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**ADVISORY COUNCIL ON
RADIATION PROTECTION**



Florida Department of Health
Bureau of Radiation Control

Hampton Inn & Suites
Tampa Airport Avion Park Westshore
Tampa, Florida 33607

Thursday, September 12, 2024

10 a.m. - 3:02 p.m.

Reported by
Rita G. Meyer, RDR, CRR, CRC
Realtime Reporter and Notary Public
State of Florida at Large



1 ADVISORY COUNCIL MEMBERS PRESENT:

2 Mark S. Seddon, M.P., DABR, DABMP (Vice-Chairman)

Chantal Corbett, AS, CNMT, RT (N), RSO

3 Adam Weaver, MS, CHP

Joseph Danek, CHP

4 Jennifer L. Peterson, M.D.

Rebecca Coffey McFadden, RT (R)

5 William W. Atherton, DC, DACBR, CCSP

Kathleen Drotar, Ph.D., M.Ed., RT. (R) (N) (T)

6 Albert Tineo, MS, CNMT

Luis A. Rodriguez Anaya, DPM

7

8 FLORIDA DEPARTMENT OF HEALTH STAFF

BUREAU OF RADIATION CONTROL:

9

Clark Eldredge, Bureau Chief

10 James Futch, Environmental Administrator

Kevin Kunder, CNMT, RT(N), Environmental Administrator

11 Lisa Gavathas, Interim Administrator, Environmental

Specialist

12 Brenda Andrews, Operations & Management Consultant

Manager

13 Tanya Forks, Business Consultant

14 GUEST SPEAKER:

15 Zac Mersal, Koved Technical, LLC

16 Members of the Public:

17 Dawn Shepard (Prospective Council Member)

Kristi Patel

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1 MARK SEDDON: I guess we'll go ahead and get
2 started.

3 So welcome to the September 12th Bureau of
4 Council of Radiation Protection. We have a quorum.
5 And I'm not sure, anything, Brenda, you would like
6 to start us with administratively?

7 BRENDA ANDREWS: I mentioned to you about the
8 minutes before they approve those. In your packets,
9 there were a few changes that were made to the
10 original minutes and I put them in a chart so you
11 all will be able to see what those changes were
12 before you decide you want to vote to approve them.
13 All these changes, except the one that was
14 highlighted in yellow, which I could not find, were
15 made to the minutes.

16 JAMES FUTCH: So that's the fourth physical
17 page.

18 BRENDA ANDREWS: Mm-hmm. The chart that looks
19 like this (indicating) and it's two sided.

20 MARK SEDDON: All right. Do we have any, any
21 additional comments concerning the minutes? No?
22 Can I have a motion to approve the minutes?

23 ALBERTO TINEO: So move.

24 MARK SEDDON: Second.

25 KATHLEEN DROTAR: Second.

1 MARK SEDDON: All in favor?

2 ALL: Aye.

3 MARK SEDDON: Any nays?

4 (No Response)

5 MARK SEDDON: All right. The minutes are
6 approved with the corrections. All right. So do we
7 need to worry about the lunch or anything, or have a
8 discussion on that?

9 BRENDA ANDREWS: Yes, we do. We have chosen a
10 restaurant that's very close by. In walking
11 distance for some people; driving distance for
12 others. It's the -- what's it called? Cafe' Luna.
13 I don't know if any of you know about it. Anyway,
14 we have a menu inside the packet. And our
15 instructions are if -- after -- you'll see the
16 little, right in the middle where the lunch thing
17 is, it's a menu in there, a full menu.

18 If you all want to take the time, I have to get
19 your choices back to them by 11. So in between
20 introductions and everything, if you all will look
21 at the menu and decide what you want, write your
22 name beside what you want. And I'll pick that up
23 before -- about a quarter until 11 because it takes
24 about ten minutes to get over there.

25 JAMES FUTCH: It's two physical pages to pull

1 out; put your name on.

2 MARK SEDDON: All right. Any questions
3 concerning the lunch? So you want us to actually
4 rip the pages out of the packet?

5 BRENDA ANDREWS: Yes. If you'll rip it out and
6 put your name on what you've chosen. They all know
7 it's individual payments when we get there, so
8 they'll have us set up to come in and pay
9 individually.

10 MARK SEDDON: Okay. Very good.

11 BRENDA ANDREWS: Just give me your orders and
12 we'll get them over there.

13 MARK SEDDON: Okay.

14 BRENDA ANDREWS: Anybody have any questions on
15 that part?

16 MARK SEDDON: All right.

17 JAMES FUTCH: They're just happy it's not the
18 Hilton Garden Inn.

19 BRENDA ANDREWS: Yeah, I heard. I can't leave
20 y'all by yourselves for one minute.

21 MARK SEDDON: All right. So if everyone's
22 settled on the lunch, we'll introduce Clark to go
23 ahead.

24 CLARK ELDREDGE: No, do you want to go around
25 with introductions?

1 MARK SEDDON: Sorry. Introductions, I'm sorry.
2 We have a guest.

3 CLARK ELDREDGE: Let's go around the room
4 first.

5 MARK SEDDON: Yeah, we'll go around the room.
6 Rebecca, would you like to start introductions?

7 REBECCA McFADDEN: Hi, my name is Rebecca
8 McFadden. I'm from Ocala and I'm the radiologic
9 technologist on this panel.

10 JOSEPH DANEK: Joe Danek, retired. I worked for
11 Florida Power and NextEra Energy, primarily in the
12 nuclear power program. Certified health physicist.

13 LISA GAVATHAS: I'm Lisa Gavathas. I am an
14 environmental health program consultant for BRC.
15 And I'm the interim administrator for the radiation
16 machine program.

17 KEVIN KUNDER: I'm Kevin Kunder. I'm the
18 administrator for the radioactive materials section.

19 ZAC MERSAL: I'm Zac Mersal. I work for Koved
20 Technical and I'm here to talk to you guys about XRF
21 analyzers, which you can see there.

22 CLARK ELDREDGE: Clark Eldredge, Bureau Chief,
23 Bureau of Radiation Control.

24 MARK SEDDON: Mark Seddon, certified medical
25 physicist, RSO at Advent Health.

1 JAMES FUTCH: James Futch -- I had to think
2 about it for a second. I just came back from a
3 meeting yesterday. Technology standards, CE,
4 jack-of-all-trades council leader. Nonionizing guy.

5 BRENDA ANDREWS: I'm Brenda Andrews. I'm the
6 operations and management consultant for the Bureau.
7 And I kind of wanted to introduce Tanya, because
8 she's our newbie. And Tanya's the liaison that's
9 going to be taking my place and coming into the
10 spotlight as I fade out. She is our business
11 consultant. And she's been with us now for what? A
12 year and a half, maybe.

13 TANYA FORKS: Mm-hmm.

14 BRENDA ANDREWS: And she's a very dedicated and
15 very bright person and I hope that you all get to
16 know her better. And I know that she does your
17 travel and you've seen her name. So she will be
18 doing a whole lot more than the travel, so we
19 welcome Tanya Forks.

20 TANYA FORKS: Hi. Yes. I'm your, your paper
21 nerd.

22 (Laughter)

23 TANYA FORKS: And I'm sure you're like, oh,
24 God.

25 BRENDA ANDREWS: Her again.

1 TANYA FORKS: It's her again. Who is she? But
2 the travel, I'll try to get it right. So hopefully
3 after a while, you'll only see my name coming
4 through to you once. And that mean I've mastered it
5 when that happens. Nice to meet you all.

6 JOSEPH DANEK: Yep, same here.

7 KATHLEEN DROTAR: Hi, I'm Kathleen Drotar. I'm
8 the program director for the radiology program at
9 Keiser University in Sarasota and the radiation
10 therapist board member.

11 JENNIFER PETERSON: I'm Jennifer Peterson. I
12 am a radiation oncologist at Mayo Clinic.

13 ALBERTO TINEO: I'm Alberto Tineo. I'm the
14 hospital representative at Halifax Health in Daytona
15 Beach.

16 LUIS RODRIGUEZ: Luis Rodriguez, certified
17 podiatrist.

18 ADAM WEAVER: Adam Weaver. Worked for the
19 University of South Florida in Tampa, St. Pete. And
20 I'm the certified health physicist on the panel.

21 CHANTEL CORBETT: Chantel Corbett. Fusion
22 Physics. I'm a nuclear medicine technologist
23 representative.

24 DAWN SHEPARD: Hi, I'm Dawn Shepard. I'm a lay
25 person. I'm -- in my working world, I work at

1 Florida Gulf Coast. I am a psychiatric nurse
2 practitioner, so if anybody needs help.

3 (Laughter)

4 BRENDA ANDREWS: We'll be lined up.

5 REBECCA McFADDEN: What's your number?

6 JAMES FUTCH: And Dawn is someone who has
7 applied for the one of the lay people positions
8 that's vacant and we have packaged all that up and
9 conveyed it up for consideration and unfortunately,
10 didn't get an answer quite yet. So she's attending
11 as a member of the public today. Hopefully in the
12 future, it will be as a filled position.

13 BRENDA ANDREWS: Yes.

14 MARK SEDDON: Great. Well, thank you and
15 welcome, Dawn.

16 All right. Any other administrative business
17 we need to address?

18 BRENDA ANDREWS: I think that's it for now.
19 Thank you.

20 MARK SEDDON: All right. Thank you, folks.
21 Thank you, Brenda.

22 All right. So we'll hand things over to Clark
23 for the Bureau update.

24 CLARK ELDREDGE: Okay. In the Bureau of
25 Radiation Control, we currently have fifteen open

1 positions, so it's basically fifteen percent of our
2 staff. Five in the inspections group. Four are
3 field inspector positions. One is in the, the
4 support staff in the inspection group.

5 The environmental out of Orlando has got six
6 openings. One in the chemistry section, one in the
7 surveillance, three in the calibration lab and one
8 in the emergency response group.

9 And each of the sections around here at the
10 table has one person missing, so -- I'll give you
11 more on that when we get to that.

12 Overall health of the program, budget issues,
13 our funding for contracting OPS has not, of course,
14 been able to keep up with inflation. Fortunately,
15 we actually have a budget request that's moving
16 through to shore up the contract funding. But OPS
17 will have to wait and see what we can do on that in
18 the future.

19 We did receive a twenty-five percent budget cut
20 in expense from last year. We do not know yet how
21 that's going to impact operations. So expense cash,
22 the State pays for gas, hotels, pens, pencils;
23 things like that. We did have a fair surplus from
24 it that was let -- that was carried over for many
25 years, due to when we had the area offices and had

1 to maintain all the extra facilities with the rent
2 and overhead for those, but we're not sure what
3 that's going to do to us at this point.

4 Activities: Of course, in between the two
5 meetings, we had the State fiscal year end and we
6 get to put all sorts of numbers together for that.
7 So we, over the year, the response group responded
8 to 155 radiation accidents, events. Currently, we
9 have about 20,250 x-ray facilities registered. We
10 had 1740 radioactive materials users licensed, 2123
11 licensing actions; 869 inspections for materials.

12 The Orlando lab collected over 3,000
13 environmental samples analyzing for -- these are
14 from the surveillance group that tests around the
15 nuclear power plant. 1512 mining acres were
16 surveyed -- pre-mining acres; 540 post-mining
17 surveyed. This is part of the program that actually
18 goes out and checks the pre and post-mining levels
19 for radiation levels because it stirs up Radium and
20 other things when they put it back. And that's one
21 of the big causes of radon in homes in certain parts
22 of the state.

23 JOSEPH DANEK: Is that mining for phosphates
24 and fertilizer?

25 CLARK ELDREDGE: Yeah, it's for phosphates

1 primarily. Although the -- we probably -- I don't
2 know if we're doing the sands, either. I have to
3 ask John about that. I think only phosphates are
4 covered. But the -- come on. Rare earth's mining
5 sands that we do in Florida also has the same,
6 similar issues.

7 Those of you who remember the presentation on
8 the golf course, come on -- up in -- the Players
9 Champions when they played that up near Jacksonville
10 where there was a lot up there that had two MR per
11 hour and it was because it was in a neighborhood
12 that had been developed that it was from doing rare
13 earth mining. They're dredging, process sands, then
14 dump them in a pile. It was one, that one lot. Had
15 a lot of radiation on it.

16 JOSEPH DANEK: How long ago was that?

17 CLARK ELDREDGE: Huh?

18 JOSEPH DANEK: How long ago was that, roughly?

19 CLARK ELDREDGE: Roughly, I think it's about
20 ten years.

21 JOSEPH DANEK: Ten years? Okay.

22 CLARK ELDREDGE: Yeah, so a few.

23 JOSEPH DANEK: Yeah.

24 (William Atherton Enters the Meeting)

25 CLARK ELDREDGE: We did about 950 first

1 responders on -- trained them on radiological
2 detection and assessment. This is with
3 firefighters, police officers and CSTs to help them
4 to do radiation security, and so I think this
5 number's out of date. The standard training rate is
6 fifty bucks an hour. That seems a little low.
7 That's a number we've been using for way too long.
8 So that's 375,000, approximately, in training
9 expenses they don't have to pay for when we do it
10 for them.

11 Twenty-nine Bureau staff were involved in 17
12 preventive radiologic nuclear detection activities.
13 Six of them were large-scale events, like the
14 Daytona 500, although we didn't do that one this
15 year. But the Coke 400, the Tortuga Music Festival,
16 the International Boat Show; things like that where
17 we work with law enforcement to detect illicit
18 radiation sources to avoid from being smuggled into
19 those events.

20 And then others were, the balance were
21 enforcement responder exercises where we run
22 scenarios with the same staff, CSTs and we go out
23 there and support them and do sources for them to
24 play hunt and find and provide them technical
25 expertise on their work.

1 We had our Bureau-wide meet and training in
2 Jacksonville last May right before the CRCPD Council
3 of Radiation Control Program Directors meeting in
4 Jacksonville. That worked out real well. We had
5 the entire technical staff there.

6 Legal notes. I get this is point. Do you have
7 the e-mail or I guess -- we'll put something up
8 there on the screen.

9 JAMES FUTCH: Which one do you want to show?
10 Do you want to try it?

11 CLARK ELDREDGE: Yeah. No, I won't -- USB-C.
12 Actually, I could unplug my -- and do that. I only
13 have one port and that my power port.

14 We received a petition for rule making in July.
15 And then we -- yeah, the State has a choice of -- we
16 have a choice of adopting the rule that's submitted
17 to us.

18 JAMES FUTCH: There you go.

19 CLARK ELDREDGE: We have a choice of adopting
20 the rule as submitted of scheduling, of opening the
21 rule for rule making or writing a denial. And so,
22 our lawyers said the best thing to do is to actually
23 open for rule making, so we opened it up. We
24 published the notice in July. And the first of
25 August, they requested a workshop. We had the

1 workshop at the end of August. At the workshop, we
2 took hearing from the public. We have no developed
3 language at this time.

4 But basically, what the -- for those, we have a
5 impractical standard in the rule so that portable or
6 mobile equipment shall be used only for examinations
7 where it's impractical to transfer a patient to a
8 stationary radiographic installation. This is part
9 of provisions to reduce the dose to patients and
10 personnel. So that you're using radiation as much
11 as possible in a controlled environment.

12 They wanted to add to that, "or when directed
13 by a physician or nonphysician practitioner". We
14 had been looking at this since impractical has a lot
15 to do with the patient's physiology and their
16 ability, how safe it is to move the patient to the
17 x-ray machine, right? In hospitals, it's a very
18 well standard practice, you take the x-ray to the
19 emergency room, because the person won't necessarily
20 make it to the x-ray suite and back. You need that
21 information much more immediate.

22 Currently, there are in nursing homes and other
23 facilities like that, the physician, staff physician
24 has gone through and determined these people aren't
25 safe to be transported to a hospital or other

1 diagnostic facility. We arrange to have the doctors
2 determine that's a life safety health thing. And we
3 have requirements, radiation safety when you bring a
4 machine to a person and they -- that's routine. So
5 we're not sure what they wanted or why.

6 They presented their information, but as I say,
7 this kind of eliminates -- a nonphysician
8 practitioner, there would be a scope of practice
9 question, but for them to make any determination,
10 but that would eliminate that if this was to go
11 forward.

12 So at this point, I don't think we want any
13 comments. We're not asking for you to provide any
14 insight because I'm just dumping this on you, but I
15 would like you to think about this and either at the
16 end, we can come back to it and discuss it or we can
17 save it until next meeting as people feel like if
18 they want to think about this some more and stuff
19 like that.

20 JAMES FUTCH: Is there a definition for
21 nonphysician practitioner provided?

22 CLARK ELDREDGE: No.

23 JAMES FUTCH: Proposed? Certainly not in
24 your --

25 CLARK ELDREDGE: No, there is no definition for

1 that. Thank you. But we do have a list of -- I
2 mean there's a list of practitioners that we use in
3 the codes and statutes, but --

4 MARK SEDDON: So would this tie with -- would
5 this require definition of that? I would assume.

6 JAMES FUTCH: It just would be speculation.

7 CLARK ELDREDGE: Yeah. That was -- but
8 certainly, so --

9 JAMES FUTCH: If all of us in the room blurted
10 out what we thought a nonphysician practitioner was.

11 KATHLEEN DROTAR: A PA.

12 ALBERTO TINEO: I'm thinking that it's more of
13 an ARNP or PA that is requesting that. Not a
14 physician per se, but a --

15 MARK SEDDON: Right.

16 ALBERTO TINEO: That's what I'm thinking that
17 is. But it could be interpreted as x-ray tech.

18 CLARK ELDREDGE: A dentist, a naturopath, any
19 of the other practitioners.

20 KATHLEEN DROTAR: Right.

21 JAMES FUTCH: Let me ask you this: Do we
22 define practitioner in any way?

23 CLARK ELDREDGE: Well, it's true, we have
24 health care practitioner. We don't necessarily
25 have --

1 MARK SEDDON: We reference licensed
2 practitioner.

3 JAMES FUTCH: I mean, you go broadly enough, a
4 nonphysician practitioner could be a lawyer.

5 MARK SEDDON: Right.

6 WILLIAM ATHERTON: I mean, can -- there's no
7 other -- I mean, it must be ordered by the
8 physician, right, or a practitioner, so it's really
9 a moot point for the whole thing because every x-ray
10 is ordered by --

11 CLARK ELDREDGE: A physician.

12 CHANTEL CORBETT: Right but the choice of
13 whether it's mobile or whether it's fixed in a
14 hospital setting especially, where you have an
15 option for either is the question.

16 MARK SEDDON: Right.

17 WILLIAM ATHERTON: Right. This -- it doesn't
18 matter what they order. I mean, this -- that rule
19 doesn't mean anything anymore, I guess. Am I'm
20 missing something?

21 CHANTEL CORBETT: I mean if you put in an
22 x-ray, a chest x-ray in a hospital, if you put the
23 order in, it doesn't say whether it's portable or
24 fixed. So somebody has got to make that decision.
25 So that's where that comes in.

1 KATHLEEN DROTAR: They order a --

2 REBECCA McFADDEN: They have to order chest
3 portables, no. And then they also order fluoros for
4 the ORs.

5 KATHLEEN DROTAR: Yeah.

6 REBECCA McFADDEN: There's a CPT code for a
7 portable chest x-ray. It is a chargeable thing.

8 WILLIAM ATHERTON: Right, but if it -- there's
9 no chance --

10 KATHLEEN DROTAR: Yes. Yep. It's different.

11 CHANTEL CORBETT: Yes, but it's just the same
12 as anything else, right? So if they order one --

13 REBECCA McFADDEN: No. It's a separate.

14 CHANTEL CORBETT: And it gets to the
15 department, and it's got the wrong thing, like it
16 should be a portable -- whoever is making that call
17 is still the --

18 REBECCA McFADDEN: The provider, whoever
19 ordered the original test is who you reach out to to
20 have them change the order. If we get an approval
21 to change that order, we, as technologists, can make
22 that change. But it's really more of the hospital
23 rules and regulations as to whether or not the techs
24 can change the orders.

25 KATHLEEN DROTAR: Yeah.

1 JAMES FUTCH: So I believe Clark will correct
2 me, this is applicable to all facilities. Not just
3 hospitals.

4 ALBERTO TINEO: Not just the hospital.

5 REBECCA McFADDEN: Right.

6 CLARK ELDREDGE: This is also concierge
7 medicine. Let me bring it to your home, which is
8 not necessarily for the benefit, the health benefit
9 of the patient or the radiation safety of the
10 environment.

11 CHANTEL CORBETT: Right.

12 KATHLEEN DROTAR: Wouldn't it affect mobile
13 imaging?

14 CLARK ELDREDGE: Excuse me?

15 KATHLEEN DROTAR: Wouldn't it also affect
16 mobile imaging? That's portable, by definition.

17 CLARK ELDREDGE: Well, mobile imaging, yeah, I
18 mean, it's -- mobile, there's a mobile facility and
19 there's a mobile device. So this is considered,
20 really, we look at this as a mobile device.

21 KATHLEEN DROTAR: Okay.

22 CLARK ELDREDGE: Because if you have something
23 in the back of a truck, that's a mobile facility,
24 not a mobile device.

25 KATHLEEN DROTAR: The truck, itself, is the

1 mobile facility. Okay.

2 CLARK ELDREDGE: Yeah, as far as, you know, our
3 thing if it's in a -- you know, the facility moves,
4 that -- you've got a defined controlled environment
5 inside that --

6 KATHLEEN DROTAR: Okay.

7 CLARK ELDREDGE: -- so it's --

8 KATHLEEN DROTAR: Understood.

9 CLARK ELDREDGE: -- the standard for practicals
10 is really do you load it up in the truck and carry
11 it to Place A, roll it out and use it.

12 Now, again, when you're taking it to a doctor's
13 office, that's a controlled facility. It's in their
14 space that they're doing procedures. Because
15 there's a lot of doctors who rent them for a day a
16 week or something like that. That's not, that's not
17 part of that because they've got their procedure
18 room and that's a controlled environment.

19 So this impractical is much more -- mainly done
20 for taking it out of an office to an uncontrolled
21 environment.

22 WILLIAM ATHERTON: I understand that. But
23 there's no -- is there any possibility where someone
24 could order a portable chest x-ray and this rule
25 would say, no, you can't because -- I mean, if you

1 order a -- I don't understand the rule.

2 CLARK ELDREDGE: I mean, if you're ordering a
3 portable because you've determined as a physician,
4 that the person shouldn't -- it should go to them,
5 that's covered. I mean --

6 WILLIAM ATHERTON: But are portables always
7 ordered by a physician or not?

8 JAMES FUTCH: Yeah. So the first half of
9 that --

10 CHANTEL CORBETT: Basically, I guess the
11 question is, what does this change from current?

12 JAMES FUTCH: So the first half of that new
13 clause, when directed by a physician, could be
14 superfluous because theoretically, that's happening
15 because of other things.

16 CHANTEL CORBETT: Right.

17 JAMES FUTCH: It's the second half that's
18 completely -- not completely, but somewhat
19 uncontrolled.

20 CHANTEL CORBETT: Well, it says directed by,
21 not ordered by.

22 MARK SEDDON: Yes, that's correct.

23 REBECCA McFADDEN: Well, we have like, we have
24 advanced RNs who do PIC lines bedside who would
25 order a fluoro to come to the bedside and assist

1 them with the PIC line. That would be, I think, a
2 scenario where a non-practitioner would be ordering
3 that to be done because of the PIC team being, you
4 know, just advanced RNs. Not always an ARNP or a
5 physician.

6 JAMES FUTCH: I'm not sure about the 404
7 statutes and the 64E-5 regulation, but in the Rad
8 Tech world, the definitions of licensed practitioner
9 are broad enough so that they covered nurse
10 practitioners and physician assistants for most of
11 my career. A number of decades.

12 REBECCA McFADDEN: This wouldn't even have that
13 in it.

14 WILLIAM ATHERTON: So I guess my question is,
15 does this rule prevent or stop anything or is it
16 just for, like, explanation purposes?

17 MARK SEDDON: I think it's to address the
18 impractical word, which is not defined, right?

19 JAMES FUTCH: Yeah.

20 MARK SEDDON: Because I mean, most referring
21 physicians don't indicate portable or not portable.
22 They just indicate imaging exam. They give it to
23 the patient and they take it to wherever they want
24 to get their imaging done. So it's up to the
25 facility to determine how they're doing that. So

1 that would -- that's the only thing where you have
2 to have this adjustment to the order by a physician
3 or nonphysician practitioner to utilize a portable
4 machine.

5 CLARK ELDREDGE: But at the same time, the
6 radiation safety -- I mean, there's a medical group
7 who's determined those procedures and those staff.
8 So they've already actually inherently made that
9 decision.

10 MARK SEDDON: Right. Exactly.

11 CLARK ELDREDGE: So that's built into the
12 procedures. That --

13 LISA GAVATHAS: But I think their intention or
14 this request, is they want to start taking their
15 mobile units to someone's home and not to another
16 office.

17 JAMES FUTCH: Not to the nursing home.

18 LISA GAVATHAS: Not a nursing home, but to
19 their home. Like, you know, like we have the mobile
20 HDR, whatever, they want to go to make it more
21 convenient for the patient --

22 JAMES FUTCH: And is it clear --

23 LISA GAVATHAS: -- and I think that is their
24 intent.

25 JAMES FUTCH: -- is it clear they're only

1 talking about for medical need purposes --

2 CLARK ELDREDGE: No.

3 JAMES FUTCH: -- or are they beyond that?

4 CLARK ELDREDGE: That's just it. They want
5 this -- again, they, they were -- we don't know
6 exactly what their intent is. They have not
7 explained that, other than trying to say -- we
8 didn't quite follow their logic. We're waiting for
9 the written comments.

10 LISA GAVATHAS: We were kind of confused what
11 they were asking.

12 CLARK ELDREDGE: What their exact purpose, but
13 --

14 LISA GAVATHAS: Okay. This is already
15 happening.

16 CHANTEL CORBETT: So we've already requested
17 that to be clarified from them?

18 CLARK ELDREDGE: That's up to them to submit.

19 CHANTEL CORBETT: Okay.

20 CLARK ELDREDGE: So when you do a rule hearing,
21 you -- they submit their comments.

22 CHANTEL CORBETT: Right.

23 CLARK ELDREDGE: There's no real --

24 CHANTEL CORBETT: I would say we need more
25 clarification on their intent versus anything to go

1 forward.

2 LISA GAVATHAS: Right. But we couldn't imagine
3 another reason they were asking for it, because
4 everything else is already allowed, but --

5 CLARK ELDREDGE: Yeah. It's just with the, the
6 current standard is there to make sure that you're
7 balancing health and risk of the patient to
8 radiation safety. And that's -- this potentially
9 eliminates that consideration of that evaluation of
10 the health and safety of the patient versus the
11 radiation safety of the people, the patient and the
12 environment would no longer be part of that balance.
13 It's incumbent upon the medical professional to
14 make. Anyway, so --

15 MARK SEDDON: It's just an FYI and then further
16 information forthcoming.

17 CLARK ELDREDGE: All right. So at this time,
18 let's disconnect.

19 LISA GAVATHAS: I'm just going to talk.

20 MARK SEDDON: Okay. All right. Very good.
21 Well, thank you, Clark. Any questions for Clark in
22 the Bureau update? No? All right.

23 So we'll jump over to Lisa for the radiation
24 machine update.

25 LISA GAVATHAS: Okay. To start with, let's

1 talk about our staffing because Clark already
2 mentioned that. We are almost fully staffed. We
3 have -- we hired Charles Hamilton. You guys know
4 Charlie. He's been around for a really long time.
5 He is our new environmental consultant. We stole
6 him from Kevin.

7 (Laughter)

8 JAMES FUTCH: Everybody does that.

9 LISA GAVATHAS: He seems very happy. But he is
10 doing shielding plan review, so he took that off my
11 plate. Thank you. And he's also reviewing
12 inspections and doing research on new technology,
13 which takes a lot off my plate too.

14 So we are waiting for the paperwork to be
15 completed for the Regulatory Specialist 1. I think
16 that ticket's going through really quickly. I think
17 the letter's going out --

18 BRENDA ANDREWS: She signed the offer letter
19 already.

20 LISA GAVATHAS: Oh, she's already signed the
21 offer letter?

22 BRENDA ANDREWS: Mm-hmm.

23 LISA GAVATHAS: It's someone who already worked
24 for us as an OPS, in an OPS position.

25 BRENDA ANDREWS: Contract.

1 LISA GAVATHAS: Contract worker. So she
2 already knows the system, so there's not going to be
3 a lot of training involved. Because we've been very
4 shorthanded for the last couple of years. And
5 hopefully we can get caught up.

6 We also had two contract workers start this
7 week.

8 BRENDA ANDREWS: The 9th, Monday.

9 LISA GAVATHAS: Monday? I wasn't here. I was
10 on vacation. So -- and glad to see them back there.
11 One of them has been there before as a contract
12 worker. She's worked for the last two or three
13 years and is very good. So we're happy to have both
14 of them start. Especially now -- and usually that
15 begins during our renewal period.

16 So last week, all the invoices went out. And
17 we invoiced a total of \$2,993,824. That was the
18 total amount invoiced. The number of facilities
19 invoiced as of the data was all pulled on August the
20 22nd, we invoiced 20,961 facilities; 65,778 tubes.

21 And this is also our first year with our new
22 renewal, online renewal system. Payment system.
23 And it seems to be going -- I got an e-mail from
24 Tracy this morning. Seems to be going very well. I
25 think they printed out 600 certificates this

1 morning. So they were asking for help in folding
2 certificates and stuffing envelopes. So Kevin and I
3 are glad we're here.

4 (Laughter)

5 LISA GAVATHAS: So actually, it's a really good
6 filler job. But we're hoping for a really good year
7 this year and maybe not need as much help in that
8 direction because it's been -- we are getting a lot
9 of phone calls, but in that direction, it's been
10 really difficult the last few years, trying to have
11 enough people to answer phones and take care of all
12 the checks and mail outs.

13 MARK SEDDON: With the new process, how much
14 shorter do you anticipate your turn around time for
15 renewals?

16 LISA GAVATHAS: They are -- it is my
17 understanding -- oh, and by the way, James Futch has
18 a lot of these answers for the renewal thing because
19 his team put all the stuff together. So -- but it
20 will take him a long time to talk about them, so
21 I'll, so I'll fill in the blanks. I'm just kidding.

22 From what I'm understanding is that we are
23 getting payments in one day. They, they can almost
24 print the certificates out the next day; is that
25 correct? James, do you know? Or Clark? I mean --

1 CLARK ELDREDGE: You know, it's --

2 LISA GAVATHAS: Within a few days?

3 CLARK ELDREDGE: Yeah, it's a day or two to
4 print.

5 LISA GAVATHAS: A day or two to print? Because
6 they have to print out the certificates and we have
7 to stuff the envelopes, but it's a lot faster than
8 what we were doing before manually, taking care of
9 checks.

10 JAMES FUTCH: Instead of answering the question
11 you asked, I can answer a different one. Would that
12 be okay?

13 LISA GAVATHAS: Okay. Go ahead.

14 JAMES FUTCH: So on the screen is the data
15 from, from the payments. Something's happened to
16 the zoom on the left, but the far left column are
17 the JR numbers. And that's one batch, and it's got
18 about 600 payments in it. And those all came in on
19 the 9th.

20 Typically, before this, I think they were doing
21 typically -- the online system has been up for
22 several months. And they were typically doing maybe
23 thirty a day. Something like that. And then the
24 renewals went out. And do you remember the day they
25 actually were supposed to go out, Lisa? Do you

1 remember which day it was they were supposed to --

2 LISA GAVATHAS: We pulled the date, oh --
3 September 5th.

4 JAMES FUTCH: Okay. So this is the 9th. And
5 it went from about thirty or so to 600 the next day.
6 And so obviously, this is when people found -- they
7 had gotten the notices in the mail that they can go
8 online and use it. Previously, people were just
9 going online to check other things and noticed that
10 the payment was there or else the staff was
11 directing them for, like, adding a tube during the
12 year instead of mailing a check in, go online at
13 xray.floridahealth.gov and fill it out.

14 So this is the, this is the raw data. And
15 yesterday, the last day that we have data for is the
16 10th, and it's, it's about the same. So it looks
17 like it's going to be about 600 a day for -- we'll
18 just see how long it takes to get through 20,000.

19 REBECCA McFADDEN: So you see that the turn
20 around is quicker now with the online payment thing.
21 But it's proving that it's getting the money
22 quicker.

23 LISA GAVATHAS: Absolutely.

24 JAMES FUTCH: They were previously taking, they
25 were taking paper checks. So when the person -- the

1 facility got the notice, they would have to go
2 through all the facility requirements to get a paper
3 check issued and then in the mail and then the
4 volume of mail coming in to Lisa's staff. Getting
5 someone to open it. Definitely not going to happen
6 the same day if it's a paper check. And then
7 processing, taking all those paper checks to put it
8 into a physical batch, to put the deposit
9 information on the back of it, and then take it to
10 the bank, which was Brenda's group. The first half
11 of all of that is basically happening
12 instantaneously.

13 REBECCA McFADDEN: That's awesome.

14 LISA GAVATHAS: And if we got a check in with
15 no JR number, then we had a lot of research to do.
16 Sometimes we got multiple checks. If they paid
17 prior to receiving their invoice, they'd pay again.
18 And you have the problem with return checks, which
19 takes another person a full-time position to do. So
20 there were a lot of issues with checks. We'll still
21 receive checks, because I'm sure there are a lot of
22 facilities that must issue checks, but -- which is
23 fine. It's just going to make it a lot faster.

24 JAMES FUTCH: Looking at the live data, or
25 pretty recently live data, you've got a lot more

1 people paying with credit cards than I would ever
2 have thought. Basically, if you see, if you see an
3 ACH in the pay type column, that's an electronic
4 check. If you don't see anything under network,
5 then it's definitely not a credit card. So if you
6 just scroll through this, you see there's a lot of
7 people paying two-and-a-half percent on that total.

8 REBECCA McFADDEN: I think ACH is an electronic
9 check.

10 LISA GAVATHAS: That costs thirty-five cents.

11 JAMES FUTCH: Yeah, it is. They're only paying
12 thirty-five cents for the electronic check. So I
13 would have thought businesses, lots of machines, or
14 even not lots of machines, businesses we're talking
15 about, they would've been paying with electronic
16 checks, but they're, they're paying predominantly
17 with credit cards.

18 CHANTEL CORBETT: Those amounts are not huge,
19 either, for most of those, and some people like
20 their points.

21 But so the, the State licenses, you know, are
22 all electronic now online only and they don't mail
23 them out anymore. Is there a plan to change the
24 registrations to electronic so that they can just be
25 downloaded instead of having to be mailed out?

1 JAMES FUTCH: So ASRT and MqA, the people
2 inside the department who do all the health care
3 licensure, they've handled that in, I guess,
4 slightly different ways. ARRT wanted to completely
5 eliminate the use of the wallet card because of
6 fraud purposes, I guess predominantly.

7 CHANTEL CORBETT: Right. No, I'm just for the
8 x-ray registration cards if they're having --

9 JAMES FUTCH: So ARRT has a way to verify
10 things online. I forget what they call it. But you
11 can go online if know the person's name and you can
12 get a name match or if you know their Social and
13 date of birth and do it that way.

14 MqA essentially is doing what they were doing
15 before, but instead of mailing it out, they're
16 turning it into an electronic .pdf and they're
17 putting it in the licensee's account.

18 CHANTEL CORBETT: Right.

19 JAMES FUTCH: So the employer can still go and
20 verify, they only get a copy of what's in the
21 licensee's account unless you want to give it to
22 them.

23 REBECCA McFADDEN: Yeah.

24 CHANTEL CORBETT: They have to. It's a
25 regulation.

1 REBECCA McFADDEN: It is a regulation to have
2 it on the wall. So if you regulate that it needs to
3 be on the wall, but it's getting them to put on the
4 wall, you know what I mean?

5 CHANTEL CORBETT: Well, the checks have to go
6 in and that's the problem for facilities. A lot of
7 facilities had a manager, director, whoever that
8 would go and, you know, like, have these things
9 posted. But before, once you got a copy, you had a
10 copy. And now, protects -- it was not very well
11 communicated on the technologist side.

12 REBECCA McFADDEN: Exactly.

13 CHANTEL CORBETT: Most people did not realize
14 that they were actually electronically there until
15 we were telling them, so that's been an issue.

16 But I was just asking for the x-ray
17 registration because that would save a bunch of
18 work, obviously, to be able to put that online on
19 their account, because if they can log in to pay in
20 an invoice, then maybe they could log in and get
21 their registration copy.

22 JAMES FUTCH: Yeah. That whole part of it, we
23 don't have that yet.

24 LISA GAVATHAS: This is step one.

25 CHANTEL CORBETT: No, I was asking if that's in

1 the future plans.

2 CLARK ELDREDGE: It's a future consideration.

3 LISA GAVATHAS: Future consideration. We'll
4 put that on the list.

5 CHANTEL CORBETT: Okay.

6 JAMES FUTCH: We have to -- I'm not sure,
7 there's a range of things to work on. Kevin's got a
8 whole data system that need to be created and
9 converted. We're still working on changing over the
10 in-house x-ray licensure system that the staff use,
11 which this is feeding into, so that it becomes
12 essentially part of this, this same SQL database
13 that we're running all the, all the website stuff
14 from. Those are the big major projects that we're,
15 we're having -- we're halfway through the x-ray
16 database conversion. But those are the ones that
17 are foremost in my mind.

18 And when it comes to this website, there may be
19 a desire to get to submission of the x-ray
20 registration forms online first, and that's going to
21 require something that this site doesn't really have
22 yet, which is individualized actual security like
23 you do in all the other systems, like the one with
24 MqA.

25 This one is set up so that it requires a JR

1 number and physical zip code of the registrant in
2 order to go in and view things, and now to go in and
3 pay things. It's not retaining any credit card
4 information. That's not accessible. We're not
5 storing any of that. We're not getting any of that.

6 But to go further to start accepting
7 applications, and things of that nature, is going to
8 require more typical security like you see with
9 other systems. So this is my way of saying not in
10 the near future for sure.

11 REBECCA McFADDEN: We'll be retired by then.

12 LISA GAVATHAS: So will I.

13 JAMES FUTCH: I certainly will be. He will be,
14 too.

15 REBECCA McFADDEN: Brenda will be.

16 LISA GAVATHAS: Well, the online system is
17 often helping the inspectors. So if they come in
18 and do an inspection, they can also look on the
19 online system. They can put all the information in
20 and they can see your inventory because it also has
21 a machine inventory list. And they can look and see
22 if you paid. Because it will come up as fees due,
23 zero, if you paid, so --

24 MARK SEDDON: Question. For those who are
25 still using the old process, people still using

1 paper checks, has that changed with you guys as far
2 as is that being delayed further because of the
3 focus on the --

4 LISA GAVATHAS: No, I think it's actually going
5 to make it faster with the checks coming in --

6 MARK SEDDON: Okay.

7 LISA GAVATHAS: -- because they're not
8 taking -- because we used to get bins and bins of
9 checks. And we would have dates on the date that
10 they came in. And we might be --

11 CLARK ELDREDGE: Two weeks, three weeks behind.

12 LISA GAVATHAS: Three weeks behind. So we
13 might have three bins from four weeks ago, three
14 weeks ago, and then we start from the oldest and
15 work forward because they had to be manually opened;
16 scanned. We have to look and make sure they had the
17 JR number or some kind of invoice with it. And
18 it's -- it was a lot of work. So it took a lot of
19 time and it kind of shut down everything else while
20 we're doing renewals.

21 MARK SEDDON: Okay. And with the inventory
22 changes, like if someone actually wanted to change
23 their tube information, how does that --

24 LISA GAVATHAS: They can e-mail in their, their
25 1107. Call us and say, hey, I just sent you an

1 1107. Can you go ahead and update it so I can pay?
2 They will pull it right then, and, and change it for
3 you, and you'll be ready to pay the next day.

4 MARK SEDDON: Okay.

5 CLARK ELDREDGE: Once it's updated in the
6 database, it's within 24, 48 hours to reflect
7 online.

8 LISA GAVATHAS: Once it's updated. Right.

9 MARK SEDDON: Right.

10 LISA GAVATHAS: And we can do a revenue change
11 at that time, too, so --

12 MARK SEDDON: Okay.

13 LISA GAVATHAS: -- and then it will show up the
14 correct revenue.

15 CLARK ELDREDGE: -- or if they can mail in the
16 1107 with the check and it will do it that way, too.

17 LISA GAVATHAS: Right.

18 CLARK ELDREDGE: We take it all, still take
19 both.

20 LISA GAVATHAS: Those we're hoping will go
21 faster, the checks, too.

22 MARK SEDDON: Okay.

23 LISA GAVATHAS: Okay. Moving on, nobody has
24 anymore questions? No? Okay.

25 We've had no new medical events reported. I

1 got an update from Camilla this morning. You all
2 met Camilla last time. She's still working on the
3 3B4. I think one is out for review. I just -- she
4 just gave me one for review. And she has another
5 one she's waiting for -- or other two she's waiting
6 for information.

7 And also, right now, we are working on the MqSA
8 contract. We have the contract with the FDA that we
9 do their inspections. So the contract, the contract
10 that we have is five-year contract. We have a base
11 year and four option years. We're going into option
12 year two, which would be the third year of the
13 contract.

14 So every year, we have a -- we can modify the
15 contract or they can modify the contract. They're
16 actually modifying the contract to add three
17 additional facilities. We have the second largest
18 program in the United States. We have 630 MqSA
19 facilities now.

20 JAMES FUTCH: Certified.

21 LISA GAVATHAS: Certified MqSA facilities. And
22 we have thirteen inspectors. We will be sending
23 people to, hopefully we can get three inspectors in
24 for, for their certification, because I'm now
25 inactive. And we have one or two inspectors that

1 are now managers. We have one that went to Orlando
2 and she's in environmental sampling now, so we're
3 going to be trying to send three people for MqSA
4 certification.

5 Let's see. Also, September 10th was a big day
6 for MqSA because that's when the new rules came out.
7 So if you're familiar with MqSA, as I know Mark is
8 for sure, there was some changes to the rules that's
9 going to require more on the part of the facility.
10 And their change is like the breast density law.
11 Mark will probably tell you more than I can. And
12 then enhanced communications patients, they're going
13 to be required to put more into the lay letters and
14 summaries.

15 They're raising the bar for accreditation.
16 There's more going into the annual audit. More
17 requirements for the annual audit. And --

18 JOSEPH DANEK: Lisa, real quick question. What
19 does MqSA stand for?

20 LISA GAVATHAS: Oh, I'm sorry. Mammography
21 Quality Standards Act. It was in effect in 1994.
22 It went into effect October, 1994.

23 MARK SEDDON: Yeah, 1994.

24 LISA GAVATHAS: And so we do contracted
25 inspections. Every inspector has to be certified by

1 the FDA. They go through a long process of
2 training. It takes about six to eight months to get
3 everybody fully trained and ready to do inspections.
4 It starts in January. They go to a two -- they do
5 two online courses. It takes about six to eight
6 weeks, depending on how much they know or how
7 much -- how -- we have some inspectors that are
8 actually mammography techs, so they get through it a
9 little bit faster.

10 And then they go to a two-week training in, it
11 used to be in Silver Spring, Maryland but I'm not
12 sure exactly where the training is going to be, but
13 it's done somewhere up there close to where the FDA
14 is.

15 And then they have to have observed
16 inspections. They have to do inspections under
17 direct supervision. They have so many that they're
18 required to do. And it takes a good three months to
19 do that.

20 I'm getting the same note on my computer, by
21 the way. I keep snoozing it. But -- and then
22 they're ready to do inspections solo. And then we
23 also have annual audits that the FDA will come out
24 and go out on inspection with you and audit you on
25 the inspections.

1 So -- and then you have the same requirements.
2 You have fifteen CEUs that you have to complete
3 every three years. And you have to do twenty-four
4 inspections every two years. So it's very similar
5 to Rad Techs.

6 And I couldn't keep up my numbers. I was given
7 too many jobs at Tallahassee, so -- but that is the
8 update on the MqSA. But that will raise our -- we
9 get \$1501 per inspection. That will raise it about,
10 a little over \$4500 for the contract. So it will
11 be -- it's right under one million per year.

12 JAMES FUTCH: How many other states does FDA
13 use the state inspectors to do MqSA inspections? Is
14 that common?

15 LISA GAVATHAS: No. There's some states are
16 not -- well, we have a couple certifying states. We
17 have Iowa and we have Texas, which they're given
18 their certification up, I believe, if I'm not
19 mistaken. I think they're going to stop certifying.
20 But Iowa, I know they do. And there's one other --
21 maybe Iowa is giving theirs up.

22 MARK SEDDON: One of them is.

23 LISA GAVATHAS: I think it may be Iowa.

24 MARK SEDDON: Not Arkansas?

25 LISA GAVATHAS: And one other. I can't

1 remember.

2 MARK SEDDON: It's not Florida.

3 LISA GAVATHAS: I can't remember. But in
4 states that, that don't have certified inspectors,
5 the FDA is required to go in and do the inspections
6 because all MqSA facilities are required to be
7 inspected annually. Within ten to fourteen months.

8 JAMES FUTCH: So you're saying there's a
9 handful of states that do what we do. Most of them
10 the FDA does inspections?

11 LISA GAVATHAS: No. Most of them, they have
12 qualified inspectors. We have thirteen and then me,
13 when I'm active, will be fourteen. We usually get
14 one for every fifty facilities will give you an
15 inspector.

16 JAMES FUTCH: Do you have to -- if you were to
17 be recertified, do you have to go back through the
18 whole thing?

19 LISA GAVATHAS: No. My FDA person said, when
20 you want to start doing inspections, just let me
21 know. I'll fly out and do your audit and we'll call
22 you good. So I answered, I'm like the go between
23 between the inspectors and the FDA. So I answer all
24 the questions, so -- but I don't think that's going
25 to happen anyway.

1 REBECCA McFADDEN: Just a quick question. Are
2 all your inspectors local to Tallahassee or do you
3 have them throughout the state?

4 LISA GAVATHAS: No. We have inspectors all
5 over the state. We have --

6 REBECCA McFADDEN: Do you have openings for
7 positions for people to become these inspectors or
8 are they always coming in --

9 LISA GAVATHAS: There's always that
10 possibility. And -- but they -- yeah, anybody that
11 wants to go to work for the State --

12 CHANTEL CORBETT: Call Kevin.

13 KEVIN KUNDER: Yeah, I'll get them trained for
14 them.

15 (Laughter)

16 LISA GAVATHAS: We'll be happy to have you. So
17 -- let's see. But we have them in, let's see. We
18 have a Miami office, we have central, and we have
19 north and we have Tampa and Fort Myers. So we have
20 all of those places available. I don't know where
21 the inspection openings are, but we can always move
22 things around, so -- we do need one in the, on the
23 west coast and we need one in Miami. We need one in
24 central.

25 Any other questions about mammo?

1 The only other thing is we have a new use for
2 cabinet x-rays and medical marijuana facilities.
3 They are -- they've taken these machines and
4 they've -- it looks like similar machines to do
5 everything else, but it's for cannabis only. And
6 they, they go in -- because the requirements for the
7 bacteria or the, what's inside the cannabis is a
8 certain level. You all may help me out more. Maybe
9 Adam.

10 ADAM WEAVER: We don't have any of that on our
11 campus yet.

12 (Laughter)

13 LISA GAVATHAS: None?

14 ADAM WEAVER: Not yet.

15 LISA GAVATHAS: We found out there's some
16 places that possibly aren't registered, so we're
17 reaching out. We're working with the medical
18 marijuana department and, and hoping we can get a
19 list of their facilities to find out where they're
20 located, so --

21 ADAM WEAVER: Are they doing this for, like,
22 debugging them or for pesticide control? Or is it
23 something else?

24 CLARK ELDREDGE: It's sanitization for fungi,
25 fungal, bacteria, that type of stuff. Microorganism

1 reduction.

2 ADAM WEAVER: They can do it with an x-ray
3 machine.

4 LISA GAVATHAS: They can.

5 CLARK ELDREDGE: Just flood enough dose.

6 ADAM WEAVER: Yeah. It must be in there for a
7 while. Unless they use it without filtration.

8 LISA GAVATHAS: They're also doing this in
9 Mississippi and I had one person I called over
10 there. They said, oh, we decided go to non,
11 nonionizing radiation. I was like, okay.

12 CLARK ELDREDGE: There's an RF cabinet that --

13 LISA GAVATHAS: That they're using as well?

14 CLARK ELDREDGE: They're using that as well for
15 sanitization, if you want to call it that.

16 Microbial growth, reduce it --

17 ADAM WEAVER: Right.

18 CLARK ELDREDGE: -- in cannabis.

19 LISA GAVATHAS: And then the last issue was, we
20 had another state agency report a video of a
21 hand-held XRF being used improperly and so we kind
22 of looked into it and, and did a little research.
23 And reached out to Nighttime and they gave us a
24 wonderful person to come and talk to us about it.

25 MARK SEDDON: Right. I think we move to the

1 next speaker, is there any questions for Lisa before
2 we move on from the machine update? No?

3 Okay. I guess Lisa will introduce our next
4 speaker.

5 LISA GAVATHAS: So this is Zac Mersal and he's
6 going to be talking to us about the hand-held XRF,
7 which I see he has it in a cabinet. So everybody go
8 ahead and take off their gold.

9 MARK SEDDON: I think we'll pause for lunch.

10 JAMES FUTCH: I apologize. We need to collect
11 the lunch --

12 (Stood at Ease)

13 MARK SEDDON: All right. So I guess we'll
14 continue with Zac and his presentation on the safe
15 use of hand-held XRF.

16 ZAC MERSAL: All righty. Bear with me, folks.
17 I'm trying to get this to display so I can see my
18 notes here.

19 JAMES FUTCH: We did, too. We kind of gave up.
20 I've got a clicker if you want to, if you want to
21 move off of mine.

22 ZAC MERSAL: If you guys are okay with me, with
23 seeing my notes here, I can just click forward, if
24 that's all right.

25 JAMES FUTCH: I am probably going to reduce the

1 size of it.

2 CLARK ELDREDGE: I'd like to give another
3 little preface to this.

4 How many years ago? Four, five years ago, we
5 did this -- those of you who at HBS, would also
6 recognize this and ASCI experts, some of the things,
7 we had a woman of, of a gold dealer in Broward, Palm
8 Beach call us because her husband had bought a
9 hand-held XRF three years earlier, and was losing
10 the use of his left hand that he'd been using to
11 hold the gold in while he -- or the metals while he
12 was taking the XRFs. After three years of several
13 hundred times a day, holding the sample in their
14 hand, holding the XRF machine and shooting their
15 hand.

16 ZAC MERSAL: All right. Well, let's get into
17 it, guys.

18 My name is Zac Mersal. I work for Kovid
19 Technical, which is the authorized sales firm for
20 Thermo Scientific Niton XRF analyzers in the
21 southeast. My dad is my boss. My brother has the
22 same job that I do. I'm, I'm based in Atlanta. My
23 dad has been doing this for -- well, since 2009.

24 He's sort of half retired. My brother and I
25 are sort of taking over his territory, so Florida is

1 a weird state because I have the panhandle, my
2 brother has most of Florida and then my dad has
3 Miami and Dade counties when he's not traveling the
4 U.S. in his RV.

5 As it says here, I went to University of
6 Florida; got a Bachelor's in economics. I've been
7 doing this job, Niton sales rep. since 2017, but
8 I've been around it since, you know, my dad started
9 doing this stuff in the mid 2000s, you know, waiting
10 in his office when he was on a conference call to
11 ask if I can go hang out at a friend's house or
12 whatever.

13 Here's me when I was 17 holding a, a gold
14 ingot, which has a current value of about \$290,000.
15 So while I am not a scientist, I am not, you know,
16 you guys probably know a lot more about radiation
17 safety and than I do. I have been doing this for a
18 while. And it, it is not my job to know all the
19 answers but to know where to get those answers. So
20 if you guys are asking me something very specific or
21 anything like that, you know, I may say, hey, I'm
22 not sure, but I'll go to the RSO at Thermo and get
23 you the exact answer.

24 As I said, we're the sales reps. for the
25 southeast United States. We do sales, training and

1 ongoing technical support. So while the day-to-day
2 operation of these devices is pretty simple, there's
3 lots of stuff that can sort of be suboptimal and we
4 help people navigate that in addition to providing
5 training; making sure they're getting the right
6 analyzer, all that good stuff.

7 All right. Why am I here? Lisa contacted me.
8 She shared with me -- this is actually a still from
9 a YouTube video. What you can see here is somebody
10 who is using one of these devices incorrectly.
11 Holding a sample in front of the analyzer, which is
12 exactly the wrong thing to do.

13 So I'm here today to talk to you guys about
14 XRF, what it is, where it's used, what we teach our
15 customers; what resources are available to them. My
16 goal is to educate you folks about hand-held XRF and
17 its risks. And what we teach and communicate those
18 risks.

19 I appreciate you are experts in the field of
20 radiation, so I hope that you bear with me if what I
21 discuss is in review. However, I want to show you
22 what we're teaching our customers who are, in many
23 cases, not scientifically minded anyway. I do not
24 want to oversell my qualifications as a rep. My job
25 is not to have every answer but to know where to get

1 those questions answered. However, I've been
2 training folks in these analyzers for about eight
3 years and what you see presented is what we teach to
4 our customers. Any figures you see presented here
5 are from the XL2, which is what this model is from
6 the user guide for that, and from presentations made
7 by past or current radiation safety officers at
8 Thermo, unless I specifically mention otherwise.

9 The sources for this presentation as well as
10 the presentation, itself, have been shared with
11 Lisa. And I did make a couple of little adjustments
12 to this, and so I'll give you guys the updated
13 version. If you have any questions, my contact
14 information is at the end of the presentation. Feel
15 free to reach out now or, you know, in five years,
16 anything like that.

17 All right. What is XRF? XRF is x-ray
18 fluorescent spectroscopy. Hand-held XRF was first
19 brought to the market in the 90s, originally for
20 looking at lead paint and introduced by Niton
21 Analyzers. Niton has since been purchased by Thermo
22 Scientific, who you all are no doubt familiar with.
23 There are more Niton analyzers on the market than
24 any other brand. We used to be able to say than all
25 other brands put together, but there's been some new

1 competition lately.

2 As a general statement, our customers are using
3 our analyzers to perform elemental analysis on the
4 sample by bombarding the samples with x-rays,
5 measuring the count of specific frequencies that
6 come out and running that data through elemental
7 parameters, we can measure in realtime the elemental
8 composition of samples.

9 Where is it used? Generally in the U.S. The
10 main market for handheld XRF is alloy
11 identification. You can imagine the difference in
12 performance between 304 stainless steel and 316
13 stainless steel, with 316's increased corrosion
14 resistance might be critical in pipes, let's say, a
15 chemical plant or power plant.

16 304 and 316, like most deals, like most alloys,
17 looks pretty much the same and there's no way to --
18 typically no way to identify one alloy just by
19 looking at it, despite what all the old scrapyard
20 owners will tell you.

21 JAMES FUTCH: Can I stop you for just a second?

22 ZAC MERSAL: Absolutely.

23 JAMES FUTCH: I just want to tell the members,
24 Zac's screens are in your book in the front of it,
25 if you haven't found it already.

1 MARK SEDDON: For those of us who are visually
2 challenged, it's helpful.

3 ZAC MERSAL: I know it's extra small.

4 JAMES FUTCH: Can you still see your notes?

5 ZAC MERSAL: I just need to see my notes.

6 JAMES FUTCH: This happened earlier with a
7 different presenter.

8 Zac, if you want, I can display it and give you
9 a mouse clicker and you can just press the mouse.
10 Let's try that.

11 ZAC MERSAL: Sure.

12 JAMES FUTCH: Give us just a second.

13 ZAC MERSAL: Bear with me. While I'm used to
14 giving these sort of classes, this is a little bit
15 different of an environment that I'm used to.

16 JAMES FUTCH: No pressure at all.

17 MARK SEDDON: You're the center of attention.

18 JAMES FUTCH: Give us a second. Hold on.
19 Let's get back to this. Remind me what slide we're
20 on. This one?

21 ZAC MERSAL: All right. So like I was saying,
22 you can't really tell what type alloy something is
23 by looking at it. The scrapyards buying machining
24 waste from the pipes used in that chemical plant,
25 uses our analyzer to determine alloy grade for scrap

1 sorting, as is the foundry that buys their sorted
2 scrap to be recycled into pipes.

3 Then the distributor uses our analyzer to make
4 sure the pipes are marked correctly before shipping
5 it to the customer. Again, most metal looks alike
6 and in many applications, misidentification can have
7 serious consequences.

8 The same sort of analysis happens in mining
9 applications looking at ore, in soils looking at
10 restricted substances, such as lead and mercury. In
11 plastics, screening for ROHS compliance and home and
12 businesses looking at lead paint.

13 From NASA to Disney to NASCAR to the pawn shop
14 around the corner, if there's a need for elemental
15 analysis between Magnesium and Uranium, Magnesium
16 and Uranium, we're probably in that market.

17 XRF used in the pawn industry is what I'm here
18 to discuss today. Pawnshops use our analyzers
19 primarily for measuring gold content as well as
20 other precious metal analysis, such as silver and
21 platinum, et cetera. We are also a good tool for
22 sorting gold plated from solid, solid alloys.

23 What comes with the purchase? Included with
24 every purchase for a Niton analyzer is an
25 operational and safety training class, which meets

1 Florida's and other states requirements.

2 When a customer purchases an analyzer from
3 Thermo, the analyzer's moved into production. At
4 this point, we reach out to customer service -- I'm
5 sorry, at this point, we reach out to the customer,
6 informing them of their anticipated delivery date
7 and tell them to contact us when they receive their
8 analyzer to accept training. Typically, four to
9 seeks weeks later, the analyzer is delivered. I'll
10 provide a summary of the radiation safety portion of
11 that training in the coming slides.

12 The classes typically lasts two to three hours
13 for as many participants as the customer wants in
14 one session. At the end of the session, the
15 customer signs the training checklist and receives a
16 certificate that they have been trained to safely
17 and effectively use the Niton analyzer.

18 So we typically spend, you know, the first
19 thirty to thirty minutes talking about principles of
20 XRF, which ties in directly into radiation safety.
21 As we say, ionizing radiation that's happening to
22 the sample is also happening to you. Then we talk
23 about using the analyzer safely and effectively, not
24 just the principles of ALARA, which we'll talk about
25 more. But, you know, how in practice do you use

1 this thing without being exposed to the primary or
2 secondary beams. Then we talk about maintenance,
3 operating the included software, and then the class
4 wraps up.

5 This is what we discuss in our training, sort
6 of from here onwards. All devices created --
7 creating radiation carry inherent risks. Radiation
8 exposure increases your risk of cancer over time. A
9 greater exposure to radiation carries a greater risk
10 of cancer and large exposure to radiation can result
11 in tissue damage. It is up to the operator to
12 ensure that they and those around them are exposed
13 to as little radiation as reasonably possible.

14 Let's talk more specifically about radiation
15 exposure and its risks. Increased cancer risk is
16 extremely unlikely from the type of exposure one
17 might get from hand-held XRF analyzer. This is a
18 consequence of the low penetrating power of the
19 x-rays and the gamma rays used in XRF technology,
20 along with the limited size of the radiation field.

21 Direct tissue damage is possible from exposure
22 to large doses of radiation over short periods of
23 time. It is the health effects of greatest
24 probability when using a hand-held XRF because one
25 can probably get -- possibly get a very large dose

1 in a small region of the body if the device is used
2 improperly.

3 First we will talk about the quantity dose, and
4 then look more closely at those effects and as they
5 relate to the magnitude of dose received.

6 Here you can see an example of an annual dose
7 limits for occupational workers and members of the
8 public and from the regulatory -- from, from the
9 regulations of the United States Nuclear Regulatory
10 Commission. You will note that there's more than
11 one limit. The whole body limit is cited frequently
12 as defined as the whole body limit. The whole body
13 extends from the top of the head to just below the
14 elbow and just below the knee.

15 This is where most of the blood producing and
16 vital organs are located, since the whole body
17 contains most radiation sensitive organs. It has
18 the lowest limits for an occupational worker. The
19 whole body dose is 5 rem or 50,000 -- or 5,000 mrems
20 per year.

21 With regard to the dose from a Thermo
22 Scientific Niton analyzer, it should be noted that
23 the whole body dose is often overestimated
24 conservatively by wearing a dosimeter on the
25 maximally part of the body. Full body dose is

1 difficult to measure accurately. It is based on the
2 deposited energy average over this large body
3 volume.

4 For radiation fields that are not uniform over
5 the whole body, a single measuring point is
6 typically not representative. Localized dose to the
7 skin and underlying tissue or bone on the hand is
8 more likely result of improper use of an analyzer.
9 For, for this type of exposure, the skin and
10 extremity dose limit is 50 rem.

11 The lowest annual dose limit is 100 mrem per
12 year for a member of the public. A member of the
13 public is defined as any one individual that except
14 when individual is receiving an occupational dose.
15 An occupation dose is a dose received by an
16 individual in a course of employment, in which the
17 individual assigned duties involve the exposure of
18 radiation.

19 We can begin to put these dose limits into
20 perspective by comparing them to 200 mrem, which is
21 the estimated maximum annual dosage to an operator
22 of a Niton analyzer under proper usage conditions.

23 The maximum dose estimated is based on someone
24 using our most powerful tube-based analyzer, which
25 the XL2 analyzer that you see here that we sell for

1 precious metals, is not. This has a 45kV tube and
2 our most powerful has a 50, but still -- so that's
3 using this 2000 hours a year. Proper use primarily
4 means that the analyzer is used in such a way that
5 there is no direct exposure to the primary beam.

6 I had mentioned that a very large dose of
7 radiation can result in tissue damage and increased
8 cancer risk. But what is a very large dose? And
9 are some levels considered safe? Occupational
10 radiation exposure that leads to small radiation
11 doses to our bodies over relatively long periods of
12 time is safe in the sense that there is either no
13 effects, or the effect is too small to observe.
14 This is -- there has been no evidence of injury,
15 illness or increased cancer risk at small radiation
16 doses that are similar to the amount we receive from
17 routine medical procedures or occupational exposures
18 such as operating a Thermo Scientific Niton XRF
19 analyzer. More information about this can be found
20 on the NRC Commission's website and several other
21 places.

22 Typical dosage: To help further with putting
23 radiation dose in perspective, this table lists the
24 type of typical radiation dose from natural
25 background radiation and other manmade sources and

1 common active use. Note that everyone is exposed
2 to, on average, to about 620 mrem annually. Half of
3 the annual 620 mrem is from natural sources of
4 radiation such as radiation from space, from the
5 earth, from the food we eat, et cetera. Almost all
6 the remaining half comes from medical procedures.

7 You will also note that a coast-to-coast round
8 trip on a commercial airline flight results in five
9 mrems of exposure. The extra dose is -- this extra
10 dose is from the increased in natural cosmic
11 radiation at higher altitudes. For an airline
12 attendant making two coast-to-coast round trips a
13 week, this equals about 500 mrems a year. That does
14 is two-and-a-half times the expected maximum dose
15 from an operator of a Niton analyzer under proper
16 use conditions.

17 I have a slide here that is not included, but
18 it's just from the user guide, which shows that
19 direct contact with, in front of the beam, results
20 in 45 rem per hour. So worst case scenario, if you
21 are using this incorrectly, that's your maximum dose
22 there. So that's direct contact over the window.

23 JOSEPH DANEK: You said it was 45 rem per hour?

24 ZAC MERSAL: Yes, sir. Thermo discusses this
25 in great detail in the user guide, noting

1 specifically that safe dosages are only guaranteed
2 with proper use. They also add a bolded note to
3 never use the analyzer in your hand. In our
4 training classes, this is a major talking point.

5 If an operator was to be in direct contact with
6 the testing window, here are the times to exposure
7 limit. The example we give in our class, which was
8 provided to me anecdotally, and I can't find
9 reference for, but it does a good job of getting
10 people to take this seriously, is after around nine
11 minutes of exposure with direct contact to the
12 window, you'll have an eight millimeter -- which is
13 the size of the testing window -- an eight
14 millimeter third-degree radiation burn.

15 After about thirty minutes, you will have
16 killed off the stem cells in that same
17 eight-millimeter circle and your skin would never be
18 able to regrow there.

19 My shop teacher in high school told me that a
20 table saw's number one job is to cut your fingers
21 off and after that, it will cut the board. If you
22 don't treat it with respect, you're going to get
23 cut. A table saw demands respect.

24 (Laughter)

25 ZAC MERSAL: This analyzer is just blinking.

1 However, the analyzer's producing a potentially --
2 the analyzer is potentially as dangerous or more so
3 than a table saw. If you're using it incorrectly,
4 you can give yourself cancer or tissue damage
5 without being immediately aware of it. You need to
6 treat this with respect and use it as though it is a
7 dangerous machine, which it can be.

8 This is conjecture on my part, but I do imagine
9 that the operator using the analyzer in the video
10 which you saw was just holding a sample to the front
11 of the analyzer, would receive a lower exposure
12 level than seen here as the primary beam is either
13 completely or partially blocked by the sample.
14 However, presenting this picture to the end user is
15 not a bad thing in this case.

16 So how do you use this as safely as possible?
17 As well as reasonably achieved. While it is true
18 that there's no known health effects relating from
19 doses within the regulatory dose limits, the best
20 way to prevent any possible any potential risk
21 from -- the best way to prevent any potential risk
22 from increasing is to keep one's dose to radiation
23 as low as reasonably achievable.

24 Note however, that the ALARA philosophy can --
25 also recognizes the practical reality that reducing

1 radiation exposure to zero is not always possible.
2 ALARA practices can be applied to virtually any
3 hazardous substances, but are mandated for radiation
4 workers by the USNRC. This means that instead of
5 operating at or just below permissible dose limits,
6 one must stay as far below the limits as is
7 reasonably achievable. This affords a wider margin
8 of error should a control fail and malfunction.

9 Using a Thermo Scientific Niton analyzer, you
10 can practice ALARA by recognizing challenges, sample
11 types and measure -- by recognizing challenging
12 sample types and measurement situations and then
13 choosing the appropriate measurement technique. The
14 appropriate measurement technique might involve use
15 of an accessory such as those that you see here, two
16 different shielded test scans, and then this is a
17 back scatter guard. It's like a leaded rubber
18 shield.

19 Various test scans are available that can
20 reduce operator dose from scattered radiation as
21 well as reducing the possibility of accidental
22 exposure, exposing a person to primary beam
23 radiation.

24 The use of test scans should always be
25 considered when a sample is smaller than the

1 measurement window or if it is of low density, such
2 as plastic, particularly when such samples are
3 numerous and/or routine, such as in cases
4 experienced in a pawn shop.

5 First you should recognize that a Thermo
6 Scientific Nitron XRF analyzer is designed to send a
7 collimated beam of x-rays out of the device window
8 and directly into the sample. Though radiation
9 cannot really be seen, in this and upcoming slides,
10 we'll illustrate the presence of shape and
11 approximate size of the primary beam as though it
12 was a visible beam of red light. We'll represent
13 the very low intensity scattered radiation in
14 yellow.

15 This slide shows the primary beam as it exits
16 the analyzer. Note that under conditions of normal
17 use, the primary beam does not continue to travel
18 through the air as shown here, but it rather is
19 interrupted and absorbed by the sample you're
20 analyzing.

21 The operator should not allow part of a body in
22 or near this red primary region. Particular
23 attention should be paid when the sample is smaller
24 than the measurement window of the analyzer or when
25 a sample is very thin, such as paper, fabric, metal

1 foils. I'll note that the infinite thickness of the
2 gold sample is about ten microns. So a very thin
3 sample can block -- of gold can block the beam
4 coming out of our analyzers.

5 With a more typical sample such as metal bar,
6 the measure window is covered and the primary beam
7 is completely absorbed. A small amount of radiation
8 scatters off the surface of the sample. Under this
9 condition of normal use, the only ambient radiation
10 one can be exposed to is a scatter radiation
11 escaping from the sample.

12 Scatter radiation increases with samples of low
13 density or low atomic mass, such as plastics or
14 aluminum. The decreased -- and decreases
15 dramatically with the dense and high atomic mass
16 samples, such as heavier iron or gold plate metal
17 alloys. Unlike primary beam radiation, scattered
18 radiation dose rates are very close to natural
19 background. The radiation field typically drops to
20 background levels within inches from the sample
21 analysis point.

22 It is recommended in user guide that no part of
23 the body is closer to the testing window than ten
24 centimeters or about where the trigger finger is in
25 relation to the sample.

1 Here are the scatter radiation doses from the
2 user guide. Note that this is for the slightly more
3 powerful XL2 model, which has a 50 kV tube. And the
4 XL2 100P see here is not available in modes other
5 than precious metals. So you would not use this
6 analyzer for plastic or aluminum analysis, for
7 instance.

8 As discussed previously, higher density samples
9 emit much less scatter radiation than plastic or
10 aluminum. So you can see here that back scatter is
11 something of a concern, especially with plastics at,
12 you know, 19 low rem per hour but, you know, for
13 gold, you would be at less than one from the
14 scatter.

15 Thermo Scientific XRF analyzer models that have
16 an x-ray tube, all current models, are shipped by
17 default with another type of radiation beam
18 interlock, that is based on the detection of back
19 scatter radiation. This is a feature that quickly
20 terminates the emission of radiation when back
21 scatter radiation signals match that in the air. So
22 if you're accidentally shooting into the air, it
23 will shut off because it doesn't see x-rays coming
24 back into the analyzer. Proximity sensing
25 interlocks can prevent many types of accidents, but

1 operators should be aware of the limitations of
2 these features. None of these features can
3 distinguish a legitimate sample from a part of your
4 body.

5 Remember, any unnecessary overexposure can
6 occur if measurement is initiated, or continues
7 while the analysis window is held close to any part
8 of the human body.

9 Both safety and analytical challenges are
10 easily overcome by using one of the shield test
11 stands that are available with your analyzer. The
12 test stands come in many shapes and sizes depending
13 on your organization needs. What all test stands
14 have in common is they allow small samples to be
15 safely analyzed without any analytical interference.

16 JAMES FUTCH: Zac, can I ask a question?

17 ZAC MERSAL: Mm-hmm.

18 JAMES FUTCH: If you go back to the previous
19 slide. That test scan, is that a completely
20 different device? Is that something that you can
21 use with this, like --

22 ZAC MERSAL: It is compatible with this device.
23 This is the one that -- well, when you buy one of
24 these, this is what comes standard. But from a
25 functionality point of view, they're all the same.

1 That one just has a slightly bigger testing area.

2 MARK SEDDON: Another question. So if you did
3 not have a back shield behind this and you're trying
4 to use a small sample, what's the typical range of
5 primary beam extending beyond?

6 ZAC MERSAL: It disperses the background
7 radiation after five feet.

8 MARK SEDDON: Five feet.

9 ZAC MERSAL: Remember, Thermo Scientific Niton
10 XRF analyzers are used to measure an extraordinarily
11 wide range of sample types, although very limited
12 for these devices. While samples may vary and your
13 sample may be unique, there's always a safe way to
14 take a measurement.

15 Some basic things to keep in mind are: Never
16 hold samples during analysis. Consider sample
17 placement. Use test stands when appropriate. Be
18 aware of x-ray indicators. The x-ray indicator
19 lights.

20 Other concerns when it comes to our customers
21 using these incorrectly. We reach out, try and
22 schedule training, but it's quite possible the
23 customer doesn't respond to training. Particularly
24 in, in the precious metals market, analyzers being
25 sold second hand. So maybe you have a pawn shop,

1 you're going out of business, you want to sell your
2 analyzer to another pawn shop. There's no way for
3 to us keep track of that; and therefore, no way for
4 us to train the secondary people.

5 And then for training of secondary employees.
6 So I may teach the owner of the pawn shop how to use
7 this correctly, but then when he teaches his, you
8 know, employee how to use it, he might not talk
9 about radiation safety first procedures.

10 Conclusion: Kovid Technical is named after a
11 Yiddish word "kavod", meaning honest and
12 trustworthy. Everything we try to do is based
13 around providing solutions that are in the long-term
14 best interests of our customers. My favorite part
15 of this job is the fact I'm selling a product that
16 makes the world safer and more efficient and helps
17 folks do their job better. The key to that is the
18 safety of our customers. We're happy to be partners
19 with you folks and ensuring our XRF analyzers are
20 used correctly in the field. But at the end of the
21 day, once we leave that training, we have no
22 authority or oversight into how the analyzers are
23 being used. But if there's anything that we can do
24 to help, we're happy to assist with this.

25 I believe a good way forward would be to reach

1 out to customers, like the video that we didn't see
2 but you guys can see linked in the presentation.
3 Reaching out to them and, you know, doing a, a
4 training safety video with them on their, on their
5 website, you know, to say, you're using this thing
6 wrong. You guys have a big market. I don't know.
7 We can talk about that more.

8 I'd now like to open up to any questions you
9 have and thank you all for inviting me and giving me
10 a chance to speak here today.

11 (Applause)

12 MARK SEDDON: Thank you.

13 WILLIAM ATHERTON: Could you show us a readout
14 of the spectroscopy or whatever it is?

15 ZAC MERSAL: Absolutely. Can I steal the --

16 JAMES FUTCH: Yeah.

17 CLARK ELDREDGE: For the Department of Health,
18 we do have county health departments who have these
19 that are Cobalt based as well as x-ray for doing
20 lead paint for those counties like Hillsborough and
21 others that have lead paint issues. So they have
22 those in the field.

23 ADAM WEAVER: For reducing Cobalt 57?

24 CLARK ELDREDGE: Yeah. I can't remember. He
25 would know better than I what's in them.

1 LISA GAVATHAS: Do you sell the ones with
2 material?

3 ZAC MERSAL: So we don't sell those particular
4 analyzers anymore, ever since the conflict in
5 Ukraine. They're Americium sourced and Americium
6 comes from Russia, which is now impossible to get.

7 ADAM WEAVER: Difficult to get.

8 ZAC MERSAL: Yeah.

9 MARK SEDDON: How many approximate number of
10 units are there out there licensed in Florida, do we
11 think?

12 ZAC MERSAL: I would expect that there are
13 thousands or tens of thousands of these in Florida.

14 MARK SEDDON: How confident are we that they're
15 registered?

16 LISA GAVATHAS: We can't find them. When you
17 go to do an inspection, they're not there or they
18 say I shipped them to South America. Because
19 some -- one pawn shop might have ten. But he sends
20 them to, like, in Miami area is what I'm referring
21 to where I've been to inspect. And they say one is
22 in Venezuela; one is in Colombia, you know. They
23 might have sent them all over the country or all
24 over the world. So we don't have that many
25 registered.

1 MARK SEDDON: Gotcha.

2 CLARK ELDREDGE: No. We -- another use that
3 is -- for those of who you remember the corrosive
4 drywall in Florida, there was a poor correlation of
5 about 80, 90 percent of the gross of samples also
6 had a high Strontium content because the mine it was
7 pulled from. So it was specific to a specific
8 region in China that that mine and so we had several
9 evaluators and investigators for corrosive drywall
10 who were using XRFs to see for Strontium content to
11 see what that was, what level that was in the
12 drywall.

13 ZAC MERSAL: Yeah. These are used really all
14 across the, the industrial spectrum. I mean, you
15 guys were talking about phosphate mines. Mosaic,
16 they're customers of ours. They use them for
17 Magnesium analysis in the ore. Space X, NASA, you
18 know, they're using them for positive material
19 identification.

20 The pawn shop is like, or the precious metals
21 market is sort of an outlier in what we do. Most of
22 the people that we're selling to are, you know,
23 industrial clients who take this seriously and, you
24 know, have radiation safety programs. And, you
25 know, you can imagine I don't have to work hard to

1 get Lockheed to, to schedule a training class. But
2 these guys, it's mom-and-pop shops. They, you know,
3 they just care about making money and, you know,
4 they're like, I don't feel any radiation exposure or
5 anything. So they take it less seriously than other
6 folks certainly do.

7 LISA GAVATHAS: And a lot of universities also
8 use them for research.

9 ZAC MERSAL: Yeah. Emery, they have several of
10 ours. University of Florida, I sold one to
11 recently. It's really all over the place.

12 Like I said in my slide or in my presentation,
13 if they need analysis of elemental chemistry for
14 Magnesium to Uranium, we're completely
15 non-destructive and significantly cheaper than, you
16 know, an OES or scan electron microscope or anything
17 like that.

18 MARK SEDDON: What's the approximate cost?

19 ZAC MERSAL: I'm sorry?

20 MARK SEDDON: What's the approximate cost?

21 ZAC MERSAL: For these, which are just about
22 the cheapest analyzer we sell, between \$17,500 and
23 say \$19,500, depending on, you know, accessories and
24 configuration. But our top-of-the-line analyzer
25 that, you know, can see many elements at one part

1 per million, that could be anywhere from, like,
2 \$38,000 to \$65,000.

3 WILLIAM ATHERTON: And you said they're tube
4 based? There's a little tube?

5 ZAC MERSAL: Yes. Every analyzer we sell is
6 tube based.

7 WILLIAM ATHERTON: And how long does the tube
8 last?

9 ZAC MERSAL: About, um, 2000 hours of
10 operation. You know, it really depends on, on how
11 it's being used, how long the tests are, et cetera.
12 But we say, you know, five years of heavy use. So
13 think a scrapyard operator who is taking it is out
14 into their -- it's hot, humid, it's cold, and
15 they're going out and testing with this all day.
16 You know, five years of use under those
17 circumstances.

18 But, you know, if you're a pawn shop and you're
19 just using this a couple times a week, you know, an
20 x-ray tube is like a light bulb. If it's sitting on
21 your shelf and not being used, these things can last
22 decades.

23 Did you have a question up there?

24 KRISTI PATEL: I was wondering how long they'd
25 been used in pawnshops and things of that nature.

1 And in their initial use, was there some sort of
2 regulatory capacity -- you said there's not that
3 many, you don't have that many listed.

4 LISA GAVATHAS: I don't know the exact amount.
5 I mean, we have a fair amount, but when he's talking
6 tens of thousands, we don't have -- we definitely
7 don't have that many.

8 KRISTI PATEL: Is there an application process
9 or some sort of screening for these individuals and
10 these kind of private little, you know, precious
11 metal industry for them to acquire one of these?

12 ZAC MERSAL: We, you know, being sales reps.,
13 we're only supposed to quote analyzers that are
14 staying within the southeast United States. So if
15 they are going to South America or something, we
16 direct them to our distributor down there. But as,
17 you know, as best as we can tell, if they're staying
18 in Florida, we sell them.

19 KRISTI PATEL: If I want one, I could just give
20 you \$17,500?

21 ZAC MERSAL: That's right.

22 LISA GAVATHAS: And then it's your
23 responsibility to register them with the State.

24 KRISTI PATEL: And are we informed of that,
25 it's my responsibility I have to register it with

1 whom?

2 LISA GAVATHAS: With us, with the Bureau of
3 Radiation.

4 KRISTI PATEL: And that system is --

5 ZAC MERSAL: We do tell them that they are
6 required to register.

7 JAMES FUTCH: Let me take just a minute,
8 Council, everybody. We have a member of the public
9 today with us that is Kristi Patel --

10 KRISTI PATEL: Yes.

11 JAMES FUTCH: -- and she has some issues we're
12 going to discuss over lunch.

13 So Kristi, we're trying to actually get back on
14 schedule, so hold those until later. Go ahead.

15 ZAC MERSAL: Anybody else have anymore
16 questions for me?

17 LUIS RODRIGUEZ: What about for disposal or
18 once they --

19 ZAC MERSAL: So if they are disposing of one of
20 these, they are -- because they're tube, it's
21 easier, but they are supposed to send them back to
22 Thermo and we'll dispose of them at no charge or a
23 low fee.

24 But we, what we typically end up doing is
25 giving them a trade-in value, even though it's a

1 broken analyzer, and then disposing of it, you know.
2 We'll give them like a dollar trade in value when
3 they buy a new one and we dispose of it at no cost.
4 But really, it's not a concern with these. Most of
5 the time, they aren't disposed of. They're
6 refurbished. Just put a new tube in and sent back
7 out in the market.

8 MARK SEDDON: So I think we'll move on to --

9 JAMES FUTCH: I have one more question.

10 MARK SEDDON: Sure.

11 JAMES FUTCH: What's the typical -- I think you
12 ran this for, like, 12 seconds. Is that about how
13 long it normally takes to do --

14 ZAC MERSAL: This is actually kind of a longer
15 test. Because it's realtime statistical analysis,
16 this right-hand column here is the, the precision,
17 the margin of error. So the test time is determined
18 by whatever precision you're comfortable with.

19 So in the case of precious metals, you know, a
20 carat is what we call a pseudo element. It's
21 derived based on the gold concentration which we are
22 measuring. So twenty-four carats is one hundred
23 percent. One hundred percent divided by twenty-four
24 comes out to 4.4 percent gold equals one carat.

25 So if we're at plus or minus one percent on the

1 gold reading, you know, that's plus or minus a
2 quarter of a carat. So somewhere around a five to
3 seven-second test is what I recommend for our
4 customers.

5 JAMES FUTCH: Okay.

6 ZAC MERSAL: And for many applications, it's
7 significantly shorter. Like I was talking about
8 stainless steel sorting, those tests can typically
9 be done in just a couple seconds. You know, two to
10 five seconds. But if you're doing, like for a, a
11 Nutrien, their test's looking at near limits of
12 detection for Magnesium. Those tests can be, like,
13 ninety seconds, three minutes, something like that,
14 just depending on how low you're trying to see, how
15 low the concentration you're trying to measure is.
16 And definitely, they are using the testings for
17 those type of analysis.

18 CLARK ELDREDGE: Now, the lights on it, they
19 are on while it's doing the analysis, correct?

20 ZAC MERSAL: That's correct.

21 CLARK ELDREDGE: So when we timed that video,
22 half -- it was half a minute to two minutes is how
23 long the individual was running it.

24 ZAC MERSAL: I really can't speak to these -- I
25 mean, they obviously don't know what they're doing.

1 You know, the -- I know they were testing several
2 different samples. But, yeah, they're using it
3 wrong. I mean, there's no getting around that.
4 When I was talking to Lisa and James on the phone
5 scheduling this, we were talking about, the analogy
6 that I used is that Ford sells the Mustang and they
7 can do all the safe driving training that they want,
8 but as soon as somebody drives off the lot, it's not
9 up to them to make sure it's being used right.

10 We definitely want to help, you know, however
11 we can, but at the end of the day, we can't call
12 them up and say, hey, you're using it wrong.

13 CLARK ELDREDGE: No, no. XRFs are cool tech.
14 They're a wonderful tool when used properly. Yes,
15 there are less than -- I'm having to find the right
16 word to use in a public setting that's being
17 recorded to describe the individuals who, um --

18 JAMES FUTCH: So we had, just to wrap it up,
19 back to the chart, on the XL2 100 users guide,
20 they're listing .95. So they're thinking about five
21 rem a minute, basically, to get to the -- that's
22 coming out of it. From what you said before, it was
23 45 rem. So if you do the math on that, it's like
24 .75 rem per minute. So three quarters of a rem per
25 minute while he's holding it directly on the device.

1 And if he's got a small enough sample, the beam's
2 coming right through.

3 ZAC MERSAL: Yes. Yes.

4 ADAM WEAVER: But don't forget, that's a
5 localized dose. That's not a whole-body dose.

6 CHANTEL CORBETT: Right.

7 CLARK ELDREDGE: Yeah, yeah.

8 ADAM WEAVER: So you have to figure in
9 weighting factors.

10 CHANTEL CORBETT: Extremity. Yeah.

11 JAMES FUTCH: I'm more concerned about his
12 fingers.

13 CHANTEL CORBETT: Yeah, extremity dose.

14 MARK SEDDON: Yeah. Finger exposure.

15 CLARK ELDREDGE: Finger exposure is the real
16 risk here, as I say.

17 ADAM WEAVER: Or to the palm of their hands.

18 JAMES FUTCH: Heat tends to hold it.

19 CLARK ELDREDGE: The gentleman whose wife
20 called us --

21 ADAM WEAVER: Where ever the hell they're
22 holding it.

23 JAMES FUTCH: He's holding it, his hand -- his
24 fingers are fairly long. He tends to hold it in his
25 fingers up against the --

1 ADAM WEAVER: Yeah.

2 CLARK ELDREDGE: As I said, the case from years
3 ago, they were saying they were doing -- this
4 gentleman who was doing this was using, doing
5 several hundred samples a day in his business,
6 holding it in his hand and shooting it, so --

7 ADAM WEAVER: Yeah.

8 CLARK ELDREDGE: -- there's some, you know, is
9 twenty percent bypass? It adds up real quick if
10 you're doing --

11 ADAM WEAVER: I'm sure he saw reddening of the
12 hands without recognizing.

13 CLARK ELDREDGE: When we looked at these -- the
14 Florida, um, museum folks have one for analyzing
15 historical samples and things. Historical finds.
16 And we were there with our equipment and whatnot.
17 And when it's set up properly and whatnot, we
18 actually had to get the meter right to it to see any
19 scatter, anything at all. You had to get --

20 ADAM WEAVER: Yeah. Right on to it.

21 CLARK ELDREDGE: -- half a centimeter type
22 distance for the sensor to see anything at all, any
23 reaction. So, again, extremely safe when used
24 properly.

25 WILLIAM ATHERTON: What is the range of

1 elements? It is just metals or --

2 ZAC MERSAL: For this one, it's, it's for a
3 limited -- we try and make this a lower price point
4 than -- like for any of our tubes with the better
5 detector, the silicone drift detector, it's
6 Magnesium through Uranium is what we're capable of.

7 Now, they're typically not -- they're never
8 calibrated for every one of those elements. It's
9 sort of a suite. Yeah, it's based on what you're
10 trying to measure.

11 CHANTEL CORBETT: Customized.

12 LISA GAVATHAS: What you're expecting to find.

13 ADAM WEAVER: Sure. A range.

14 ZAC MERSAL: I'm sorry?

15 LISA GAVATHAS: Your expectation. What you're
16 expecting.

17 ZAC MERSAL: Yeah. If you're doing alloy grade
18 analysis, there's no alloy in the world that has
19 Uranium as an alloy agent, so we don't bother
20 calibrating for that element, for instance. But if
21 you have a particular need, like, let's say the
22 customer is doing a coating that has something you
23 wouldn't normally have in there, we can always get
24 that calibration, that element calibrated to the end
25 mode.

1 JAMES FUTCH: Zac, since you've got the
2 projector, can you go to your resources slide just
3 to show the group? It's in their packet, but --

4 ZAC MERSAL: Yes. The final slide here has
5 resources. So this video here is a -- one of our
6 regional sales manager who does a demonstration of
7 this, as well as the other precious metals analyzer
8 which has the, the radiation shielding built in.
9 There's no way to use it without it being shielded.

10 This second right here is the XL2 user guide.
11 I understand maybe these links are not working, but
12 I'll give you guys the file directly.

13 JAMES FUTCH: It's department security.
14 Dropbox is not permitted.

15 ZAC MERSAL: I'll put it on your flash drive
16 before I leave.

17 JAMES FUTCH: That radiation safety class
18 looked fairly extensive.

19 ZAC MERSAL: Yeah, the radiation safety class
20 here, this third, this third check box right here,
21 it's on Thermo's website. You know, x-ray tube or
22 source. It's free. All you have to do is make an
23 account. If you guys want to check it out, it's a
24 really good course.

25 And then the last thing on there is our

1 training checklist which covers everything that we
2 -- you know, we go through this at the end of the
3 class to make sure we covered everything. You see
4 ALARA right here. So just for your own, your own
5 information.

6 ADAM WEAVER: Do you recommend that whole body
7 dosimetry or is it up to the user?

8 ZAC MERSAL: No, it's up to the user. But
9 because the dosage is so low, you know, my
10 understanding is that dosimetry is required if you
11 expect the dosage to be ten percent or above of the
12 maximum limit. Because 200 mrem is not ten percent
13 of --

14 ADAM WEAVER: Right.

15 ZAC MERSAL: -- 5,000, we don't recommend it.
16 It's -- as far as I've been aware, nobody -- none of
17 our customers that have done dosimetry because of,
18 you know, corporate compliance or whatever, have
19 ever had any kind of positive, positive result from
20 dosimetry.

21 JOSEPH DANEK: So you said they had to go
22 through the training class before they can give
23 them, you know, buy the device? They have to go
24 through training first?

25 ZAC MERSAL: No. The training is provided

1 afterwards. So they get the analyzer. We do the --
2 sometimes we do these training classes over Zoom,
3 they'll be like to do them in person because it
4 helps, you know, people take it more seriously. And
5 then also, any changes that are made to the settings
6 of the analyzer are provided -- are done on their
7 analyzer.

8 But one of the things required to register with
9 the State of Florida is that you have the training
10 certificate. So, you know, if they don't want to
11 get in trouble with the Florida Department of
12 Health, they'll do the training, get the certificate
13 and then submit that along with their registration
14 paperwork and fee.

15 JOSEPH DANEK: But there's no test or anything
16 like to show competence or anything.

17 ZAC MERSAL: No, there's not.

18 LISA GAVATHAS: And we do ask for training
19 during the inspection. We ask to see the training
20 certificates from the user. Whether they actually
21 did the training or not, but we ask if they can
22 demonstrate proper use.

23 MARK SEDDON: How often are they inspected?

24 LISA GAVATHAS: Three years.

25 MARK SEDDON: All right. Any other questions

1 for Zac? He's been very informative. Thank you,
2 Zac.

3 ZAC MERSAL: My pleasure, yeah.

4 (Applause)

5 MARK SEDDON: So are we transitioning to lunch
6 or are we going to --

7 JAMES FUTCH: We don't want to rush Kevin since
8 we haven't actually been to this lunch place yet.
9 Maybe we should just wrap it up and then get going
10 over there.

11 Zac, can I take some pictures of that before
12 you take it apart? Zac, can I take some shots
13 before you take it apart?

14 ZAC MERSAL: Absolutely.

15 MARK SEDDON: All right. So there's a map in
16 your packet for both walking and driving, correct?
17 And then we already have a table set up over there.

18 BRENDA ANDREWS: So the way -- they're going to
19 sit us -- it's a small restaurant. They would put
20 a -- group us together as closely as they can. And
21 so we may have individual tables with just groups of
22 four and things like that. But the way he's going
23 to do the tickets, he's going to use your -- what
24 you chose, your menu, and ring you, ring up your
25 lunch; staple it to your menu. We'll give you those

1 at the table. And then individually, you can go up
2 and pay.

3 MARK SEDDON: Okay.

4 BRENDA ANDREWS: Okay. That works out better
5 for them.

6 MARK SEDDON: Sounds good. And we're going to
7 lock up this room so you can leave stuff here.

8 THE COURT REPORTER: I'm staying here.

9 (Proceedings recessed at 11:51 a.m.)

10 (Proceedings resumed at 1:30 p.m.)

11 MARK SEDDON: So I think we'll go ahead. I
12 hope everyone had a safe walk back from lunch. For
13 those who walked and dodged cars on the road, it was
14 nice way to wake yourself up after.

15 JAMES FUTCH: Did you have that experience,
16 yourself?

17 MARK SEDDON: Yeah, a little bit. So we have
18 Kevin doing the update from before lunch, the
19 radioactive materials program.

20 KEVIN KUNDER: Okay. Welcome back from lunch.

21 Let's see. Lisa already mentioned that Charlie
22 went over to do the lead shielding, so we have an
23 evaluator position open. It's been open for about a
24 month and a half and I have it still posted. It
25 will be up for like a week from this coming Monday,

1 so we'll see if we get any candidates.

2 Rule making, still in progress. The Florida
3 Department of Health General Council's office
4 returned the entire package to us after our last
5 meeting and they want it reworked and they want it
6 sent back in parts. So this is stuff we've been
7 working on for almost six years now. So they want
8 it in parts. So we're going to go by our parts. So
9 part one has already been submitted to them and
10 we're getting ready to submit part two.

11 So the things that changed over the last five
12 years, we're redoing, reworking and putting those
13 changes in there and we're sending it back again.
14 So we're hoping that, at least our general counsel
15 that we're working with, she thinks that it will go
16 quicker if we break it up into smaller chunks rather
17 than the entire 6040-5. So I have no estimates on
18 dates.

19 As of last month, we had 1508 specific licenses
20 and 226 general licenses, making a total of 1734
21 radioactive materials licenses.

22 We average close to two hundred licensing
23 actions a month and close to seventy-five ram
24 inspections a month that we process and turn into
25 compliance or violation letters for the licensees.

1 GL invoices were mailed out May 1st and were
2 due back on or before July 1st. The way the GLs
3 work is if you have GL devices and you already have
4 an SL license, you can move them over to that SL
5 license and it will save you on the annual fee. But
6 the regs. still require you to submit invoice --
7 inventories every year. So we got back all but
8 thirty-one, they were delinquent and they were
9 issued violation letters.

10 Section 17.20 Florida Statutes requires each
11 State agency to assign delinquent accounts to a debt
12 collection agency within 120 days of the date that
13 the accounts were due and payable. For the fiscal
14 year ending June 30th, our section, Radioactive
15 Materials section, referred 262,000 -- almost
16 \$263,000 in delinquent accounts to Transworld
17 Systems, Inc. Collection Agency, for which they've
18 recovered -- this past year, they've recovered
19 almost \$51,000. So it's still 212 out, \$212,000
20 outstanding that we're still dealing with the debt
21 collection agency.

22 Medical events since last meeting, like x-ray,
23 we haven't had any medical events since the last
24 meeting. We have, we have one now. It just came in
25 on Friday, so we're going to work on that one. We

1 don't have any information on that one yet. Other
2 than that one, we've had nothing.

3 We did have two facilities reporting lost or
4 stolen sources, one facility with a leaking e-vial
5 and two non-medical damaged gauges that the sources
6 were still intact, but they went back to the
7 original manufacturer to get fixed.

8 At the last meeting, I mentioned Fusion Energy
9 and where things were at and we were ramping up for
10 rule development. NRC is ramping up for rule
11 development. And also the fact that our Bureau will
12 be tasked with licensing and inspecting the Fusion
13 Energy facilities, which is different than the
14 fission power plants where the NRC license is done.

15 On July 9th of this year, the Accelerating
16 Deployment of Versatile Advanced Nuclear for Clean
17 Energy or ADVANCE Act, was signed into law. It adds
18 a new definition of fusion machines added to the
19 Atomic Energy Act of 1954. It also incorporates
20 fusion machines into the definition of byproduct
21 materials in the same act.

22 At the same time, it made similar changes to
23 the Nuclear Energy Innovation Modernization Act,
24 NEIMA, to replace the term fusion reactor with
25 fusion machine.

1 Finally, it tasked the NRC with performing a
2 study on mass production of fusion machines and
3 submitting a report to Congress on the results by
4 July 9th of next year. So next summer.

5 NRC rule making is working on codifying
6 radioactive materials produced by a fusion machine
7 as byproduct material and that fusion machines are a
8 subset of particle accelerators. It will also amend
9 NEIMA to separate fusion machines from advanced
10 reactors.

11 Next milestones are to have public meetings on
12 mass manufacturing fusion machines this winter.
13 Publish -- publish proposed rules in the Federal
14 Register and public comments periods and public
15 meetings beginning some time next year. The draft
16 final rule to the Commission by the summer of 2026
17 and December, the end of December 31st, '27 will be
18 the NEIMA deadline.

19 August 9th, so about a month ago, the NRC
20 issued Information Notice 2404, titled Recent
21 Medical Events Involving Administration of
22 Therapeutic Radiopharmaceuticals and can be found in
23 our website at flhealth.gov/ram. It is intended to
24 provide licensees with a heightened awareness of
25 recent medical events involving therapeutic

1 radiopharmaceuticals. They say over the past few
2 years, the number of radiopharmaceuticals approved
3 by the FDA and undergoing clinical trials have
4 increased.

5 With this additional usage, the NRC staff
6 identified an increase in reports of medical events
7 involving therapeutic radiopharmaceuticals with 29
8 events occurring from '21 to '23. Many of the
9 reports that they reviewed involved new therapeutic
10 radiopharmaceutical procedures. The root cause of
11 these reports included failure to confirm the
12 written directive or prescribed activity before
13 delivering the dose, incorrect set up or
14 administrative -- administration procedures, and
15 failure to train staff involved in the handling and
16 administration of the radiopharmaceuticals before
17 the first use.

18 Lutathera and Provec --

19 CHANTEL CORBETT: Pluvicto.

20 KEVIN KUNDER: Pluvicto, thank you. Have
21 standard doses protocols of 200 mCi per, per dose.
22 However, their package insert recommends reducing
23 the prescribed activity to 100 mCi, based on the
24 patient's kidney function from lab results.

25 So we had one actually reported the prior

1 period in Florida, where the written directive was
2 to, I think it was like 150 mCi that they were
3 supposed to give the patient, and the tech just
4 assumed it was always 200 mCi and they gave the 200
5 mCi to the patient. So it's just something that,
6 that's out there to be aware of and like I said, go
7 to our website if you want to pull it down from
8 there or the NRC website, to read more about it.

9 The next thing is the NRC rule making regarding
10 reporting of nuclear medicine injection
11 extravasations as medical events.

12 On June 17th, I attended the Advisory Committee
13 on Medical Use of Isotopes, better known as ACMUI.
14 It was a public meeting held in accordance with the
15 rules and regulations of the Federal Advisory
16 Committee Act and the Nuclear Regulatory Commission.
17 Their function is to advise the NRC staff on issues
18 and questions that arise on medical use of byproduct
19 material.

20 They reviewed the staff's draft, the NRC staff
21 draft proposed rule and associated draft
22 implementation guidance for reporting nuclear
23 medicine injection extravasations as medical events.
24 They reviewed the documents and made a few
25 recommendations.

1 An example of one is the NRC had defined
2 extravasation to mean the unintentional presence of
3 radiopharmaceuticals in the tissue surrounding a
4 blood vessel following the injection. The ACMUI
5 thought it was too specific and excluded the
6 possible injection errors, so they recommended
7 revising the definition for extravasation to mean
8 the unintentional presence of radiopharmaceutical in
9 the tissue surrounding the blood vessel, spinal cord
10 or body cavity into which it was intended following
11 an injection.

12 Unfortunately, that didn't stick. So last
13 month, the NRC sent to the commission their
14 recommendations and that was not in there. They
15 went back with their original recommendation.

16 Also, just as a reminder, last December, the,
17 the representative, H. Morgan Griffith from
18 Virginia, along with 15 other co-sponsors, submitted
19 a bill this past December titled The Nuclear
20 Medicine Clarification Act of 2023. It required the
21 NRC to revise its regulations to protect patients
22 from unintended exposure to radiation during nuclear
23 medicine procedures and for other purposes. They
24 want a clarification. They wanted the dose-based
25 requirement added back into the extravasation. So

1 basically, it's a dose that is due to an
2 extravasation that exceeds .5 Sv or 50 rem dose
3 equivalent in a five cubic centimeter volume of
4 tissue. The NRC didn't necessarily go that way.

5 Their proposed -- this is just from last month.
6 Their proposed definitions are sticking with the
7 extravasation means unintentional presence of a
8 radiopharmaceutical in the tissues surrounding the
9 blood vessel following an injection. Radiation
10 injury means a deterministic health effect to the
11 area around an injection site that can be attributed
12 to radiation.

13 And as far as reporting, the administration of
14 byproduct material that results or has the potential
15 to result in a radiation injury from an
16 extravasation as determined by a physician. So
17 they -- the ACMUI went around and around about that,
18 but they've kept it as a physician.

19 And then as far as what they're putting forward
20 for proposed procedures for evaluating and reporting
21 of extravasation for any administration in which an
22 extravasation can occur, the licensee must develop,
23 implement and maintain written procedures to provide
24 high confidence that an extravasation that results
25 or has the potential to result in a radiation injury

1 as determined by a physician, will be detected in a
2 timely manner and reported in accordance to the
3 regs.

4 The written procedures require a paragraph
5 to -- it must address how the license determines
6 that an extravasation meets that criteria. And for
7 medical event and how licensees document, this is
8 the -- this is determined. And then licensee must
9 retain a copy of the procedures required under this
10 section.

11 So this is all stuff that is being submitted to
12 the committee, the NRC. They're going to have to go
13 ahead and approve it. And then if they do approve
14 it, then we'll have -- it's probably going to be
15 another two more, two or three more years and then
16 we have three years to adopt it. And then, of
17 course, our record on adopting rules, don't know
18 when.

19 And finally, they did look at, that, that --
20 it's called HR6815. But that's the bill that was
21 put forward. They looked at the cost to the
22 industry, NRC and the agreement states, of just
23 doing, just this one change for the reporting of
24 medical events. And they're estimated, the
25 undiscounted cost to be just over \$42 million in a

1 ten-year period. And then they compared that to the
2 cost of doing this 50 rem rule. Doing the dose
3 portion of it.

4 And from \$42 million, it went up to \$6.3
5 billion that would cost the industry to do that type
6 of reporting. So they just feel that, you know,
7 what they're putting forward now should be enough
8 for the, the amount of occurrences that's actually
9 happened.

10 But there's this whole, HR6815, there's a whole
11 group that's out there, like thirty different
12 industries that are out there, they're pushing it
13 and saying that, you know, we're not watching after
14 our patients and that the high -- high doses to the,
15 to the injection sites and stuff and we're not
16 recording that. So that -- I've looked at some
17 other studies out there that kind of contradict
18 that, but that's where it's at right now.

19 You guys got any questions about what's going
20 on? It's going to be a little while until that
21 comes out, but there's been a big push for that one.

22 The last thing is a general thing that I have
23 here, we were talking about shortly with Chantel
24 before, is our public records requests. So last
25 year we came to the meeting, there would've been a

1 big change. The Office of General Counsel hired a
2 new attorney over the public records section and
3 they required all of us to go back to the way it
4 was, which is follow what the statutes were when
5 people were requesting public records.

6 After they were inundated with the amount of
7 phone calls, e-mails and requests on their website,
8 they've gone back to the way it was, which is they
9 are allowing us to make the determination. If the
10 e-mail request is coming from that business, we can
11 tell it's coming from that business, we know who the
12 person is, we are allowed to provide them the
13 records directly to them.

14 If someone else is coming in with a gmail
15 account or something like that, we don't know who
16 they are, they will have to go through the same
17 public records request to go through that way. But
18 they're allowing us to send out copies of what
19 you're requesting, for a license that you're
20 requesting. So yeah, I know it's -- so --

21 CHANTEL CORBETT: Thank you.

22 KEVIN KUNDER: Yeah. Had to do all the leg
23 work. Everybody else had to do all the leg work of
24 busting our chops, but they finally pushed it back.

25 CHANTEL CORBETT: It took them a little while

1 for them to figure out what we told them it was
2 going to be a pain was a pain.

3 KEVIN KUNDER: But you said earlier, now it's
4 back and you have no problem.

5 CHANTEL CORBETT: Yeah. The e-mail address is
6 working flawlessly now, so --

7 KEVIN KUNDER: Yeah, so we have, we've created
8 for the radioactive materials section, we created
9 one doesn't -- one isn't really for you guys, it's
10 for the reciprocities coming into the State. So
11 when other state licensees want to come into
12 Florida, they can use their license and we give them
13 a reciprocity license, which is a general license to
14 use their other state license in Florida. And they
15 have to let us know at least three days in advance
16 they're coming into the State. So we have a
17 separate e-mail account for that.

18 And then for us, for just a general ram,
19 general questions or what have you, it's just
20 flram@flhealth.gov. So that's the website Chantel
21 is talking about. And that's helped out a lot, too,
22 by getting stuff in there and we have several people
23 that are on that. We turn things around real quick
24 and send it back out.

25 CHANTEL CORBETT: And I think it cuts down on

1 the phone calls for the staff too, which helps.

2 KEVIN KUNDER: Yeah.

3 MARK SEDDON: All right.

4 KEVIN KUNDER: Any other questions?

5 MARK SEDDON: Any questions for Kevin?

6 JAMES FUTCH: What?

7 (Laughter)

8 MARK SEDDON: You did such a good job. All
9 right. I guess we'll jump to the next topic, which
10 is the diversion of Cat 2 Iridium cameras.

11 KEVIN KUNDER: Okay. I'm kind of going to go
12 through probably a little backwards here.

13 This is a talk about the intentional diversion
14 of Cat 2 quantities of radioactivity in the form of
15 radiographic cameras. And I'm just going to talk
16 through what our one of our regs. are as far as
17 severity levels we were talking about, like fines,
18 at lunch. We'll just go through that real quick and
19 then we'll get into what it actually was.

20 So this is our severity levels. This is found
21 under our 64E-5.201(3). And this is what we use for
22 our different types of penalties. So penalties for
23 violations of our Florida Statutes and Florida
24 Administrative Code, can be either criminal or
25 civil.

1 For criminal, we have up to a felony of the
2 third degree. And for civil, we have an
3 administrative fine up to a thousand dollars per
4 violation per day.

5 So these tables are, are part of the, the regs.
6 but this is severity Level I through V. And then
7 depending on their frequency and how often they
8 happen, they can actually get bumped up in severity
9 levels and what's required for us to do it.

10 So this is just an example. Pick the
11 worst-case scenario here. Severity Level I example
12 of this is single radiation exposure to a worker
13 greater than 25 rem of the total effective dose or
14 to the general public greater than 1 rem.
15 Possession or use of radioactive materials without a
16 license. Falsification of records deliberately or
17 with the knowledge of management. Release of
18 radioactive materials to an unrestricted area in
19 excess of ten times the limits and disposal of
20 licensed material in quantities or concentration in
21 excess of ten times.

22 We go down to the Severity Level II, and it
23 drops to the single TEDE exposure for a worker is
24 five --

25 JAMES FUTCH: It didn't change.

1 CLARK ELDREDGE: It's not --

2 KEVIN KUNDER: I know. It's my same slide.
3 Still on my same slide. I'm just giving examples
4 here.

5 CLARK ELDREDGE: Okay.

6 KEVIN KUNDER: And the annual TEDE to a member
7 of the public drops down to .5.

8 Also included in Level II would be failure to
9 make immediate notifications as required for our
10 reporting of medical events or other incidents, and
11 failure to make written reports to the department as
12 well.

13 So since we're a mixed group, what I'm going to
14 do is I'm just gonna talk about what nondestructive
15 testing is so everybody will know. I'm just going
16 to go through it anyway and the basics of industrial
17 radiography.

18 Nondestructive testing is also known as
19 nondestructive inspections, nondestructive
20 examinations. This is a form of testing that allows
21 inspection of internal structures without damaging
22 the item being tested. Most used methods are
23 radiographic testing. Magnetic particle testing.
24 Three liquid penetration testing, ultrasonic
25 testing, eddy current testing, acoustic emissions,

1 infrared testing and visual testing.

2 Industrial radiography for nondestructive
3 testing is used to inspect concrete and a wide
4 variety of different types of welds that are found
5 in gas and water pipelines; things with pressure and
6 storage tanks. It can identify cracks or flaws in
7 the welds that make -- that may not be visible to
8 the naked eye.

9 As referenced, isotopes mainly utilized for
10 this equipment, there's, there's several, but the
11 two main ones are Iridium-192 and Cobalt-60.

12 Handheld units, which is pictured up there in
13 the top right, they're about 100 -- I'm sorry, 100
14 Ci being used +/- 50 Ci at calibration. And they
15 have cart-mounted ones, which are bigger ones for
16 thicker pipes and thicker materials that they're
17 doing. They go up to 300 Ci at calibration.

18 The handheld one up there has got a handle on
19 it, a nice cover on it, but the whole, the whole
20 thing is encased in depleted Uranium. And it has a
21 little pigtail source sitting in there and a little
22 S tube that goes in there. So the radioactive
23 source on it is in the middle, so it can't actually
24 get out inside that S tube with the radiation for
25 the shielding purposes.

1 The radiographers bring with them when they go
2 to a site to, to measure a weld or this, whatever it
3 is they're measuring, they bring a twenty-five-foot
4 cable and a connected tubing and a hand crank. So
5 they'll connect this tubing on the one side and it
6 goes out twenty-five feet that way.

7 And then they have two sections of seven-foot
8 source tubing that they can connect together and
9 make another fourteen foot out that way. And
10 they'll tape that end on to the, like the weld or
11 the thing they're going to be doing. And they'll
12 put their either film or electronic data on the
13 other side of it. And then they go all the way back
14 and cordon off, like, a fifty-foot area and they
15 then they crank out the source and crank it back in
16 to expose the film. So when they take everything
17 apart, this is just the easy thing to pick up and
18 they leave.

19 There's actually a -- I'm showing a key in
20 here. There's a key on here they can lock the thing
21 down so if someone were to grab this thing, they
22 wouldn't be able to get the little pigtail with the
23 source out of it.

24 The incident I'm going to talk about involved
25 three -- the company's called Inc., Industrial

1 Nuclear Company. Industrial radiography cameras and
2 they were model number IR100.

3 Since they were being sent from the
4 manufacturer, which is out in California, out of the
5 country, they were left unlocked, which raises
6 additional concerns of the safety and security of
7 these sources. Since each camera had Cat 2
8 quantities of ram, they fall under NRC's Part 37
9 security requirements for use and transport.

10 As I remember, as I review -- oh. As I go
11 through this, just remember the reporting
12 requirements on these things in the slide here,
13 which is, they are supposed to report this within
14 four hours and then follow up within 24 hours with
15 the specifics and stuff.

16 JAMES FUTCH: Can I ask you a question, Kevin?

17 KEVIN KUNDER: Yes, sir.

18 JAMES FUTCH: Every time I hear that they're
19 left unlocked, is that typical for shippers in
20 general?

21 KEVIN KUNDER: I guess when it goes out of the
22 country, there's issues where it -- they don't want
23 the locks on there. It was a, it was a third party
24 in -- we'll get into it. It was a third party down
25 in South America that was, like, selling them to

1 somebody else. Was reselling them. And they just
2 did not want them locked because they don't have the
3 regs. down there where it has to be locked.

4 JAMES FUTCH: Okay.

5 KEVIN KUNDER: Yeah.

6 JOSEPH DANEK: This company is located in
7 Florida?

8 KEVIN KUNDER: The freight forwarder, yes,
9 unfortunately.

10 So the summer of '22, there's a company in
11 Caracas that's called Celtex NDT Supply. They're
12 the third-party supplier down there. They purchased
13 three of these gamma ray cameras, each with 103 Ci
14 of Iridium from Industrial Nuclear Company or Inc.
15 out in San Leandro, California. This is out of San
16 Francisco. They were to be shipped in September of
17 '22 to the company in Caracas.

18 When they hadn't arrived by November 28th, the
19 Celtex in Venezuela had called back up here and
20 said, where's my camera? I know it takes time to
21 get down there, but where's my stuff? So that's
22 when the company reached out to -- there was a
23 broker and a freight forwarder in Miami they reached
24 out to. And I know there was a little bit of
25 language barrier, but stuff went back and forth and

1 no one seemed to know where it was.

2 So the e-mails continued to go back and forth
3 into January and then again in March. So this was,
4 obviously, something had happened in September. And
5 now we're into beginning of next year and no one
6 knows where it is. So they never contacted the
7 California, like BRC, or the equivalent out there,
8 nor the NRC, until April 10th.

9 So this basically shows the route it was
10 supposed to take. So they were supposed to -- they
11 were being shipped FedEx and they were going from
12 the Oakland Airport. Everything, you know, FedEx
13 goes through Memphis and then from Memphis to Miami.
14 And in Miami, they were going to go through a
15 freight forwarder, a broker, and then they're going
16 to get put on a, a company called AirSea Tran that
17 was going to use another airline to take it down
18 into Venezuela.

19 So we contacted FedEx and FedEx shows that it
20 made it through the first two stops and arrived in
21 Miami. So that's, that's where we know it's at.

22 So anyway, it was supposed to go through Miami
23 International Airport. It was then supposed to go
24 to the broker called CargoHL up in, close to Miami
25 Springs up there. And then from there, it was

1 supposed to go to the freight forwarder, which is
2 back down by the airport. It's just, it's just west
3 of the Miami International Mall. And then it was
4 supposed to be going to other side of the Miami
5 International Mall called AirSea Tran, which was the
6 common carrier and from there they were going to
7 take it and put it on a plane in MIA. It didn't
8 quite make it from AirSea Tran to MIA.

9 MARK SEDDON: Can I interrupt? So is this Part
10 37, don't they have all the safe transport
11 requirements?

12 KEVIN KUNDER: Yeah. They're supposed to. I'm
13 getting there. You're right. You're absolutely
14 right.

15 MARK SEDDON: I'm sorry.

16 KEVIN KUNDER: Okay. So November 28th, Inc.
17 reached out -- Inc., the manufacturer, reached out
18 to the broker inquiring about the shipment. Inc.
19 was told, AirSea Tran said that they were shipped,
20 returned to Miami, where they were currently being
21 held in customs at the Miami International Airport.
22 That's what they told them.

23 There's e-mails back and forth in January.
24 Then the -- I forget who it was, but somebody got an
25 attorney and the attorney got with AirSea Tran

1 trying to find out what happened with it. And then
2 in March, Inc. didn't notify any agency and waited
3 until April 10th to call the NRC.

4 Their reasoning was -- and this goes back to
5 Mark's question -- that their responsibility ended
6 once the sources were picked up by FedEx, which
7 that's not the case. When, in fact, they're
8 responsible until it actually went through either
9 the FAA or Department of Homeland Security at the
10 Miami International Airport, which is basically
11 handing off to another federal agency.

12 So, so within 24 hours, Inc. actually called me
13 and started this whole thing off. So within 24
14 hours of them calling me and saying, hey, we think
15 it's down in Miami somewhere, we put together a team
16 and looped in the NRC in California as what was
17 going on. And the task team we put together was,
18 James happened to be acting as the bureau chief at
19 the time.

20 JAMES FUTCH: Lucky me.

21 KEVIN KUNDER: So James was the acting bureau
22 chief. Jorge Laguna, which is my peer in
23 inspections, and then the Miami Inspection Manager
24 at the time was Lisa Perazzelli. And then we had a
25 Miami inspector, Eric Kurz, he was helping out as

1 well. And then Orlando, because we had to have
2 everything scheduled with Orlando, we had Mark
3 Seidensticker, who was being delegated for my peer
4 in Orlando, the environmental section. And then we
5 worked with the Florida Highway Patrol CBE Hazardous
6 Material Enforcement, Lieutenant Artez Lester. And
7 then we had a couple troopers down in Miami, Barry
8 Richburg and Henry Orjeda.

9 So on April 10th, I spoke to the, the owner who
10 also spoke of, of AirSea Tran, who is Luis Pineres.
11 And he also spoke to the RSO for Inc. And he did
12 say that he had them. And he was asking the Inc.
13 manufacturer what they -- how much were they worth.
14 He was trying to sell them. And, of course, they
15 told him, well, it's been a while. They've been
16 decayed down to almost nothing now. But it's
17 actually going to be more money to you to actually
18 get rid of them. And then also, you don't have a
19 license for them, either. So there's that.

20 So, basically, we knew that he had them down
21 there somewhere. So with the new information, we
22 did a lot of research in about 24 hours, spent a lot
23 of time, a bunch of people, put this thing all
24 together and then with our authority with the
25 Florida Statutes 404, we tried to locate and

1 retrieve them two mornings later on April 12th.

2 So let's see. So we had two troopers, one with
3 a vehicle with the RS system in it that can detect
4 the radioactive sources or hope to. And this was
5 the storefront of, you know, you got Miami
6 International Mall and then there's a side street,
7 and then here's these warehouses and that's the
8 door. So it was like Miami International Mall,
9 here's this door that's open and there's some
10 sources around here somewhere.

11 So at nine o'clock on the 12th, the troopers,
12 the two troopers and our inspector drove around. We
13 asked them what location it's in. He said it wasn't
14 there anymore. We found two different locations.
15 Both of them were down there in Dural. So they went
16 around both of them. They drove around slowly, the
17 front and back of both locations. And they're
18 basically these long row warehouses where trucks
19 pull up in the back and you have a storefront in the
20 front or whatever, businesses in the front.

21 So they went around both of them. They
22 couldn't detect the activity because, obviously, it
23 decayed down, plus there's still depleted Uranium
24 inside.

25 So they did their stuff. They looped back

1 around and finally the trooper ended up calling the
2 owner on his cell phone and he picked up and he
3 answered and he told him where he was at and where
4 the stuff was.

5 So they went in there a little after 10 in the
6 morning and they interviewed him and they actually
7 took possession of the devices. And the guy was
8 really upset because he didn't want to give them up.
9 He said that he was holding them ransom for the
10 broker that was going out of business and owed him
11 over a hundred thousand dollars. So he was holding
12 this ransom to get paid back for that.

13 So once they got in the place, there was a
14 little side door with a kitchenette there and an
15 unlocked -- I don't know if you can see from this
16 picture, but that door handle is not a locking door
17 handle from the outside, only from the inside. And
18 there are the three sources in the three shipping
19 containers sitting right there in the bathroom. And
20 they've been sitting there from the end of September
21 of '22 until we went in there in April. April 12th.
22 So they were just sitting right there in the
23 bathroom.

24 So he took the inspectors in there, and which
25 is connected to the bathroom and about fifteen,

1 twenty feet away from active office space in there.
2 The trooper's RadEye detectors began alarming about
3 ten feet from the bathroom. And this is what they
4 saw when they went in there.

5 They took a reading at one meter and at contact
6 and they had .2MR per hour at one meter and on
7 contact, it was 3.1MR per hour. And they wiped
8 them. They tested them. There was no removal
9 contamination.

10 Separate readings of the containers weren't
11 taken, only because of, they would have to take them
12 out in another area where there was other staff
13 working, so they just decided just to have them
14 removed.

15 And this guy wanted to get me on the phone. He
16 wanted me to send him an e-mail that said that, yes,
17 here's the e-mail. We're taking them. Here's your
18 receipt that you had them, but we're taking them.
19 We're confiscating them from you.

20 So after we determined they were safe for
21 transport, the actual owner helped our inspector
22 take them out on a dolly and take them out to his
23 vehicle and load them up in his vehicle. And then
24 we had Mark Seidensticker, who is one of the
25 managers up in our Orlando office, he drove down to

1 Port St. Lucie, I guess, halfway point, and then
2 they just met up there and they swapped over and
3 then we took them to our, to our storage area which
4 can handle Cat 2 materials. Because by themselves
5 now, they're not Cat 2 at this point. But the three
6 of them still together is still considered
7 aggregated Cat 2. So we took possession and got
8 them out of there.

9 Just showing at the time of recovery, they were
10 about 16 Ci a piece. But again, together, they were
11 47 Ci and that's how they looked in the back of the
12 inspector's car and driven up to Orlando.

13 AirSea Tran's owner admitted that he
14 intentionally diverted the cargo to hold for back
15 payments from a freight forwarder. An investigative
16 letter sent to AirSea Tran with an intent to fine
17 Severity Level I, which we saw in the first slide,
18 was a thousand dollars times 185 days. They
19 diverted it for a total of \$185,000 fine. It
20 remained unanswered and unpaid. And after 120 days,
21 we're required by Florida Statutes to send it to
22 collections. We sent it to collections and then
23 they tacked on their additional fee, so the total
24 due was \$214,000. \$214,600. So that's where that
25 was at.

1 Again, I don't know how much you can read.
2 This is the typical letter that we sent out. It
3 said a member of staff went in there and revealed
4 that you had taken these without a license. And
5 then the severity is Severity Level I. And the
6 total fine, original total fine was \$185,000.

7 So then we sent another one that we haven't
8 received your response, and you know, we're going to
9 send it to collections, and nothing. So
10 following -- we're going to stop here and talk about
11 the California part of it.

12 So the domestic portion of the shipment would
13 have ceased when the export shipment entered into
14 the portion of the Miami Airport that is under the
15 jurisdiction of another federal agency. California
16 Department of Public Health determined that Inc.
17 should have arranged for the shipment with a secure
18 shipper for the entire domestic portion of the
19 shipment while in transit as required by Part 37.

20 On the day the shipment arrived in Miami,
21 another thing that they did wrong is, Inc. went
22 in -- there's -- I don't know how many people have
23 high doses of radiation. I know Pablo did. But
24 there's a nationally sourced track -- national
25 source tracking system, NSTS, and all the sources

1 from cradle to grave, are all tracked when Cat 1 to
2 Cat 2. So anybody that has greater than a Cat 2 has
3 to track them in this natural source track system.
4 And Inc. went into the system the date that they
5 arrived in Miami and they got their, their delivery
6 stuff from FedEx. And they showed them as being
7 shipped and exported out of the country when they
8 actually weren't. That added to the confusion of
9 everything.

10 Inc. was cited and all California manufacturers
11 were sent an information notice about this so
12 hopefully it doesn't happen to anybody else.

13 Another thing that you may or may not know is
14 all these things get sent off, when events get
15 called in, we work them up and we get them from the
16 initial investigation to a final investigation. All
17 these things have to be called in to the NRC and get
18 sent off to their main desk as well as, there's a --
19 I don't know -- national laboratories that follows
20 these as well and they keep track of them. And
21 there's a system where we can go and look at any
22 vendor, any state whatever, and we can see the types
23 of events that have come in.

24 The NRC, every year, it goes after that year
25 into the following year. But they go ahead and they

1 pull all the different ones and they look for what
2 they call abnormal occurrences. So an AO or
3 abnormal occurrence with the NRC is if it involves a
4 major reduction in the protection of public health
5 and safety and/or the incident or event has a
6 moderate or severe impact on public health or
7 safety.

8 So the abnormal occurrence, Criteria C, which
9 is this one, is for theft, diversion or loss of
10 licensed material, sabotage or security breach. So
11 it includes any stolen, diverted, abandoned or
12 unrecovered lost radioactive material that meets or
13 exceeds the threshold of Category 1 or Category 2.
14 Actually, Category 2.

15 So for the year -- I think it was reported in
16 '23. So for that year, a total of 11 of these
17 events were included in that fiscal report. And it
18 actually goes off to Congress. So there were 11
19 included in that one. Six involved activities in or
20 with agreement states. So this -- ours actually
21 made the abnormal occurrence list and got sent off
22 to Congress last year.

23 And this basically shows what the report is.
24 Page five and six outlined our event and the
25 recovery operation that happened.

1 As a follow up, now going back to following up
2 with the licensee. We were contacted by an
3 attorney, Holly Machen from the Gebeloff Law firm in
4 Boca, who calls themselves Florida Debt Collection
5 law firm. She stated that her firm represented Luis
6 Pineres of AirSea Tran and she wanted to know more
7 about the fine being charged to him and referenced
8 our letters, which stated a fine plus collection
9 fee, for totaling to \$214,600. Ms. Machen wanted an
10 explanation of how the fine was calculated and who
11 to contact to arrange payment once we came to an
12 agreement on the balance due.

13 So negotiations started in January of this
14 year. And we went back and forth trying to come up
15 with a payment plan with them, initial sum and then
16 monthly payments. And they did call and tell our
17 counsel that AirSea Tran expected a cash influx
18 around mid February, but they were also negotiating
19 with a debt to Florida Workmen's Comp. So
20 basically, take our deal or the money might not be
21 there.

22 So we worked with them, but I think our, you
23 know, as my history with general counsel in getting
24 regs. done, it -- they didn't get it done until the
25 end of February. So they did finally get it drafted

1 and it went back and forth, back and forth. Took
2 payments out to 2026, but they didn't make it before
3 the end of February when we finally issued a final
4 consent order.

5 And then in May, we got a call from Ms. Machen
6 again, who said that they've withdrawn from
7 representation of their client as he has not made
8 payment and is now ghosting them.

9 (Laughter)

10 KEVIN KUNDER: So they think he left the
11 country. He's worked, whatever the mid point was
12 down there. In Colombia, I think. I think they
13 think he's down this Colombia now. So he's still in
14 collections, but probably not going to get anything
15 out of it, whatever, but that's kind of where that
16 one went.

17 JOSEPH DANЕК: Why not put the person in jail?
18 I mean, I don't get this.

19 KEVIN KUNDER: Yeah, I mean, we could have gone
20 that way. We started with the fine. You know, we
21 got the stuff recovered. You know, I don't think it
22 did any harm to anybody. So we got the stuff
23 recovered and looking at all that, and then we used
24 what we did for the civil penalties and fined him
25 that amount.

1 MARK SEDDON: Was he aware of the regulations?

2 KEVIN KUNDER: Um, he doesn't care. He cares
3 about his money that was owed to him and that he's
4 supposed to be transporting this. And that he's
5 going to hold on to it until he gets paid and then
6 he'll forward it on.

7 MARK SEDDON: Is he an authorized transporter
8 for this type of material or liaison? Is there, is
9 there any qualification for that?

10 KEVIN KUNDER: No. I mean anybody can -- you
11 know, as long as it's boxed up and stuff, they
12 can -- so he's considered like a, like a common
13 carrier --

14 MARK SEDDON: Right.

15 KEVIN KUNDER: -- until he takes possession of
16 it. So once he took possession of it, he's no
17 longer a common carrier.

18 MARK SEDDON: Right.

19 KEVIN KUNDER: If you guys want to see the,
20 oops. Anyway, that was just a QR code if you wanted
21 to see the actual report that went to Congress on
22 it. That's just the report.

23 JAMES FUTCH: Let me put it back up there.

24 KEVIN KUNDER: That's okay.

25 JAMES FUTCH: Is it in the packet?

1 KEVIN KUNDER: It should be in the packet,
2 yeah. You can do it from there.

3 BRENDA ANDREWS: You can use your phone over
4 that --

5 KEVIN KUNDER: Yeah. So we're good.

6 MARK SEDDON: Any questions for Kevin?

7 WILLIAM ATHERTON: I, I got lost.

8 KEVIN KUNDER: Sorry.

9 WILLIAM ATHERTON: Where were the, where were
10 they supposed to go, these sources? Where were they
11 supposed to end up?

12 MARK SEDDON: Caracas.

13 KEVIN KUNDER: Caracas.

14 WILLIAM ATHERTON: Where?

15 ALBERTO TINEO: Caracas, Venezuela.

16 KEVIN KUNDER: Yeah. I don't know what it is,
17 but there's a lot of freight forwarders in Miami.
18 And -- because we see a lot of the generally
19 licensed devices, like the handheld, like different
20 types of things that are -- like we're doing the XRF
21 things that are the radioactive material ones. We
22 see a lot of them going, shipped down there and from
23 there, they get shipped out of the country.

24 CLARK ELDREDGE: We have another company that
25 does that with baggage handlers and stuff. They

1 resell, like, air forwarders, they come through here
2 and they ship them out.

3 WILLIAM ATHERTON: But someone in Venezuela
4 bought them then.

5 KEVIN KUNDER: Yes. Yes.

6 WILLIAM ATHERTON: Okay.

7 KEVIN KUNDER: It was that Celtex NDT supply
8 company. So they sell a bunch of things down there
9 and I guess they sell these.

10 WILLIAM ATHERTON: Are they -- do they have
11 similar licensing in Venezuela?

12 KEVIN KUNDER: That I don't know. From what I
13 hear, it's not the same.

14 WILLIAM ATHERTON: But they're able to
15 purchase?

16 KEVIN KUNDER: Correct. Yeah.

17 WILLIAM ATHERTON: Okay.

18 MARK SEDDON: Okay. Anymore questions for
19 Kevin?

20 All right. Then I guess we'll jump over to
21 James and the Technology, Standards and CEU Update.

22 JAMES FUTCH: Okay. Hang on just a second.
23 Reorient it back to this computer.

24 All right. So let me -- actually, let me just
25 talk a little bit about the ERCT update and we'll go

1 into some bigger issues.

2 On the vacancy side, as Clark said, I, too,
3 have one, but mine is in the administrative support
4 staff at the moment. And we've done hiring, we've
5 done interviews and we have a likely candidate, so
6 that, that should turn out well.

7 Let me move on to -- we normally have someone
8 from medical quality assurance who has either come
9 in the past, and Kathy remembers Dontavia Wilson, or
10 they will send an update and I will read it. I
11 don't believe we got one at the last meeting.

12 KATHLEEN DROTAR: No.

13 JAMES FUTCH: I tried my darn level best, I
14 tried my darn level best to get one this time
15 around. I have not been successful. But partly,
16 I'll explain the rest of this as to why.

17 So since our last meeting, actually, just, just
18 around the time of the last meeting, MqA has in its,
19 in its board office, many different professions that
20 they take care of. The biggest one is the Board of
21 Chiropractic. And they have also, I think,
22 optometrists and nursing home administrators and
23 clinical lab personnel. And then they also have
24 EMTs, paramedics and radiologic technologists.

25 Our division is a sister division to MqA, that

1 division where RAD control is located. In our
2 division, we also have an office like RAD control
3 that's called BEMO, Bureau of Emergency Medical
4 Operations, and they have the responsibilities for
5 the EMTs and paramedics like we do, rules, statutes,
6 scope of practice, discipline; things of that
7 nature.

8 Inside MqA's board office staff, the support
9 staff, there are regulatory specialists who process
10 applications. Applications, if they come in
11 correctly, come in automatically through the website
12 through the person's account. And it's the same
13 core staff of previously three processors and one
14 supervisor, regulatory supervisor, who handles a lot
15 of the more complicated stuff, the discipline,
16 people that come in with complicated criminal
17 histories; things like that.

18 And then there's Miss Wilson and then there's
19 her, her superior, Dale Moody, who is the executive
20 director over that board. She's my counterpart,
21 basically.

22 So in the beginning of June, the regulatory
23 supervisor left for another job with another agency
24 and they proceeded to try and hire for that
25 position. They finally hired somebody for that

1 position, I think about two weeks ago, three weeks
2 ago. So the staff and the processors hadn't -- had
3 no regular supervisor there. The person that hands
4 out the workload, who does the training of people
5 who answers the questions the first-level processors
6 can't answer.

7 To make matters worse, one of the three
8 processors also left about a month later after that.
9 That person has not been hired yet. When Dontavia
10 and Dale try and handle the other boards, I'd say
11 there's about a 50/50 chance that one of them is in
12 the office any given week; the other one is off at a
13 board meeting. So I'm painting a picture of an
14 office that was very finely tuned to just accomplish
15 the workload with everybody hands on board. And
16 then without the other folks, they've had some
17 difficulties. So to give you -- I'll paint you a
18 picture of where that is.

19 We have a Florida statute, Chapter 120, which
20 applies to all the agencies and all kind of things
21 that you apply for as a citizen from any
22 governmental agency in Florida. And one of the
23 things it says is, we must review for completeness,
24 every application that comes in and we must get any
25 kind of deficiency letter out to the applicant

1 within thirty days. And then once the materials
2 that are needed to complete the application are
3 received, we have an overall period of ninety days
4 to issue the license.

5 So you kind of have one shot to get that
6 deficiency letter out. When we first became aware
7 of things, which was about a month and a half, maybe
8 two months ago, maybe not quite that long, the Rad
9 Tech applications were beginning to age. The ones
10 that had not yet reached the thirty-day limit --
11 luckily, that did not happen. But instead of being
12 handled in a matter of a couple days, they were
13 being addressed, the oldest ones were ten, fifteen,
14 I think maybe a few went into the early twenty days
15 old before they were addressed.

16 So on the other side -- and I'm mentioning this
17 because it's the same core staff of three processors
18 and supervisors handling EMTs and paramedics. At
19 last count, about a week ago, the overall number of
20 applications that had not yet been addressed between
21 the two groups, went over a thousand, which means
22 that the deficiency letter, nobody had gone past
23 thirty days. But it was, it was a larger number
24 than should have been.

25 To give you an idea on the Rad Tech side, an

1 experienced processor can typically, in a day,
2 handle anywhere from twenty-five to maybe forty or
3 possibly, a whole bunch of simple ones, not many
4 complicated things, things missing, maybe
5 forty-five, fifty, something like that.

6 So what do we do? We offered every kind of
7 help and assistance that we could. I have a staff
8 of two environmental consultants, Kelly Nesmith and
9 Giovanni Manning from Kevin's office. You may have
10 heard that earlier in the day.

11 Kevin's the best recruiter we've got.

12 KEVIN KUNDER: Recruiter and trainer.

13 JAMES FUTCH: I didn't say retainer.

14 KEVIN KUNDER: I said recruiter and trainer.

15 JAMES FUTCH: Oh, yeah, for sure. Yes. So we
16 have -- we proceeded to learn how to do the part of
17 the processing that we have never done before. I
18 mean frontline looking through -- we're very
19 familiar with the applications. We're very familiar
20 with what goes wrong. We have to take care of all
21 that, typically. But the frontline processing,
22 beginning to learn how to use the MqA's data system,
23 interacting with e-mail boxes where things are
24 supposed to be coming in and fulfilling the
25 applications, so that is, that is what we're, what

1 we're still dealing with.

2 Out of those thousand, I think the Rad Techs,
3 we're down to a hundred and something. Maybe -- I
4 don't know the exact number. This is what I was
5 hoping to get. But this is the ballpark picture of
6 where things are.

7 And they have -- I think I mentioned, they did
8 hire a person to be the supervisor. She also was
9 learning how to handle because she came from the
10 part of the office that didn't do, knows the system,
11 the rest of it. Doesn't know this particular
12 profession, so she's -- we're helping her to try and
13 learn as fast as possible. We've also taken over
14 some other duties, uploading and processing of
15 scores coming in from AART; things of that nature.

16 And my staff are spending the better part of
17 the morning each day doing this. Hey, we're, we're
18 built to, you know, multitask and handle lots of
19 things. So that's kind of the picture of where the
20 things are with regard to the MqA update and a
21 partial explanation as to why you don't have one
22 right now.

23 It is, it is hard to find the time to, you
24 know, when you want to meet with someone who has
25 this, this much to deal with, it's like, well, do

1 you want me to process applications or do you want
2 me to come talk to you about processing
3 applications? That's okay. Processing
4 applications, that's good.

5 ALBERTO TINEO: So, James, I mean, this seems
6 to be a -- you just mentioned at the beginning, it
7 kind of got a little bit better, you know, a hundred
8 percent good at one point, but it was somewhat --

9 JAMES FUTCH: You're saying it's a
10 long-standing issue.

11 ALBERTO TINEO: Workable. But it gets kind of
12 there and then you just drifted back.

13 JAMES FUTCH: It's never been quite this, this
14 bad. We haven't lost so many people all at the same
15 time.

16 ALBERTO TINEO: Right.

17 JAMES FUTCH: Especially an experienced
18 supervisor. I would, I would be happy to convey the
19 sense from MqA, but I don't have that at the moment,
20 but --

21 KATHLEEN DROTAR: Can I say --

22 JAMES FUTCH: Yes, please.

23 KATHLEEN DROTAR: -- I appreciate what your
24 staff has done to go in and to help, because what
25 happens is that graduates, we have to now wait until

1 they pass their registry exam to be able to file for
2 their license. Because they used to have with the
3 temporary license, completely fell apart and
4 complicated things to no end. And now they're
5 waiting, and thanks to Kelly, one of my grads, it
6 was four months before she got her license. And
7 that's just one of a few. But it's a delay in them
8 being able to get a job --

9 JAMES FUTCH: Oh, yeah.

10 KATHLEEN DROTAR: -- which, you know, is there
11 anything that can be done at that level to increase
12 the productivity? I mean, there's always been three
13 processors and they answer the phone, they do the
14 processing, they all but clean the windows. So you
15 know --

16 JAMES FUTCH: Three processors plus the
17 supervisor.

18 KATHLEEN DROTAR: Yeah, exactly. And it seems
19 to be more a problem there. I've been told they
20 have the thirty days, but now you're saying ninety
21 days to get the license out?

22 JAMES FUTCH: No. Once you get the completed
23 application -- well, even if you don't get a
24 completed application, the law allows for a total
25 period of ninety days in order to issue the license,

1 okay? But that's counting -- basically, the clock
2 is tolled when you get the deficiency letter out, if
3 there's something missing, somebody forgot to
4 provide proof of, I don't know what, something.
5 That ninety-day clock is tolled until the
6 information that comes in to make it complete. Then
7 it starts ticking again.

8 KATHLEEN DROTAR: Ticking again.

9 JAMES FUTCH: And previously -- I won't go
10 there.

11 ALBERTO TINEO: Sir, my question is, as a
12 council, is there anything that we can do?

13 KATHLEEN DROTAR: Yeah.

14 ALBERTO TINEO: I mean, we're talking about
15 individuals that are trying to, to apply for a
16 license, to get a license to start working and it's
17 their livelihood that we're messing with, really.
18 At the end of the day, it's not just a piece of
19 paper. It's somebody trying to go and get a job.

20 KATHLEEN DROTAR: Well, not only that, but
21 there's a shortage of technologists.

22 ALBERTO TINEO: Yeah, and that's the --

23 KATHLEEN DROTAR: And that's patient care and
24 safety.

25 ALBERTO TINEO: That's the other part of this.

1 Is there anything from the Council's perspective
2 that we -- I don't know what that is, but --

3 JAMES FUTCH: Well, I actually told them, I
4 said, you know, we have members on the Council who
5 have educational interests from the prospect of we
6 have members on the Council who are employers, more
7 than one. And I expected to hear from you saying
8 exactly what you're saying. I'm going to definitely
9 convey that back to them; perhaps to our management.
10 Hopefully to their management.

11 They have, they have been working overtime.
12 They have, they have a long time ago granted that
13 ability to take the two staff and work them as much
14 extra as they, you know, can. Paying them overtime.
15 But, you know --

16 ALBERTO TINEO: And I don't want to -- one of
17 the things I don't want to do is just create more
18 pressure on the processors that are trying to do the
19 best that they can do. I'm just thinking outside,
20 are there, outside of that, what else is it needs to
21 be done so that if we can fix the problem. I mean,
22 it seems to be an issue that is a revolving issue.

23 JAMES FUTCH: I wish I knew.

24 JENNIFER PETERSON: Is there a way to automate
25 it? Automate more of the process?

1 JAMES FUTCH: It's pretty automated as it is.
2 It's --

3 KATHLEEN DROTAR: I just wonder what, what Gail
4 Curry's secret formula was that she was able to get,
5 by mail or did it snail mail, and the application
6 went in a month ahead. That three days after
7 students graduated, they had a license, a temporary
8 license. And then after they passed the registry,
9 within a month, they had their -- I know it's all
10 different. It's all changed, but --

11 JAMES FUTCH: You know, this particular, this
12 group has -- the EMTs and the paramedics and medical
13 physicists have always been in the same board office
14 starting in 2005. In the very beginning, it was
15 just EMTs, Rad Techs, paramedics and medical
16 physicists. Together that population is about
17 100,000 licensed individuals.

18 In the very beginning, there were some issues
19 with some of the staff and they got that
20 straightened out. And it worked, I think
21 wonderfully, when they just focused on that size.
22 But since then, it's, it's been in various different
23 board office combined, I think with pharmacy before
24 this, and the chiro board, somewhere else in
25 between, I've forgotten where.

1 That's my thing that I've mentioned to them is
2 perhaps it's, it's too many because you're trying to
3 subdivide. But this, this is not uncommon. This is
4 how the group's organized inside of the department.
5 It's worked before. You mentioned Gail. When we
6 went to pharmacy to the chiro, it was, it was under
7 Gail and it worked.

8 CHANTEL CORBETT: It's like you either have
9 another additional staff member if you're going to
10 combine them, that if it gets approved for another
11 full-time position, or you split them out and hire
12 this person for this section, and you know, section
13 it out maybe versus, you know.

14 JAMES FUTCH: And on the EMT and paramedic
15 side, I think in our sister B-mail office, they've
16 got one really skilled person who used to work in
17 this office who's trying to process. And I think
18 two or three other ones that they're, you know, like
19 Mike Kelly, they've pulled them in and showed them.

20 But it takes a while to get to the point
21 where -- I mean, it's easy to press buttons and
22 license people but, you know, you have to make sure
23 everything's there. And so if you push too much,
24 it's like, you don't want them to start doing that,
25 either.

1 ALBERTO TINEO: Right.

2 JAMES FUTCH: I appreciate the comments. I'll
3 certainly convey them back and --

4 KATHLEEN DROTAR: I'll just add to, that I did
5 reach out to our other programs to let them know
6 about that one little checkmark for have you been
7 registered before and the wording on that. They had
8 a lot of delinquencies.

9 JAMES FUTCH: There's -- when my staff have
10 been doing the processing, and I'm supposed to be
11 learning too, but I'm a little afraid of doing the
12 wrong thing at the moment. I keep wanting to go sit
13 there and become fully aware so I can help everybody
14 with their workload. It's like, yeah, okay. Take
15 care of this right now. We got it.

16 But the, the number of folks when you just do
17 the initial review, it's like probably ten percent
18 that can be licensed. Everybody else is getting a
19 deficiency letter. And one of the key places where
20 they're getting it is this one question that asks
21 about the --

22 KATHLEEN DROTAR: Have you been registered or
23 certified by another --

24 JAMES FUTCH: State or national registry.

25 KATHLEEN DROTAR: Right.

1 JAMES FUTCH: And people -- I mean, we've kind
2 of raised the point with IT, it comes back no a
3 great deal of the time, and it shouldn't be. We're
4 talking endorsement applications. It should not be
5 no.

6 KATHLEEN DROTAR: Well, it's the way that it's
7 worded. And when you have somebody who's never had
8 a certificate or a license, and the answer is no,
9 but now they've been -- but now they do have it, but
10 it's brand new but it's that, have you ever been,
11 and it's that been, I think that -- because it puts
12 it --

13 JAMES FUTCH: Also, if they send it in early
14 before they're actually licensed --

15 KATHLEEN DROTAR: That's true. But we're not
16 doing in anymore.

17 JAMES FUTCH: You guys aren't.

18 KATHLEEN DROTAR: Yeah.

19 JAMES FUTCH: Pass the word, basically. All
20 right. Enough time on, on that.

21 There is -- there are some related issues for
22 licensure I think we've raised with the Council
23 before that they're working to fix. One of the
24 things that can go wrong with the licensure is if,
25 if all the proper checks aren't done, they can end

1 up issuing two different licenses to one person.
2 One Social Security number.

3 So you have somebody who's licensed as a
4 general radiographer, NCT, but it's two different
5 licenses that might end up on two different -- an
6 odd year or even year expiration and then they're
7 paying more money and they're also having to do --
8 having to make sure the CE applies to both, which
9 doesn't typically happen because the system is not
10 built to do that.

11 So back in January, we identified, I think,
12 about a hundred of these individuals. And they have
13 worked throughout the year to correct most of that
14 history by basically combining the newer license
15 into the older one and transferring the history and
16 then setting it all back up. So that's good
17 progress. That was happening when the previous
18 supervisor was there. She was the person who was
19 doing that.

20 And then there's another issue that comes up
21 from time to time, which is, in the Rad Tech
22 profession, we want to keep somebody with one
23 license, yes, we want to make sure they definitely
24 have one license. And when they, when they add
25 another modality, especially if it involves going

1 from a basic to a general radiographer, they should
2 be transitioning to the radiographer. And sometimes
3 they'll end up keeping both, which is confusing at
4 the very least and causes some other issues. So
5 we've also got some corrections, probably another
6 maybe hundred of those, that they've been working
7 through. Not at the moment, but before, before the
8 supervisor left.

9 What else we got? Moving on to something
10 besides MqA. Let me tell you about the Veteran's
11 Administration.

12 Has anyone heard, I'll say the Veteran's
13 Administration Practice Standards. Has anybody
14 heard of any new information that's happened this
15 year from that avenue? Because nobody I talked to
16 has. No? Okay.

17 So we have -- let me go up here. Let me just
18 show this one. So we got an e-mail -- several of
19 them. Let's see if I can make this bigger. Too
20 big. Slide it over here.

21 So we got an e-mail from this particular e-mail
22 address, National Standard of Practice, basically
23 from the Veteran's Administration came into our
24 general mailboxes. And one, actually, they, they
25 sent several e-mails and attached documents for the

1 different modalities over a period of a couple
2 months.

3 And what it is is, they've started rule making
4 to adopt a centralized scope of practice or practice
5 standards for all the different imaging and therapy
6 radiation modalities. And it's this Dr. -- I don't
7 know how you say that, Elnahal, who is the, I
8 guess, the point person. This particular one I'm
9 showing you is for the Therapeutic -- they call it
10 Therapeutic Rad Tech or Radiation Therapy Tech, and
11 they've asked for review of what they're trying to
12 do and for a response.

13 So when we, when we came aware of this, we
14 responded -- you know, we received their
15 correspondence; we take a look at it. Most of
16 the -- so they started rule making. And some of the
17 rule making deadlines have already passed. But I
18 managed to get one in just before the rule making
19 deadline, I wanted to bring it to the group. For
20 this particular one, this rule making deadline for
21 the adoption of the Therapy Practice Standard is
22 September 27th, so this is, I think, the only one
23 that Council can officially consider.

24 But what they're doing is they've gone out and
25 done quite a bit of work. It doesn't really say

1 much in this particular e-mail. Let me show you the
2 attached information. Here is the letter from, I
3 think the one I showed you. Here it is in more
4 detail.

5 So this is the letter from Dr. Elnnahal. The
6 VA is honoring to committing -- basically I'll save
7 you the trouble of reading it all. They want to
8 adopt a standard -- they make reference to basically
9 having some concerns about certain states and other
10 bodies that are trying to impose their state-level
11 standards in each of the states that have such
12 standards. The VA doesn't want to have to comply
13 with, you know, fifty or thirty-three different
14 practice standards for all the radiologic
15 professions. So their goal was to go and find some
16 they could adopt for use in the VA.

17 And what they found is the ASRTs practice
18 standards. Where's it at? I don't think it says it
19 in here. Yeah, this talks about commenting. They
20 got a website. And then they say, here, we don't
21 have a problem with Florida because our standards
22 will not vary from your state's licensure
23 requirements. However, your Florida license
24 provides an exemption for federal employees working
25 at federal facilities.

1 I'll say it's not us. Something else is
2 driving this nationally. Not here. So what -- the
3 other document is what they've -- is the actual
4 Federal Register Notice. Here, Department of
5 Veteran's Affairs.

6 Here it is right here. It starts in the middle
7 column. And they've -- there's places you can go
8 and look at it. They've, they've done a, a review
9 here. And it talks about -- somewhere in here. I'm
10 sorry. This goes on in rule making form for a
11 while.

12 National standards. Need for national
13 standards. Well, somewhere in here. Oh, there it
14 is. ASRT. Following the request for review, see
15 the letter from ASRT which expressed that the VA
16 national standards typically should align with the
17 ASRT's practice standards. And they're still
18 drafting the proposal, of course. And it appears
19 that they are wanting to adopt the ASRT practice
20 standards.

21 So not this particular one, but the one just
22 before I managed to get the e-mail off, I think in
23 the last day of the rule making deadline, and said
24 something like -- I didn't tell you this. It said
25 something like, we believe that, yes, there should

1 be national standards and that the ASRT are
2 appropriate. I think I said we use them, also,
3 because we do.

4 So I present this to you -- I should have had
5 these printed out and handed out to you. I can get
6 it to all of you if you want to look at it. I
7 managed to get to -- I think I sent you the wrong
8 ones, actually. I think I sent you the ones that
9 already passed the deadline.

10 KATHLEEN DROTAR: Oh, okay.

11 JAMES FUTCH: But I guess the question to
12 Council would be, would you support the VA adopting
13 centralized national practice standards for all the
14 facilities? And the second question would be, would
15 you choose ASRT or would you prefer something else?
16 I don't think we need to vote on this one, but --
17 discussion from the members? Thoughts?

18 ALBERTO TINEO: I think that should be fine. I
19 have no problem with it.

20 JAMES FUTCH: I'm not sure what else they can
21 do. I'm not sure what else they're going to pick
22 up. If they want one set. Because the American
23 Society -- I'm sorry, American Society of Radiologic
24 Technologists is what the American Registry of
25 Radiologic Technologists, which is our accepted, not

1 only contract provider, but our accepted endorsement
2 main body for whom we endorse in Florida. So we
3 adopted their practice standards a number of years
4 ago for all of the modalities except RA, which leads
5 us to the next topic.

6 We adopted what was the standards for RA some
7 years ago, but now we need to update it. This is an
8 issue we talked about before. That's my next topic.
9 So we already believe the American societies are the
10 appropriate standards. Even for nuclear medicine.

11 The last time I checked, I think -- who's --
12 you're MTCB, right? I'm sorry.

13 CHANTEL CORBETT: Yeah, I'm both.

14 JAMES FUTCH: Yeah. The last time I checked,
15 MTCBs site, I think also referenced it ASRT's
16 practice standards for the nuclear medicine
17 modality. So you have a whole different registry
18 that says, and whole different societies citing
19 nuclear medicine and molecular imaging that agrees
20 with those same standards.

21 KATHLEEN DROTAR: And programmatic curriculum
22 is all based on the ASRT curriculum. So you know,
23 that's the standards to which people are being
24 trained.

25 JAMES FUTCH: Okay. So I'm not hearing any

1 objections. Are there any positive support?

2 MARK SEDDON: Do we have a vote? Okay. Can we
3 have a motion to approve --

4 JENNIFER PETERSON: I think it makes sense.

5 JAMES FUTCH: The question would be, would the
6 Council support the use of, in the VA, the ASRT
7 practice standards for the Medical Imaging and Rad
8 Tech therapy profession.

9 ALBERTO TINEO: I make a motion to approve.

10 MARK SEDDON: Do we have a second?

11 CHANTEL CORBETT: Second.

12 MARK SEDDON: All in favor?

13 ALL: Aye.

14 MARK SEDDON: Any nays?

15 (No Response)

16 MARK SEDDON: All right.

17 JAMES FUTCH: All right. So let me transition
18 here to another folder. What is left? I think just
19 this.

20 In the interest of time, since we have three
21 minutes until other business, and a member of the
22 public who wishes to speak, we have been talking
23 about updating radiologist assistant guidelines for
24 several council meetings. We initially adopted what
25 was then the standard entry-level clinical

1 activities for the radiologist assistant and I think
2 that pretty much was the scope of practice back
3 then.

4 It was, back then, very prescriptive. If you
5 haven't read it, it was in 2005, 2006 --

6 KATHLEEN DROTAR: 2007.

7 JAMES FUTCH: Somewhere in that timeframe.

8 AART came up with it in consultation with ASRT and
9 American College of Radiology in 2005. So it's a
10 2005 entry-level clinical activities. And what's
11 happened is their entry-level clinical activities,
12 they're not like a modern practice standard, which
13 assumes that someone is going to learn more under
14 less supervision. So that's the main issue.

15 The other thing is the prescriptive nature of
16 it. If you look at the twenty-five or thirty
17 individual procedures that are listed, there's an
18 individual specific level of supervision for every
19 single one of them that ranges from general to
20 direct to personal, you know, at the elbow. The
21 radiologist has to be at the elbow, essentially, or
22 in the room. And that's not the way it's working
23 now.

24 So ASRT has come out with newer ones a few
25 years back. And the sticking point for adopting it

1 is, they put all of the standards into the same
2 document. So if you go and look at their website --
3 where's the website? Here it is.

4 So the site I'm showing you is essentially the
5 practice standards on this one web page for all the
6 different modalities. And you can scroll down the
7 page, and you'll see this referenced over and over
8 and over again.

9 The medical imaging radiation therapy
10 profession comprises, you know, so forth and so on.
11 All of these different people.

12 (Ms. McFadden Leaves the Meeting)

13 JAMES FUTCH: And this phrase is repeated
14 throughout this document. Because the way it's put
15 together is, it will show you in the beginning what
16 are the general standards that apply to everybody.
17 And then when you run across something that's
18 particular to one modality, they'll throw that into
19 that part of the document.

20 So that, that was the first difficulty was it's
21 extremely -- we'd have to have one document that had
22 lots of specific standards that don't have anything
23 to do with radiologist assistant at all. Like, you
24 know, radiation therapy and nuclear medicine's in
25 this document. There's a lot of things in this

1 document.

2 So we have -- Kathy has an interest in this, as
3 does a person who wasn't able to attend today, a
4 gentleman who's an RA whose name is Roosevelt Nheik,
5 who's applied to be nominated as our replacement for
6 George Gilbride. George knows him and George
7 recommended him. And that package is, is in
8 process, but he wasn't able to be here today. He
9 wanted to attend as a member of the public.

10 So both Kathy and Roosevelt have gone to this
11 site now and they've noticed that what you can do
12 with it, is you can change it from all modalities
13 and pick a modality. And we were very, very excited
14 about this when we saw this. Because now, we
15 believed when we look at this site, all we have to
16 do is print this out and this would be the practice
17 standard for radiologist assistants and we'd be
18 satisfying the lawyers. It would just be a
19 multi-year process. And we would go and replace
20 what we have right now with this new document.

21 And then we looked at it again, you'll notice
22 the title has not changed. Okay. Minor issue.
23 Title hasn't changed. I know they don't do
24 radiation therapy or nuclear medicine, which is also
25 in here. But we can reference this as something

1 else and get a letter from ASRT that says, yes,
2 well, this is the standard. Sorry about the title.

3 Unfortunately, what they have done is they've
4 still got all of the general requirements that are
5 common to all of the imaging and therapy professions
6 separated out from the radiologist assistant and
7 they continue to use this phraseology throughout the
8 whole document.

9 So the general -- we're talking about medical
10 imaging radiotherapy again, definition, so forth and
11 so on. And then the stuff that's specific to the
12 radiologist assistant, obviously, all the other
13 things also apply to the radiologist assistant.
14 Every single thing in here is what they can do.
15 They just, they just continue to -- anyway.

16 So we're working with, with ASRT. We've just
17 gotten yesterday from the ASRT government relations
18 person, an example of how several other states have
19 incorporated this so as to hopefully work around
20 this issue.

21 I've talked a little bit with legal folks.
22 They really don't want to go into rule making with
23 something like this where we have to say in the rule
24 making, itself, ignore the terminology. This ASRT
25 really says this is just these folks.

1 Because they're going to come back and go,
2 well, how come -- does the regulated entity know
3 that? Because they're going to pick this up and
4 it's going to say radiation therapy. Is the
5 radiologist assistant going to do radiation therapy?
6 Well, it doesn't matter if they do what's in the
7 document because the action is still them. Yeah,
8 but are they going to think they can do, you know,
9 anyway.

10 So I just want to say that's where it's at at
11 the moment. By gosh, by the time we get to this
12 next meeting, I hope to have rules in some way,
13 shape or form. Maybe we copy them from other state.
14 I don't know. And I have some sort of discussion
15 with the legal counsel. I don't know how long it
16 will take me to get that. To at least say, yes, we
17 can try to do this and see if the rule making works.

18 KATHLEEN DROTAR: And then would we follow up
19 with the other modalities?

20 JAMES FUTCH: Well, that's, that's the other
21 issue is, the other modalities that we adopted those
22 practice standards, were from 2017, 2018, and
23 they're specifically listed in all sorts of
24 different parts of the existing rule making for each
25 of the individual modalities.

1 So this is another reason why we didn't really
2 want to go forward with this, because in addition to
3 the issues I said before, the lawyers are going to
4 go, well, what about all this other stuff that's out
5 here for all the other professions? You know, then
6 they're going to -- I don't know where that's going
7 to go. Then you have two documents that are kind of
8 contradicting each other. Not really, but it will
9 look like that.

10 Well, if I'm a radiographer, do I go to this
11 one? It says medical imaging and radiation therapy.
12 What about the one that just says radiographer?
13 That's more things to be worked out. I will stop
14 talking now. I think that's it for -- any
15 questions?

16 (No Response)

17 MARK SEDDON: Okay. Okay. Very good. Thank
18 you, James.

19 All right. So we have other business, which is
20 our next thing. I think we have a member of the
21 public who would like to speak, correct? Yes.

22 JAMES FUTCH: Yes. This is Miss Kristi Patel.
23 Before we get to that, is there anything that we
24 need to accomplish? Do you want to pick the new
25 date of the next meeting or --

1 BRENDA ANDREWS: We do need to do that.

2 JAMES FUTCH: Okay.

3 BRENDA ANDREWS: In the very back of the
4 packets, there's three calendars, April, May and
5 June. So if we can discuss when we want to set the
6 next meeting.

7 The first week -- I would say the first two
8 weeks, because there's half -- the first week is
9 like a half week in May. And then that next full
10 week, those days are out. That's when they have
11 their city meetings here and do we still want to do
12 it here? So any time after that second week in May.
13 If you can look at that.

14 JAMES FUTCH: After the 10th of May.

15 BRENDA ANDREWS: After the 10th, yeah.
16 Actually, then we have Mother's Day. The 12th, on
17 to the end of May is okay.

18 JAMES FUTCH: So following the normal pattern,
19 if we stick with the middle of May, it would either
20 be the 13th or 15th if we stick to Tuesdays or
21 Thursdays. Any society meetings, other things to
22 spend time on, on those two days that would prevent
23 you guys from coming to here?

24 CHANTEL CORBETT: Which day is that?

25 JAMES FUTCH: The 13th of May or the 15th of

1 May.

2 CHANTEL CORBETT: The 15th is the first day of
3 FNMT so I wouldn't be able to attend.

4 JAMES FUTCH: Oh, it is?

5 BRENDA ANDREWS: What is that?

6 JAMES FUTCH: The FNMT meeting starts on the
7 15th and runs through the weekend.

8 So how about the 13th? Anybody?

9 ALBERTO TINEO: The 13th is fine.

10 JAMES FUTCH: So we'll pick the 13th as the
11 tentative and Brenda will put that down and if you
12 guys get back and find something else, the facility,
13 shoot an e-mail to her.

14 BRENDA ANDREWS: So what I normally do is when
15 we decide at the meetings, the day that we're going
16 to have the next meeting, I contact the hotel here
17 to go ahead and reserve the space. So if we think
18 this is a pretty solid date, I'll call them or text
19 them and let them know that we're looking at the
20 13th.

21 ALBERTO TINEO: Perfect.

22 BRENDA ANDREWS: All right.

23 JAMES FUTCH: All right. If there are no other
24 issues, ladies and gentlemen, this is Miss Kristi
25 Patel.

1 KRISTI PATEL: I didn't get to see your faces
2 or names, but I'm assuming that you are all part of
3 the committee here and your positions are so
4 important.

5 JAMES FUTCH: So Kristi, let me just add
6 really. So this council, sixteen-member council --

7 KRISTI PATEL: Yes.

8 JAMES FUTCH: -- I don't know if you looked it
9 up on the website or you saw any composition. It's,
10 it's a council that's composed mostly of medical
11 folks, radiologists, radiation oncologists. Of
12 course, rad techs, radiographer, nuclear medicine
13 tech. Dr. Plaxton, nuclear medicine physician, is
14 not here. Dr. Rodriguez is a podiatrist.

15 KRISTI PATEL: Everybody predominantly looks
16 like stakeholders working in or around the field.

17 JAMES FUTCH: They're actually nominated
18 typically by the different societies in Florida. So
19 the radiologist society nominates a couple
20 positions. The Rad Tech society does. And the way
21 they get on the Council is they fill out an
22 application online. They usually have a letter
23 recommending them. Not always, but usually.

24 We package it up and do the necessary vetting.
25 Then we send it up the chain for the State Surgeon

1 General to decide whether to appoint them or not.
2 It's not a board.

3 KRISTI PATEL: Well, just quick because I'm
4 only coming in and out real quick.

5 JAMES FUTCH: Okay.

6 KRISTI PATEL: You know, I kind of got thrown
7 into some things as just a public -- a perhaps
8 well-informed cross section of constituency in the
9 early 90s. And I used to jokingly say, you know,
10 I'm a psych sociology major, mother of six, business
11 owner and I have very little need to know the
12 breakdown of Uranium at 10 to 23rd half-life, but I
13 can get it if you talk real slow. And I would
14 venture to say people who have a really workable
15 understanding of radiation, it's a fraction of
16 population of the entire globe.

17 It's a big deal. And the position that you
18 hold these men that are working, you know, for the
19 State full time, it's a, it's a real serious
20 position, you know, because very few people
21 understand it or have a working knowledge of it.

22 But I'm just going to say that I'm here today
23 and it was a very practical reason that I ended up
24 here. But ignorance is kind of bliss, because I
25 could see, and especially from being here, is that

1 when we look back in history at us today, it's not
2 going to be unlike looking back at the chemicals
3 industry explosions in the 30s and 40s.

4 Radiation is becoming an industry. And I would
5 venture, I would say that that's serious over the
6 last twenty, thirty years. Real serious now to
7 where you have a thousand applicants coming in. And
8 I don't know if they are individuals working the
9 field, or if they are also facilities licensing.
10 Are you doing those? Okay. Because those should
11 not be done quickly.

12 JAMES FUTCH: Other parts of the Bureau do the
13 facilities. But we were talking specifically about
14 individuals before.

15 KRISTI PATEL: But we -- where we now are using
16 radiation not just as a protection focus, we're
17 using radiation as a physical benefit in the private
18 sector and granted, it is to better diagnose and
19 there are great gains and benefits in doing this.
20 But I don't think that we should forget how serious
21 radiation is. And normally, when you're looking at
22 environmental impacts, you'll always see norms
23 specified. You know, the natural occurring.

24 This we're not -- we're dealing in ionizing
25 radiation. We're not dealing in norms at all.

1 We're dealing in anthropogenic benefits that we're
2 dealing in. And why I came, the simple aspect that
3 I think could be helpful, maybe on future agendas,
4 we are not going to be able to control the elevation
5 of the background exposures that we are going to see
6 increasing as a result of radiation being used as an
7 industry.

8 I'm sorry, but I actually -- when you're having
9 pawn, you know, pawn places having access to
10 utilizing radiation, what we can do, we're not going
11 to be able to control the background from
12 calibrations and are we exposing people to the
13 actual amounts that we're supposed to be doing? Are
14 we coming into compliance of how are they going to
15 even do compliance? Because it's just going out of
16 control. You're going to be responsible for
17 radiation safety officers or radiation safety
18 committees, you know, on the broad licensed people.

19 We -- the future is a big deal. You're going
20 to be having questions where's it going, from
21 disposals to sewers to higher elevation of
22 radionuclides globally, are going to be a serious
23 impact in the time to come. We can't maybe control
24 some of the backgrounds. I don't even think we're
25 going to be able to do a lot of research to, to see

1 that.

2 But what we can control, in maybe a future
3 meeting, is in the dentistry. This is why I first
4 came. We preventively use x-rays and radiation on a
5 scale -- dentists aren't experts in radiation. But
6 we have certain exposures that we do from childhood
7 that are just -- and it was established decades and
8 decades ago where you do this many bitewings, you do
9 this many full-mouth x-rays. All preventive.

10 I, I brought to my attention that perhaps, in
11 light of we don't know where this is going, we could
12 maybe focus on minimizing on the alarming -- the
13 ALARMA concept of minimizing unnecessary exposures.

14 It's not only ionizing radiation. You've got
15 this general population with nonionizing. You know,
16 you've got -- I am a lay person. But Martin Blank,
17 who just died in 2018, spoke to the World Health
18 Organization about nonionizing radiation's effect on
19 the cellular level. This guy worked for Columbia
20 University for, like, forty years.

21 The potentials -- you've got the deterministic
22 and the stochastic. The education of people who
23 work in this, they minimize. They'll just say, oh,
24 it's only this, it's only this, it's only this. But
25 it's cumulative. You know, the stochastic impacts

1 on a cellular level, genetically with epigenesis
2 affecting people. We don't know that.

3 I think we should use some of the funds from
4 licensing to go into more research that's not
5 necessarily on this level.

6 But in Florida, you guys right now are the
7 closest to the NRC that we have, being an agreement
8 state. You are the experts on radiation. If we
9 don't begin to do some things now -- and that's all
10 I want to say.

11 But I got thrown into -- in this early on and I
12 can speak intelligently. I could probably speak
13 about this for over an hour, not by my own research.
14 Looking at research that I know and areas of
15 concern. But when I got thrown into this in the
16 early 90s on toxins and petroleums and toxic
17 exposures -- not radiation specifically. I could
18 speak intelligently about certain things.

19 But I sat in front of a man who was -- the
20 Central Florida Regional Planning Council, and I
21 looked at him while I was speaking. And I said,
22 Doug, I see in my mind's eye, a mother holding a
23 nine-year-old child in her arms wasting away from
24 leukemia. She's exhausted every medical venue or
25 hope. She eventually takes this child to church and

1 prayer lines. Yet, he fades.

2 I said, she often raises her fist to heaven and
3 said, God, how could you do this to my child? When
4 she could perhaps swim in the father's tears, as he
5 looks down and says, but daughter, look, let
6 responsibility lie where it must.

7 That man was struck silent. The ultimate fate
8 and consequence of radiation or toxins in our world
9 globally, that scopes of research cannot miss, is
10 cancer in children and morbidity in society.

11 And we are responsible -- we in decision-making
12 body, I understand that you work on a budget that is
13 governmental from the State. But I think if more
14 people were concerned about this, your budgets might
15 increase to where you have more people to process
16 applications thoroughly.

17 There's -- I -- so that's, that's my reason for
18 being here. And I wish you all well. You have a
19 very serious undertaking here on this committee.
20 And it is business. It's become a business.
21 Radiation is serious business, okay?

22 JAMES FUTCH: Thank you, Miss Patel.

23 MARK SEDDON: Thank you.

24 KATHLEEN DROTAR: Thank you.

25 (Applause)

1 KRISTI PATEL: I'd like to see maybe you focus
2 on giving recommendations to dental things, that we
3 could maybe, you know, that's going to have to come
4 from recommendations or guidelines from radiation
5 folk. Not from the dental.

6 JAMES FUTCH: Thank you again.

7 MARK SEDDON: Thank you. All right. Do we have
8 any other business? Any other comments from the
9 council?

10 I want to ask for like next time, maybe we can
11 go back to -- I think they previously brought up the
12 discussion about expanding licensed practitioners,
13 as far as for, like, barium swallows. We kind of
14 keep pushing it off.

15 JAMES FUTCH: We'll talk.

16 MARK SEDDON: Okay. Very good.

17 Anything else? If there's not, we'll -- oh,
18 yeah, wait. One thing. Brenda does need to have
19 your envelopes back with your contact information.

20 JOSEPH DANEK: Yeah, I have to give mine to
21 her.

22 BRENDA ANDREWS: Thank you all for giving me
23 that.

24 ADAM WEAVER: What does she want for the
25 envelopes? She wants them back?

1 JOSEPH DANEK: Cash.

2 MARK SEDDON: Verification that the information
3 inside is accurate.

4 CHANTEL CORBETT: So we just need to sign it if
5 it's accurate?

6 BRENDA ANDREWS: Yes.

7 CHANTEL CORBETT: Okay.

8 KEVIN KUNDER: Just put the money inside it and
9 pass it back.

10 MARK SEDDON: That's it. We are finished.
11 Thank you so much.

12 (Proceedings concluded at 3:02 p.m.)

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1 CERTIFICATE OF REPORTER

2 STATE OF FLORIDA:

3 COUNTY OF ORANGE:

4

5 I, RITA G. MEYER, RDR, CRR, CRC, do hereby certify
6 that I was authorized to and did stenographically report
7 the foregoing proceedings and that the foregoing
8 transcript is a true and correct record of my
9 stenographic notes.

10 I FURTHER CERTIFY that I am not a relative,
11 employee, attorney or counsel of any of the parties, nor
12 am I a relative or employee of any of the parties,
13 attorneys or counsel connected with the action, nor am I
14 financially interested in the outcome of the action.

15

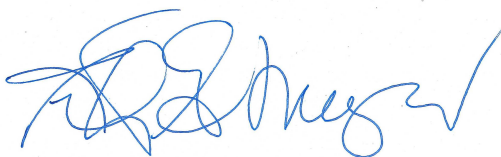
DATED this 3rd day of October, 2024.

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RITA G. MEYER, RDR, CRR, CRC

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	6/13 6/18	101/24	72/16	49/24
ADAM	8/4 8/13	136/7	72/23 74/1	54/20
WEAVER:	8/24 10/3	145/12	80/17	54/22 55/3
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47/20 48/1	28/17	154/1	82/14	55/17
48/5 48/16	28/21	163/3	82/18 83/1	69/15
72/22 73/6	28/24 29/7	163/6	83/7 83/12	69/17
82/3 82/7	88/17 89/3	CLARK	83/20	72/15 78/6
82/16	123/2	ELDRIDGE:	103/25	78/10 79/8
82/20	152/25	[64] 6/23	104/4	79/10 80/4
82/25 83/6	153/2	7/2 7/21	123/23	81/17
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83/19	154/4	12/24	SHEPARD:	82/17
84/12 86/5	154/13	13/16	[1] 9/23	82/22
86/13	154/21	13/18	JAMES	84/25
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ALBERTO	163/5	13/24	[125] 4/15	85/16 88/6
TINEO:	CHANTEL	15/10	5/24 6/16	89/14
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9/12 18/11	[38] 9/20	17/21	15/8 15/17	103/24
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144/19	162/19	102/1	GAVATHAS:	87/23
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145/24	KATHLEEN	102/10	25/12	RODRIGUEZ:
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146/16	[35] 4/24	104/5	25/22 26/9	78/16
147/6	9/6 18/10	107/16	26/13 27/1	MARK
148/12	18/19	107/20	27/18	SEDDON:
151/19	19/25 20/4	108/4	27/24 28/8	[86] 3/11
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DANEK:	145/20	KRISTI	45/10	44/23 45/1
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162/15	MERSAL:	\$19,500 [1]	.75 [1]	127/19
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	55/4 55/10	\$214,000		
		[1] 116/24		

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