

## Frequently Asked Questions (FAQs) Regarding REMS Requirements in DOE M 231.1-1A

### *Volume 2*

6. **In Table G-1, page G-5, data element #35, there seem to be 3 spaces used for a 2 character field. How should we report it?**

There is an inconsistency in the Manual 231.1-1A approved 3-19-04. Item 35 shows a field size of 2, but leaves 3 spaces for the field in the column range. The field size is correct and the column range should be 237-238. Each of the column range values after that point is off by one. DOE has initiated a revision for this error and it will be corrected in the next revision of the Manual.

For the reporting year 2005, the DOE REMS system will be able to accommodate either manner of reporting. The submittal file can have a 2 or 3 column width for this data element.

Please note that the REMSView validation software expects the data element to be 2-character, so it will generate an error on a 3-character column width, but the submittal will still be acceptable.

7. **There's a "Facility Code" listed, field-size 15, for Data Element # 3, Table G-1, specified in DOE M 231.1-1A (03-19-04), What is the code for the Mound Closure Project in Miamisburg, OH? Or is this some arbitrary, site-selected location identifier? (At this closure project, the workforce is basically all over the site).**

Yes, the Facility Code is a site-assigned code of 15 characters. You can assign any unique code, but it would be good if it means something in English. "Mound Closure" would be fine. Be sure to use this same code for the same facility each year to be consistent. Abbreviations are also encouraged.

8. **It looks like there are three data files that get generated in this process? One is an exposure data file, per Table G-1. There's also separate Bioassay Summary Files (Table G-2) and Intake Summary Files (Table G-3) listed. Are there certain file names that should be used for the three files?**

Yes, there are 3 data files. You may name them anything you like. All submittals are renamed according to their assigned batch sequence when they are received and processed, so the file names you choose can be anything. However, a good idea would be to include the year and some indication of the file. EXPOSURE\_2005.TXT, INTAKE\_2005.TXT, and BOIASSAY\_2005.TXT would be fine.

9. **For an individual with no fetal exposure, would this field be left as a "padded spaces" blank? Inquiry is on Data Element #50, "Dose Equivalent to the Embryo/Fetus", Table G-1.**

Yes. If there is no fetal dose, leave the field blank, padded with 7 spaces. Do not terminate the record after TEDE just because you don't have fetal dose. The record must include every field up to and including the comment field. The comment field may be just one character long, but it also must be included. Any blank fields must be padded with spaces.

10. **I have a couple of questions on M 231.1-1A regarding the use of measured value (MV) versus non-detectable (ND).**

- a. **Should all TLD results be considered MV regardless of whether they are below a reporting threshold (i.e., < 10 mrem reported as zero (0))**

They should be recorded as MV regardless of reporting threshold, but if it is below the detection limit of the dosimetry, it should be ND.

- b. **Should all bioassay results (in vitro and in vivo) that are below their decision levels be considered ND or MV? Should bioassay results that are above the analytical Lc but below the derived investigation level be considered MV even though no action was required in response to those values?**

This question seems to be similar to the previous one. The only bioassay results that are reported are in the bioassay summary file, and this is just a count of the number of measurements taken, so there is no ND or MV recorded.

If you are referring to the CEDE value, it would be the same answer as the previous question. Use MV for any measured value regardless of decision level. If the results are below the detection level, report ND.

So, in summary, the use of ND is not based on reporting threshold or decision level, it is based on the detection limit of the monitoring system.

11. **I have some questions regarding the information requested on Table G-2, Bioassay Summary File, Item # 10 (Other). The field asks for the "Number of other measurements performed in order to determine internal dose for an individual during the year (e.g., air sampling or other method)." I assume this means the total number of other measurements performed to determine internal doses for all individuals monitored during the year.**

**Can you give me further explanation of the type of data you are looking for to fill this field? Some specific questions I have regarding this field are:**

- a. **Would this be the total number of DAC-hour measurements made that were used to assign internal doses (in mrem) to all workers assigned these doses?**

Yes.

- b. **Does the total number include DAC-hours recorded but not used to assign an internal dose in mrem (i.e., DAC-hours less than a monitoring threshold that were recorded and placed in a person's file, but no dose was assigned).**

Yes. DOE is interested in total measurements taken for individuals. In the case you describe, the measurement was taken, but there was no resultant dose. That should be reported with the counts in item #10.

- c. **Does it include air sample measurements made (lapel or workplace) that were used to document exposure conditions in the workplace but not assigned to a specific worker as DAC-hours?**

No. DOE is only interested in numbers of measurements taken for the purposes of determining dose to individuals. Workplace or area measurements that are not assigned to an individual should not be included.

12. The new reporting rules require a coded specification of the method used to report the individual's dose data: measured (MV), calculated (CV), and other codes in Table G-8. Often the methods in a given year for a given individual are mixed. An estimate is triggered when a quarterly-issued dosimeter is lost or not returned, dose may be calculated when an individual is contaminated or exposed to a narrow beam, etc.

Please clarify how we are to report external dose data for an individual when a calculated dose exists that covers only part of the monitoring year. Does the new Manual require separate entries for each monitoring method for the same individual?

For example, if a personnel contamination occurs in the third quarter, but the individual has measured doses from the TLD in that and other quarters, is the individual's dose for the year reported as:

START	END	DDE	DMC	DDE_NEU	NMC	LDE	LMC	SDE_WB	SMC	
20050101	20051231	50	MV	20	MV	80	MV	100	MV	(sum of TLD)
20050701	20050930		NM		NM		NM	1000	CV	(contamination)

Similar questions arise when a dosimeter for one monitoring period is not returned and an estimate is performed. Should we report one line with the sum of the measured values and a second with the sum of the estimated data? If only one line is reported, which code takes precedence?

In the example of the personnel contamination in this question, the SDE\_WB reported at the end of the year should be 1100 mrem and "CV" for the SDE\_WB measurement code. Only one record for this individual should be reported for the year. Since part of the dose is a calculated value, the entire dose for the year should be considered a calculated value even though it is comprised of both measured and calculated values. The measurement code of "CV" allows reviewers and researchers (now or in the future) to know that all or part of the dose value was calculated from indirect measurements.

START	END	DDE	DMC	DDE_NEU	NMC	LDE	LMC	SDE_WB	SMC
20050101	20051231	50	MV	20	MV	80	MV	1100	CV

It should be noted that this would also be the case if part of a dose value was a preliminary value (PV). If any part of the reported dose value is a preliminary value that is expected to be updated in a later submittal, the measurement code for the dose value for the year should be reported as "PV".

If part of the annual dose record is calculated (CV) and part of it is a preliminary value (PV), the preliminary value code (PV) takes precedence and should be used. In this case, when the updated record is submitted at a later time, revert to the calculated value code (CV) if part of the record was calculated.