'm
14 being a little bit slow here. I just realized
15 we already have that sort capability because,
16 we have that sort capability because we can go
17 in. We have separated open items, which are
18 items that are in the database where we've
19 submitted our report to the Board but we have
20 not had any discussion on those items yet --

21 **DR. MAURO:** Well, that's it. So it's there.

22 **MS. BEHLING (by Telephone):** Yeah, because
23 the discussions that we have, that status is
24 in progress. So I think we can easily sort on
25 that.

1 **MR. HINNEFELD:** Now, Kathy, I want to make
2 sure I'm clear. The last database you sent
3 which was, was that Saturday?

4 **MS. BEHLING (by Telephone):** No, I sent it
5 out late in the day Friday, and the only
6 change that we made to that in the filtering
7 screen, you'll know you have the correct
8 version when the filtering screen, the second
9 item where all of the status items, where you
10 have a check box for the status items, that
11 was added. That was not in there in the
12 previous version, and I asked for that, and
13 that's what was added. So if you're looking
14 at an ACCESS database that has those boxes
15 under the status filtering, then you have the
16 most recent version.

17 **MR. HINNEFELD:** So then I can do that. I
18 can sort. I can do that filter on that
19 database for items that are open.

20 **MS. BEHLING (by Telephone):** Yes, but I'm
21 reluctant to say yes because, as I said, not
22 all of the data has been entered, and so you
23 can see based on the information that exists
24 out there and even some of the data that has
25 been entered, I went back and had Don take

1 some of our initial matrices that from the
2 first set, let's say, and items such as the
3 implementation guides. And he automatically
4 entered that data into the database.

5 I have not had the opportunity to go
6 in and add things such as rating or additional
7 information because some of the findings have
8 been resolved and through the third set now
9 there were left findings. And so I haven't
10 been able to go back and fine tune everything
11 that's been put in so far. So I would be --
12 you can do that sort. It may give you more
13 open items than actually exist.

14 **MS. MUNN:** So someone tell me what the exact
15 action item is.

16 **MS. BEHLING (by Telephone):** I would suggest
17 this. We can, as soon as we are able to load
18 most of the data -- and like I said, some of
19 it is just sitting in the wings waiting to be
20 transferred over -- I can do the sort or I can
21 make Stu aware that, okay, now if you want to
22 go out and sort on the open items, this is a
23 good time to do it if that seems appropriate
24 to everyone.

25 **DR. ZIEMER:** Well, isn't the action for us,

1 the working group, we're going to need to go
2 back to look at the NIOSH responses.

3 **MR. HINNEFELD:** Well, the first item is
4 we've got to put them in.

5 **DR. ZIEMER:** Well, yeah, but that's a bit of
6 an administrative thing. I think for the work
7 group we need to go back and say we haven't
8 looked at these. It's really the first round
9 on a number of those.

10 **DR. MAURO:** Exactly.

11 **MS. MUNN:** So I'm trying to get a feel for
12 our time here, and I'm getting the feeling
13 from Stu that a number of these items actually
14 are resolved or responded to in one way or
15 another. They're just no longer, they're not
16 on the --

17 **MR. HINNEFELD:** They're not in the ACCESS
18 database.

19 **MS. MUNN:** Right. You know what goes in
20 there, but they're not there yet. And so the
21 first item is you're going to populate the old
22 matrix.

23 **MR. HINNEFELD:** No, that was --

24 **MS. MUNN:** The open items from the old
25 matrix.

1 **MR. HINNEFELD:** From the last matrix I sent
2 was December 17th. I will work from that once
3 the database is ready for me to work with.
4 I'll work from the matrix I sent on December
5 17th, and place all the initial responses that
6 are on that December 17th matrix but are not
7 yet in the ACCESS database, I will then put
8 those in the database. And I will identify at
9 that time which findings those are. So those
10 are presumably the open ones that now we would
11 click into in progress, and I will let you
12 know. These are ones that the work group has
13 had no discussion about, and they now have a
14 NIOSH initial response.

15 **MS. MUNN:** So the work group will be getting
16 a set of new responses from NIOSH.

17 **MR. HINNEFELD:** Yes.

18 **DR. ZIEMER:** Before our next full meeting.

19 **MS. MUNN:** Before our next full meeting.

20 **MR. HINNEFELD:** Our next full meeting is in
21 March?

22 **MS. MUNN:** March.

23 **MR. HINNEFELD:** That should be doable. I'm
24 presuming that the database, I'll get the, the
25 database will be ready for me to work on

1 relatively quickly because it's a cut and
2 paste because they're written on the matrix
3 now, and so it's strictly a cut and paste.

4 **DR. MAURO:** Will you be trying to add even
5 more? In other words --

6 **MR. HINNEFELD:** Yeah, I may, yeah, there's
7 at least one that I don't have yet. At least
8 one I've not even written them on the matrix
9 yet. And it's possible I'll have those as
10 well.

11 **DR. MAURO:** And then once all that's
12 populated into the new matrix, just to point
13 out, I just went on the blue screen that says,
14 you know, the filter on screen? Do you have
15 it? And there's those check marks, open, in
16 progress? If you just leave the check mark
17 open, leave that check mark in, and take out
18 all the other check marks, all that will come
19 up is every issue that has a finding and that
20 has no response.

21 **MS. MUNN:** So we can anticipate for the
22 March meeting to have a significant number of
23 new items that we will need to review at that
24 meeting and make sure that we either can come
25 to a conclusion then or make a decision as to

1 what the status of that's going to be. That's
2 good. We'll look forward to new items in
3 March.

4 **DR. MAURO:** When we get into this process,
5 will we begin everything that's in progress?
6 Start from the top? Because previously we
7 sort of jumped around a bit based on score. I
8 have to say that tripped me up a little bit
9 when we were jumping to 19 and then, but if
10 we, let's say, once we have this machine in
11 place where we just start with everything
12 that's either open or in abeyance and we just
13 start marching down the top of the list.

14 **MS. MUNN:** That is my hope, and it's one of
15 the reasons why I wanted it in alphabetical,
16 numeric order so that we could just click from
17 one to the next. And also at this juncture I
18 think we're in the position of having looked
19 at most of the procedures that were really and
20 truly giving us great grief and have resolved
21 --

22 **DR. MAURO:** The ones and the twos.

23 **MS. MUNN:** Yes, the ones and twos we've
24 really done a decent job with. And now we
25 need to see whether there are any demons

1 hiding in the details.

2 **DR. MAURO:** There is a third set that we
3 haven't looked at, and there are probably some
4 ones and twos in there. I don't know.

5 **MS. MUNN:** I suspect so. But we'll
6 hopefully be able to address that in March.

7 **DR. WADE:** So a March meeting is, do you
8 want a call before the March meeting or not
9 necessary?

10 **MS. MUNN:** We may need to call before the
11 March meeting just to make sure that everyone
12 has the material that they need in order to
13 get to that meeting.

14 **DR. WADE:** What's your pleasure?

15 **MS. MUNN:** Well, we're going to have a full
16 Board call on the 20th of February. And the
17 only reason we would have a call I would think
18 is to make sure that both SC&A and NIOSH are
19 happy with the material that's at hand and
20 that there are no really crucial outstanding
21 issues we need to look at.

22 **DR. WADE:** What's happy, what's happy really
23 though, Wanda, when you come right down to it?
24 What's happy?

25 **MS. MUNN:** I think perhaps if there are

1 major issues we may be able to identify them
2 by e-mail. If we have any problem, then we
3 can try to establish a phone date later.

4 **DR. WADE:** Okay, a call we can do at a
5 moment's notice so we'll proceed with e-mail.
6 If that works, we'll next see you, this work
7 group, in March, the Board call on the 20th.
8 Very good.

9 **MS. MUNN:** Everybody happy?

10 **DR. WADE:** Most productive.

11 **MR. PRESLEY:** Are we going to use this
12 meeting room here for the seven o'clock
13 meeting?

14 **DR. WADE:** Surely. You can just stay on if
15 you like and work through.

16 **MS. MUNN:** Is there anything from anyone on
17 the phone who has any final comments?

18 (no response)

19 **MS. MUNN:** Thank all of you for your very
20 kind attention and for your hard work, and
21 Kathy, you and Don have done a great job out
22 there. We really appreciate it, and now we'll
23 look forward to talking with you later.

24 (Whereupon, the working group meeting was
25 adjourned at 3:33 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Jan. 7, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 14th day of May, 2009.

STEVEN RAY GREEN, CCR, CVR-CM
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102