

DEPARTMENT OF HEALTH 1  
BUREAU OF RADIATION CONTROL  
SEMI-ANNUAL ADVISORY COUNCIL MEETING

October 16, 2012

10:00 a.m.

Tampa Airport Marriott  
Tampa International Airport  
Tampa, Florida 33607

Reported By:

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A P P E A R A N C E S

ADVISORY COUNCIL ON RADIATION PROTECTION MEMBERS

Ms. Carol Bonanno, CNMT

Mr. Paul Burress, CHP

Dr. Warren Janowitz, Chairman, M.D., JD, FACC, FAHA

Dr. Efstratios Lagoutaris, D.P.M.

Mr. Timothy Richardson, MA, R.T. (R)

Mr. Mark Seddon, M.P., DABR, DABMP

Dr. Timothy R. Williams, M.D.

Dr. William Atherton, DC, DACBR, CCSP

BUREAU OF RADIATION CONTROL STAFF

Mr. James Futch, Administrator

Ms. Cindy Becker, Bureau Chief

Ms. Janet Cooksey, Management Review Specialist

Ms. Brenda Andrews, Business Consultant

Mr. John Williamson, Environmental Administrator

MEDICAL QUALITY ASSURANCE STAFF

Mr. Mark Whitten, Executive Director, MQA

Ms. Gail Curry, Regulatory Consultant, MQA

ALSO PRESENT:

Ben Warren, Applied Environmental Consulting

\* \* \* \* \*

1                   Thereupon, the following proceedings  
2 commenced:

3                   DR. JANOWITZ: Okay, everyone. We might  
4 as well call the meeting to order. I think it  
5 would be a good idea if we started off  
6 introducing everyone.

7                   MR. RICHARDSON: Good morning. Tim  
8 Richardson. I represent the Florida Society of  
9 Radiologic Technologists.

10                  MS. CURRY: I'm Gail Curry. I'm with MQA,  
11 which is our licensing part of this thing, and  
12 Mark is our Executive Director. He is involved  
13 in this event with the meningitis outbreak  
14 thing, so he will be in and out. He said to  
15 make his apologies. So he'll be back in a  
16 minute.

17                  DR. LAGOUTARIS: Good morning. My name is  
18 Stratis Lagoutaris. I'm a podiatrist. I  
19 live in St. Augustine and work in Jacksonville.  
20 This is my very first meeting, so --

21                  DR. JANOWITZ: Welcome.

22                  MS. BONANNO: Welcome.

23                  MR. BURRESS: I'm Paul Burress. I  
24 represent the Florida Health Physics Society  
25 and I work at Florida State University.

1 MS. BONANNO: I'm Carol Bonanno and I  
2 represent the Florida Nuclear Medicine  
3 Technologists.

4 MS. BECKER: I'm Cindy Becker. I'm with  
5 Radiation Control.

6 DR. JANOWITZ: Warren Janowitz. I guess I  
7 represent the Nuclear Medicine physician  
8 community at Baptist Hospital in Miami.

9 MR. FUTCH: James Futch, also with the  
10 Bureau of Radiation Control.

11 MS. ANDREWS: Brenda Andrews, Bureau of  
12 Radiation Control.

13 MS. COOKSEY: Janet Cooksey, Radiation  
14 Control.

15 DR. ATHERTON: Bill Atherton, Chiropractor  
16 in Miami, Florida.

17 MR. SEDDON: Mark Seddon. I represent  
18 Florida Medical Physicists and Florida Hospital  
19 in Orlando.

20 DR. WILLIAMS: Tim Williams, Boca Raton,  
21 representing Radiation Oncology.

22 DR. JANOWITZ: I believe Dr. Schenkman is  
23 ill today, so she can't make it.

24 I guess we can move ahead with the  
25 approval of the minutes from the last meeting.

1 I think everyone got an e-mail.

5

2 Any comments or corrections?

3 MR. FUTCH: Anything?

4 MS. ANDREWS: I made a few corrections,  
5 name corrections. It was Mrs. DeLoatch, the  
6 spelling of her name, and Carina Blackmore, the  
7 spelling of her name, and a few grammatical  
8 changes. Very minor.

9 DR. JANOWITZ: Motion to approve?

10 MS. BONANNO: So moved.

11 MR. BURRESS: Second.

12 DR. JANOWITZ: All in favor?

13 MS. BONANNO: Aye.

14 MR. BURRESS: Aye.

15 DR. LAGOUTARIS: Aye.

16 MR. RICHARDSON: Aye.

17 MR. SEDDON: Aye.

18 DR. WILLIAMS: Aye.

19 MR. ATHERTON: Aye.

20 DR. JANOWITZ: Okay. Up next is the  
21 Bureau update.

22 MS. BECKER: Bureau update. Okay. Good  
23 morning. I think I'm on. Okay.

24 In your packet of information you have two  
25 org charts. The first one is the whole

1 Department of Health org chart there.

6

2 Very few changes were made from the last  
3 time that we met in May; however, the change  
4 that I'm very happy to announce is the Bureau  
5 of Radiation Control that you see highlighted  
6 there. We get to keep our name. So we will  
7 not be called the Bureau of Radiation  
8 Prevention and Control anymore.

9 Once a few folks said that out loud I  
10 think it helped our case to stay with our  
11 Bureau of Radiation Control. I'm not sure that  
12 we can completely control it, but it's better  
13 than preventing it. Happy about that one.

14 We still have an acting Division Director,  
15 Victor Johnson, and we understand that they are  
16 actively recruiting Division Directors, so they  
17 will fill that as soon as they can, but he is  
18 still our acting Division Director. It's for  
19 the Division of Emergency Preparedness &  
20 Community Support. That's our new  
21 division. Our old division of Environment  
22 Health collapsed into a bureau.

23 So there is a Bureau of Environmental Health,  
24 but no longer a division, and now the Bureau of  
25 Environmental Health is listed under Division

1 of Disease Control & Health Protection. 7

2 We do have a new Deputy Secretary for  
3 Health. That is Dr. Dennis Cookro. I don't  
4 know if many of you know him. He has been in  
5 several county health departments. He has  
6 years of experience in public health and in  
7 health departments.

8 Then we have, of course, a fairly new  
9 State Surgeon General, Dr. John Armstrong. His  
10 background is he is a military emergency  
11 department surgeon, right? That's what I  
12 heard.

13 So the thing that they joke about is he  
14 wants things done yesterday. He is very  
15 ambitious. He wants us to be the first state  
16 to achieve public health accreditation, and  
17 that's what we'll be working towards which will  
18 mean they will be reviewing the processes and  
19 we will be talking to our partners and we'll be  
20 seeing how DOH can become one team and  
21 disseminate education and training around the  
22 state for better public health.

23 DR. JANOWITZ: Who accredits?

24 MS. BECKER: It's an accrediting body.

25 What are they called? I am not sure. Good

1 question to find out. 8

2 DR. JANOWITZ: Are there other states --

3 MS. BECKER: No. There is another state  
4 that is trying to be accredited. He would not  
5 say which state because he wants it to be a  
6 competition and he said we don't have to worry  
7 about the other state because we're going to be  
8 the first state. It's usually reserved, the  
9 accreditation, apparently for university  
10 systems, public health systems.

11 Dr. Armstrong in many of his meetings  
12 promotes working with our partners both  
13 internal and external. He's very big on that.  
14 So we're all here today for our partners.

15 When John comes in this afternoon you will  
16 hear his show and tell. As you know, his staff  
17 especially worked with a lot of different  
18 agencies and that will be -- another focus group  
19 has education and training. Since he's an  
20 M.D. himself, he mentioned that he thinks that  
21 we could do maybe a better job educating M.D.'s  
22 about radiation and radiation issues and  
23 protection and patient education.

24 To that end, we do have the RRVC. So we  
25 do have a volunteer corp established now. I'm

1 not really sure what else he's thinking with  
2 respect to that. Any thoughts you have would  
3 be appreciated on that one too.

4 Let's see. Anything else on this org  
5 chart?

6 Welcome Mark.

7 On the second org chart there we have two  
8 Environmental Administrator vacancies. One is  
9 my old position, which is Environmental  
10 Administrator for the field operations program  
11 which is all the inspectors in the state and  
12 their team of folks.

13 We have several excellent internal  
14 applicants, so the interviews are pretty much  
15 done. It's just now going through the decision  
16 of who best could possibly do the job.

17 The other one you see up there down at the  
18 bottom you see the x-ray machines in the  
19 corner. The Environmental Administrator for  
20 that position has been advertised and we're  
21 going through the interviews last week and next  
22 week.

23 As you know, that was Don Steiner's  
24 position for many, many years. He had been  
25 with us 35 years. Unfortunately very sad for

1 all of us. He becomes part of the family after 10  
2 that many years, but he passed away on  
3 August 30th. So that was pretty sad. So we  
4 have that position open.

5 We have a few other vacancies in the  
6 state. I don't know if you want to mention  
7 them or --

8 MS. COOKSEY: We have an Environmental  
9 Manager over the emergency response section in  
10 Orlando, and I think they're starting  
11 interviews for those pretty soon, and we have a  
12 chemist in Orlando as well that's vacant.  
13 That's it.

14 MS. BECKER: Other than that, the org  
15 chart for us has not changed.

16 Any questions on the org chart before I do  
17 the updates?

18 Okay. Rule updates. Now, the majority of  
19 the rule changes we have right now really  
20 involves the Energy Policy Act where NRC  
21 obtained the authority to regulate non-naturally  
22 occurring and accelerator produced radiation.

23 We've always regulated that, so it's not  
24 something, per se, new for us, but there are  
25 some word changes involved with us having to be

1 compatible with the NRC. They have also added 11  
2 some exemptions and some new general license  
3 requirements for discreet radium such as watch  
4 dials, invigorators, that type of thing.

5 Let's see. Some rule changes were added  
6 due to technical changes that were like rule  
7 title changes and typos that were fixed, whole  
8 slew of little things like that.

9 I was trying to see if there was anything  
10 I could see impacted anything that you guys  
11 would be doing. I really didn't see anything  
12 there. Mike Stephens has been working on those  
13 for quite some time.

14 MR. FUTCH: Cindy, those are in Chapter  
15 64E-5?

16 MS. BECKER: Yes. 64E-5.

17 MR. FUTCH: For those of you who are  
18 familiar, that's the big phone book.

19 MS. BECKER: That's about all the updates  
20 I have, general updates.

21 DR. JANOWITZ: Okay. I guess we're up to  
22 MQA update.

23 MS. CURRY: We have streamlined our  
24 process over the year for our rad tech  
25 applicants, and we're happy to say that from



1 process as well. 13

2 MS. CURRY: The online application has  
3 helped tremendously. So we'd say probably  
4 about 90 percent of our applications are online  
5 now. We get very few paper applications any  
6 longer.

7 MR. FUTCH: How is the ARRT process going  
8 through; everything is on the line with them,  
9 too, now, right?

10 MS. CURRY: Uh-huh. (Indicates  
11 affirmatively). We're still working towards  
12 that school verification, the online  
13 verification for schools. Unfortunately that  
14 does get bumped to the bottom of the list with  
15 IT every so often, but that's still one of our  
16 major goals because that would really cut down  
17 on paperwork, too, and it would give the  
18 educators the opportunity to just go in and do a  
19 check off like they do with the ARRT. So, of  
20 course, less likelihood of human error on that  
21 part too.

22 DR. JANOWITZ: Any questions, comments?

23 MS. CURRY: I think Mark would agree with  
24 this, too. If there is ever anything that you  
25 all think that you know might work for us as

1 far as our processes or something to speed up 14  
2 our approval times and rates, you know, call  
3 James or call Mark and speak with them because  
4 we're definitely open to outside help, you  
5 know, if it warrants them.

6 MR. WHITTEN: Absolutely.

7 DR. JANOWITZ: No major issues have come  
8 up?

9 MR. WHITTEN: Fully staffed. Everything  
10 is going well.

11 DR. JANOWITZ: Good.

12 Tim, how are things up in the school? I  
13 think you're the only person directly connected  
14 to a school that is here today.

15 MR. RICHARDSON: As far as the MQA was  
16 concerned, the application process was  
17 practically seamless. It was great. I think a  
18 lot of it is due to the little letter that you  
19 send out to the program directors point by  
20 point how to do this. I really stressed to my  
21 students to do it online, and I think that  
22 solved a lot of problems right there.

23 MS. CURRY: And I will say something about  
24 Tim also. When we went to -- instead of lists,  
25 you know, we used to get a list and then we

1           would have to redact everything so we could put           15  
2           it in individual files, we went to a letter, a  
3           letter for each student graduating, and Tim was  
4           actually the person that sent me the letter  
5           that was absolutely perfect for what we needed.  
6           So we stole his idea and ran with it.

7           MR. WHITTEN: Borrowed.

8           MS. CURRY: We did ask him, though, if we  
9           could steal it. Tim was very instrumental in  
10          helping us format that letter for all the  
11          schools. So, thank you.

12          MR. RICHARDSON: It's probably my only  
13          legacy.

14          MR. WHITTEN: You have to have one.

15          (Laughter)

16          DR. JANOWITZ: Okay. I guess we will move  
17          on to Mr. Futch.

18          MR. FUTCH: Okay. Well, thank you,  
19          Dr. Janowitz. I appreciate it.

20          We have a few rules in Chapter 64E-3 which  
21          covers the licensure of technologists to show  
22          you today, the actual language. All of these  
23          are things we have discussed in previous  
24          meetings and we have gone through the rule  
25          process this year and gotten to the point where

1 we're ready to submit this for publication to 16  
2 the Florida Administrative Register, as it's  
3 called now, for comment by the public and  
4 probably a few more tweaks after we talk to you  
5 and get your feedback.

6 Some of these are major issues. Some of  
7 these are minor issues. I'll start out with  
8 the one that was a big topic at the last  
9 meeting, which is the Specialty Technologists.

10 As you know -- for the new member,  
11 Dr. Lagoutaris, we have about 26,000 -- you all  
12 help me out if I'm wrong -- 26,000 or so  
13 licensed Radiologic Technologists of one type  
14 or another in Florida. I think that makes us  
15 number two or three in the nation, something  
16 like that.

17 The vast majority of those are in the  
18 radiographer category, folks who use x-ray  
19 machines for various purposes. There is about  
20 18,000 of the 26,000 are radiographers.

21 Then we have a little over 2,000, 2,500  
22 Nuclear Medicine Technologists, a little under  
23 2,000 Radiation Therapists or Radiation Therapy  
24 Technologists and a little over 3,000 basic  
25 X-ray machine operators. If that doesn't add

1 up, well, I made an error somewhere.

17

2 What we didn't have was the ability to  
3 license folks in the post primary or specialty  
4 areas, things such as computed tomography and  
5 positron emission tomography, mammography, MRI,  
6 things of that nature.

7 So we sought a change in the statute  
8 during the last session with the Legislature  
9 that passed, and we were given the authority to  
10 issue those types of licenses by endorsement of  
11 national credentials, basically.

12 The thing that's on the screen, I  
13 apologize for the size, I hope you can see  
14 something up there -- let me put this in full  
15 screen and make it a little easier.

16 This is the current 2012 version of the  
17 Rad Tech Licensure Statute, Chapter 468, Part  
18 4. This is basically the contents. What we've  
19 done is highlighted the new areas of the law  
20 that were just either modified or added. There  
21 was actually an existing definition of the  
22 national organization that really didn't  
23 change, but the new law makes use of that  
24 definition, so I highlighted it for you.

25 The law requires a few things. There is

1           the definition of a Specialty Technologist,           18  
2           which actually, don't tell anybody, it's a  
3           made-up name.

4                   We had various post-primary advanced and  
5           specialty examinations, and this was just the  
6           most generic term we could come up with to  
7           describe it. We don't actually use this to  
8           describe the person. The person is called a  
9           Certified Radiologic Technologist dash  
10          something Computed Tomographer, et cetera.

11                   This is essentially the same working  
12          definition as for a radiographer in terms of  
13          supervision by physicians and the law would  
14          require general supervision. Not required to  
15          be in the building, but easily available.

16                   If we move along, there are some things  
17          that were defined that we had to do, and this  
18          is the section that describes what the title  
19          would be. You can see it's Certified  
20          Radiologic Technologist dash something, and  
21          that's a singular multiple letter designation.  
22          For example, CRT Tech.

23                   The department shall approve these  
24          designations by rule. That's what we've done  
25          since the last meeting is work toward that, and

1 I'll show you the language in just a minute. 19

2 And this is based on national organizations. I  
3 think that language is repeated in a couple  
4 more places.

5 Oh. And this is the other thing we had to  
6 do. A person holding the certificate as a  
7 specialty tech to perform the duties allowed as  
8 defined by rule of the department, the duties  
9 must fall within the scope for that particular  
10 area set by their national organizations. I  
11 think there is one more section. This is all,  
12 again, the statute that took effect July 1st.

13 This is how they demonstrate to us that  
14 they have appropriate credentials and they  
15 basically, you know, show us -- they're going  
16 to show us a wildcard in the case of these  
17 particular areas from one of the national  
18 organizations.

19 I think that's it for this. One more thing.  
20 This just gives us the authority to issue the  
21 certificate. Okay. And if you will -- I will  
22 just briefly show you this. You've got this in  
23 your book. It's probably a little easier to  
24 see in your book. Under Tab B the stuff that  
25 says "draft" and black border across the top.

1           The first thing we had to change -- this           20  
2           is actually some clean-up language from before.  
3           This prorated stuff really has nothing to do  
4           with specialty technologists, but it was from  
5           changing over from once-a-year certification in  
6           1999, 2000 to birth month certification which  
7           we use right now. We're just going back in and  
8           eliminating the prorating that occurred for the  
9           folks who were licensed at that point in time.

10           A couple other things we're eliminating  
11           that we haven't used. There used to be a fee  
12           that was charged for listings and mailing  
13           labels. It was 5 cents. We haven't used that  
14           in decades.

15           Also, we used to have our own study guide  
16           for the basic operator that we produced in-  
17           house, and we haven't done that for 10 years or  
18           more. We're using a commercial publication.  
19           So we're removing the fees for those things.

20           In this section, which we're not changing,  
21           under bullet three in the section of fees it  
22           has the fee for endorsement, and that fee is  
23           what the specialty technologists will pay.  
24           We're not changing the endorsement fee from  
25           what it currently is, so it will be \$45 for the

1 specialty technologist who wants to become 21  
2 certified as well.

3 Whenever you establish a new licensure  
4 category your application's going to change,  
5 and this is the place where the applications  
6 are referenced in the rule.

7 So, really, all we're doing in here is  
8 changing the effective date of the application,  
9 but since the last time we modified the section  
10 of the regulation the legislature has changed  
11 the general laws on adopting documents by  
12 reference and also just adopting documents so  
13 that the person can find it, speciality  
14 technologists can find it.

15 So most of that language you're looking at  
16 right there is basically telling them that it's  
17 going to be found -- a copy of the application  
18 can be found either on our web site or on the  
19 Department of State's web site where they  
20 record the official version of all the  
21 regulations of the state of Florida.

22 So we're just changing the form number.  
23 Not the form number. The form effective date.  
24 It's a lot of words for that.

25 And since we're doing it for the

1 application for the specialty technologists, we 22  
2 also have to change the reference language for  
3 the application for the basic machine operators  
4 because it's in the same section, and the law  
5 says that if you change anything in that  
6 section you have to bring it all essentially up  
7 to code. We're doing the same thing for the  
8 other reference to where forms may be found at  
9 the bottom of the page.

10 Okay. Finally, let me get back to full  
11 screen here. All right. So, if you switch  
12 over to Page 2, you can see where it says  
13 "64E-3.0034, Specialty Technologists." That's  
14 the new section. Everything that is -- I  
15 should have mentioned this before. Everything  
16 that is underlined is new language that's being  
17 added. Everything that's struck through is old  
18 language that's being deleted. That's the  
19 convention that we use for statutes and  
20 regulations in the state of Florida. So  
21 everything in this section is brand new, so  
22 it's all underlined.

23 Let me just take you through it.  
24 Basically, the idea was to put everything that  
25 a technologist who wants to apply in this area

1           into this same section of the regulation. So           23  
2           some of this restates the statute in some small  
3           measure, but that makes it easier for the  
4           person to have to go back and look at the  
5           statute and figure out, okay, do I have to do  
6           that too.

7                        So the first thing is basically an  
8           applicant for specialty tech certification shall  
9           submit an application to the department as  
10          specified Rule .003 and pay the fee for  
11          endorsement. That's the section we just came  
12          through. We discussed the applications.  
13          We'll show you the actual application when we  
14          get through with the rules here.

15  
16                        So there are basically two things we have  
17          to do. We have to approve what national  
18          organizations we're going to accept specialty  
19          applicants from, which kinds of certification  
20          we're going to accept and which national  
21          organizations are going to define their scope  
22          of practice and what title they may use. We  
23          have to lay them all out in this section.

24                        So starting in subparagraph 2 we're recognizing --  
25          this is the lead-in language for recognizing

1 national organizations. 24

2 The following are approved as national  
3 organizations for certain advanced,  
4 post-primary or specialty areas and for the  
5 technologists' duties (also known as practice  
6 standards.) In all cases, proof of current  
7 certification by the organization shall be an  
8 unexpired wallet card bearing the  
9 organization's name, the applicant's name and  
10 the applicant's area of certification.

11 Then it breaks down into subsections (a)1 and 2,  
12 (b)1 and 2, (c)1 and 2 for each of the different  
13 organizations.

14 So (a) is the National Organizations for  
15 CT, Mammography and MRI, (1) the ARRT,  
16 basically. You will see their designations  
17 there in parenthesis. For Computed Tomography,  
18 (CT); Mammography, (M) and Magnetic Resonance  
19 Imaging -- I'm on the top of Page 3.

20 So basically what we've done is defined  
21 ARRT as the organization we're going to  
22 recognize for CT. So if some other  
23 organization pops up between now and the end of  
24 time and they want to certify in CT and they  
25 send the license to Mark and Gail, we're not

1 going to recognize it unless this gets modified 25  
2 to do so. Luckily we don't have that problem  
3 right now.

4 Now, curiously for the scope of practice  
5 of the duties, ARRT doesn't do that. They look  
6 to ASRT for that document and for those duties.

7 So in point 2 there the American Society  
8 of Radiologic Technologists for the respective  
9 CT, MR and M practice standards.

10 So, if the person is licensed by ARRT in  
11 CT comes to Florida and wants to practice in  
12 Florida and do CT and they say to us "well,  
13 what can I do under that license in Florida,"  
14 we'll say, "whatever that CT practice standard  
15 issued by ARRT says you can do."

16 Then for PET, which comes from other  
17 organizations, (b) National Organizations for  
18 Positron Emission Tomography, (1) The Nuclear  
19 Medicine Technology Certification Board and,  
20 (2), The Society of Nuclear Medicine and  
21 Molecular Imaging, they changed their name, for  
22 the PET practice standards.

23 We'll go into the actual reference in just  
24 a second for each of these.

25 Okay. So now we've established the

1 organizations we're going to accept and what 26  
2 the duties are going to be. Now we have to  
3 talk about the things we're going to issue, the  
4 title and the duties.

5 So in the middle of the page, (3), the  
6 title, initials and duties for speciality  
7 technologists certified by the department are  
8 as follows and, again, we break it down into  
9 each sub area.

10 Computed Tomography is first under (a).

11 For a person who is currently registered  
12 by the ARRT in Computed Tomography, the title  
13 is Certified Radiologic Technologist - Computed  
14 Tomography (CT) and the initials are CRT-CT.

15 Then point two. "The duties of the CRT-CT  
16 are those contained in the June 19, 2011, ASRT  
17 "Computed Tomography Practice Standards," which  
18 is incorporated" -- here's that language  
19 again -- "which is incorporated herein by  
20 reference and which can be found from the  
21 internet at this spot under the Department of  
22 State's web site and also at Mark and Gail's  
23 web site at mqa/rad-tech.

24 We followed this pattern for all the  
25 specialties. I'll just save you going through

1 all this. It's ARRT and the same name practice 27  
2 standard except for, you know, different  
3 subject area for Mammography at the bottom of  
4 the page, for (MR) at the top of the next page.

5 DR. ATHERTON: Jim, there is a little typo  
6 on (2) for (MR). It says "M." It says  
7 "CRT-M." It should say "MR."

8 MR. FUTCH: Actually, the bottom of the  
9 page -- let's see.

10 DR. ATHERTON: Top of Page 4.

11 MR. FUTCH: You are right. That is  
12 correct. Thank you for catching that. You can  
13 tell where we cut and pasted that one from.

14 DR. ATHERTON: That's why it was confusing  
15 at first.

16 MR. FUTCH: Do you guys got that?

17 All right. The only thing that's  
18 different is if you look at the Paragraph D on  
19 Page 4 for Positron Emission Tomography, of  
20 course we swap over to the NMTCB.

21 The duties of the CRT-PET are those  
22 contained in the XX-XX-XX, SNMMI "Positron  
23 Emission Tomography Practice Standards. Those  
24 have not yet been issued. Those of you that  
25 were at the last meeting we had Nancy DeLoatch

1 McDonald from NMTCB, she's a practicing nuclear 28  
2 med tech in Florida, but from NMTCB, one of  
3 their committees. They're working with the  
4 Society of Nuclear Medicine to develop these.  
5 Right now the Society of Nuclear Medicine has a  
6 practice standard for the full profession of  
7 Nuclear Medicine.

8 They didn't really have one just for PET.  
9 I think they are aware that they needed one  
10 because NMTCB has had a PET only certification  
11 for a little while now and it is sometimes  
12 issued to people who are not also Nuclear  
13 Medicine Techs. They have a pathway so that  
14 someone from the radiography background can  
15 gain some additional knowledge and experience  
16 and pass the exam and be able to do just PET.

17 So they are --the last information I think  
18 we had from Nancy was -- maybe you should  
19 update us, Carol.

20 MS. BONANNO: I sent her an e-mail last  
21 week to see if she heard any more about that  
22 and I haven't heard from her.

23 MR. FUTCH: There is a draft and it has  
24 not been voted on by Society of Nuclear  
25 Medicine yet.

1 MS. BONANNO: We need to get that.

29

2 MR. FUTCH: Yeah. Okay.

3 So at this point I've got a place holder  
4 in here for that document when it gets issued.  
5 You know, at some point when we go to publish  
6 this, we're going to have to either pull the  
7 PET part out or come up with an alternative  
8 plan for what we're going to use for their  
9 scope of practice in the interim.

10 MS. BONANNO: When will this be published?

11 MR. FUTCH: Well, how fast do you want  
12 the CT?

13 The general process, Janet, if you want to  
14 help us with the next steps.

15 MS. COOKSEY: Well, our next steps, once  
16 we get this finalized, then we do the proposed  
17 rule. We have to send it through the  
18 department and get the Surgeon General to sign  
19 off on it and then we Notice it in the FAR.

20 MS. BONANNO: X number of days --

21 MS. COOKSEY: Right.

22 MS. BONANNO: -- to comment.

23 MR. FUTCH: So -- and then -- I'm sorry.

24 It's 21 or 30 days? I can't remember.

25 MS. COOKSEY: 21.

1           MR. FUTCH: 21. For the comment period           30  
2           and then, of course, if you get comments, you  
3           have to address those from whatever parties the  
4           comments may come.

5           Then at that point let's say there are no  
6           comments. You would then go back through that  
7           process Janet just described --

8           MS. COOKSEY: Yeah.

9           MR. FUTCH: -- to the final sign off.

10          MS. COOKSEY: Yeah. Through the Surgeon  
11          General again and then we take it downtown and  
12          file it and it's 20 days after that it's  
13          effective.

14          MR. FUTCH: So possibly 60 days if  
15          everybody likes this -- if everything works  
16          perfectly fast and smooth through the  
17          organizations twice. More likely 90 or  
18          something like that.

19          As long as we're on this particular point,  
20          any thoughts on that proceeding with pulling  
21          the PET out or any bright ideas on what to come  
22          up with for scope of practice?

23          I know you came with the scope of practice  
24          for PET in your back pocket. Pull it right  
25          now.

1 MS. BONANNO: I know it was discussed in 31  
2 June. Those things just take forever.

3 DR. ATHERTON: Can you find out what's  
4 hanging up the other people?

5 DR. JANOWITZ: It's probably waiting  
6 for -- well, first it goes to the technology  
7 board and then it goes to the SNM board. So  
8 the earliest it could be done I would think  
9 would be the mid winter meeting.

10 MS. BONANNO: Yeah. Maybe the mid winter.  
11 I'll find out. I'll e-mail Jessie tonight.

12 MR. FUTCH: I had an idea that if we could  
13 at least get a draft. See, we have to adopt  
14 the duties ourselves and have to be consistent  
15 with what the national organization does.

16 So we could actually, I think, take a  
17 draft as our own. I think I actually did this  
18 for the RA before it was completely ready, but  
19 that was a few years ago.

20 If we could get their draft, we could put  
21 it into our process. I'm stepping out on a  
22 limb here.

23 MS. BONANNO: Yeah.

24 MR. FUTCH: Put it into our process and  
25 adopt it. I'm guessing since it's their draft

1           it will not be too different from what they           32  
2           probably will end up with.

3           MS. BONANNO: Right.

4           DR. JANOWITZ: This is actually PET  
5           practice standards?

6           MR. FUTCH: Yeah. PET practice standards.

7           MS. BONANNO: What does the PET tech do? You don't  
8           want it to be the whole -- because that has RIA in it  
9           and regular imaging.

10          DR. JANOWITZ: I think George Siegel was  
11          putting that together.

12          MS. BONANNO: Was he?

13          DR. JANOWITZ: I'll check with him.

14          MR. FUTCH: And it's not like -- you know,  
15          in the grand scheme of this whole thing, let's  
16          say it takes us 90 days and we finally get approved  
17          by that timeframe. I don't know how fast anybody  
18          is going to actually apply for a Florida certificate.  
19          Those who do apply for Florida certificate are  
20          probably the ones who are top of the game folks  
21          that they know about all this stuff and  
22          they're really anxious to get it out there.

23          MS. BONANNO: Yeah.

24          MR. FUTCH: They're probably not going to  
25          be doing anything that they wouldn't do already

1 with their national license to start with. 33

2 MS. BONANNO: There are very few radiology  
3 techs that actually go this way.

4 MR. FUTCH: That's true.

5 MS. BONANNO: There is like five in the  
6 country or ten. The other one, the CT one, has  
7 lots of people apply.

8 DR. JANOWITZ: I have a few questions. If  
9 I'm not mistaken, most of the standards now say  
10 PET-CT practice standards, not just PET  
11 practice standards; have you checked on that?

12 MR. FUTCH: I haven't actually seen one  
13 yet. That's the one I was waiting on. That  
14 one says nuclear medicine.

15 MS. BONANNO: They're going to  
16 have to meet the CT standards anyway. There  
17 are still people with only PET, you know.

18 DR. JANOWITZ: Okay. So this will  
19 allow --

20 MS. BONANNO: An x-ray tech who takes the  
21 PET exam to do PET only.

22 DR. JANOWITZ: It will allow the nuclear  
23 med techs to take the CT exam to do --

24 MS. BONANNO: Absolutely. And that was  
25 the main purpose.

1           MR. FUTCH: Right. The CT -- let me back           34  
2           up a second. We're not doing anything to the  
3           existing scope of practice for Nuclear Medicine  
4           Technologists in Florida who have the ability  
5           to do the limited CT either by taking an  
6           approved CT course by becoming certified by ARRT.

7           MS. ANDREWS: She can't hear what you all  
8           are saying.

9           MR. FUTCH: Sorry.

10          So we're not changing anything in the  
11          existing scope of practice for the Nuclear  
12          Medicine Technologists.

13          DR. JANOWITZ: There are Nuclear Medicine  
14          Technologists in PET who need to be licensed  
15          through diagnostic --

16          MS. BONANNO: And this is going to allow  
17          that once they pass the ARRT exam.

18          MR. FUTCH: Yeah.

19          MS. BONANNO: That's the purpose of --

20          MR. FUTCH: That is one of the single  
21          biggest driving forces behind this thing is so  
22          that --

23          DR. JANOWITZ: Now, the other areas --  
24          there are a lot of Nuclear Medicine Techs who  
25          inspect CT where there could be an issue doing

1 diagnostic CT's as part of a spec CT exam; do 35  
2 you need a separate category for that?

3 MS. BONANNO: It should be the same as  
4 this. If they pass the CT exam, even if  
5 they're only doing spec and not PET, they  
6 should be allowed to do it.

7 MR. FUTCH: This is really the bigger fix,  
8 the more complete fix for all of the types of  
9 Nuclear Medicine Techs that have gone through  
10 ARRT and they want to do the full CT or any  
11 kind of CT.

12 MS. BONANNO: Yeah. Under the current law  
13 they can do the CT that's part of the exam for  
14 localization.

15 DR. JANOWITZ: Yeah. Localization and  
16 coagulation.

17 MS. BONANNO: Right. They can do that.

18 DR. JANOWITZ: We've had an issue when we  
19 do cardiac spec CT and techs can't do calcium  
20 scoring because it's considered diagnostic.

21 MR. FUTCH: You just went above my -- if  
22 you say so, I believe you. For the person in  
23 that situation, you would want them to get the  
24 ARRT certification and once this becomes  
25 effective they can give us the wildcard that

1           says CT after their name and then they will           36  
2           have it on their state license and they can do  
3           whatever you want them to do.

4           DR. JANOWITZ: Will this also apply to  
5           PET-MR which is currently being sold?

6           MR. FUTCH: There is an MR certification  
7           which is available which is one of the  
8           categories that we're talking about adding so  
9           they could do the same thing in that area.

10          DR. JANOWITZ: Does that not require --

11          MR. FUTCH: It does not.

12          MS. BONANNO: Is there an exam?

13          MR. FUTCH: Apparently so. There is two  
14          pathways to MRI through ARRT. Starting as a  
15          technologist and doing it as post primary or  
16          coming in from, I guess, an MR school and  
17          becoming MR certified as a primary method of  
18          certification.

19          DR. JANOWITZ: Since there is no radiation  
20          it's not--

21          MR. FUTCH: It's not ionizing radiation, but we are  
22          recognizing it because of the new authority  
23          that we've got for recognizing any kind of  
24          issue by a national organization.

25          The problem that I've seen with the PET

1           folks, the PET and MR -- I'm sorry. Retract           37  
2           that statement. I was thinking of mammography.  
3           Thank you.

4           MR. SEDDON: Yeah. I was going to raise  
5           a direct impression --

6           MS. BONANNO: What about the PEM?

7           MR. FUTCH: PEM?

8           MR. SEDDON: Yes.

9           MR. FUTCH: Thank you. The PEM situation  
10          is wanting the radiographers to do PEM --

11          MR. SEDDON: Positioning.

12          MR. FUTCH: And their solution would be to  
13          get the PET certification from NMTCB and they  
14          could do the whole thing if they wanted them  
15          to.

16          As I understand it, the equipment for PEM,  
17          the interface equipment is --

18          MR. SEDDON: Is mammography based, yeah.

19          MR. FUTCH: The folks that you want to do  
20          that are the most skilled with the mammography  
21          machines.

22          MR. SEDDON: Right.

23          MR. FUTCH: And that's usually not the  
24          Nuclear Medicine Technologist.

25          MS. BONANNO: So do you vote at this

1 point? 38

2 MR. FUTCH: Like I said, this would solve  
3 a lot of those issues from the standpoint of  
4 getting an official blessing on the license that  
5 actually has credential on it which makes all the  
6 regulatory and the accreditation and insurance  
7 companies happy.

8 MR. SEDDON: And it makes that  
9 technologist happy.

10 MS. BONANNO: It will make Medicare happy  
11 some day.

12 DR. JANOWITZ: This is kind of probably an  
13 unrelated issue, but it's something that comes  
14 up pretty often in terms of administration of  
15 drugs other than contrast to radioactive  
16 materials as part of, say, Nuclear Medicine and  
17 the reality protocol of Lasix, Benadryl and  
18 glucagon. How do you -- what is the current  
19 position in terms of an RT being --

20 MS. BONANNO: He missed that meeting,  
21 didn't he?

22 MR. FUTCH: I thought he was at the  
23 meeting.

24 MS. BONANNO: We discussed that.

25 MR. FUTCH: We brought that to the council

1 a few meetings back and we presented our 39  
2 recommendation, which was taking everyone  
3 through what the exams for Nuclear Medicine  
4 look at from NMTCB and ARRT in all its content,  
5 including the drug lists that were part of  
6 this.

7 We also took the council through the  
8 curriculum, the recommended or the standard  
9 curriculum from ASRT for Nuclear Medicine including  
10 the different subject areas in non-radioactive  
11 pharmaceutical administration, and the drug  
12 lists that.

13 The council agreed with us that Nuclear  
14 Medicine Technologists in Florida should be  
15 able to do exactly what their national society  
16 say, what their examinations look at, what  
17 their educations cover, and that is to  
18 administer those non-radioactive  
19 pharmaceuticals.

20 So we've actually answered that question a  
21 few times from different hospitals since that  
22 meeting by taking your motion that says all of  
23 what I just said, you know, very condensed  
24 form, but we give them the back-up materials  
25 too, and we give that to the person who asks

1           that question and that seems to have solved the           40  
2           problem for those facilities.

3           I think they pretty much just wanted some  
4           official part of state government to say this  
5           is okay.

6           MS. BONANNO: It's okay. Yeah.

7           DR. JANOWITZ: Is that published anywhere  
8           or is that just by individual request?

9           MR. FUTCH: It's certainly available by individual  
10          request, and I think we actually have it someplace on the  
11          website. And if it's not we can certainly put it there.

12          MS. BONANNO: This came up with who makes  
13          the sales call, the radiology department, they  
14          grabbed me and HCA didn't want -- HCA didn't  
15          went techs, you know. They didn't think it was  
16          legal, so we went around, around, around and  
17          took the answer back to her after the Board to  
18          discuss. I don't know what HCA did about it,  
19          but she was having trouble getting a nurse at  
20          night for a gallbladder study to inject.

21          MR. FUTCH: Right.

22          MS. BONANNO: So that's what brought it  
23          about.

24          An individual organization makes their own  
25          decision, I guess, even though it's

1 legal --

41

2 DR. JANOWITZ: Some of those --

3 MS. BONANNO: Yeah. Even though it's  
4 legal they may choose to -- and how the nursing  
5 personnel are and how much of them there are.

6 MR. FUTCH: Okay. Before we continue on  
7 with this, maybe I'll defer to Brenda and ask  
8 about lunch, the important things.

9 MS. ANDREWS: We have two restaurants  
10 that's out in the plaza area; Carrabba's and  
11 TGI Friday. TGI Friday is offering 10 percent  
12 off if we go with them and I have a menu for  
13 Carrabba's if you want to take a look.

14 MR. FUTCH: That's all they came up with  
15 to go against 10 percent was a menu?

16 MS. ANDREWS: And guaranteed seating.

17 MS. BONANNO: Shula's hasn't opened yet.

18 MR. FUTCH: Pretty much nothing has  
19 changed since the last several meetings.

20 MS. ANDREWS: So do you want to choose one  
21 of those and I can notify that lucky restaurant  
22 that we're all coming?

23 DR. JANOWITZ: We probably use TGI Fridays  
24 quite a bit.

25 MS. ANDREWS: We did TGI Fridays last

1 time. 42

2 MR. FUTCH: Is that a motion for  
3 Carrabba's?

4 DR. JANOWITZ: I'm staying neutral on  
5 this.

6 MS. BONANNO: It doesn't matter to me.

7 MR. FUTCH: Maybe you should ask for a  
8 show of hands.

9 MS. ANDREWS: You all want to choose?  
10 Carrabba's? All for Carrabba's? All for  
11 Fridays?

12 MR. FUTCH: It's tied. Who didn't vote?

13 DR. ATHERTON: Undecided people.

14 DR. JANOWITZ: We'll leave it up to you,  
15 Janet. Surprise us.

16 MS. ANDREWS: I did that last time.

17 MS. CURRY: You did a fine job.

18 MS. ANDREWS: Thank you.

19 DR. ATHERTON: James, one question. Are  
20 there certifications for ultrasound techs or --

21 MR. FUTCH: There are.

22 DR. ATHERTON: Since you're doing MR, how  
23 is that not included in this?

24 MR. FUTCH: You're essentially asking why  
25 did we pick this four?

1 DR. ATHERTON: Yeah. 43

2 MR. FUTCH: You weren't at the last  
3 meeting or were you?

4 DR. ATHERTON: I think I was. I don't  
5 know.

6 MR. FUTCH: We picked these four for a couple  
7 of reasons. We picked two of them because  
8 they're actually mentioned in the statute, CT  
9 and PET. But, if you look at CT and Mammo and MR,  
10 they are by far the largest categories. There  
11 were between 2,500 or 3,000 plus licensees in  
12 Florida from the national registries that hold  
13 those certifications.

14 DR. ATHERTON: Okay.

15 MR. FUTCH: All the other ones, at least  
16 NMTCB, were in very, very small numbers,  
17 factors of 20 or more less than that. Some of  
18 the categories I think had a total of like a  
19 100 and some odd people in Florida with the  
20 certifications.

21 PET was one of the smaller ones, actually,  
22 but it was directly named in the statute as an  
23 example. We didn't think it would be wise to  
24 leave it out.

25 The ultrasound categories as issued by

1           ARRT are fairly small numbers, but that's           44  
2           mostly because there is another registry, the  
3           American Registry of Diagnostic Medical  
4           Sonographers, that has larger numbers of  
5           people.

6                    But during the legislative process -- I hate  
7           to ascribe anything to someone that I didn't  
8           directly speak to. That's the way the  
9           legislative process works.

10                   The word was -- it kind of came down to  
11           questions that were being asked about certain  
12           things that we had included in the legislation  
13           that the sonographers who were not coming  
14           through the ARRT pathway didn't really want to  
15           be included.

16                   Now, be sure you run right out and find a  
17           sonographer who is registered by ARDMS and tell  
18           them that that's not the case, and I'm sure you  
19           will find a few.

20                   In terms of the national state  
21           organizations and the lobbying, apparently, and  
22           put a big question mark and asterisk next to  
23           that because I didn't talk to them myself, but  
24           I was asked to change some parts of the  
25           language because of this concern.

1                   Because of that, we didn't really this                   45  
2                   first go round go out and kind of push for the  
3                   non-ARRT sonographers to be included.

4                   DR. JANOWITZ: The state doesn't license  
5                   sonographers?

6                   MR. FUTCH: Yeah. Sonography is not  
7                   licensed by the state of Florida. Excuse me.  
8                   The technologists are licensed by the state of  
9                   Florida.

10                  Does that answer your question?

11                  DR. ATHERTON: (Indicates affirmatively).

12                  DR. JANOWITZ: Is there any push to do so?

13                  MR. FUTCH: I haven't felt any.

14                  DR. JANOWITZ: Certainly not from the  
15                  sonographers.

16                  MR. FUTCH: Yeah. I mean, I'm content to  
17                  kind of throw this out and if there is groups  
18                  out there that say hey, we'd like to do that, I  
19                  haven't thought about this for a while, I'm  
20                  more than happy to deal with that and let them  
21                  do that.

22                  MR. RICHARDSON: So ARDMS remains the  
23                  credential of choice for sonographers. Even  
24                  though there is another pathway, everybody goes  
25                  the ARDMS. They may have both, but that's

1           seems to be required, and I guess it's for the           46  
2           CMS reasons for remuneration.

3           MS. BONANNO: Account reimbursement I  
4           think it is.

5           MR. FUTCH: And we don't have to -- if  
6           those technologists would like to be state  
7           certified at some point in the future, we don't  
8           have to change the law. We've got authority in  
9           the existing law now. We just go back through  
10          this process like we've just done and stick in  
11          another national organization, another title  
12          and another scope of practice and bring it back  
13          to you guys.

14          DR. JANOWITZ: Is that going to be the  
15          mechanism for advanced practice technologists  
16          in radiology nuclear medicine?

17          MR. FUTCH: Well, it certainly is a  
18          pathway. The legislature could always add  
19          others. As long as it's someone who is -- if  
20          it's another physician extender, you probably  
21          need to go back --

22          MS. BONANNO: Back to the legislature.

23          MR. FUTCH: -- to the legislature, yeah.  
24          This was couched in the terms of a  
25          technologist-level person, but --

1 DR. JANOWITZ: All of these people are 47  
2 going to be, I think, RT's are Certified  
3 Nuclear Medicine Techs first. Is there  
4 anything pending with their scope of license?

5 MR. FUTCH: Not that I know of. Do you  
6 have a particular one in mind?

7 DR. JANOWITZ: Well, I know that there are  
8 schools producing advanced radiological  
9 advances in medicine practitioners who are  
10 supposedly physician extenders.

11 MR. FUTCH: I would not recommend using  
12 this section of the statute in rule process  
13 that we have to try and add a physician  
14 extender. That's my recommendation about that.

15 MS. BONANNO: The radiology ones -- there  
16 is --

17 MR. FUTCH: The radiology assistants, is  
18 that what you mean?

19 MS. BONANNO: Yeah.

20 MR. FUTCH: That was added indirectly.

21 MS. BONANNO: So would it fall more under  
22 the P.A., whatever P.A. log the physician  
23 assistant --

24 MR. FUTCH: Well, that's a whole another  
25 set of laws which they didn't touch at all when

1           they put the radiologist assistant in.           48

2           MS. BONANNO:   Because it's a Master's  
3           degree level education for Nuclear Med.   That  
4           shouldn't make it approve it to a P.A.

5           DR. JANOWITZ:   I don't know.   Does anyone  
6           know what their scope of practice is going to  
7           be?

8           MR. FUTCH:   No.   Not me.

9           MS. BONANNO:   There is a scope of  
10          practice.

11          DR. JANOWITZ:   Are they going to be under  
12          the licensure of the P.A. board?

13          MR. FUTCH:   When it came time for the  
14          societies in Florida that wanted the  
15          radiologist assistant added, they made the  
16          determination to directly approach the  
17          legislature and add the language that you now  
18          know exists in the statute for radiology  
19          assistants to this particular licensure statute  
20          and not --

21          MS. BONANNO:   Not P.A.

22          MR. FUTCH:   -- go through the board of  
23          medicine statute.

24          MS. BONANNO:   You don't have to have a set  
25          of Master's degree program.   I don't think so.

1                   MR. FUTCH: I don't know. Those are  
2 matters that are far above my pay grade, and  
3 they pay folks lots of money to make those  
4 decisions. I assume they know what they want  
5 and go after it.

6                   Anyhow, so any more questions about what  
7 we've covered so far?

8                   Let's see here.

9                   All right. So on Page 4 of again the  
10 draft border at the top. I think we covered  
11 the PET, and my preference at this point in  
12 time would be to try and get a copy of the  
13 draft and basically make reference of that  
14 document here in this section.

15                   I mean, in a perfect world what we all  
16 would like to do, all of us who write  
17 regulations, is not do this hard coded here's  
18 your scope of practice on this document dated  
19 this available from this society on this date.

20                   I would like to be able to just say it's  
21 the scope of practice that is issued whatever  
22 the current one is from Society of Nuclear  
23 Medicine because every time they change their  
24 practice, I have to come back and change this  
25 regulation to Florida.

1                   That's not how it works in Florida                   50  
2                   regulation writing law, Chapter 120. In fact,  
3                   it's gone the opposite way over the past 10 or  
4                   15 years. It's forcing us all to get very  
5                   specific.

6                   You know, and the idea is so the regulated  
7                   entity knows and can find what it is that they  
8                   need to do their job and their practice, and I  
9                   kind of understand that, but it does make the  
10                  regulation part of the whole thing repetitive.

11                  So I can't do what I want to do is what  
12                  I'm saying, whatever the setting for those  
13                  medicine issues I have to have something in  
14                  hand.

15                  MR. RICHARDSON: James, I have a question  
16                  about renewing this specialty technologist.  
17                  When it comes to do that, will there be a  
18                  delineation as far as continuing education is  
19                  concerned that it has to be credential specific  
20                  or anything?

21                  MR. FUTCH: There is nothing in this at  
22                  this point that would do that. I haven't  
23                  envisioned that. There hasn't really been any  
24                  discussion that I know of from the council that  
25                  would want that.

1 MR. RICHARDSON: I don't want it.

51

2 MR. FUTCH: Yeah. Okay. You can be a CT  
3 tech and go get education in, you know, MR if  
4 you want to. You can do that currently. I  
5 mean, you can be a radiographer and get  
6 education for Nuclear Medicine for CE. It's  
7 all in the umbrella of radiologic technology,  
8 so it's fine.

9 MR. RICHARDSON: Well, because I organize  
10 continuing education programs, I have a lot of  
11 people asking me can I come to your program and  
12 do you have to be a Nuclear Medicine  
13 Technologist. As far as Florida is  
14 concerned --

15 MR. FUTCH: Yes. That's fine.

16 MR. RICHARDSON: -- that's true.

17 MR. FUTCH: In order for us to change  
18 that, it would require, some expenditure  
19 of resources to track all that both  
20 from the provider approval and, of course,  
21 approval side as well as the renewal side in  
22 Mark and Gail's database. He just walked in,  
23 but I'm pretty sure he doesn't want to spend  
24 money to do that.

25 MR. WHITTEN: I have the meningitis right

1           now. I'm not spending any money.

52

2           MR. FUTCH: You're working on the  
3           meningitis thing.

4           Once they're licensed in Florida, they're  
5           going to be doing the 12 hours of CE -- CE that  
6           Florida requires, and there is a tie in to the  
7           national organizations. Anything that  
8           you've -- anything that you've used for  
9           continuing education in Florida is accepted by  
10          the national registries for the national  
11          credentials. You don't have to buy it twice or  
12          take the course twice.

13          It also works the other direction at least  
14          with ASRT approved courses that you may have  
15          taken. You can use those to renew the Florida  
16          license. We actually have a relationship with  
17          ASRT where they're monthly grabbing the CE  
18          courses that are taking and bringing them into  
19          the Florida system so they show up in the  
20          Florida system available for renewals.

21          It's actually quite an effort and quite a  
22          flexible system both directions for CE between  
23          Florida and national organizations.

24          Anything else, Tim?

25          MR. RICHARDSON: (Indicates negatively).

1                   MR. FUTCH: All right. The next thing on                   53  
2                   the bottom of Page 4, Bone Densitometry. This  
3                   section exists in Florida law. It covers Bone  
4                   Densitometry. There is really two sentences in  
5                   this paragraph. The first applies to Bone  
6                   Densitometers that use basically x-ray, and the  
7                   bottom one applies to Bone Densitometrists that  
8                   use radioactive materials.

9                   In this section basically what it says is  
10                  some of the certificate holders that use x-ray  
11                  for diagnostic -- that are already licensed to  
12                  use x-ray for diagnostic purposes, if they want  
13                  to do Bone Densitometry, they take a  
14                  device-specific training course, they basically  
15                  hold on to that certificate, nothing comes in  
16                  to us, and they can do Bone Densitometry.

17                  The second sentence says the same thing,  
18                  but from the standpoint of people who can use  
19                  radioactive materials.

20                  What we've done is we've added in magnetic  
21                  resonance imaging technologists as one of the  
22                  folks who could not use bone densitometers and  
23                  then x-ray radiation. Go ahead. Somebody ask  
24                  me why that is? Nobody is going to ask me.

25                  DR. JANOWITZ: What is that?

1           MR. FUTCH: This is actually a question           54  
2           that I had for you. If I don't do this and we  
3           issue a license to someone to practice MR, they  
4           automatically acquire the ability to do  
5           x-ray-based bone densitometry. That violates  
6           the thinking of the section for why we allow  
7           the other folks to do it, and we allow the  
8           other folks to do it because they already have  
9           a license in x-ray to do something that is much  
10          more complicated.

11          So, to our way of thinking, it kind of  
12          made sense to allow people who were  
13          radiographers and the rest of it to do the --  
14          to do it, but the MR, you know, they can come  
15          from a completely different pathway and not be  
16          educated in x-ray at all.

17          So, if we don't put this in, we  
18          automatically give them the ability to do  
19          something that they haven't been trained or  
20          educated for. So that's why we're putting this  
21          in.

22          DR. JANOWITZ: Is there a reason that  
23          Nuclear Medicine Technologists can't use the  
24          x-ray based bone densitometry after a training  
25          course?

1           MR. FUTCH: Well, a long time ago there           55  
2           was before we started mixing everything  
3           together. Most of the Nuclear Medicine  
4           Technologists who want to do bone densitometry  
5           just go out and get the basic x-ray certification  
6           because it's not one that requires --

7           DR. JANOWITZ: It's real basic?

8           MR. FUTCH: Yeah. You don't have to go to  
9           a formal education program to sit for a basic  
10          x-ray machine operator exam. You simply do a  
11          self study of the study and then you take the  
12          exam and, if you pass it -- they have no  
13          problem with that exam because they have  
14          already got 80 percent of the knowledge, I  
15          guess, from the basic radiation and the rest of  
16          it. The reason they're in there is because  
17          traditionally they were not able to do  
18          anything with x-ray.

19          MR. BURRESS: Does device specific  
20          training require that vendor delivered or by  
21          any means?

22          MR. FUTCH: By any means. It's not a very  
23          high bar, but it is a bar.

24          DR. JANOWITZ: Can a basic operator use  
25          the radioactive material at least.

1 MR. FUTCH: No.

56

2 DR. JANOWITZ: Okay.

3 MR. FUTCH: I'm not really sure how many  
4 of those there are. Has anyone actually seen  
5 one or knows if one still exists? Maybe it's  
6 old technology. Apparently it existed at one  
7 point.

8 MS. BONANNO: I don't know if it was x-ray  
9 or not.

10 MR. FUTCH: That's basically it for the  
11 printed stuff. Now, there are a couple other  
12 areas, one of which ties into the application.  
13 So if you would switch over to Section C, we'll  
14 go through the revised application things we've  
15 changed and then I'll show you some alternate  
16 wording that goes into the instructions.

17 Basically this is a Form 1005. This is  
18 the application form for all the certified  
19 radiologic technologists and the radiologist  
20 assistant. We have a separate form for the  
21 two kinds of basic x-ray machine operators.  
22 We're not actually modifying that form, so we  
23 haven't brought that today.

24 For this particular document, I don't know  
25 how long it's been or if you've ever actually

1           seen this application form, it starts out with           57  
2           generic information, you know, contact  
3           information for the person who is applying. It  
4           asks some questions about do you want to  
5           participate and be called if there is a  
6           disaster and we need help with, you know,  
7           staffing a community reception center.

8                    On the bottom of the page, this is what's  
9           changed. The table in Section 4 Application  
10          Type, obviously it had General Radiographer,  
11          Nuclear Medicine and Radiation Therapy  
12          previously, but we've added now a role for  
13          Computed Tomography, for PET, Mammo and MR.

14                   If you turn the page, we've pushed the  
15          Radiologist Assistant row to the top of the  
16          next page and we're going to work and fix that  
17          and bring it back down to the bottom of the  
18          first page.

19                   This application historically, I think,  
20          was created by very evil people because anybody  
21          whoever touches this thing ends up with, you  
22          know, a lot of heartburn trying to get  
23          everything to line up. So we're going to try  
24          and bring the Radiologist Assistant back to the  
25          first page.

1           You can see that the four rows that were           58  
2           added, there is no method for applying by  
3           examination, so the first two columns are not  
4           applicable. The endorsement fee is listed on  
5           the right along with the box for endorsement.

6           If you turn over, we've basically modified  
7           Section 5, added in the new categories there.

8           Section 6, none of the boiler plate  
9           questions have changed, but the table at the  
10          bottom for type of license we've added in  
11          columns for each of the new kinds of licensure  
12          types.

13          Thank you, Janet.

14          Then on the -- I think no changes at all  
15          to Page 3, the criminal background question  
16          page.

17          If you turn over to Page 4 there is a  
18          separate page where MQA collects the social  
19          security number of the applicant and they scan  
20          all of their documents. When they come into  
21          the office, it goes into the document imaging  
22          system.

23          They keep the social security number on a  
24          separate page so they can control their imaging  
25          system from being contaminated with things that

1           are not public record. So they pull this out           59  
2           of the file and put it in a separate place, the  
3           social security number.

4           Of course, every place where we  
5           referenced, you know, General Radiographer,  
6           Nuclear Medicine Tech, we've added the new  
7           terminology for the new types of technologists.

8           We probably ought to just make a mental  
9           note to all you guys who are keeping notes  
10          here. We ought to pull the technologist  
11          language off of some of these. If we're going  
12          to do it in one spot, we should not do it in  
13          all the rest.

14          For those of you, nobody asked, but why do  
15          we collect social security numbers, there is a  
16          statute referenced on the bottom of the page  
17          that says we have to do that. And we can't  
18          give you a license if you don't give it to us.

19          Okay. The next page -- this is  
20          basically -- Page 5. This is the General  
21          Information And Application Instructions. This  
22          is usually actually printed -- our afternoon  
23          presentation is arriving. Hey, John. We  
24          brought some hands-on equipment. We thought  
25          you might want to play around with some of

1           that. 60

2           Page 5 is the application information and  
3           instructions that's usually printed in front of  
4           the application, but it's printed after here.

5           I want to come back to Section 1 in a  
6           minute because I've got some revised language  
7           that's newer than what you've got printed, but  
8           basically you can see this is just general  
9           instructions. Why don't I do that now.

10          DR. JANOWITZ: Was this the form that's  
11          available online?

12          MR. FUTCH: It looks a little different  
13          now. It tends to be presented with one  
14          question at a time.

15          If you would look at the screen, the tiny  
16          little writing on the screen. Let me expand  
17          this a little bit. Bare with me for just a  
18          minute. Can everybody at least see that?

19          So, if you look at Page 5 in your written  
20          documents, the written version of this,  
21          Section 1 basically is -- we're not using that  
22          language. We're using the language you see on  
23          the screen, otherwise the rest of the  
24          instructions are pretty much unchanged.

25          Here in this first paragraph we have --

1 we've had some questions over the years and 61  
2 we're trying to correct the way we present the  
3 information here a little bit so we don't get  
4 the questions about well, which registries are  
5 you talking about and where do you find the  
6 programs and that kind of stuff.

7 So in the first paragraph we've talked  
8 about completing approved educational training  
9 program, i.e., an accredited school, college,  
10 university in the same area of technology for  
11 applying. Such programs -- this is in the  
12 rule. Such program must be recognized and  
13 accepted by ARRT or NMTCB.

14 This is new contact information for all  
15 the programs, including the address and the  
16 program directors' names found on the websites  
17 at these locations so that way they don't keep  
18 asking lots of questions and dealing with  
19 Mark's staff of where are these programs  
20 listed. It's right there.

21 The second paragraph.

22 If you are currently licensed by a  
23 national organization, a registry ARRT or NMTCB  
24 or a state which uses these registry  
25 examinations. We get a lot of questions about

1           that. All the states in the nation currently           62  
2           use, really, ARRT for their registry  
3           examinations. That wasn't always the case a  
4           long, long time ago, but we're trying to  
5           clarify what we're talking about.

6                     In the field for which you are applying,  
7           then you need to check "by-endorsement," pay  
8           the application fee for endorsement, include a  
9           current copy of your license (wallet card)  
10          which shows -- normal stuff.

11                    Then in the last paragraph, if you're not  
12          currently licensed, then you need to check  
13          "by-examination," pay the licensure fee by  
14          examination.

15                    Now, of course, this notation is now.  
16          However, as noted in Section 4 of the  
17          application, not all license types are  
18          available for licensure by examination,  
19          including all the ones we've been talking about  
20          this morning. Those are all only by  
21          endorsement.

22                    Then the last paragraph. Regardless of  
23          whether you apply by exam or endorsement, we  
24          can't grant certification until you've passed  
25          either our examination or one of the national registry

1 or state exams of the appropriate passing score. 63

2 I apologize for not having that in the  
3 revised version that we printed out, but I had  
4 to make a few tweaks to it last night.

5 Then back to the written Page 5. If you  
6 look down at Section 6-Discipline, there is a repeated  
7 sentence at the end of that paragraph which we  
8 were striking through, obviously. Okay.

9 And then one last thing as long as we're  
10 talking 63-E rules.

11 Does anyone have any questions about --  
12 I'm covering a lot of different pieces of this.  
13 Any questions, other ways of doing things you  
14 would like to see happen with this?

15 I'm going to ask Dr. Janowitz for a vote  
16 on the language before we break for lunch. I  
17 just want to make sure because I'm going to  
18 move on to a slightly different topic that also  
19 involves rules.

20 DR. JANOWITZ: Just a quick question on  
21 the last criminal background, on this Number 7.  
22 It doesn't specify misdemeanor or felony.

23 MR. FUTCH: No. In the past we have asked  
24 that question -- this is a long time ago.  
25 We've asked that question in more restrictive

1 fashion and been bitten, basically, by doing 64  
2 that because certain things don't get reported.

3 So now the attorneys have basically said  
4 ask this in a very broad fashion and you will  
5 get more information and you can make your  
6 decision from that.

7 For example, I think we used to have --  
8 this happened with DUI at one point. There  
9 were a lot of folks who thought DUI was a  
10 traffic violation, not a criminal offense. So  
11 then we had a whole bunch of folks that didn't  
12 tell us about six DUI's or this kind of stuff.  
13 So we ask this question in a very broad generic  
14 form at this point.

15 DR. JANOWITZ: What about juvenile?

16 MR. FUTCH: We aren't going to take into  
17 account anything that happened before the  
18 person's 18th birthday. But even there we've had  
19 occasions where somebody did something and then  
20 they were prosecuted as an adult. That turned  
21 out to be something we should know about.

22 This is one of the more important  
23 questions, and we want to make it as broad as  
24 possible so that people will tell everything  
25 they need to.

1                   We even have folks -- you want to talk                   65  
2                   about AHCA exemptions.

3                   MR. WHITTEN: Do I have to?

4                   MR. FUTCH: Let me show you how  
5                   interesting this is. We ask these questions  
6                   and folks report, you know, all of the things  
7                   that have happened to them in their past. It  
8                   may have been 20 years ago. We issue them a  
9                   license. They practice for 10, 15 years. They  
10                  go to work in a facility that involves -- what  
11                  is it, children?

12                  MR. WHITTEN: Really need to be licensed  
13                  by AHCA.

14                  MR. FUTCH: Yeah. The facility which is  
15                  licensed by the Agency for Healthcare  
16                  Administration. They will do a criminal  
17                  background check on them at that point and they  
18                  will come back with a hit on whatever it was  
19                  that happened, you know, at that point, 30  
20                  years ago, and they won't be able to work until  
21                  they come to our agency and are granted an  
22                  exemption by us.

23                  The question -- we always kind of look at  
24                  each other like did they tell us about this  
25                  when they were initially licensed. Yes. Okay.

1 Grant the exemption, let's get back to work, 66  
2 you know what I mean. But they go through this  
3 stuff all the time.

4 So we need to make sure that we find out  
5 about everything up front, especially the  
6 situations like that because we don't want to  
7 be caught in a position where oh, I forgot to  
8 tell you about that on your initial  
9 application. That's a violation. That's  
10 obtaining a certificate by fraudulent means and  
11 you can be suspended or revoked for that.

12 MS. CURRY: And it has happened.

13 MR. FUTCH: Yeah.

14 Any other questions?

15 Last thing on the rules. You may recall a  
16 few meetings back -- you don't have this one in  
17 your packet, I apologize, so I'll throw this up  
18 on the screen.

19 A few meetings back we talked about the  
20 radiologist assistant duties.

21 I'll make this bigger. We have most of it  
22 there.

23 A few meetings back we talked about the  
24 radiologist assistant duties and supervision  
25 and you may not recall, but the statute when

1           the RA became a licensed type in Florida, it           67  
2           required us to adopt a list of duties that was  
3           basically consistent with the three national  
4           organizations that had a role in that, ACR,  
5           ASRT and ARRT, and we adopted a document that  
6           was called the "ARRT Radiologist Assistant Role  
7           Delineation" printed January 2005 into our  
8           regulation, and that document is the basis for  
9           the duties of the radiologist assistant.

10                 I'm not showing you that document itself,  
11           but this is the section of the rule that  
12           references and incorporates that ARRT document  
13           which we incorporated. It's a copyrighted  
14           document, so we had to get permission.

15                 This is the place in the rule where it  
16           says that's the actual document that is the  
17           scope of practice for Florida.

18                 There were a few caveats. There were a  
19           few things in that document that kind of  
20           contradicted what the statute said that they  
21           could do. Like I think the document said they  
22           could administer pharmaceuticals.

23                 So that first caveat up there in Section A  
24           it says with regard to -- the radiologist shall  
25           not administer pharmaceuticals. There was a

1 couple things like that that we had to clean 68  
2 up.

3 You may recall from a few meetings ago  
4 that document doesn't exist anymore. It's been  
5 replaced by -- an ARRT level has been replaced  
6 by what they call the entry level of clinical  
7 activities.

8 Is this starting to sound familiar to some  
9 of you?

10 Okay. So we've had a few radiologist  
11 assistants in Florida basically saying hey, you  
12 need to update this duties list because we want  
13 to, you know, work off the new duties.

14 Mostly comes down to -- there is a few  
15 places in the old list where personal  
16 supervision was required, and in the new list  
17 it's not.

18 So this is changing the existing  
19 regulation to reference the new document -- it  
20 actually references two documents up in the  
21 first paragraph. It's referencing the  
22 January 2011 ARRT registered radiologist  
23 assistant entry level clinical activities  
24 document and, because we didn't have this  
25 before, the ASRT didn't have a practice

1 standard, now there is an ASRT practice 69  
2 standard. And the June 19, 2011, ASRT  
3 Radiologist and Practice Standards document.

4 So this is basically satisfying our  
5 statutory duty to keep up with the national  
6 registries in referencing what a radiologist  
7 can do.

8 This is actually a perfect situation --  
9 like before we were talking about why do we  
10 have to keep, you know, updating -- you know,  
11 referencing the exact documents because exact  
12 documents get updated and changed by other  
13 organizations.

14 If I could, I would just say whatever ASRT  
15 and ARRT say you can do underneath your  
16 national license you can do, but I can't do  
17 that. So I have to do this.

18 DR. JANOWITZ: Do you know off hand what  
19 areas no longer require supervision?

20 MR. FUTCH: I can look it up for you.  
21 I've got the documents from before. I don't  
22 remember offhand.

23 DR. JANOWITZ: Do you know if the ACR is  
24 signed off on us or is this just the --

25 MR. FUTCH: This is actually the

1 standard -- the practice standards -- the main 70  
2 document is the ASRT practice standards and, to  
3 answer your question, yes, ACR has -- I don't  
4 know what word you want to use -- accepted that  
5 ASRT is this document that they have put out.

6 The main document is the practice  
7 standards document. Really, the ARRT one just  
8 talks about entry level radiologist assistants  
9 and the ASRT document talks about the whole,  
10 you know, experienced people and it encompasses  
11 experienced radiologist assistants.

12 Do you happen to recall? I wish Patty was  
13 here. She could tell us more in a heartbeat.

14 MS. BONANNO: She knows.

15 MR. FUTCH: It's one of the interventional  
16 procedures. I'm sorry. I'm drawing a blank on  
17 that particular issue. We did talk about it.

18 DR. JANOWITZ: I'm just concerned that the  
19 technologists could say well, they're capable  
20 of reading chest x-rays.

21 MR. FUTCH: Oh. No. The duties are --  
22 no, no, no. Interpretation is prohibited.  
23 It's prohibited, I think, in our statute as  
24 well as in the practice standards document. It  
25 mentions that specifically.



1 floodgates are being opened because the  
2 professional society wanted them opened.

3 DR. JANOWITZ: I was just wondering what  
4 was in there.

5 MR. FUTCH: I'll try to find something for  
6 you at lunch.

7 DR. JANOWITZ: Okay.

8 MR. FUTCH: So that's -- and then we've  
9 eliminated the stuff that's specific to the  
10 old -- specifically referencing the old  
11 activities by number and, I think, kept two of  
12 them that are still applicable because they're  
13 still prohibited by the statute.

14 The one on the bottom in old Section E,  
15 now renumbered Section B, says the radiologist  
16 assistant is prohibited from performing the  
17 duties. Prohibited specifically in the section  
18 of the statute that talks about radiologist  
19 assistants.

20 I think it's radiation therapy and Nuclear  
21 Medicine pretty much, unless, of course, they  
22 happen to be radiation therapists.

23 MS. BONANNO: It certainly permits it.

24 MR. FUTCH: But that's it for 64-E, I  
25 hope.

1 Janet, did I leave anything out? 73  
2 Brenda?  
3 MS. COOKSEY: I don't think so.  
4 MR. FUTCH: Cindy, anything else?  
5 MS. BONANNO: (Indicates negatively).  
6 MR. FUTCH: All right. What time we got?  
7 DR. JANOWITZ: Quarter of 12.  
8 MR. FUTCH: Do you want to try and take a  
9 vote now or talk about it at lunch? I mean, we  
10 can't talk about issues at lunch, but we will  
11 certainly think about it at lunch.  
12 DR. JANOWITZ: I think we can take a vote  
13 now unless anyone wants to delay it.  
14 What is your motion?  
15 MR. FUTCH: To approve the changes to  
16 64E-3 as presented to you this morning.  
17 DR. JANOWITZ: Any discussion?  
18 All in favor?  
19 MS. BONANNO: Aye.  
20 MR. BURRESS: Aye.  
21 DR. LAGOUTARIS: Aye.  
22 MR. RICHARDSON: Aye.  
23 MR. SEDDON: Aye.  
24 DR. WILLIAMS: Aye.  
25 MR. ATHERTON: Aye.

1 DR. JANOWITZ: Any opposed?

74

2 None. It's unanimous.

3 Who won the lunch?

4 MS. ANDREWS: TGI Friday. Yea.

5 10 percent off.

6 DR. JANOWITZ: Is there anything we need  
7 to do now before lunch?

8 MS. ANDREWS: I just want to mention for  
9 members that were not here at the May meeting  
10 or new members I have the documents from that  
11 meeting if anyone is interested in a copy of  
12 them.

13 DR. LAGOUTARIS: Yes, please.

14 MS. ANDREWS: I kind of figured you would  
15 be.

16 Right. You all were issued also parking.  
17 I guess these are discount cards. I believe  
18 when you get ready to leave the parking lot you  
19 turn these in to get your discounts.

20 Is that how that happened before?

21 MS. BONANNO: You give it to them and they  
22 charge you \$6 instead of whatever.

23 MS. ANDREWS: Instead of the \$12. I think  
24 it's \$12. It's a \$6 flat rate fee for these.

25 MR. FUTCH: \$6 is always better than \$12.

1 MS. ANDREWS: Yes.

75

2 Also, you have travel packages in front of  
3 you. Most of you know the routine. You have a  
4 worksheet and you will fill this in for me with  
5 the time of departure and arrival back to your  
6 destination back to your headquarters. Most of  
7 you have already filled in your social, the  
8 part that needs to be on here, but if I  
9 haven't, if you would provide a full social  
10 security number for me.

11 Also, if you have any receipts, I provided  
12 an envelope. If you need to mail those back in  
13 to me, it's a self-addressed envelope back to  
14 me. Just put all your receipts in there and a  
15 copy of your worksheet completed and I'll get  
16 that and complete your travel reimbursements.

17 On this part you will see a little sheet  
18 in there like this. All I need you to do is  
19 sign this and that's it. Do not fold it. If  
20 you want to sign this here now and give this to  
21 me now, I would prefer that. That way I can  
22 run this with your voucher and your signature  
23 is there.

24 MR. FUTCH: We'll add in your banking  
25 information.

1 MS. BONANNO: Your credit card number.

76

2 MS. ANDREWS: He wasn't supposed to tell  
3 you that part. James.

4 Any questions about travel or the forms?

5 So this is just a worksheet that you have.

6 So you can write all over the worksheet any  
7 information, and then I prepare it and then you  
8 get reimbursed.

9 DR. ATHERTON: Is this orange thing the  
10 same as the white?

11 MS. ANDREWS: That's just the instruction  
12 sheet.

13 DR. ATHERTON: I don't have a signature.

14 MS. ANDREWS: I didn't give you a  
15 signature sheet?

16 DR. ATHERTON: (Indicates negatively).

17 MS. ANDREWS: I have one here.

18 MS. BONANNO: You can have mine because I  
19 don't submit anything.

20 MS. ANDREWS: You never do.

21 MS. BONANNO: I don't. I drive 20 miles.

22 MS. ANDREWS: I've got one here for him.  
23 You can just give me your packet back then.

24 MS. BONANNO: Okay.

25 MR. FUTCH: Anything else, Brenda?

1 MS. ANDREWS: We do the -- at the end. 77

2 MS. CURRY: I want to give this to you  
3 before I lose it.

4 MS. ANDREWS: And you didn't fold it.  
5 Folding it, when I put it through the printer  
6 it just kind of makes it go off line a little  
7 bit. So us OCD people don't like that. But  
8 thank you. The calendars we do at the end.

9 MR. FUTCH: Yes.

10 DR. JANOWITZ: So we can adjourn for  
11 lunch. We're back here at 1:30. I guess we  
12 meet at Fridays.

13 MR. FUTCH: Fridays it is.

14 (The meeting recessed at 11:45 a.m. for  
15 lunch.)

16 (The meeting continued at 1:30 p.m. as  
17 follows:)

18 MR. WILLIAMSON: Good afternoon. My name  
19 is John Williamson. I'm the administrator of  
20 the environmental radiation program of  
21 the Bureau. I got advised to come talk about  
22 updates of our group.

23 I have three different things I'll talk  
24 about. Let's start with the first one. We  
25 handle incidents that involve radioactive

1 materials, not machine generated, but actual  
2 radioactive material.

3 I'm going to give you just a brief on what  
4 radioactive material incidents we've had in the  
5 first three quarters of this year, excluding  
6 scrap metal alarms which tend to run the  
7 majority of our incidents. Those are all  
8 pretty boring. Somebody gets a Radial Dial  
9 Gauge. I see the same thing, you know, 60, 70  
10 times a year.

11 The other ones -- there actually are some  
12 more interesting incidents, and I'll just go  
13 over each one. There is only about 20 of them.

14 One of the first ones we had this year was  
15 a positive bioassay for iodine 131 from the vet.  
16 The vet was cleaning out the animal cages. You  
17 may be aware that while you can release a human  
18 who's had a thyroid ablation, you're not  
19 allowed to do that to the cats. So the cats  
20 have to be held until they're below a certain  
21 level.

22 So the vet was cleaning out the cage and  
23 came up with a positive level on his bioassay  
24 for iodine 131. It appears that he was not  
25 following his own procedures and he's committed

1           to being more careful about following his  
2           procedures in the future.

3           The next one. A technologist preparing a  
4           Tech 99 metastable kit for imaging made the  
5           kit, set it aside, somebody else grabbed it and  
6           pulled some of the material out of it. He  
7           didn't notice it. He used it later when they  
8           went to -- they noticed it later when they went  
9           to take a look at the imaging, and they noticed  
10          that they were weren't seeing an image on the  
11          orbit they registered in.

12          They have gone back to recheck their  
13          procedures, and they're going to make it more  
14          clear in the future. They have to put material  
15          for specific procedures in a specific labeled  
16          area.

17          Going on to the third one. Let me see  
18          where we go. Oh. Troxler Gauge. This one  
19          right here. A Troxler Gauge. Soil moisture  
20          density gauges, road construction, got run  
21          over. The source was in the retracted position  
22          before the accident. No damage to the actual  
23          source material.

24          This unfortunately happens to be something  
25          we get quite a bit. When you tend to get the

1 use of radioactive materials, and you will see 80  
2 this later, there is two classes of people who  
3 use these who tend to be more of the  
4 blue-collar type and they don't seem to always  
5 demonstrate the care that you might take.

6 One of them is your road construction  
7 crews. These are basically guys who are in the  
8 road construction business who take a 40-hour  
9 course to use a Troxler Gauge and often times  
10 they kind of forget to move it and it gets run  
11 over by a bulldozer or truck.

12 And the other one is radiographers. We  
13 have a radiographer incident later. Those are  
14 the ones that, to me, are probably even more  
15 scary than any of the medical ones because they  
16 have a fairly large source that they can do  
17 some significant exposures with.

18 DR. WILLIAMS: What's in a Troxler Gauge?

19 MR. WILLIAMSON: Cesium-137 between 8 and 10  
20 millicuries, depending on which manufacturer,  
21 and 40 to 50 millicuries of Americium-241 to do the  
22 density. So fairly low quantities of material,  
23 but there are a lot of Troxler Gauges out  
24 there.

25 I think there are 300 some licenses -- the

1 largest number of portable gauges on our 81  
2 material's licenses are Troxler Gauges.  
3 Florida DOT is the largest single licensee.  
4 They have, I think, 120 gauges or so.

5 MR. BURRESS: Americium-241

6 MR. WILLIAMSON: Americium-241, really, for a  
7 new Troxler Gauge.

8 VA Medical Center received a package  
9 containing four Tech 99 vials. They noticed  
10 that there was external contamination on it.  
11 The licensee followed their procedure. They  
12 just had to refer that back to the original  
13 shipper and make sure that that was taken care  
14 of.

15 Here's an interesting one. Owner found a  
16 rock collection that contains uranium.

17 MS. BONANNO: And didn't know.

18 MR. WILLIAMSON: They decided they didn't  
19 want this anymore. This actually tends to  
20 happen usually with older people who have done  
21 rock collections and they die and they leave it  
22 and their spouse or their children or their  
23 grandchildren find the rock collection. I'm  
24 sorry, but uranium rocks are fascinating. Put  
25 them under a black light and they glow.

1           They're absolutely spectacular, but not  
2           everybody sees the interest in that.

3           We have quite a large collection of rocks  
4           back in our lab that belong to people who have  
5           collected them and they have natural uranium or  
6           thorium in them. With the phobia about all  
7           things radioactive, we tend to get a lot of  
8           things turned over to us.

9           This is an interesting one. Thorium can  
10          be exempt from any requirements if it's used in  
11          a particular way. This company was not using  
12          it in that particular way. They were bringing  
13          thorium in and they were grinding it and they  
14          were shipping a load of material off as low  
15          level radioactive waste. They did not have a  
16          license. They knew they had to ship material  
17          off as low level waste because when they  
18          contacted a vendor to take it, he said you have  
19          to contact the state and get an inspection.

20          So our inspector went there and they were  
21          doing surveys and they noticed a contaminated  
22          countertop. So he started asking a few  
23          questions. None of the workers -- they're  
24          doing grinding of the thorium material. None  
25          of the workers had any respiratory protection

1 at all. No dosimetry. 83

2 We turned it over to licensing and  
3 licensing was working with them to determine  
4 whether they wanted to cease all operations or  
5 move forward with getting a license.

6 An NRC allegation. The owner is building  
7 a cold fusion reactor with no radioactive  
8 components that generated annihilation photon,  
9 positrons.

10 All the production of these is overseas.  
11 It didn't appear that there was going to be any  
12 action. When they were going to start  
13 producing them, the owner would seek the  
14 appropriate UL certification. It is a neat  
15 trick how you produce positrons without  
16 anything else.

17 Let's see. That was eight.

18 Nine. Of interest to a couple of you, of  
19 course, possible medical event. Patient was  
20 being treated with a Gammaknife for eight shots  
21 of four sites. The fifth shot was interrupted  
22 by a bathroom break. This was the patient with  
23 the bathroom break. When they came back they  
24 reapplied the frame. Unfortunately the  
25 computer wasn't sync with it, and they ended up

1 giving the wrong doses on it. Fortunately, on 84  
2 this one no medical consequences are expected  
3 and it was a human error cause.

4 Palladium-103 seeds placed in a drawer. When  
5 they went to look back for it later it was  
6 missing. This is the radiographer. I like to  
7 tell the firemen that I work with that I train  
8 that radiographers probably are the stupidest  
9 people on the face of the earth that they allow  
10 to have such a large source. If you look at  
11 the accidents that they come up with, you will  
12 understand what I mean.

13 You can tell he's a radiographer  
14 assistant, which means he's not supposed to be  
15 doing anything by himself. He's supposed to be  
16 working under the supervision of a  
17 radiographer, certified radiographer, at all  
18 times.

19 He tells his RSO that his zero to 200mR  
20 DRD went off scale 10 days earlier. You  
21 know, it's hard for me to fathom why it took  
22 him 10 days to talk about this. They sent his  
23 film badge off, almost 25 rem whole body base.  
24 We weren't informed until the 24th, which is  
25 late in that regard as well.

1                   It appears that exposure was confirmed,                   85  
2                   which means that that particular radiographer's  
3                   assistant can't work the remainder of the year.  
4                   The camera was also taken out of operations.  
5                   They're not sure exactly how he managed to do  
6                   it. He was setting up for a new shot and  
7                   apparently they hadn't managed to retract the  
8                   source.

9                   Those who aren't familiar, a radiography  
10                  camera has anywhere up to about a 200  
11                  curies of Iridium-192 source in it. It's usually worked  
12                  remotely. You have a set of cables. Guide  
13                  tubes on each end of it. On one end you have a  
14                  crank that you will work and will crank the  
15                  source out the other end, and then you would  
16                  crank it back to bring it back inside the  
17                  depleted uranium shield.

18                 Well, at some point when he was setting up  
19                 for his exposure, they apparently didn't have  
20                 it cranked all the way back into the shield.  
21                 You can get some significant exposures from  
22                 this, and there have been cases in other  
23                 countries where radiography sources have  
24                 actually been detached from the cable and left  
25                 behind and people have had extremely serious

1 injuries, including amputation of multiple 86  
2 limbs and severe long-term consequences of  
3 that, of course.

4 That, of course, you know -- because this  
5 is all public record, I can say what company  
6 this was, and to me it's sort of appropriate.  
7 It was Renegade. That was actually the name of  
8 the company.

9 MR. BURRESS: Actually, by law they're  
10 supposed to survey to verify the --

11 MR. WILLIAMSON: Yes. They're supposed to  
12 have an instrument with them that they survey  
13 to make sure that the radiation levels are what  
14 they are. But you would be amazed how often  
15 the instrument wasn't working, their DRD wasn't  
16 working, they lose their film badge.

17 I believe that there are many  
18 radiographers when they know that they have  
19 exceeded their exposure for the year they lose  
20 their film badge so they won't stop working.

21 Another medical overexposure or probably  
22 an overexposure. A patient presents with oval  
23 necrotic tissue on the inner thigh, says it was  
24 from radiologic exposure. They received  
25 exposure six months earlier at the hospital.

1           There is not much we can do on that.  It's all           87  
2           purely a medical event.

3                   A wrong isotope administered Indium-111  
4           instead of Tech 99 for a diagnostic procedure.  
5           Color code system to differentiate.

6                   Once again, failure to follow established  
7           procedure.  So they added additional procedures  
8           to help make it better in the future.

9                   Whole body dosimetry badge for Nuclear  
10          Med-Tech indicacting ten-and-a-half hour dose.  
11          Those remain the same.  They have, of course, a  
12          finger badge and other means to determine the  
13          dose.  It looked like it was going to be just  
14          the standard 100mR on the finger badge.

15                   This one they think the drop of -- they  
16          think that they literally got from the process  
17          of either collecting it or putting it in they  
18          managed to spray a very small drop of Tech 99  
19          on their radiation badge and that's what caused  
20          the dose.

21                   MS. BONANNO:  That shouldn't cause that,  
22          should it?

23                   MR. WILLIAMSON:  It is possible.  If you  
24          have a Tech 99 in concentrate and you manage  
25          to spray it on the badge, you can get that kind

1 of a dose. None of the other badges indicated 88  
2 that, so --

3 MS. BONANNO: Not the ring badge?

4 MR. WILLIAMSON: Not the ring badges.

5 This was the whole body.

6 MR. BURRESS: Were they using Luxel, do you  
7 know?

8 MR. WILLIAMSON: I don't know what they  
9 were using.

10 MR. BURRESS: Like on old film badges.

11 MR. WILLIAMSON: Yeah. You see a trouble  
12 spot.

13 MR. BURRESS: It's probably Luxel.

14 MR. WILLIAMSON: Yeah. Normally TLD. I  
15 mean, either Luxel or it could be a global  
16 dosimetry TLD. They still use TLD's.

17 MR. BURRESS: Yeah. They used to be  
18 able -- you could tell. Like if we had  
19 somebody leave a source by a device with the  
20 old technology with a film that you would have  
21 a real sharp image behind the filters.

22 MR. WILLIAMSON: Right.

23 MR. BURRESS: Instead of a blurry image,  
24 so you can tell if there was contamination, a  
25 fixed source. Now I'm not sure that they

1           have that.

2           MR. WILLIAMSON: They don't.

3           MR. BURRESS: The technology doesn't  
4 afford you that.

5           MR. WILLIAMSON: Another potential medical  
6 event. Prostate seed implant. It turned out  
7 that the seeds were in the wrong position.

8           A vehicle accident. Type A package was  
9 ejected from the vehicle. Package wasn't  
10 breached. Measurements by the responding fire  
11 department didn't indicate anything. Swipe  
12 surveys all appear to be clean.

13          DR. ATHERTON: What's a "Type A package"  
14 mean?

15          MR. WILLIAMSON: It's a DOT  
16 transportation. Type A, essentially it can be  
17 a cardboard box. It's designed to withstand  
18 normal transportation movement, but not  
19 accident situations.

20          In this case it was actually able to  
21 withstand the accident situation. Type A is --  
22 almost all medical pharmaceuticals are in a  
23 Type-A box. It can be something as simple as a  
24 cardboard box to a metal -- like a 5-gallon  
25 metal tank is also a Type-A container.

1 Owners importing and distributing Tritium 90  
2 watches without a USNRC exempt license, without  
3 the Florida radioactive materials license. We  
4 advised them to stop doing this unless they  
5 applied for and received the appropriate  
6 licenses. The owner said he's going to do it.  
7 I don't think he's done anything on it yet.

8 Something that's turned out to be a real  
9 problem in the last two years. A lot of  
10 companies who had radioactive material licenses  
11 are going out of business and they stopped  
12 paying for their license, they stopped paying  
13 for where they store the material and a certain  
14 agency that you're quite familiar with now has  
15 to go retrieve these sources and arrange for  
16 the disposal.

17 Right now in my RAM storage facility I  
18 have 13 soil moisture density gauges. Not a  
19 single one that I pay for. I have 13 of them  
20 and not a single one will somebody pay to take  
21 from me. I will have to pay to get rid of  
22 them.

23 This is becoming an issue as there is a  
24 lot of companies that are just walking away  
25 from the business and, because of the fact that

1           it's radioactive material and we're an  
2           agreement state, we are required to take  
3           custody of this material to arrange for  
4           disposal, and it's going to be an expensive  
5           process.

6           I'm sure each one of these soil moisture  
7           density gauges is probably going to run us, you  
8           know, at least \$500 to \$1,000 a piece to get  
9           rid of. That's 13 of them.

10          DR. ATHERTON: How would you get rid of  
11          them?

12          MR. WILLIAMSON: Well, there is actually a  
13          couple ways. We can contact the vendor and see  
14          if we can pay the vendor to take them and they  
15          can recycle the material, we can simply pay a  
16          disposal company to take them up to like  
17          Tennessee and remove the sources, send the  
18          sources off for disposal or we can put them on  
19          eBay and see if anybody wants to buy them,  
20          which we are seriously considering doing. As  
21          long as they have a license, they can do it.  
22          We can sell it, and we're probably going to  
23          give that consideration.

24          If you look at the cost of these, they're  
25          from \$6,000 to \$10,000 a piece if you bought

1           them new. So it may actually be of interest to           92  
2           somebody to take a look at some of these.

3           DR. JANOWITZ: The people in the Middle  
4           East might want it.

5           MR. WILLIAMSON: We think that the stolen  
6           gauges in Florida, typically we think south of  
7           the border. So maybe if we just leave them in  
8           a vehicle and leave them unlocked they will  
9           just disappear on their own.

10          DR. ATHERTON: If you put them out on the  
11          sidewalk, I bet they would be gone.

12          MR. WILLIAMSON: Speaking of soil moisture  
13          density gauges, in my statement about the  
14          intelligence of people who use them, fell off  
15          the tail gate of a truck.

16          The source was secure. The gauge was  
17          damaged. The John Young Parkway, which is one  
18          of the major streets in Orlando, was closed for  
19          30 minutes while they secured it. They fired  
20          the tech the day that it happened.

21          When you transport these, the gauge has to  
22          be locked, it has to be locked in the secure  
23          position, they have to have two locks on the  
24          case and then the gauge is required to be  
25          locked into the back of the truck so it can't

1 fall out. So he obviously wasn't following 93  
2 directions.

3 Most of the companies that do this, if  
4 they have somebody who violates those,  
5 typically the employee doesn't last more than a  
6 day until they can get the report filed.

7 Another medical event. Two patients with  
8 similar procedures were being treated with an  
9 HDR. The first patient was treated correctly.  
10 The second patient was treated with the same  
11 plan as the first. Fortunately, it was a very,  
12 very minor under dose.

13 Treatment plans were allegedly the same,  
14 but, once again, they need to make sure that  
15 the patient who -- that the patient is treated  
16 with their prescription. Even if it's the same  
17 prescription as the previous one, they just  
18 need to be treated with the prescription that  
19 the physician wrote for them and not the  
20 previous guy. They got lucky on that one.

21 One of the few scrap yards -- we also,  
22 especially in south Florida, the incinerators  
23 and the land fills have portal monitors. The  
24 incinerators in particular, they don't want to  
25 burn a load of radioactive material. Portal

1 monitors, they would rather not bury a lot of--.

94

2 The landfills down there will take Iodine-131  
3 for an additional fee and bury that because  
4 they know it's got a short half-life. They  
5 don't want to take a radioactive source that  
6 has a long half-life and bury it. One, it's  
7 illegal and, two, it's just bad for business.

8 So this is one of the ones where we had a  
9 waste line from the incinerator, a portal  
10 monitor, and it's appears to just be a silver  
11 dollar size piece of metal. Maybe it was a  
12 knock out from a water heater. Water heaters  
13 get a lot of pipe scale. Pipe scale tends to  
14 have a lot of natural radioactive material,  
15 specifically Radium-226.

16 When these things go in, we often times  
17 end up having to go to recover these pieces of  
18 pipe scale or contaminated material from the  
19 scrap metal dealers and other places.

20 Soil moisture density gauge stolen. This  
21 one actually was done correctly. It was stolen  
22 from a locked shed on site. They broke into  
23 it, they cut the chain. The owner has the keys  
24 to it. He didn't leave the keys with it, which  
25 actually we've had that happen before. So

1           somebody would have had to have cut a minimum           95  
2           of four locks to actually have access to the  
3           sources. Of course, on these things we  
4           recommended they notify the police and post a  
5           reward.

6           Most of the time when these gauges are  
7           stolen, somebody sees a yellow box at a  
8           construction site and they think it's a tool  
9           and they break in and they steal everything in  
10          there that they can carry off under two minutes  
11          and they typically take the gauges as well. As  
12          soon as they realize it's radioactive material,  
13          normally it goes out the back of the truck.

14          We have had gauges recovered 15 years  
15          after they were stolen, and typically it turns  
16          out that -- on one case in particular the  
17          neighbor, his next-door neighbor, had died, it  
18          was his best friend and he was looking through  
19          the guy's barn and he found the gauge in the  
20          guy's barn. I don't really believe any of  
21          that. This was literally 15 years after the  
22          gauge had originally been stolen.

23          So most of these it appears somebody  
24          steals them thinking they have really got  
25          something valuable and then as soon as they

1 realize it's radioactive material it goes in 96  
2 the ditch or it goes in a barn somewhere. It  
3 just goes somewhere where they don't have to  
4 think about it anymore and they might show up  
5 later.

6 MR. WARREN: They probably stop at the  
7 pawn shop and try to get it pawned and the guy  
8 won't give them any money for it. I can't get  
9 any money for it, so I'll throw it away.

10 DR. ATHERTON: What do these Troxler  
11 Gauges do?

12 MR. WILLIAMSON: They measure the soil,  
13 the soil density and moisture for road  
14 construction. When they do the compaction,  
15 before they lay the asphalt down, they're under  
16 requirements to have a certain moisture and  
17 density that that soil has been compacted.

18 So they essentially punch a hole down into  
19 the soil, put the gauge down into it. The  
20 Cesium-137 is used for the density and the Americium  
21 and Beryllium because it's a neutron and water  
22 affects it is used for the moisture content.

23 MS. BONANNO: So you get two different  
24 readings when you pull it back up?

25 MR. WILLIAMSON: Yes.

1 MS. BONANNO: That's very cool.

97

2 MR. WILLIAMSON: And you can have one  
3 that's just an Americium and Beryllium source, which  
4 are rooftop moistures. They use them to  
5 determine the moisture content when you're  
6 pouring roofing tar and things like that.

7 MR. BURRESS: We used to have a few. They  
8 use more infrared technology, but they used to  
9 use them for the industrial-type roofs,  
10 built-up type roofs.

11 MR. WARREN: It's a non-obstructive test.

12 MR. WILLIAMSON: Now, the other somewhat  
13 interesting thing I'm going to talk about  
14 before we get into the PRND stuff is called  
15 Solono Road. Solano Road is in Ponte Vedra,  
16 which is part of Jacksonville.

17 DR. LAGOUTARIS: I know exactly where it's  
18 at.

19 (Laughter)

20 MR. WILLIAMSON: Ponte Vedra is -- the  
21 Tournament Players Championship, TPC at  
22 Sawgrass, is held in May of every year, and  
23 it's a very exclusive golf tournament as a  
24 number of the well known pros that show up.

25 Because it's a large golf tournament, they

1 requested a preventive RAD/NUC detection 98  
2 screening be brought and do a screening of the  
3 people attending -- all the visitors attending  
4 the tournament.

5 As part of that process, the Florida  
6 Department of Transportation has a number of  
7 mobile vehicles equipped with very sensitive  
8 radiation detection equipment and they did  
9 drivebys of the nearby neighborhoods.

10 While doing the drive by on Solano Road in  
11 Ponte Vedra, they found a vacant lot that had  
12 rather high levels of naturally occurring  
13 radioactive material.

14 DR. LAGOUTARIS: It was on the news.

15 MS. BONANNO: I bet.

16 MR. WILLIAMSON: When I say "high level,"  
17 I actually have a map showing these are  
18 measurements for millirem per year of exposure  
19 based on -- for the homes with residences,  
20 based on 16 hours inside the residence, two hours  
21 outside for the outside areas the one seven,  
22 which is this. Oh, come on.

23 The vacant lot, which is right here, these  
24 measurements would be based on 18 hours over a  
25 50 weeks a year. So you see 760 millirem of

1 exposure.

99

2 The actual areas, and I've got -- the  
3 actual areas that were the hottest were in this  
4 area here and over here, and they had on the  
5 order of about 1.3 millirem an hour of  
6 exposure.

7 MR. BURRESS: Were those taken like three  
8 feet above level or at the soil surface?

9 MR. WILLIAMSON: These were all taken at  
10 three feet. Soil surface --

11 MR. BURRESS: All right.

12 MR. WILLIAMSON: Actually, the 1.3  
13 millirem per hour was taken at the surface. It  
14 was 930 at three feet. These were all taken --  
15 these were using -- all done at three feet. So  
16 EPA -- let's continue with the program.

17 This was in May of 2011. DOT has no  
18 jurisdiction over this. They reported it to  
19 our department. We sent an investigator out  
20 there. He confirmed that it was very high  
21 readings. The department does not have any  
22 jurisdiction over natural occurring radioactive  
23 material. Even more so, we don't have the  
24 funds to mitigate such a situation. We turned  
25 it over to the EPA.

1                   EPA does have funds. They actually can                   100  
2                   use super fund money to mitigate situations  
3                   like this. The EPA also in their research they  
4                   determined, and you may already know this,  
5                   Ponte Vedra used to be a site of heavy mineral  
6                   sands.

7                   There was a lot of mining done from 1900  
8                   until 1920 for heavy mineral sands.  
9                   Specifically, I believe it was titanium, which  
10                  was used in World War II in the war efforts for  
11                  the munitions.

12                 As part of heavy mineral sands mining, you  
13                 typically have thorium, and it appears that  
14                 this particular lot, one way or another, had  
15                 material left over from the mining processes 90  
16                 years prior because the mining stopped in the  
17                 1920's and it was sold to a new development  
18                 company that created Ponte Vedra.

19                 Now, the funny thing about the whole thing  
20                 is that the company that did the mining was  
21                 National Lead. National Lead is still in  
22                 business, and they sell Dutch Boy Paints. EPA  
23                 has been working with them on additional sites  
24                 on other places. So they already had been  
25                 collecting money for super fund mitigations

1 from National Lead for many years.

101

2 So the EPA recognized this was probably  
3 that situation when they went in and did  
4 additional testing. It pretty well confirms,  
5 so the EPA was able to use super fund money to  
6 actually go through and mitigate this site.

7 MS. BONANNO: It just happened to be the  
8 empty lot?

9 MR. WILLIAMSON: No. They tore it up.  
10 The guy who bought it bought it as an  
11 investment. He tore the house down.

12 MS. BONANNO: So somebody is --

13 MR. WILLIAMSON: Somebody at one point did  
14 live on this lot.

15 It seems the majority of these houses are  
16 concrete slab on grade. You would have seen a  
17 reduction in the amount of exposure simply  
18 because of --

19 MS. BONANNO: Cement.

20 MR. WILLIAMSON: Four-inch, six-inch thick  
21 slab.

22 I actually have the report as well, and it  
23 has just a few more details, including better  
24 pictures of the actual thing.

25 This talks about all the different things

1           that went on. This is the property. A hundred           102  
2           and four times background in the right-of-way.  
3           The values that we saw when EPA did their  
4           testing, they found up to 281 picocuries per  
5           gram of Radium-226 up to 640 picocuries per  
6           gram thorium. Normal background levels rated  
7           226 in the state of Florida are 0.5 to 1. So  
8           that's on the order of 300 times normal  
9           background and thorium is more like 0.1, 0.4  
10          picocuries per gram.

11                 So the thorium was almost 1,000 times  
12          greater than what you might expect.

13                 EPA brought the whole process in here.  
14          The whole super fund team. They ended up  
15          taking from May until November to actually send  
16          in their scanner van. The previous picture I  
17          showed you all those things.

18                 What they did is, they have a van just  
19          sort of like what the DOT has. It has a real  
20          sensitive mobile detection system. They drove  
21          up and down every single street in that  
22          neighborhood and charted the measurements and  
23          they went through and they set up criteria for  
24          what areas they would look at additional work,  
25          and they used the criteria from the NCRP

1 report, I think it's Number 93, where if it's 103  
2 100 millirem above the normal background, they  
3 don't do anything. If it's between 100 and 500  
4 millirem above the normal background, they will  
5 consider what they might do, they might provide  
6 education to the homeowner over ways to  
7 minimize the dose, it might consider looking it  
8 into a Radon. If it's about 500 millirem a  
9 year above normal background, EPA agrees to go  
10 in and remove the soil.

11 There is only, fortunately, one area that  
12 appeared to be above 500 millirem a year, and  
13 that was 7 Solano Road, the vacant lot.

14 What's interesting is the people on both  
15 sides of it were seeing very high levels in  
16 their yards, but the thought from the EPA was,  
17 rather than go in and tear up everybody's  
18 yards, let's go into the 7 Solano Road and  
19 try and determine what areas in that particular  
20 lot have the highest concentrations and let's  
21 do a removal process.

22 The way in which they actually determined  
23 whether it's that area, they go and they get a  
24 plastic bag, a gallon Ziploc bag, they dig the  
25 soil, they put a -- they fill it with soil and

1           they take it aside and they stick a meter on           104  
2           it.  If it's above a certain level, they say  
3           dig and they keep digging and they go take  
4           another plastic bag and they say, okay, let's  
5           check this one.  That's how they check to find  
6           out whether they have achieved the margins of  
7           removal that they want.

8                     They finally got in in May of this year,  
9           almost a year after the initial, and they ended  
10          up taking about 460 cubic feet, about 421 tons  
11          of material out and had to send it out to  
12          Idaho.

13                    So here's a picture of what the lot looked  
14          like with the two hot areas.  Right there was  
15          the hottest area and then right here.  These  
16          are the type of measurements -- you saw this  
17          700 earlier.  Now in here we've got areas that  
18          are, you know, 15, 20 micro-R per hour instead  
19          of being 1,300 micro-R per hour.

20                    See, there is 25 and 50 and 40 and 55.  So  
21          they were able to reduce it quite a bit.  On  
22          the front here this level here is 95.  What  
23          they found is that there is a utility easement  
24          right here and, because they didn't want to rip  
25          out all the utilities, they left the soil

1           there. So there is still a remaining hot spot           105  
2           where all the utilities came through and they  
3           didn't remove that, but the homeowner, you  
4           know, whoever buys the lot will understand and  
5           that level is still because they removed the  
6           other areas. It's low enough that it doesn't  
7           present an undue hazard to anyone.

8                     DR. ATHERTON: And no one knows why the  
9           person demolished the house that lived there?

10                    MR. WILLIAMSON: He was just looking at --  
11           he bought the whole thing as an investment  
12           property. I think, because it's waterfront, he  
13           thought he was going to probably sell it for a  
14           large profit even having bought the house.  
15           Unfortunately for him, this whole process has  
16           sort of delayed it and he was not a happy  
17           camper.

18                    DR. JANOWITZ: Cheap waterfront.

19                    MR. WILLIAMSON: Yeah.

20                    Even over here there were high readings  
21           even running down here before just basically  
22           shine from the original property. These have  
23           been all reduced to fairly low levels.

24                    DR. ATHERTON: What about the lakes; did  
25           they ever measure in the lakes or anything like



1           completely to get anything that they couldn't           107  
2           necessarily take.

3           They have pictures of them doing surveys.  
4           So they tried to be very, very careful about  
5           not taking any of this material off site other  
6           than what was completely packaged in the  
7           trucks.

8           They even had to take a couple of the palm  
9           trees down to aid the removal. I think they  
10          took two or three of the palm trees down as  
11          they went.

12          This is bringing in the new fill material.  
13          That's one of the trucks being loaded up. You  
14          can see it actually is on the visqueen there.  
15          Of course, although this was shipped as exempt  
16          radioactive material, they still met all the  
17          requirements of 49-CFR for the dose rate  
18          exposure on the outside of the truck.

19          I think they said the highest single  
20          exposure they got was 344 micro-R per hour at  
21          about one inch from the side of the truck and  
22          eliminated that --

23                 MR. WARREN: Plastic?

24                 MR. WILLIAMSON: No. That would be for  
25          package. For low level waste you can actually



1           they normally work with, who did the soil           109  
2           removal.

3           MR. BURRESS: The track-hoe and backhoe I  
4           see. I wonder how they cleared that up?

5           MR. WILLIAMSON: I think they actually  
6           tell it in the paperwork everything that they  
7           did. The spray, the survey and wipe.

8           MR. BURRESS: Yeah.

9           MR. WILLIAMSON: You can. It just takes a  
10          while. That's why it took a half a million  
11          dollars.

12          MR. BURRESS: Yeah.

13          MR. WILLIAMSON: They set up air monitors  
14          to make sure that they weren't getting anything  
15          airborne. They actually had a laboratory in.  
16          They were using CANBERRA iSolo, which is a  
17          portable alpha and beta counter to check the  
18          air filters.

19          This is putting the new replacement  
20          material in. They actually -- of course, being  
21          the EPA, they screened them before they went in  
22          to make sure that they weren't bringing in any  
23          additional radioactive soil from somewhere  
24          else. That would be a real bummer.

25          (Laughter)

1                   MR. WILLIAMSON: We've since been up                   110  
2                   there -- we had a number of homeowners in the  
3                   area, approximately 10 of them, who we sent  
4                   letters to offering to do surveys of both the  
5                   inside of their homes and the outside  
6                   explaining what had happened to 7 Solana Road.

7                   Of those 10 to 12 homeowners, only three  
8                   of them actually asked for surveys. Many of  
9                   them were like "I've lived here for 40 years,  
10                  nothing has gone wrong, I don't care."

11                  DR. LAGOUTARIS: In the newscast about  
12                  this particular issue, I was just saying to  
13                  Gail there was a very nonchalant attitude about  
14                  the residence that, you know, this is --

15                  MR. WILLIAMSON: And I think some of it  
16                  probably stemmed from the fact that if they  
17                  found something and they knew about it, they  
18                  have to disclose it. If you don't have anyone  
19                  come on your property when you sell your house  
20                  there is no disclosure. You don't have to tell  
21                  them what the guy two houses down found.  
22                  You're talking about your property.

23                  DR. LAGOUTARIS: These are very relatively  
24                  high-priced homes.

25                  MR. WILLIAMSON: Oh, yes.

1 DR. LAGOUTARIS: These are, you know, way 111  
2 up there.

3 MR. WILLIAMSON: These are -- on the water  
4 here these are all million dollars plus lots.

5 DR. JANOWITZ: You don't want to know  
6 about anything.

7 MR. BURRESS: We have some sand. It  
8 came from the beaches in Jacksonville when they  
9 used to use the mill tailings from these plants  
10 for erosion control.

11 I don't know if it's true, but supposedly  
12 it was collected a while ago by one of the  
13 state employees.

14 Do you think that this would have been  
15 fill dirt coming in from that type of operation  
16 where they brought in dirt for fill, or was  
17 this a pile site from when they were actually  
18 doing the mining operation?

19 MR. WILLIAMSON: I don't think it was fill  
20 dirt. I think -- one of the surveys we did on  
21 another house, they had a few hot spots in the  
22 yard. I think this guy probably just got  
23 unlucky.

24 MR. BURRESS: And the piles were sitting  
25 there when the mining operation was going on.

1 MR. WILLIAMSON: (Indicates  
2 affirmatively).

112

3 MR. BURRESS: That's better for -- because  
4 if they were using fill for residential  
5 construction sites back in the day, yeah, it  
6 could be all over Jacksonville.

7 MR. WILLIAMSON: Yeah. This was a pretty  
8 extraordinary circumstance. What are the odds  
9 that the DOT truck is going to go down that  
10 street and find it.

11 I mean, now, of course, that whole  
12 neighborhood has been done. My guess is the  
13 rest of the neighborhoods around don't want the  
14 DOT truck back either.

15 MR. FUTCH: It's kind of completely  
16 revised when we do trainings. We used to talk  
17 about background of Florida micros per hour.  
18 When they first told us about this, I thought  
19 they were kidding.

20 DR. LAGOUTARIS: Maybe we should put one  
21 of these detectors on the Google car that goes  
22 around and does the Google maps because we  
23 could nuclear the whole state.

24 MR. WILLIAMSON: The only problem is, of  
25 course, I think that we would bankrupt EPA.

1 DR. LAGOUTARIS: You're right. 113

2 MR. WILLIAMSON: I mean, half a million  
3 dollars.

4 MS. BONANNO: For one lot?

5 MR. WILLIAMSON: The whole lot probably  
6 wouldn't.

7 MR. BURRESS: The U.S. Geological Survey,  
8 the flyover for mineral surveys they did  
9 pick up the roads in Tampa, the road work  
10 from the phosphate material.

11 MR. WILLIAMSON: Actually, you will see  
12 something in a moment.

13 MR. BURRESS: Okay. I was going to ask  
14 was there a spot there for one.

15 MR. WILLIAMSON: The Republican National  
16 Convention was in the last week of August.  
17 PRND is Preventive RAD/NUC Detection.

18 There was a very significant effort for  
19 doing RAD/NUC screening at the RNC before it  
20 took place during the entire event.

21 Secret Service is responsible for all  
22 security aspects at a NSSE, National Special  
23 Security Event, but the Secret Service doesn't  
24 do Nuclear. So they farm that out to the  
25 Department of Energy, Radiological Assistance



1 national assets that can be used to disable a 115  
2 Nuclear device.

3 As part of the plan for this, there was an  
4 aerial measurement system that actually did a  
5 flyover of the area, and that should be Tampa,  
6 Florida, not Tampa, North Carolina. Just  
7 because they got confused. The DNC was in  
8 Charlotte the week after the RNC. These poor  
9 guys in Washington D.C., they didn't know where  
10 they were.

11 (Laughter)

12 MR. WILLIAMSON: They actually flew a grid  
13 pattern looking at exposure rates to find out  
14 if there were any hot spots that they should be  
15 aware of ahead of time and then that way during  
16 the course of the event, if you got an alarm in  
17 that area, you know that you didn't have to go  
18 out and adjudicate at a whim and waste your  
19 resources, you would have already tested it.

20 You can see a few areas in the yellow here  
21 that are slightly higher exposures. The dark  
22 green is the lowest exposures. I'm sorry. The  
23 brown is which is very hard, which is, of  
24 course, all the areas around that.

25 When you look at the exposure rate and

1           micro-R per hour, you can see there are some           116  
2           areas in Tampa even on Davis Island where you  
3           see higher exposure rates here and here. This  
4           was done with a B412 helicopter, and they would  
5           fly over. They have essentially the same type  
6           of connection system that the DOT used to find  
7           Ponte Vedra and the EPA used.

8                     They go over and they fly and they use  
9           exposure rates and they radio down where they  
10          saw them. They also have a GIS mapping  
11          feature, and then somebody on the ground goes  
12          out with very sensitive detectors and confirms  
13          what the readings are and will confirm what the  
14          isotope is.

15                    This is the baseline for what they  
16          actually saw on the Tampa area. This red here  
17          is the highest possible area. This happens to  
18          be inside the secure zone. It turns out that  
19          when we were actually deploying each morning to  
20          go out there we would go over this one stretch  
21          of Tampa right underneath the Leroy Selmon  
22          Expressway and all of our pagers would suddenly  
23          go off, all the radiation pagers.

24                    I hadn't bothered to look at this map  
25          ahead of time. You know, a day or so later I

1 finally thought, you know, I have maps of all 117  
2 the areas, and I went and looked and, of  
3 course, exactly where everybody in the car had  
4 their pagers go off was noted that that was a  
5 high area that they had found from aerial  
6 surveys.

7 The Department of Energy has what they  
8 call a mobile deployment -- Mobile Detection  
9 Deployment Platform, an MDDP trailer, that has  
10 a whole trailer full of very sensitive  
11 radiation detection equipment very similar to  
12 what you will see over there in our little show  
13 and tell.

14 They, at the request of a state or local  
15 entity, will come down and essentially loan you  
16 this equipment to use for doing your monitoring  
17 purposes. They also have three DOE RAP team  
18 members who can come out and help you learn how  
19 to use the equipment and how to do the  
20 adjudication, how to solve what the problem was  
21 or who can help you escalate that situation if  
22 need be.

23 All things being what they are, we, of  
24 course, didn't just show up the first day of  
25 the convention and expect to get started. We

1 had training on the Saturday ahead of time. We 118  
2 actually went up to the Tampa office, which is  
3 up off -- across from the fairgrounds. We set  
4 up training rooms in their office. We set up  
5 four or five different rooms in their various  
6 offices and we had some of our more experienced  
7 personnel go through with our 19 BRC personnel  
8 who were involved with the mission and make  
9 sure that they were up to date on exactly how  
10 to use each single piece of equipment to be  
11 deployed.

12 He's learning how to use the PRD, Personal  
13 Radiation Detector. He's teaching people about  
14 the identifier, which is a radiologic  
15 identifier, James is teaching people about a  
16 portable germanium detector and Eric here is  
17 teaching people how to use other portable  
18 radiation detectors. It's called the rad hunter.

19 The first event that we actually worked at  
20 was Tropicana Field. This also was the largest  
21 single screening bank. They had a bank of 20  
22 magnetometers set up. We had James and one of  
23 our other employees train the Secret Service  
24 Agents on the use of the Personal Radiation  
25 Detectors and all these uniform Secret Service

1 agents are at the magnetometers. 119

2 As somebody would come through it, if they  
3 have radioactive material on them, the Secret  
4 Service agent's PRD would go off and they would  
5 take them and they would escort them aside and  
6 then the DOE personnel were sitting over here  
7 in the corner and we would use a RIID,  
8 Radio-Isotopical Identifier, to determine what  
9 the isotope was. We'd ask them a series of  
10 questions.

11 Now, because this was at the Trop, almost  
12 all the delegates were bused in on tour buses.  
13 We had probably 15,000 to 20,000 people show up  
14 in about an hour and a half. That's a lot of  
15 people to be screening. So we actually took  
16 people wearing their backpacks and we shoved  
17 them out into the parking lot and they would  
18 stand by the bus as the bus emptied.

19 Some of you may have actually seen it.  
20 There was a Republican Committee Chairman for  
21 the Dekalb -- I think it was the Dekalb County  
22 Republican party who had a nuclear medical  
23 procedure and he was caught.

24 So, through subterfuge on his part, he got  
25 us to take a picture of him with us saying that



1 employees who were involved in either the 121  
2 screening or in the daily shift work.

3 The way this worked is that the DOE set up  
4 all this equipment, and each one of these  
5 tables represents venue, a screening site that  
6 had to be done. So they would set up the  
7 tables, put all the equipment. Then you see  
8 here's a single pickup truck headed to one  
9 venue. They would go out to that venue, park  
10 the truck, unload all the equipment and then  
11 it's up and operating for the next four days.

12 Tuesday morning about 11:00 and we didn't  
13 break until Thursday about midnight or so.  
14 24-hour shifts for the next three days; Tuesday  
15 Wednesday and Thursday.

16 This is one of the DOE RAP guys actually  
17 giving us training ahead of time.

18 This is actually one of our employees at  
19 one of the screening stations. This was at the  
20 media gate. This is an employee entrance over  
21 at the Tampa Convention Center. You can see  
22 just single magnetometers set up here and two  
23 of the people with the RAD/NUC protection  
24 equipment for doing the screening.

25 Just other views. This is one of the main

1           entrances. This is the Times Bay Forum, and           122  
2           this is one of the main public entrances. You  
3           see the number of crowds. They had, I think,  
4           six or eight magnetometers there. Basically  
5           constant people going through and, of course,  
6           if you get an alarm, Secret Service pulls them  
7           aside and you have to go through the screening  
8           process.

9           Of course, seeing how this is a political  
10          convention, of course, everybody is important  
11          and everybody needs to get in there as soon as  
12          possible. So people do tend to want to --  
13          well, do I really have to do this.  
14          Fortunately, the Secret Service also realizes  
15          that it is a National Special Security Event  
16          and they don't really care how important you  
17          are except for two guys, the Vice Presidential  
18          Nominee and the Presidential Nominee. Everyone  
19          else can just wait and get screened.

20          And then this is -- inside one of those  
21          same areas you see the number of people that  
22          are stacked up.

23          This is, I think, one of the final shots.  
24          This is not actually inside the secure zone.  
25          This is a bus stop that was outside the secure

1 zone, and at some point during the week one of 123  
2 the law enforcement officers who was on one of  
3 the buses had a PRD on his belt, and he noticed  
4 when he was going past this area that it was  
5 alarming. So they sent somebody out there and  
6 they found some soil right at the edge that had  
7 Tech 99 in it.

8 MS. BONANNO: Somebody peed.

9 MR. WILLIAMSON: Yes. Somebody just  
10 couldn't handle it anymore. They had had a  
11 NUC/MED test, or stress test, and they peed on  
12 the dirt.

13 So, I mean, because of the short half  
14 life, it had to be within 10 half lives to be  
15 able to find it for the most part. Yeah. We  
16 can find all kinds of stuff.

17 MS. BONANNO: That's a sensitive piece of  
18 equipment.

19 MR. WILLIAMSON: Then, of course, this is  
20 what it looks when you take a half million  
21 dollars worth of equipment. You have one  
22 person who is responsible for all that, and he  
23 stands over it until he makes sure that  
24 everything reappears.

25 This is the DOE trailer there. They're

1 already loading stuff up into grandma's attic 124  
2 on their trailer and then separating all our  
3 equipment from the DOT or the DOE.

4 MS. BONANNO: They went on to Charlotte?

5 MR. WILLIAMSON: They went on to  
6 Charlotte.

7 MS. BONANNO: Did it again.

8 MR. WILLIAMSON: Yep. And then this is  
9 the two sets of -- this, of course, being at  
10 night is the day team. This being during the  
11 day is the night shift. This is what the Times  
12 Forum looks like after it's all done. That was  
13 shot Friday morning.

14 MS. BONANNO: Very interesting.

15 Thanks.

16 MR. WILLIAMSON: What we'll do now is  
17 we'll take a little break and during the break  
18 we have some equipment set up that you can  
19 actually see some of the equipment that we use  
20 during this.

21 Are there any questions?

22 MR. WHITTEN: Why was James in so many  
23 pictures?

24 MR. FUTCH: If you notice, I wasn't taking  
25 the pictures.

1 MR. WILLIAMSON: It's one of the few times 125  
2 we can actually get him to do some work.

3 (The meeting recessed at 2:35 p.m. for a  
4 demonstration.)

5 (The meeting reconvened at 2:48 p.m.)

6 MR. FUTCH: Mother's Day is the 12th.  
7 Come before or after. The 7th, May 7th.

8 MS. BONANNO: The 7th is good.

9 MR. WILLIAMSON: That's the Turkey Point exercise

10 MR. FUTCH: Since I know you got me on  
11 that drill, it may not be a good day for  
12 me. We're back to the 14th. Let's say the  
13 14th then.

14 DR. JANOWITZ: Okay. Thank you everyone.  
15 I'm going to run.

16 MS. BONANNO: Safe flight.

17 MR. FUTCH: All right. The 14th.

18 (The meeting concluded at 2:50 p.m.)  
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CERTIFICATE OF REPORTER

126

STATE OF FLORIDA        )  
COUNTY OF PINELLAS    )

I, KATHERINE A. LYLE, Deputy Official Court Reporter, in and for the Sixth Judicial Circuit, State of Florida.

DO HEREBY CERTIFY that the foregoing proceedings were had at the time and place set forth in the caption thereof; that I was authorized to and did stenographically report the said proceedings and that the foregoing pages, numbered 1 through 113, inclusive, is a true and correct transcription of said stenographic report.

IN WITNESS WHEREOF, I have hereunto affixed my official signature and seal of office this 24th day of October, 2012, at Clearwater, Pinellas County, Florida.

\_\_\_\_\_  
KATHERINE A. LYLE  
Deputy Official Court Reporter

## A

<b>a</b> 1:18 2:1,1,1 3:5,15,18 5:4,7 6:9,22,23,24 7:2,8 7:10 8:5,17,21,25 10:5 10:11 12:12,25 13:18 14:14,17,22,25 15:2,2 15:20 16:4,8,21,22,24 17:7,15,25 18:1,2,8,12 18:21 19:1,3,6,6,16,23 20:10,11,18 21:3,17,24 22:25 24:11,14 25:24 26:10,11 27:5 28:1,5,10 28:11,13,23 29:3 31:13 31:16,19,21 32:17 33:8 34:2,24 35:1,2 36:14,17 36:24 37:5 38:3 39:1,20 40:19,20 41:12,13,15 41:24 42:2,7,17 43:6,18 43:18 44:16,19,22 45:19 46:17,24 47:6,13 47:24 48:2,4,9,24 49:12 49:15 50:15,17 51:2,5 51:10,12 52:6,21 53:13 54:1,3,9,15,22,24 55:1 55:9,9,10,22,23,24 56:11,17,20 57:5,7,12 57:22 58:17,23 59:2,8 59:15,18 60:5,12,14,17 60:17 61:3,22,23,24,25 62:3,8 63:4,6,12,15,18 63:20,24 64:4,9,9,10,11 64:13 65:8,10,16,18 66:7,9,10,15,19,23 67:1 67:2,4,5,13,18,18,23,25 68:3,10,14,25 69:6,8 70:13,16 71:5,11,16,21 73:8,12 74:11,24 75:3,9 75:13,14,17 76:5,13,14 77:6 78:3,8,10,15,17,18 78:20,23 79:3,3,9,15,19 79:25 80:8,9,11,13,16 80:18,23 81:6,8,15,25 82:3,7,11,14,15,18,21 82:22 83:5,7,14,18,20 83:22 84:3,4,10,13,16 85:6,9,10,12,13 86:22 87:2,3,4,11,18,24 88:1 88:11,15,20,21,23,24 89:8,8,13,13,15,16,17 89:21,22,23,24,24,25 90:2,8,9,13,18,20,23 91:8,12,15,21,25 92:2,8 92:15 93:5,11,25 94:1,4 94:5,6,8,9,10,11,12,13 94:14,22 95:1,4,7,7,8 96:2,16,18,21 97:7,11 97:23,23,25 98:1,2,6,11 98:17,24,25 99:24 100:5,7,17 101:16,23 102:1,18,19 103:8,8,12 103:21,23,24,25 104:1 104:2,9,13,21,23 105:1 105:13,16 106:12,18	107:8 108:8,8,15,21,23 109:9,10,10,15,16,24 110:2,13 111:12,17,21 112:7 113:2,12,14,18 113:22 114:18,21 115:1 115:4,12,18,20 116:4 116:10,25 117:4,8,10 117:14 118:14,15,21 119:7,9,14,14,20,22,25 120:4,4 121:5,8 122:9 122:15,25 123:3,10,17 123:20 124:17 125:3,11 126:4,12,20 <b>abide</b> 71:23 <b>ability</b> 17:2 34:4 54:4,18 <b>ablation</b> 78:18 <b>able</b> 12:3 28:16 39:15 49:20 55:17 65:20 88:18 89:20 101:5 104:21 123:15 <b>about</b> 6:13 7:13 8:7,22 11:19 12:11,13 13:4 14:23 16:11,19 26:3 28:21 32:21 36:8 37:6 40:18,23 41:8 44:11 45:19 47:14 49:6 50:16 57:4 61:4,5,8,25 62:5 62:19 63:11 64:12,15 64:21 65:2,24 66:5,8,19 66:23 69:9 70:8,9,17 72:18 73:9,10,11 76:4 77:21,24 78:13 79:1 82:6 84:22 85:10 92:13 96:4 97:13 99:5 100:19 101:25 103:8 104:10,10 105:24 106:12 107:4,21 110:11,13,17,22 111:6 112:17,18 118:13,15 119:14 121:12,13 <b>above</b> 35:21 49:2 99:8 103:2,4,9,12 104:2 108:16 <b>absolutely</b> 14:6 15:5 33:24 82:1 <b>accelerated</b> 10:21 <b>accept</b> 23:18,20 26:1 <b>accepted</b> 52:9 61:13 70:4 <b>access</b> 95:2 <b>accident</b> 79:22 89:8,19,21 <b>accidents</b> 84:11 <b>account</b> 46:3 64:17 <b>accounting</b> 12:24 <b>accreditation</b> 7:16 8:9 38:6 <b>accredited</b> 8:4 61:9 <b>accrediting</b> 7:24 <b>accredits</b> 7:23 <b>achieve</b> 7:16 <b>achieved</b> 104:6 <b>acid</b> 78:15,23 <b>acquire</b> 54:4 <b>ACR</b> 67:4 69:23 70:3 <b>across</b> 19:25 118:3	<b>Act</b> 10:20 <b>acting</b> 87:10 <b>action</b> 83:12 <b>active</b> 6:14,18 <b>actively</b> 6:16 <b>activities</b> 68:7,23 72:11 <b>actual</b> 15:22 23:13 25:23 67:16 78:1 79:22 99:2,3 101:24 108:22 114:7 120:23 <b>actuality</b> 120:2 <b>actually</b> 15:4 17:21 18:2 18:7 20:2 27:8 31:16,17 32:4,17 33:3,12 38:4 39:20 40:10 43:8,21 52:16,21 54:1 56:4,22 56:25 59:22 68:20 69:8 69:25 78:11 81:19 85:24 86:7,9 89:20 91:12 92:1 94:21,25 95:2 98:17 99:12 100:1 101:6,22 102:15 103:22 107:14,25 109:5,15,20 110:8 111:17 113:11 114:13,17 115:4,12 116:16,19 118:2,19 119:15,19 121:16,18 122:24 124:19 125:2 <b>add</b> 16:25 46:18 47:13 48:17 75:24 <b>added</b> 11:1,5 17:20 22:17 47:20 48:15 53:20 57:12 58:2,7,10 59:6 87:7 <b>adding</b> 36:8 <b>additional</b> 28:15 87:7 94:3 100:23 101:4 102:24 108:25 109:23 114:25 <b>address</b> 30:3 61:15 <b>adjourn</b> 77:10 <b>adjudicate</b> 114:22 115:18 <b>adjudication</b> 117:20 <b>administer</b> 39:18 67:22 67:25 <b>administered</b> 87:3 <b>administration</b> 38:14 39:11 65:16 <b>Administrative</b> 16:2 <b>administrator</b> 2:13,17 9:8,10,19 77:19 <b>adopt</b> 31:13,25 67:2 <b>adopted</b> 67:5 <b>adopting</b> 21:11,12 <b>adult</b> 64:20 <b>advanced</b> 18:4 24:3 46:15 47:8 <b>advances</b> 47:9 <b>advertised</b> 9:20 <b>advised</b> 77:21 90:4 <b>ADVISORY</b> 1:3 2:2 <b>aerial</b> 106:14 115:4 117:5 <b>affects</b> 96:22	<b>affirmatively</b> 13:11 45:11 112:2 <b>affixed</b> 126:15 <b>afford</b> 89:4 <b>after</b> 10:1 16:4 30:12 36:1 40:17 49:5 54:24 60:4 95:15,21 104:9 106:21 115:8 124:12 125:7 <b>afternoon</b> 8:15 59:22 77:18 <b>again</b> 19:12 26:8,19 30:11 49:9 71:4 87:6 93:14 120:20 124:7 <b>against</b> 41:15 <b>agency</b> 65:15,21 90:14 <b>agents</b> 118:24 119:1 <b>agent's</b> 119:4 <b>ago</b> 31:19 55:1 62:4 63:24 65:8,20 68:3 111:12 <b>agree</b> 13:23 <b>agreed</b> 39:13 <b>agreement</b> 91:2 <b>agrees</b> 103:9 <b>AHCA</b> 65:2,13 <b>ahead</b> 4:24 53:23 115:15 116:25 118:1 121:17 <b>aid</b> 107:9 <b>air</b> 109:13,18 <b>airborne</b> 109:15 <b>Airport</b> 1:12,13 <b>alarm</b> 115:16 122:6 <b>alarming</b> 123:5 <b>alarms</b> 78:6 <b>all</b> 5:12 8:14 9:11 10:1 11:19 13:25 15:10,22 16:11 19:11 21:7,20 22:6,11,22 23:23 24:6 26:24 27:1,17 32:21 34:7 35:8 38:5 39:4,22 41:14,22 42:9,10,10 43:15 47:1,25 49:9,15 49:16 50:4 51:7,19 53:1 54:16 56:18 58:14,20 59:9,13 61:14 62:1,17 62:19,20 65:6 66:3 73:6 73:18 74:16 75:14,18 76:6 78:7 82:6 83:1,4 83:10 84:17 85:20 86:5 87:1 89:12,22 98:3 99:9 99:11,14,15 101:25 102:17 104:25 105:2,23 106:6 107:16 108:3,7 108:16,19 111:4 112:6 113:21 114:24 115:24 116:22,23 117:1,23 118:25 119:12 120:6 121:4,7,10 123:16,22 124:2,12 125:17 <b>allegation</b> 83:6 <b>allegedly</b> 93:13 <b>allow</b> 33:19,22 34:16 54:6 54:7,12 84:9	<b>allowed</b> 19:7 35:6 78:19 <b>almost</b> 84:23 89:22 102:11 104:9 119:11 <b>along</b> 18:16 58:5 <b>alpha</b> 109:17 <b>already</b> 32:20,25 53:11 54:8 55:14 75:7 100:4 100:24 115:19 124:1 <b>also</b> 2:23 4:9 11:1 14:24 20:15 21:12 22:2 24:5 26:22 28:12 36:4 39:7 52:13 63:18 74:16 75:2 75:11 85:4 89:25 93:21 100:3 116:10 117:17 118:20 122:14 <b>alternate</b> 56:15 <b>alternative</b> 29:7 <b>although</b> 107:15 <b>always</b> 10:23 46:18 62:3 65:23 74:25 80:4 <b>am</b> 7:25 <b>amazed</b> 86:14 <b>ambitious</b> 7:15 <b>America</b> 12:24 <b>American</b> 25:7 44:3 <b>amount</b> 101:17 <b>amputation</b> 86:1 <b>an</b> 5:1 6:14 7:24 8:19 10:8 12:18,25 17:1,21 23:7,9 24:7 28:20 29:7 31:12 33:20 34:5,25 35:18 36:6,12,16 38:4 38:12,19 43:22 52:21 61:9 64:20 65:21 68:5 69:1 75:12 79:10 81:15 82:9,19 83:6 86:12,22 90:23 91:1,4 93:8 94:3 97:3 99:5,19 101:10 105:7,11 108:24 114:12 115:3,16 117:9 119:14 121:20 122:6 <b>and</b> 3:11,14,19,25 4:1,18 5:6,7 6:8,15,24 7:6,16 7:18,19,20,21 8:6,13,16 8:18,19,22,22,23 9:11 9:20,21 10:10,11 11:2,7 11:25 12:2,18,24,25 13:17,18 14:2,3,21,23 14:25 15:3,6,24,25 16:3 16:5,24 17:4,9,15 18:4 18:5,13,17,20,25 19:2,5 19:14,21,25 20:7,12,17 20:22 21:5,12,25 22:4 22:19 23:4,5,10,20,22 24:4,9,11,12,15,18,23 24:24,24,25 25:6,9,11 25:12,12,19,20 26:1,4,6 26:8,14,20,22,22 27:1 27:13 28:11,15,16,16 28:22,23 29:18,19,23 30:2,11,11,12,16 31:7 31:14,24 32:13,15,21 33:24 34:16 35:5,10,15
--	--	--	---	--

35:19,24 36:1,2,15,16  
 37:1,12,13,23 38:6,6,8  
 38:16,17 39:1,4,11,17  
 39:25 40:1,10,14,16  
 41:4,5,7,10,12,16,21  
 43:9,9,9,19 44:16,17,18  
 44:21,21,22 45:2,17,20  
 46:1,5,10,12,12 47:13  
 48:17,20 49:2,5,11,12  
 49:13,24 50:6,7,8,8  
 51:3,5,11,20,22 52:6,18  
 52:21,23 53:6,16,22  
 54:2,7,13,15 55:5,11,12  
 55:15 56:15,19 57:5,6  
 57:11,13,16,16,17,24  
 58:19 59:2,17,21 60:2  
 61:1,5,6,12,15,18 63:9  
 64:1,4,5,19,23 65:6,17  
 65:20,21 66:10,12,24  
 66:25 67:5,5,8,12 68:16  
 68:24 69:2,3,12,15 70:2  
 70:9,10 71:22 72:8,11  
 72:20 73:8 74:21 75:4,5  
 75:14,15,16,19,20,22  
 76:7,7 77:4 78:12,22,25  
 79:5,9,13 80:1,4,9,10  
 80:12,19,21 81:13,17  
 81:21,21,22,25 82:5,13  
 82:13,19,20,21 83:2,25  
 84:3 85:6,14,15,22,24  
 85:25 86:2,6 87:12,19  
 87:24 90:1,5,11,13,15  
 90:20,25 91:1,4,13,14  
 91:17,19,22 92:8,24  
 93:19,23 94:3,6,7,10,19  
 95:4,8,9,9,11,15,18,19  
 95:25 96:4,7,7,13,16,20  
 96:21,21 97:2,3,6,14,22  
 98:2,8 99:2,4,4 100:4  
 100:13,17,22 101:3,6  
 101:22 102:2,9,21,22  
 102:22,23,25 103:3,10  
 103:12,17,18,19,20,23  
 103:25 104:1,3,3,4,9,11  
 104:15,20,20,20,24  
 105:2,4,8,16 106:8,12  
 106:21,22,23,23,25  
 107:21 108:2,16,18,24  
 109:3,7,17 110:5,15,17  
 111:24 112:10,22 114:1  
 114:11 115:5,15,18,18  
 115:25 116:3,4,7,8,8,9  
 116:11,12,13,22 117:2  
 117:2,2,13,15,18,19,25  
 118:6,8,16,22,25 119:4  
 119:5,5,7,14,16,17,23  
 120:6,8,9,10 121:4,10  
 121:11,12,15,22 122:1  
 122:5,7,11,16,18,19,20  
 123:1,3,5,11,22 124:2,8  
 124:17 126:5,8,10,11  
 126:13,16  
**Andrews** 2:16 4:11,11 5:4

34:7 41:9,16,20,25 42:9  
 42:16,18 74:4,8,14,23  
 75:1 76:2,11,14,17,20  
 76:22 77:1,4  
**animal** 78:16  
**annihilation** 83:8  
**announce** 6:4  
**another** 8:3,18 16:14  
 44:2 45:24 46:11,11,12  
 46:20 47:24 86:21 89:5  
 93:7 100:14 104:4  
 108:2 111:21  
**answer** 40:17 45:10 70:3  
**answered** 39:20  
**anxious** 32:22  
**any** 5:2 9:2 10:16 13:5,22  
 28:21 30:20,21 35:10  
 36:23 45:12,13 49:6  
 50:23 52:1 55:21,22  
 63:11,13 66:14 73:17  
 74:1 75:11 76:4,6 80:15  
 82:10,25 83:11 95:20  
 96:8,9 99:21 106:25  
 107:5 109:22 115:14  
 120:11,14,19 124:21  
**anybody** 18:2 32:17  
 57:20 91:19  
**Anyhow** 49:6  
**anymore** 6:8 68:4 81:19  
 96:4 123:10  
**anyone** 48:5 56:4 63:11  
 73:13 74:11 105:7  
 110:18  
**anything** 5:3 9:4 11:9,10  
 11:11 12:10,23 13:24  
 22:5 32:25 34:2,10 44:7  
 47:4 50:20 52:7,8,24  
 55:18 64:17 73:1,4 74:6  
 76:19,25 83:16 84:15  
 89:11 90:7 103:3  
 105:25 107:1 109:14  
 111:6  
**anyway** 33:16  
**anywhere** 40:7 85:10  
 106:11 108:16  
**apologies** 3:15  
**apologize** 17:13 63:2  
 66:17  
**apparently** 8:9 36:13  
 44:21 56:6 85:7,19  
**appear** 83:11 89:12  
**appeared** 103:12  
**appears** 78:24 85:1 94:10  
 95:23 100:13  
**applicable** 58:4 72:12  
**applicant** 23:8 58:19  
**applicants** 9:14 11:25  
 23:19  
**applicant's** 24:9,10  
**application** 13:2 14:16  
 21:8,17 22:1,3 23:9,14  
 56:12,14,18 57:1,9,19  
 59:21 60:2,4 62:8,17

66:9  
**applications** 12:2,3,6  
 13:4,5 21:5 23:13  
**application's** 21:4  
**applied** 2:24 90:5  
**applies** 53:5,7  
**apply** 22:25 32:17,18  
 33:7 36:4 62:23  
**applying** 57:3 58:2 61:11  
 62:6  
**appreciate** 15:19  
**appreciated** 9:3  
**approach** 48:16  
**appropriate** 19:14 63:1  
 83:14 86:6 90:5  
**approval** 4:25 14:2 51:20  
 51:21  
**approve** 5:9 18:23 23:17  
 48:4 73:15  
**approved** 12:6 24:2 32:16  
 34:6 52:14 61:8  
**approximately** 12:2  
 110:3  
**ARDMS** 44:17 45:22,25  
**are** 6:15 7:25 8:2 9:14  
 10:24 11:14,17 12:6  
 13:4 14:12 15:23 16:6,7  
 16:17,20 18:16 21:6  
 23:16,21 24:2 26:2,7,14  
 26:16 27:11,21 28:12  
 28:17 30:5 32:19,20  
 33:2,17 34:8,13,24  
 36:21 37:20 41:5,5  
 42:19,21 43:10 44:1  
 45:8 47:1,2,7,9 48:11  
 49:1,2 52:18 53:11 56:4  
 56:11 58:3 59:1,9 60:24  
 61:4,19,22 62:6,17,20  
 65:21 70:21 71:1,20  
 72:1,12 74:17 78:7,11  
 80:7,7,13,14,23,25 81:2  
 81:24 84:2,8 86:13,14  
 86:17 89:22 90:11,24  
 91:2,20 95:6 97:4 98:17  
 101:15 102:7 104:16,18  
 110:23 111:1,3,4 112:8  
 115:21 116:1,13 117:23  
 119:1 120:14 122:17,22  
 124:21  
**area** 19:10 22:25 24:10  
 26:9 27:3 36:9 41:10  
 61:10 79:16 99:4  
 103:11,23 104:15 110:3  
 115:5,17 116:16,17  
 117:5 123:4  
**areas** 17:4,19 19:17 24:4  
 34:23 39:10 56:12  
 69:19 98:21 99:2,3  
 102:24 103:19 104:14  
 104:17 105:6 115:20,24  
 116:2 117:2 122:21  
**aren't** 64:16 85:9  
**Armstrong** 7:9 8:11

**around** 7:21 40:16,16,16  
 59:25 112:13,22 115:24  
 120:11  
**ARP** 34:17  
**arrange** 90:15 91:3  
**arrival** 75:5  
**arriving** 59:23  
**ARRT** 24:15,21 25:5,10  
 25:15 26:12 27:1 35:10  
 35:24 36:14 39:4 44:1  
 44:14 61:13,23 62:2  
 67:5,6,12 68:5,22 69:15  
 70:7  
**ART** 13:7,19  
**as** 3:4 6:17,17 8:16 9:23  
 10:12 11:3 13:1,25 14:1  
 14:15,15 16:2,10 17:4  
 18:12 19:6,7 21:2 23:10  
 24:2,5,21 26:8 30:19,19  
 31:17 35:1,3 36:14,15  
 36:17 37:16 38:16  
 43:22,25 46:19,19  
 50:18,18 51:13,13,21  
 51:21 53:21 62:16 63:9  
 63:9 64:20,23,23 70:23  
 70:24 71:14,16 73:16  
 76:10 77:16 82:17  
 84:25 89:23,23 90:23  
 91:20,21 93:11,17  
 95:11,11,12,25,25  
 97:23 98:5 100:12  
 101:10,22 105:11  
 107:10,15 114:8,10  
 115:3 119:2,18 122:11  
 122:11  
**ascribe** 44:7  
**aside** 79:5 104:1 119:5  
 122:7  
**ask** 15:8 41:7 42:7 53:23  
 53:24 63:15 64:4,13  
 65:5 113:13 114:4  
 119:9  
**asked** 44:11,24 59:14  
 63:23,25 110:8 120:11  
**asking** 42:24 51:11 61:18  
 82:22  
**asks** 39:25 57:4  
**aspects** 113:22 114:17  
**asphalt** 96:15  
**ASRT** 25:6 26:16 39:9  
 52:14,17 67:5 68:25  
 69:1,2,14 70:2,5,9 71:3  
**assets** 114:3,5,25 115:1  
**assistance** 113:25 114:1,4  
 114:23  
**assistant** 47:23 48:1,15  
 57:15,24 66:20,24 67:6  
 67:9 68:23 72:16 84:14  
 85:3  
**assistants** 47:17 48:19  
 56:20 68:11 70:8,11  
 71:9 72:19  
**assume** 49:4

**ASSURANCE** 2:19  
**asterisk** 44:22  
**at** 3:25 4:8 9:17 16:8 20:9  
 21:15 22:8 23:4 26:21  
 26:22,23 27:3,4,15,18  
 27:25 29:3,5 30:5 31:13  
 37:25 38:22 39:4,16  
 40:19 43:2,9,15 46:7  
 47:25 49:10,11 50:21  
 52:13 54:16 56:6 58:9  
 58:14 60:14,15,18,19  
 61:17 63:6,7 64:8,14  
 65:17,19,23 71:2,3,19  
 72:6 73:9,10,11 74:9  
 77:1,8,11,12,14,16 79:9  
 83:1 84:10,17 85:18  
 86:25 91:8,24 92:2 95:7  
 96:6 97:18,21 99:8,9,13  
 99:14,15 101:13 102:24  
 105:10 106:18 107:20  
 113:19,22 115:13,18,25  
 116:24 117:14 118:19  
 119:1,11 121:18,19,21  
 123:1,6 124:9 125:3,5  
 125:18 126:8,17  
**Atherton** 2:10 4:15,15  
 5:19 27:5,10,14 31:3  
 42:13,19,22 43:1,4,14  
 45:11 73:25 76:9,13,16  
 89:13 91:10 92:10  
 96:10 105:8,24 108:13  
**Atlanta** 120:2  
**attending** 98:3,3  
**attic** 124:1  
**attitude** 110:13  
**attorneys** 64:3  
**August** 10:3 113:16  
**Augustine** 3:19  
**authority** 10:21 17:9  
 19:20 36:22 46:8  
**authorized** 126:10  
**auto** 12:25  
**automatically** 54:4,18  
**available** 18:15 36:7 40:9  
 49:19 52:20 60:11  
 62:18  
**aware** 28:9 78:17 115:15  
**away** 10:2 90:24 96:9  
 120:10  
**Aye** 5:13,14,15,16,17,18  
 5:19 73:19,20,21,22,23  
 73:24,25  
**a.m** 1:9 77:14

---

**B**


---

**b** 19:24 24:11 25:17  
 72:15  
**back** 3:15 20:7 22:10  
 23:4 30:6,24 34:1 39:1  
 40:17 46:9,12,21,22  
 49:24 57:17,24 60:5  
 63:5 65:18 66:1,16,19  
 66:23 75:5,6,12,13



**capable** 70:19  
**caption** 126:9  
**car** 112:21 117:3  
**card** 24:8 62:9 76:1  
**cardboard** 89:17,24  
**cardiac** 35:19  
**cardiologist** 120:1  
**cards** 74:17  
**care** 80:5 81:13 110:10  
 122:16  
**careful** 79:1 107:4  
**Carina** 5:6  
**Carol** 2:3 4:1 28:19  
**Carolina** 115:6  
**Carrabba's** 41:10,13  
 42:3,10,10  
**carry** 95:10 120:16  
**case** 6:10 19:16 44:18  
 62:3 89:20 92:24 95:16  
 120:14  
**cases** 24:6 85:22  
**cash** 12:21  
**catch** 120:20  
**catching** 27:12  
**categories** 36:8 43:10,18  
 43:25 58:7  
**category** 16:18 21:4 35:2  
 71:14  
**cats** 78:19,19  
**caught** 66:7 119:23  
 120:17  
**cause** 84:3 87:21  
**causes** 87:19  
**caveat** 67:23  
**caveats** 67:18  
**CCSP** 2:10  
**CE** 51:6 52:5,17,22  
**cease** 83:4  
**Cement** 101:19  
**center** 57:7 81:8 114:10  
 121:21  
**cents** 20:13  
**certain** 24:3 44:11 64:2  
 78:20 90:13 96:16  
 104:2  
**certainly** 40:9,11 45:14  
 46:17 72:23 73:11  
**certificate** 19:6,21 32:18  
 32:19 53:10,15 66:10  
 126:1  
**certification** 20:5,6 23:9  
 23:19 24:7,10 25:19  
 28:10 35:24 36:6,18  
 37:13 55:5 62:24 83:14  
**certifications** 42:20 43:13  
 43:20  
**certified** 18:9,19 21:2  
 26:7,13 34:6 36:17 46:7  
 47:2 56:18 84:17  
**certify** 24:24 126:7  
**cetera** 18:10  
**chain** 94:23  
**Chairman** 2:5 119:20

**Championship** 97:21  
**change** 6:3 17:7,23 20:1  
 21:4 22:2,5 44:24 46:8  
 49:23,24 51:17 71:3  
**changed** 10:15 21:10  
 25:21 41:19 56:15 57:9  
 58:9 69:12  
**changes** 5:8 6:2 10:19,25  
 11:5,6,7 58:14 71:20  
 73:15  
**changing** 20:5,20,24 21:8  
 21:22 34:10 68:18  
**Chapter** 11:14 15:20  
 17:17 50:2  
**charge** 74:22  
**charged** 20:12  
**Charlotte** 115:8 124:4,6  
**chart** 6:1 9:5,7 10:15,16  
**charted** 102:22  
**charts** 5:25  
**Cheap** 105:18  
**check** 13:19 32:12 62:7  
 62:12 65:17 104:5,5  
 109:17  
**checked** 33:11  
**chemist** 10:12  
**chest** 70:20  
**chewed** 120:6  
**Chief** 2:14  
**children** 65:11 81:22  
**Chiropractor** 4:15  
**choice** 45:23  
**choose** 41:4,20 42:9  
**CHP** 2:4  
**Christine** 71:2  
**Cindy** 2:14 4:4 11:14  
 73:4  
**circle** 106:8  
**Circuit** 126:6  
**circumstance** 112:8  
**CJ137** 80:19  
**clarify** 62:5  
**classes** 80:2  
**clean** 68:1 89:12 106:5  
**cleaning** 78:16,22  
**clean-up** 20:2  
**clear** 12:21,22,25 79:14  
**cleared** 109:4  
**Clearwater** 1:25 126:17  
**clinical** 68:6,23  
**closed** 92:18  
**CMS** 46:2 71:8,11,23  
**CNMT** 2:3  
**coagulation** 35:16  
**code** 22:7 87:5  
**coded** 49:17  
**cold** 83:7  
**collapsed** 6:22  
**collect** 59:15  
**collected** 82:5 111:12  
**collecting** 87:17 100:25  
**collection** 81:16,23 82:3  
**collections** 81:21

**collects** 58:18  
**college** 61:9  
**Color** 87:5  
**columns** 58:3,11  
**come** 12:2 14:7 18:6 29:7  
 30:4,21 49:24 51:11  
 54:14 58:20 60:5 65:18  
 65:21 77:21 84:11  
 98:22 110:19 117:15,18  
 119:2 125:7  
**comes** 8:15 25:11,16  
 38:13 50:17 53:15  
 68:14  
**coming** 36:16 41:22  
 44:13 111:15  
**commenced** 3:2  
**comment** 16:3 29:22 30:1  
**comments** 5:2 13:22 30:2  
 30:4,6  
**commercial** 20:18  
**committed** 78:25  
**Committee** 119:20  
**committees** 28:3  
**community** 4:8 6:20 57:7  
**compacted** 96:17  
**compaction** 96:14  
**companies** 38:6 90:10,24  
 93:3  
**company** 82:11 86:5,8  
 91:16 100:18,20 108:21  
 108:25  
**compatible** 11:1  
**competition** 8:6  
**complete** 35:8 75:16  
 114:18  
**completed** 75:15  
**completely** 6:12 31:18  
 54:15 107:1,6 112:15  
**completing** 61:8  
**complicated** 54:10  
**components** 83:8  
**computed** 17:4 18:10  
 24:15,17 26:10,12,13  
 26:17 57:13  
**computer** 83:25  
**concentrate** 87:24  
**concentrations** 103:20  
**concern** 44:25  
**concerned** 14:16 50:19  
 51:14 70:18  
**concluded** 125:18  
**concrete** 101:16 106:9  
**condensed** 39:23  
**confirm** 116:13  
**confirmed** 85:1 99:20  
**confirms** 101:4 116:12  
**confused** 115:7  
**confusing** 27:14  
**connected** 14:13  
**connection** 116:6  
**consequences** 84:2 86:2  
**consider** 103:5,7  
**consideration** 91:23

**considered** 35:20  
**considering** 91:20  
**consistent** 31:14 67:3  
**constant** 122:5  
**Constitution** 120:3  
**construction** 12:16 79:20  
 80:6,8 95:8 96:14 112:5  
**Consultant** 2:16,21  
**consulting** 2:24 108:21  
**contact** 57:2 61:14 82:19  
 91:13 108:1  
**contacted** 82:18  
**contained** 26:16 27:22  
**container** 89:25  
**containing** 81:9  
**contains** 81:16  
**contaminated** 58:25  
 82:21 94:18  
**contamination** 81:10  
 88:24 106:25  
**content** 39:4 45:16 96:22  
 97:5  
**contents** 17:18  
**continue** 12:14,18 41:6  
 99:16  
**continued** 77:16  
**continuing** 50:18 51:10  
 52:9  
**contract** 108:23  
**contractors** 108:25  
**contradicted** 67:20  
**contrast** 38:15  
**control** 1:2 2:12 4:5,10,12  
 4:14 6:5,8,11,12 7:1  
 58:24 111:10  
**convention** 22:19 113:16  
 114:9,13 117:25 120:23  
 121:21 122:10  
**Cookro** 7:3  
**Cooksey** 2:15 4:13,13  
 10:8 29:15,21,25 30:8  
 30:10 73:3  
**cool** 97:1  
**coordinating** 114:16  
**copy** 21:17 49:12 62:9  
 74:11 75:15  
**copyrighted** 67:13  
**corner** 9:19 119:7  
**corp** 8:25  
**correct** 27:12 61:2 108:20  
 126:13  
**corrections** 5:2,4,5  
**correctly** 93:9 94:21  
**cost** 91:24 108:8  
**couched** 46:24  
**could** 8:21 9:16 11:10  
 15:1,9 18:6 31:8,12,16  
 31:20,20 34:25 36:9  
 37:14 46:18 53:22  
 67:21,22 69:14 70:13  
 70:19 88:15,18 112:6  
 112:23  
**couldn't** 107:1 123:10

**council** 1:3 2:2 38:25 39:7  
 39:13 50:24  
**counter** 109:17  
**countertop** 82:22  
**countries** 85:23  
**country** 33:6  
**county** 7:5 119:21 126:3  
 126:18  
**couple** 19:3 20:10 43:6  
 56:11 68:1 71:5 83:18  
 91:13 107:8 120:4  
**course** 7:8 13:20 27:20  
 30:2 34:6 51:20 52:12  
 53:14 54:25 59:4 62:15  
 72:21 80:9 83:19 86:3,4  
 87:11 95:3 107:15  
 109:20 112:11,25  
 115:16,24 117:3,24  
 120:20 122:5,9,10  
 123:19 124:9  
**courses** 52:14,18  
**Court** 1:18,23 126:4,20  
**cover** 39:17  
**covered** 49:7,10 71:12  
**covering** 63:12  
**covers** 53:3  
**crank** 85:14,14,16  
**cranked** 85:20  
**created** 57:20 100:18  
**credential** 38:5 45:23  
 50:19  
**credentials** 17:11 19:14  
 52:11  
**credit** 76:1  
**crews** 80:7  
**criminal** 58:15 63:21  
 64:10 65:16  
**criteria** 102:23,25  
**crowds** 122:3  
**CRT-CT** 26:14,15  
**CRT-M** 27:7  
**CRT-PET** 27:21  
**CT** 24:18,22,24 25:9,11  
 25:12,14 26:14 33:6,16  
 33:23 34:1,5,6,25 35:1  
 35:4,10,11,13,19 36:1  
 43:8,9 51:2 52:5  
**CTR** 18:22  
**CT's** 35:1  
**cubic** 104:10  
**curiously** 25:4  
**current** 17:16 24:6 35:12  
 38:18 49:22 62:9  
**currently** 20:25 26:11  
 36:5 51:4 61:22 62:1,12  
**curriculum** 39:8,9  
**Curry** 2:21 3:10,10 11:23  
 12:11 13:2,10,23 14:23  
 15:8 42:17 66:12 77:2  
**custody** 91:3  
**cut** 13:16 27:13 94:23  
 95:1  
**CZM-137** 96:20

**D**

**D** 27:18 97:14  
**DABMP** 2:8  
**DABR** 2:8  
**DACBR** 2:10  
**daily** 121:2  
**damage** 79:22  
**damaged** 92:17  
**dark** 115:21  
**dash** 18:9,20  
**database** 51:22  
**date** 21:8,23 49:19 118:9  
**dated** 49:18  
**Davis** 116:2  
**day** 38:11 92:20 93:6  
112:5 116:25 117:24  
120:23 124:10,11 125:6  
125:11 126:17  
**days** 12:4,8,19,21,21  
29:20,24 30:12,14  
32:15 84:20,22 121:11  
121:14  
**DC** 2:10  
**deal** 45:20  
**dealers** 94:19  
**dealing** 61:18  
**decades** 20:14  
**decided** 81:18  
**decision** 9:15 64:6  
**decisions** 40:25 49:4  
**deep** 106:12  
**defer** 41:7  
**deficiencies** 12:15,16  
**define** 23:21  
**defined** 18:17 19:8 24:20  
**definitely** 14:4  
**definition** 17:21,24 18:1  
18:12  
**degree** 48:3,25  
**Dekalb** 119:21,21  
**delay** 73:13  
**delayed** 105:16  
**delegates** 119:12  
**deleted** 22:18  
**delineation** 50:18 67:7  
**delivered** 55:20  
**DeLoatch** 5:5 27:25  
**demolished** 105:9  
**demonstrate** 19:13 80:5  
**demonstration** 125:4  
**Dempster** 1:23  
**Dennis** 7:3  
**densitometers** 53:22  
**densitometry** 53:2,4,6,7  
53:13,16 54:5,24 55:4  
**density** 79:20 80:22  
90:18 91:7 92:13 94:20  
96:13,17,20  
**department** 1:1 6:1,23  
7:11 18:23 19:8 21:19  
23:10 26:7,21 29:18  
33:14 40:13 89:11 98:6  
99:19,21 113:25 114:15

117:7  
**departments** 7:5,7  
**departure** 75:5  
**depending** 80:20 106:13  
**depleted** 85:17  
**deployed** 118:11  
**deploying** 116:19  
**deployment** 117:8,9  
**Deputy** 7:2 126:4,20  
**describe** 18:7,8  
**described** 30:7  
**describes** 18:18  
**designation** 18:21  
**designations** 18:24 24:16  
**designed** 89:17  
**destination** 75:6  
**detached** 85:24  
**details** 101:23  
**detection** 98:1,8 102:20  
113:17 117:8,11  
**detector** 118:13,16  
**detectors** 112:21 116:12  
118:18,25  
**determination** 48:16  
**determine** 83:3 87:12  
97:5 103:19 119:8  
**determined** 100:4 103:22  
**develop** 28:4  
**development** 100:17  
**device** 55:19 115:2  
**device-specific** 53:14  
**diagnostic** 34:15 35:1,20  
44:3 53:11,12 87:4  
**dial** 11:4 78:8  
**did** 15:8 31:17 40:18  
41:25 42:16,17,25  
64:19 65:24 70:17 73:1  
82:15 98:8 100:20  
101:3,13 102:3,18  
105:24 106:2 108:3,4  
108:24 109:1,7 111:20  
113:8 115:4 124:7  
126:10  
**didn't** 11:11 17:2,22 28:8  
38:21 40:14,14,15  
42:12 43:23 44:7,14,23  
45:1 47:25 64:11 68:24  
68:25 76:14 77:4 79:7  
81:17,18 83:11 85:19  
89:11 94:24 104:24  
105:3 115:9,17 117:24  
121:12  
**die** 81:21  
**died** 95:17  
**different** 8:17 24:12 27:2  
27:18 32:1 39:10,21  
54:15 60:12 63:12,18  
77:23 96:23 101:25  
118:5  
**differentiate** 87:5  
**dig** 103:24 104:3  
**digging** 104:3  
**direct** 37:5

**direction** 52:13  
**directions** 52:22 93:2  
**directly** 14:13 43:22 44:8  
48:16  
**Director** 2:20 3:12 6:14  
6:18  
**directors** 6:16 14:19  
61:16  
**dirt** 111:15,16,20 123:12  
**disable** 115:1  
**disappear** 92:9  
**disaster** 57:6  
**disclose** 110:18  
**disclosure** 110:20  
**discount** 74:17  
**discounts** 74:19  
**discreet** 11:3  
**discuss** 40:18  
**discussed** 15:23 23:12  
31:1 38:24  
**discussion** 50:24 73:17  
**Disease** 7:1  
**disposal** 90:16 91:4,16,18  
**disseminate** 7:21  
**distributing** 90:1  
**ditch** 96:2  
**division** 6:14,16,18,19,21  
6:21,24,25  
**DNC** 115:7  
**do** 7:2 8:21,24,25 9:16  
10:16 12:18,23 13:18  
13:19 14:20,21 18:17  
19:6 20:3 23:5,5,17  
25:2,5,12,13,15 27:16  
28:16 29:11,16 32:7,18  
32:25 33:21,23 34:5  
35:1,6,10,13,17,19,19  
36:2,3,9 37:10,14,19,25  
38:18 39:15 41:20  
45:12,18,21 47:5 49:16  
49:17 50:8,11,11,17,22  
51:4,12,24 53:13,16  
54:2,4,7,8,9,13,14,18  
55:4,10,17 57:4 59:12  
59:12,14,17 60:9 61:5  
65:3,16 67:21 69:7,9,15  
69:16,16,17,18,23  
70:12 73:8 74:7 75:18  
75:19 76:20 77:1,8  
78:19 80:16,21 85:5  
87:1 88:6 90:6 91:21  
93:3 96:10,11,14 98:2  
103:3,5,21 106:13  
110:4 111:14 112:16  
113:24 114:22,23  
117:19 120:5,21 122:12  
122:13,13 124:16 125:2  
126:7  
**document** 25:6 29:4  
49:14,18 56:24 58:21  
67:5,8,10,12,14,16,19  
67:21 68:4,19,24 69:3  
70:2,5,6,7,9,24

**documents** 21:11,12  
58:20 60:20 68:20  
69:11,12,21 74:10  
**DOE** 117:17 119:6 121:3  
121:16 123:25 124:3  
**does** 13:14 31:15 32:7  
36:10,11 45:10 48:5  
50:9 55:19 63:11 99:21  
100:1 112:22  
**doesn't** 16:25 25:5 42:6  
45:4 51:23 63:22 68:4  
89:3 93:5 105:6 113:23  
**DOH** 7:20  
**doing** 11:11 21:7,25 22:7  
32:25 34:2,25 35:5  
36:15 42:22 52:5 63:13  
64:1 71:21 82:21,24  
84:15 90:4 91:20 98:10  
107:3 108:17 111:18  
113:19 117:16 121:24  
**dollar** 94:11 108:8  
**dollars** 109:11 111:4  
113:3 123:21  
**Don** 9:23  
**done** 7:14 9:15 17:19  
18:24 20:17 24:20 31:8  
46:10 53:20 81:20 90:7  
94:21 99:15 100:7  
108:8 112:12 116:4  
121:6 124:12  
**don't** 7:3 8:6 10:6 18:2,7  
25:2 32:8,16 40:18 43:4  
46:5,7 48:5,24,25 49:1  
51:1 52:11 54:2,17 55:8  
56:8,24 59:18 60:9 61:3  
61:17 64:2 66:6,16  
69:21 70:3 71:4 73:3  
76:13,19,21 77:7 80:4  
88:8 89:2 90:7 93:24  
94:5 95:20 96:3 99:23  
103:3 110:10,18,20  
111:5,11,19 112:13  
122:16  
**door** 106:9  
**dose** 83:1 87:10,13,20  
88:1 93:12 103:7  
107:17  
**doses** 84:1  
**dosimetry** 87:9 88:16  
**DOT** 81:3 89:15 99:17  
102:19 112:9,14 116:6  
124:3  
**down** 9:17 13:16 24:11  
26:8 44:10 57:17 63:6  
68:14 94:2 96:15,18,19  
101:11 102:21 105:21  
106:23,25 107:9,10  
110:21 112:9 116:9  
117:15  
**downtown** 30:11  
**Dr** 2:5,6,9,10 3:3,17,21  
4:6,15,20,22,22 5:9,12  
5:15,18,20 7:3,9,23 8:2

8:11 11:21 12:9,12  
13:22 14:7,11 15:16,19  
16:11 27:5,10,14 31:3,5  
32:4,9,12 33:8,18,22  
34:13,23 35:15,18 36:4  
36:10,19 38:12 40:7  
41:2,23 42:4,13,14,19  
42:22 43:1,4,14 45:4,11  
45:12,14 46:14 47:1,7  
48:5,11 53:25 54:22  
55:7,24 56:2 60:10  
63:15,20 64:15 69:18  
69:23 70:18 72:3,7 73:7  
73:12,17,21,24 74:1,6  
74:13 76:9,13,16 77:10  
80:18 89:13 91:10 92:3  
92:10 96:10 97:17  
98:14 105:8,18,24  
108:13 110:11,23 111:1  
111:5 112:20 113:1  
125:14  
**draft** 19:25 28:23 31:13  
31:17,20,25 49:10,13  
**dragged** 120:10  
**drawer** 84:4  
**drawing** 70:16  
**DRD** 86:15  
**drill** 125:11  
**drive** 76:21 98:10 106:20  
108:3  
**drivebys** 98:9  
**driveway** 106:8  
**driving** 34:21  
**drop** 87:15,18  
**drove** 102:20 108:6  
**drug** 39:5,11  
**drugs** 38:15  
**due** 11:6 14:18  
**DUI** 64:8,9  
**DUI's** 64:12  
**during** 17:8 44:6 113:20  
115:15 123:1 124:10,17  
124:20  
**Dutch** 100:22  
**duties** 19:7,8 24:5 25:5,6  
26:2,4,6,15 27:21 31:14  
66:20,24 67:2,9 68:12  
68:13 70:21 71:1 72:17  
**duty** 69:5  
**D.C** 115:9  
**D.P.M** 2:6

**E**

**E** 2:1,1 72:14  
**each** 15:3 24:12 25:24  
26:9 58:11 65:24 78:13  
85:13 91:6 114:20  
116:19 118:10 121:4  
**earlier** 84:20 86:25  
104:17  
**earliest** 31:8  
**earth** 84:9  
**easement** 104:23

**easier** 17:15 19:23 23:3  
**easily** 18:15  
**East** 92:4  
**eBay** 91:19  
**edge** 123:6  
**educated** 54:16,20  
**educating** 8:21  
**education** 7:21 8:19,23  
 48:3 50:18 51:3,6,10  
 52:9 55:9 103:6  
**educational** 61:8  
**educations** 39:17  
**educator** 13:18  
**effect** 19:12  
**effective** 21:8,23 30:13  
 35:25  
**effort** 52:21 113:18  
**efforts** 100:10  
**Efstratios** 2:6 3:18  
**eight** 83:17,20 122:4  
**either** 12:7 17:20 21:18  
 29:6 34:5 62:25 87:17  
 88:15 94:2 112:14  
 121:1  
**ejected** 89:9  
**elbows** 120:9  
**eliminated** 72:9 107:22  
**eliminating** 20:8,10  
**else** 9:1,4 12:10,23 52:24  
 73:4 76:25 79:5 83:16  
 108:5 109:24 122:19  
**emergency** 6:19 10:9  
**emission** 17:5 25:18  
 27:19,23  
**employee** 93:5 121:20  
**employees** 108:22 111:13  
 118:23 121:1,18  
**emptied** 119:18  
**empty** 101:8  
**encompasses** 70:10  
**end** 8:24 24:23 32:2 63:7  
 77:1,8 85:13,13,15  
 87:24 94:17  
**ended** 83:25 102:14  
 104:9  
**endorsement** 12:7 17:10  
 20:22,24 23:11 58:4,5  
 62:8,21,23  
**ends** 57:21  
**Energy** 10:20 113:25  
 114:15 117:7  
**enforcement** 123:2  
**enough** 105:6  
**entire** 113:20  
**entities** 8:18  
**entity** 50:7 117:15  
**entrance** 121:20  
**entrances** 122:1,2  
**entry** 68:6,23 70:8  
**envelope** 75:12,13  
**Environment** 6:21  
**environmental** 2:17,24  
 6:25 9:8,9,19 10:8

77:20  
**envisioned** 50:23  
**EPA** 99:16,25 100:1,3,22  
 101:2,5 102:3,13 103:9  
 103:16 108:22 109:21  
 112:25  
**equipment** 37:16,17  
 59:24 98:8 117:11,16  
 117:19 118:10 121:4,7  
 121:10,24 123:18,21  
 124:3,18,19  
**equipped** 98:7  
**Eric** 118:16  
**erosion** 111:10  
**error** 13:20 17:1 84:3  
**escalate** 114:24 117:21  
**escort** 119:5  
**especially** 8:17 66:5  
 93:22  
**essence** 120:16  
**essentially** 18:11 22:6  
 42:24 89:16 96:18  
 116:5 117:15  
**establish** 21:3  
**established** 8:25 25:25  
 87:6  
**et** 18:10  
**Etratech** 108:24  
**even** 35:4 40:25 41:3  
 45:23 64:18 65:1 80:14  
 93:16 99:23 105:14,20  
 105:21 107:8 116:2  
 120:15,20  
**event** 3:13 83:19 87:2  
 89:6 93:7 113:20,23  
 114:7 115:16 118:19  
 122:15  
**ever** 13:24 56:25 105:25  
**every** 13:15 49:23 59:4  
 97:22 102:21 106:19  
 120:18,21  
**everybody** 30:15 45:24  
 60:18 82:2 117:3  
 122:10,11  
**everybody's** 103:17  
**everyone** 3:3,6 5:1 39:2  
 122:18 125:14  
**everything** 13:8 14:9 15:1  
 22:14,15,17,21,24  
 30:15 55:2 57:23 64:24  
 66:5 95:9 109:6 123:24  
**evil** 57:20  
**exact** 69:11,11  
**exactly** 39:15 85:5 97:17  
 117:3 118:9 120:14  
**exam** 12:7 28:16 33:21,23  
 34:17 35:1,4,13 36:12  
 55:10,12,13 62:23  
**examination** 58:3 62:14  
 62:18,25  
**examinations** 18:5 39:16  
 61:25 62:3  
**example** 18:22 43:23 64:7

**exams** 39:3 63:1  
**excavated** 106:11  
**excavation** 106:11  
**exceeded** 86:19  
**excellent** 9:13  
**except** 27:2 122:17  
**excluding** 78:5  
**exclusive** 97:23  
**Excuse** 45:7  
**Executive** 2:20 3:12  
**exempt** 82:10 90:2  
 107:15  
**exemption** 65:22 66:1  
**exemptions** 11:2 65:2  
**exist** 68:4  
**existed** 56:6  
**existing** 17:21 34:3,11  
 46:9 68:18  
**exists** 48:18 53:3 56:5  
**expand** 60:16  
**expect** 102:12 117:25  
**expected** 84:2  
**expenditure** 51:19  
**expensive** 91:4  
**experience** 7:6 28:15  
**experienced** 70:10,11  
 118:6  
**explaining** 110:6  
**explanation** 120:7  
**exposure** 85:1,19 86:19  
 86:24,25 98:18 99:1,6  
 101:17 107:18,20  
 115:13,25 116:3,9  
**exposures** 80:17 85:21  
 115:21,22  
**Expressway** 116:22  
**extender** 46:20 47:14  
**extenders** 47:10  
**extensive** 106:18  
**external** 8:13 81:10  
**extraordinary** 112:8  
**extremely** 85:25  
**e-mail** 5:1 28:20 31:11

## F

**FACC,FAHA** 2:5  
**face** 84:9  
**facilities** 40:2  
**facility** 65:10,14 90:17  
**fact** 50:2 90:25 110:16  
**factors** 43:17  
**failure** 87:6  
**fairgrounds** 118:3  
**fairly** 7:8 44:1 80:16,22  
 105:23  
**fall** 19:9 47:21 93:1  
**familiar** 11:18 68:8 85:9  
 90:14  
**family** 10:1  
**far** 14:1,15 29:19 43:10  
 49:2,7 50:18 51:13  
**farm** 113:24  
**fascinating** 81:24

**fashion** 64:1,4  
**fast** 29:11 30:16 32:17  
**fathom** 84:21  
**favor** 5:12 73:18  
**feature** 116:11  
**fee** 20:11,22,22,24 23:11  
 58:4 62:8,13 74:24 94:3  
**feedback** 16:5  
**fees** 20:19,21  
**feet** 99:8,10,14,15 104:10  
 106:12  
**fell** 92:14  
**felony** 63:22  
**felt** 45:13  
**few** 5:4,7 6:2,9 10:5 13:5  
 15:20 16:4 17:25 31:19  
 33:2,8 39:1,21 44:19  
 63:4 66:16,19,23 67:18  
 67:19 68:3,10,14 82:22  
 93:21 97:7 101:23  
 111:21 115:20 125:1  
**field** 9:10 62:6 114:12,14  
 118:20  
**fifth** 83:21  
**figure** 23:5  
**figured** 74:14  
**file** 30:12 59:2  
**filed** 93:6  
**files** 15:2  
**fill** 6:17 75:4 103:25  
 107:12 111:15,16,19  
 112:4  
**filled** 75:7  
**fills** 93:23  
**film** 84:23 86:16,20 88:10  
 88:20  
**filters** 88:21 109:18  
**final** 30:9 122:23  
**finalized** 29:16  
**finally** 22:10 32:15 104:8  
 117:1  
**find** 8:1 21:13,14 31:3,11  
 44:16,19 50:7 61:5 66:4  
 72:5 81:23 104:5  
 112:10 115:13 116:6  
 123:15,16  
**fine** 42:17 51:8,15  
**finger** 87:12,14  
**finish** 114:19  
**fire** 89:10  
**fired** 92:19  
**firemen** 84:7  
**first** 3:20 5:25 7:15 8:8  
 20:1 23:7 26:10 27:15  
 31:6 45:2 47:3 53:5  
 57:18,25 58:3 60:25  
 61:7 67:23 68:21 77:24  
 78:5,14 93:9,11 112:18  
 117:24 118:19 120:10  
 120:23  
**five** 33:5 106:12 118:5  
 120:17  
**fix** 35:7,8 57:16

**fixed** 11:7 88:25  
**flat** 74:24  
**flew** 115:12  
**flexible** 52:22  
**flight** 125:16  
**floodgates** 72:1  
**Florida** 1:14,25 3:8,24,25  
 4:2,16,18,18 16:2,14  
 21:21 22:20 25:11,12  
 25:13 28:2 32:18,19  
 34:4 39:14 43:12,19  
 45:7,9 48:14 49:25 50:1  
 51:13 52:4,6,9,15,19,20  
 52:23 53:3 67:1,17  
 68:11 81:3 90:3 92:6  
 93:22 98:5 102:7  
 112:17 115:6 126:2,6  
 126:18  
**fly** 116:5,8  
**flyover** 113:8 115:5  
**focus** 8:18  
**field** 75:19 77:4  
**Folding** 77:5  
**folks** 6:9 9:12 12:24 16:18  
 17:3 20:9 32:20 37:1,19  
 49:3 53:22 54:7,8 64:9  
 64:11 65:1,6  
**follow** 87:6  
**followed** 26:24 81:11  
**following** 3:1 24:2 78:25  
 79:1 93:1  
**follows** 26:8 77:17  
**for** 6:18 7:2,22 8:9,14  
 9:10,19,24,25 10:11,15  
 10:24 11:3,17,24 12:6,7  
 12:21,22 13:13,25 15:3  
 15:5,10 16:1,3,10,19  
 17:13,24 18:12,22 19:9  
 19:19 20:8,12,16,17,19  
 20:22,25 21:24,25 22:1  
 22:2,3,7,19 23:3,8,11  
 23:25 24:3,4,12,14,17  
 24:22 25:4,6,6,8,16,17  
 25:21,24 26:6,11,24  
 27:2,3,4,6,12,19 28:6,8  
 28:11 29:4,8,8 30:1,22  
 30:24 31:6,18 32:17,18  
 33:14 34:3,11 35:2,8,13  
 35:22 36:23 37:16 39:3  
 39:9,9 40:2,20 41:12  
 42:2,7,10,10,20 43:6  
 45:2,19,23 46:1,2,15  
 48:3,13,18 50:12 51:6,6  
 51:17 52:8,10,20,22  
 53:11,12 54:2,6,20 55:9  
 56:10,18,20,24 57:3,12  
 57:13 58:2,5,10,11 59:7  
 59:14 60:17 61:10,14  
 62:2,6,8,18 63:2,15,16  
 64:7 65:9,15 66:11 67:8  
 67:17 69:20 72:5,24  
 74:8,24 75:4,10 76:22  
 77:10,14 78:15,24 79:4

79:15 81:6 83:20 84:5  
84:21 85:6,19 86:19  
87:4,9 90:5,12,13,15,19  
91:3,18 92:8,13,20,22  
94:3,7 96:8,9,13,20,22  
97:9 98:18,19,21 100:8  
100:10,25 101:1 102:23  
105:13,15 106:19  
107:17,24,25 110:8,9  
111:10,16 112:3,4  
113:4,8,14,18,21 114:4  
114:6,12,16,23 115:3  
116:15 117:16 119:20  
120:1,6 121:11,14,24  
122:17 123:15,22 125:3  
125:11 126:5  
**force** 88:19  
**forces** 34:21  
**forcing** 50:4  
**foregoing** 126:7,11  
**forever** 31:2  
**forget** 80:10  
**forgot** 66:7  
**form** 21:22,23,23 39:24  
56:17,18,20,22 57:1  
60:10 64:14  
**formal** 55:9  
**format** 15:10  
**forms** 22:8 76:4  
**forth** 126:9  
**fortunately** 84:1 93:11  
103:11 122:14  
**Forum** 114:7 122:1  
124:12  
**forward** 83:5  
**found** 21:17,18 22:8  
26:20 61:16 81:15  
95:19 98:11 102:4  
104:23 110:17,21 117:5  
123:6  
**four** 42:25 58:1 81:9  
83:21 95:2 102:2 118:5  
120:17 121:11  
**Four-inch** 101:20  
**frame** 32:16 83:24  
**fraudulent** 66:10  
**Friday** 41:11,11 74:4  
124:13  
**Fridays** 41:23,25 42:11  
77:12,13  
**friend** 95:18  
**from** 4:25 6:2 11:25 12:4  
19:17 20:2,4,5,24 23:19  
25:16 26:20 27:13 28:1  
28:2,14,18,22 30:3 32:1  
36:16 37:13 38:3 39:4,9  
39:21 43:12 45:14  
49:19,22 50:24 51:20  
53:18 54:15 55:15  
58:25 64:6 68:3 69:21  
71:10,20 72:16 74:10  
78:15 82:10 85:21,24  
86:24 87:16 89:9 90:21

90:25 91:25 94:9,12,18  
94:22 100:7,15 101:1  
102:15,25 103:16  
105:22 106:7,9,11,12  
107:21 109:23 110:16  
111:8,9,15 113:10  
114:4,18 117:5 118:3  
124:3  
**front** 60:3 66:5 75:2  
104:22 106:5  
**full** 17:14 22:10 28:6  
35:10 75:9 117:10  
**Fully** 14:9  
**fund** 100:2,25 101:5  
102:14  
**funds** 99:24 100:1  
**funny** 100:19  
**fusion** 83:7  
**Futch** 2:13 4:9,9 5:3  
11:14,17 13:7 15:17,18  
27:8,11,16 28:23 29:2  
29:11,23 30:1,9,14  
31:12,24 32:6,13,24  
33:4,12 34:1,9,18,20  
35:7,21 36:6,11,13,21  
37:7,9,12,19,23 38:2,22  
38:25 40:9,21 41:6,14  
41:18 42:2,7,12,21,24  
43:2,6,15 45:6,13,16  
46:5,17,23 47:5,11,17  
47:20,24 48:8,13,22  
49:1 50:21 51:2,15,17  
52:2 53:1 54:1 55:1,8  
55:22 56:1,3,10 60:12  
63:23 64:16 65:4,14  
66:13 69:20,25 70:15  
70:21 71:17,19 72:5,8  
72:24 73:4,6,8,15 74:25  
75:24 76:25 77:9,13  
106:7 112:15 124:24  
125:6,10,17  
**future** 46:7 79:2,14 87:8

## G

**Gail** 2:21 3:10 24:25  
110:13  
**Gail's** 26:22 51:22  
**gain** 28:15  
**gala** 114:12  
**galenite** 83:20  
**gallbladder** 40:20  
**gallon** 103:24  
**game** 32:20  
**gate** 92:15 121:20  
**gauge** 78:9 79:18,19 80:9  
80:18 81:7 92:16,21,24  
94:20 95:19,22 96:19  
**gauges** 79:20 80:23 81:1  
81:2,4 90:18 91:7 92:6  
92:13 95:6,11,14 96:11  
**general** 7:9 11:2,20 18:14  
21:11 29:13,18 30:11  
57:10 59:5,20 60:8

**generated** 78:1 83:8  
**generic** 18:6 57:2 64:13  
**Geological** 113:7  
**German** 32:9  
**germanium** 118:16  
**get** 6:6 12:25 13:5,14  
14:25 16:5 22:10 23:14  
29:1,16,18 30:2 31:13  
31:20 32:15,22 35:23  
37:13 49:12 50:4 51:3,5  
55:5 57:22 61:3,25 64:2  
64:5 66:1 67:14 69:12  
74:18,19 75:15 76:8  
79:25,25 82:7,19 85:21  
87:25 90:21 91:8,10  
93:6 94:13 96:7,8,23  
97:14 103:23 107:1  
114:21 117:25 120:20  
122:6,11,19 125:2  
**gets** 25:1 29:4 78:8 80:10  
**getting** 38:4 40:19 71:22  
83:5 106:24 109:14  
**GIS** 116:10  
**give** 13:17 35:25 39:24,25  
54:18 59:18,18 74:21  
75:20 76:14,23 77:2  
78:3 91:23 96:8  
**given** 17:9  
**gives** 19:20 120:6  
**giving** 84:1 121:17  
**global** 88:15  
**glow** 81:25  
**glucagon** 38:18  
**go** 13:18 23:4 25:23 29:5  
30:6 33:3 41:12,15 45:2  
45:2 46:9,21 48:22 49:5  
51:3 53:23 55:5,8 56:14  
65:10 66:2 77:6 78:12  
79:18 90:15 94:16,17  
101:6 103:9,17,18,23  
104:3 112:9 114:17  
115:17 116:8,20,20,23  
117:4 118:7 119:4  
120:19 121:9 122:7  
**goals** 13:16  
**goes** 31:6,7 45:24 56:16  
58:21 95:13 96:1,2,3  
112:21 116:11  
**going** 8:7 9:15,21 13:7  
14:10 19:15 20:7 21:4  
21:17 23:18,20,21  
24:21 25:1 26:1,2,3,25  
29:6,8 32:17,24 33:15  
34:16 37:4 46:14 47:2  
48:6,11 52:5 53:24  
57:16,23 59:11 63:15  
63:17 64:16 78:3 79:13  
79:17 83:11,12 87:13  
90:6,11 91:4,7,22 97:13  
105:13 111:25 112:9  
113:13 114:21 122:5  
123:4 125:10,15  
**golf** 97:23,25

**gone** 15:24 35:9 50:3  
79:12 92:11 110:10  
**good** 3:5,7,17 5:22 7:25  
12:9 14:11 77:18 125:8  
125:11  
**Google** 112:21,22  
**got** 5:1 19:22 27:16 29:3  
36:23 46:8 55:14 60:6,7  
69:21 73:6 76:22 77:21  
79:20 87:16 93:20 94:4  
95:24 99:2 104:8,17  
107:20 111:22 115:7,16  
119:24 120:6  
**gotten** 15:25  
**government** 40:4  
**governs** 15:21  
**grabbed** 40:14 79:5  
**grabbing** 52:17  
**grade** 49:2 101:16  
**graduating** 15:3  
**gram** 102:5,6,10  
**grammatical** 5:7  
**grand** 32:14  
**grandchildren** 81:23  
**grandma's** 124:1  
**grant** 62:24 66:1  
**granted** 65:21  
**great** 14:17  
**greater** 102:12  
**green** 115:22  
**grid** 115:12  
**grinding** 82:13,24  
**ground** 116:11  
**group** 77:22  
**groups** 45:17  
**guaranteed** 41:16  
**guess** 4:6,24 11:21 15:16  
36:16 40:24,25 46:1  
55:15 74:17 77:11  
112:12  
**guessing** 31:25  
**guide** 20:15 85:12  
**guidelines** 71:23  
**guy** 93:20 96:7 101:10  
110:21 111:22  
**guys** 11:10 27:16 46:13  
59:9 80:7 115:9 121:16  
122:17  
**guy's** 95:19,20

## H

**had** 9:24 12:1 18:4,17  
19:5 20:1 27:25 28:10  
28:18 31:12 35:18  
43:18 44:12 54:2 57:10  
61:1 63:3 64:11,18 67:4  
67:14 68:1,10 78:4,14  
78:18 81:12 82:16,25  
85:25 88:18 90:10 94:8  
94:25 95:1,14,17,22  
98:11 99:4 100:14,24  
104:11 106:13,18,20  
107:8 108:24 109:15

110:2,6 111:21 117:3,5  
118:1,6,21,22 119:13  
119:22 120:24,24,25  
121:6 122:3 123:3,6,10  
123:10,14 126:8  
**hadn't** 85:7 116:24  
**half** 94:4,6 106:12 108:8  
109:10 113:2 119:14  
123:13,14,20  
**hand** 50:14 69:18  
**handle** 77:25 123:10  
**hands** 42:8  
**hands-on** 59:24  
**hanging** 31:4  
**happen** 63:14 70:12  
72:22 81:20 94:25  
**happened** 64:8,17 65:7  
65:19 66:12 74:20  
92:20 101:7 110:6  
120:7  
**happens** 79:24 116:17  
**happy** 6:4,13 11:25 38:7  
38:9,10 45:20 105:16  
**hard** 49:17 84:21 115:23  
**has** 7:4,5 8:19 9:20 10:15  
11:12 13:2 20:3,22  
21:10 28:5,10,23 33:6  
38:4 41:18 44:4 50:19  
56:4 66:12 68:5 70:3  
85:10 90:14 92:21,22  
94:6,23 96:17 98:6  
99:17 100:23 101:23  
102:19,19 105:15  
110:10 112:12 117:7,9  
**hasn't** 41:17 50:23  
**hate** 44:6  
**have** 5:24 6:14 7:2,8 8:6  
8:24,25 9:2,7,13 10:4,5  
10:8,11,19 11:1,20,23  
12:12 14:7 15:1,14,14  
15:20,23,24 16:11,21  
17:2 19:14 20:15 22:2,6  
22:15 23:4,5,16,17,23  
25:2 26:2 27:24 28:8,13  
29:6,17 30:3 31:13,14  
33:8,11,14,16 34:4 35:9  
36:2 40:1,10 41:9,12  
45:25 46:5,8 47:6,13  
48:24,24 49:24 50:13  
50:13,15 51:10,12,25  
52:11,14,16 54:8 55:8  
55:12,13 56:20 58:9  
59:17 60:25 63:11,23  
64:3,7 65:1,3,7,8 66:16  
66:21 68:24,25 69:10  
69:17 70:5 71:5,13,23  
74:10 75:2,3,7,11 76:5  
76:13,17,18 77:23  
78:20 79:12,14 80:13  
80:16 81:4,20 82:3,4,5  
82:15,18 84:10 85:12  
85:13,19,22,23,25  
86:12,18 87:11,24

88:20 89:1 90:18,19,21  
 91:21 92:23,23 93:4,23  
 94:14 95:1,1,2,14,24  
 96:3,16 97:2,7 98:17  
 99:21,23 100:1,13  
 101:16,22 102:18  
 103:20 104:6 105:22  
 107:3 108:1,8,23  
 110:18,18,20 111:7,14  
 114:2 115:17,19 116:5  
 116:10 117:1,17 119:3  
 119:19 120:11 122:7,13  
 123:21 124:18 126:15  
**haven't** 20:11,13,17  
 28:22 33:12 45:13,19  
 50:22 54:19 56:23 75:9  
**having** 10:25 40:19 63:2  
 94:17 105:14  
**hazard** 105:7  
**HCA** 40:14,14,18  
**HDR** 93:9  
**he** 3:12,14,14 6:17 7:4,5  
 7:10,13,14,15 8:4,5,6  
 8:19,20,20 9:24 10:1,2  
 32:11 38:20,21,22  
 51:22,23 76:2 78:24  
 79:6,7 82:18,22 84:19  
 85:5,6,18 93:1 94:24  
 95:18,19 99:20 101:11  
 105:10,11,12,13,16  
 108:13 119:23,24 120:2  
 120:6,19 123:3,4,22,23  
**headed** 121:8  
**headquarters** 75:6  
 114:11  
**health** 1:1 3:24 6:1,22,23  
 6:25 7:1,3,5,6,7,16,22  
 8:10  
**Healthcare** 65:15  
**hear** 8:16 34:7  
**heard** 7:12 28:21,22  
**heartbeat** 70:13  
**heartburn** 57:22  
**heater** 94:12  
**heaters** 94:12  
**heavy** 100:5,8,12  
**held** 78:20 97:22  
**helicopter** 116:4  
**help** 14:4 16:12 29:14  
 57:6 87:8 117:18,21  
**helped** 6:10 13:3  
**helping** 15:10  
**her** 5:6,7 28:20,22 40:17  
**here** 8:14 14:14 21:7  
 22:11 23:15 29:4 31:22  
 49:8,14 59:10 60:4,25  
 61:3 70:13 71:4 74:9  
 75:8,20 76:17,22 77:11  
 79:19 98:23 99:4,4  
 102:13 104:15,17,22,22  
 104:24 105:20,21 110:9  
 111:4 115:20 116:3,3  
 116:16 118:16 119:6

121:22  
**HEREBY** 126:7  
**herein** 26:19  
**hereunto** 126:15  
**here's** 26:18 49:17 81:15  
 104:13 120:4 121:8  
**hey** 45:18 59:23 68:11  
**he'll** 3:15  
**he's** 8:13,19 9:1 78:25  
 84:13,14,15 90:6,7  
 118:12,13 120:9  
**high** 55:23 98:12,16  
 99:20 103:15 105:20  
 117:5  
**higher** 115:21 116:3  
**highest** 103:20 107:19  
 116:17  
**highlighted** 6:5 17:19,24  
**high-priced** 110:24  
**him** 7:4 15:8 32:12 76:22  
 84:22 105:15 119:25  
 120:5,17,20,21,21  
 125:2  
**himself** 8:20 84:15  
**his** 3:15 7:9 8:11,16,16  
 15:6 78:23,25 79:1  
 82:14 84:19,19,22  
 85:19 95:17,18 119:24  
 120:1 123:3  
**historically** 57:19  
**hit** 12:5 65:18 114:21,22  
**hold** 43:12 53:15  
**holder** 29:3  
**holders** 53:10  
**holding** 19:6  
**hole** 96:18  
**holes** 11:7  
**homeowner** 103:6 105:3  
 108:9,11  
**homeowners** 110:2,7  
**homes** 98:19 110:5,24  
**hope** 12:12 17:13 72:25  
**hospital** 4:8,18 86:25  
**hospitals** 39:21  
**hot** 104:14 105:1 111:21  
 115:14  
**hottest** 99:3 104:15  
**hour** 87:10 99:5,13  
 104:18,19 107:20 108:1  
 112:17 116:1 119:14  
**hours** 52:5 98:20,20,24  
**house** 20:17 101:11 105:9  
 105:14 110:19 111:21  
**houses** 101:15 110:21  
**how** 7:20 12:15 13:7  
 14:12,20 19:13 29:11  
 32:16 38:18 41:4,5  
 42:22 50:1 56:3,25 65:4  
 74:20 83:15 85:5 86:14  
 91:10 104:5 109:4  
 114:19,20,21 117:18,19  
 117:20 118:9,12,17  
 120:13 122:9,16

**however** 6:3 62:16  
**human** 13:20 78:17 84:3  
**hundred** 102:1  
**hunt** 118:18

---

**I**

**I** 3:4,8,18,23,25 4:1,6,6  
 4:17,22,24 5:1,4,23 6:9  
 7:3,11,25 10:6,10,16  
 11:9,10,11,20,21 12:12  
 13:23 14:12,17,20,21  
 14:23 15:16,19 16:14  
 17:1,12,13,24 19:2,10  
 19:19,21 22:14 23:5  
 25:13 28:9,17,20,22  
 29:24 30:23 31:1,8,12  
 31:16,17,17 32:9,16  
 33:8,12,13 35:22 36:16  
 37:2,4,16 38:2,22 39:23  
 40:3,10,18,24,25 41:12  
 41:21 42:16 43:4,4,4,18  
 44:6,7,23,24 45:13,16  
 45:18 46:1,3 47:2,5,7  
 47:11 48:5,25 49:1,4,10  
 49:15,20,24 50:8,11,11  
 50:13,15,22,24 51:1,4,9  
 51:10,11,25 54:2,2  
 55:14 56:8,24 57:19  
 58:14 60:5,9 63:2,3,16  
 64:7 65:3 66:2,7,17  
 67:21 69:14,14,16,17  
 69:20,21 70:3,12,23  
 71:4,4 72:3,11,20,24  
 73:1,3,9,12 74:8,10,14  
 74:17,17,23 75:8,11,18  
 75:21,21 76:7,13,14,17  
 76:18,21,21 77:2,3,5,11  
 77:21,23 78:9 80:25  
 81:4 84:6,7,7,12 86:5  
 86:17 88:8,14 90:7,17  
 90:19,19,21 92:11  
 95:20 96:8 97:17 98:15  
 98:16,17 100:9 101:22  
 102:16 103:1 105:12  
 107:9,19 108:6,7,17  
 109:3,4,5 110:10,12,15  
 111:11,19,20,22 112:11  
 112:18,25 113:2,13  
 114:15 116:24,25 117:1  
 117:2 119:21 120:8,17  
 122:3,13,23 123:13  
 124:24 125:10 126:4,9  
 126:15  
**Idaho** 104:12 108:7  
**idea** 3:5 15:6 22:24 31:12  
 50:6  
**ideas** 30:21  
**identifier** 118:14,15  
 119:8  
**if** 3:5 7:4 10:6 11:9 12:25  
 13:24 14:5 15:8 16:12  
 16:25 18:16 19:21 22:5  
 22:11 24:22 25:10

27:18 28:21 29:13 30:2  
 30:14,15 31:12,20 33:8  
 35:4,4,21 37:14 41:12  
 41:13 43:9 45:17 46:5  
 46:19 51:3 53:12 54:2  
 54:17 55:12 56:5,8,13  
 56:25 57:5,14 58:6,17  
 59:11,18 60:15,19  
 61:22 62:11 63:5 69:14  
 69:23 71:21 74:11 75:8  
 75:9,11,12,19 82:10  
 84:10 87:23 88:18,24  
 91:14,19,24,25 92:7,10  
 93:3,16 103:1,3,8 104:2  
 110:16,18 111:11 112:4  
 114:21,23 115:14,16  
 117:21 119:2 122:6  
 124:24  
**II** 100:10  
**ill** 4:23  
**illegal** 94:7  
**image** 79:10 88:21,23  
**imaging** 24:19 25:21  
 53:21 58:21,24 79:4,9  
**impacted** 11:10  
**impediment** 12:20  
**implant** 89:6  
**important** 41:8 64:22  
 122:10,16  
**importing** 90:1  
**impression** 37:5  
**in** 3:13,14,15,19,19 4:8  
 4:16,19 5:12,24 6:3 7:4  
 7:6,6 8:11,15 9:11,18  
 10:5,9,12 11:14 12:2,3  
 13:18 14:12 15:2,9,20  
 15:23 16:14,15,17 17:3  
 17:7,14 18:12,15 19:1,3  
 19:16,22,24 20:5,7,9,14  
 20:16,20,21 21:6,7 22:4  
 22:5,20,21,25 23:2,23  
 23:24 24:6,17,24 25:7  
 25:10,11,13,23 26:5,12  
 26:16 27:22 28:2 29:4,9  
 29:19 30:24 31:1 32:14  
 33:5 34:4,10,14 35:22  
 36:9,16 38:14,19 39:4  
 39:10,14 41:10 42:23  
 43:8,11,16,19,22 44:12  
 44:20 46:7,8,10,16,24  
 47:6,9,12 48:1,14,18  
 49:11,14,15 50:1,2,13  
 50:21 51:3,7,17,21,22  
 52:4,6,9,19 53:3,4,9,15  
 53:20 54:9,16,17,21  
 55:16 57:9 58:7,10 59:2  
 59:12,12 60:3,5,19,25  
 61:7,10,11 62:1,6,11,16  
 63:2,23,25 64:4,13 65:7  
 65:10 66:7,16 67:1,4,15  
 67:19,23 68:11,15,16  
 68:20 69:6 70:13,23,24  
 71:2,13,17 72:4,14,17

73:18 74:11,19 75:2,4,7  
 75:12,14,18,24 78:4  
 79:2,11,14,15,21 80:7  
 80:18 82:2,4,6,10,12,13  
 84:4,25 85:11,22 87:3,8  
 87:17 89:7,20,22 90:9  
 90:17 92:3,6,7,13,18,22  
 93:22,24 94:16 95:9,9  
 95:16,19 96:1,2 97:15  
 97:22 98:10 99:3,17  
 100:3,10,10,16,21  
 101:3,17 102:2,7,13,16  
 102:21 103:10,15,17,19  
 103:22 104:8,8,17  
 105:25 107:6,12 109:6  
 109:15,20,21,22 110:2  
 110:11 111:7,8,15,16  
 111:21 112:5 113:9,12  
 113:16 114:3,20,25  
 115:7,9,16,20 116:2  
 117:3,12 118:4,5 119:7  
 119:12,14 120:1,14,16  
 121:1,2 122:11 123:7  
 124:22 126:5,9,15  
**inch** 107:21  
**incident** 80:13  
**incidents** 77:25 78:4,7,12  
**incinerator** 94:9  
**incinerators** 93:22,24  
**include** 62:8  
**included** 42:23 44:12,15  
 45:3  
**including** 39:5 61:15  
 62:19 71:24 86:1  
 101:23 114:19  
**inclusive** 126:12  
**incorporated** 26:18,19  
 67:13  
**incorporates** 67:12  
**indicate** 89:11  
**indicated** 88:1  
**Indicates** 13:10 45:11  
 52:25 73:5 76:16 112:1  
**indirectly** 47:20  
**individual** 15:2 40:8,24  
**industrial-type** 97:9  
**information** 5:24 12:17  
 28:17 57:2,3 59:21 60:2  
 61:3,14 64:5 71:5,6  
 75:25 76:7  
**informed** 84:24  
**infrared** 97:8  
**initial** 66:8 104:9  
**initially** 65:25  
**initials** 26:6,14  
**inject** 40:20  
**injuries** 86:1  
**inner** 86:23  
**inside** 85:16 98:20 110:5  
 116:18 122:20,24  
**inspect** 34:25  
**inspection** 82:19  
**inspector** 82:20

**inspectors** 9:11  
**instead** 14:24 74:22,23  
 87:4 88:23 104:18  
**instruction** 76:11  
**instructions** 56:16 59:21  
 60:3,9,24  
**instrument** 86:12,15  
**instrumental** 15:9  
**insurance** 38:6  
**intelligence** 92:14  
**interest** 82:2 83:18 92:1  
**interested** 74:11  
**interesting** 65:5 78:12  
 81:15 82:9 97:13  
 103:14 124:14  
**interface** 37:17  
**interim** 29:9  
**internal** 8:13 9:13  
**International** 1:13  
**internet** 26:21  
**Interpretation** 70:22  
**interrupted** 83:21  
**interventional** 70:15  
**interviews** 9:14,21 10:11  
**into** 6:22 23:1 24:11  
 25:23 26:8 31:21,24  
 52:18 56:12,16 58:20  
 58:21 64:16 67:7 85:20  
 92:25 94:22 96:18,19  
 97:14 103:8,18 108:4  
 119:17 120:19 124:1  
**introducing** 3:6  
**investigator** 99:19  
**investment** 101:11  
 105:11  
**invigorators** 11:4  
**involve** 77:25  
**involved** 3:12 10:25  
 118:8 120:25 121:1  
**involves** 10:20 63:19  
 65:10  
**iridium-192** 85:11  
**is** 3:11,12,12,17,20 4:22  
 5:20,25 6:4,17,23,25  
 7:3,10,10,13,14 8:3,4  
 9:8,9,11 12:21 13:7,8  
 13:24 14:10,14,18 16:9  
 16:19 17:16,18,19,25  
 18:8,11,18,25 19:2,3,5  
 19:11,11,13 20:2,22,25  
 21:5,7,16 22:14,16,16  
 22:17,21 23:7,25 24:14  
 24:20 25:10 26:10,11  
 26:13,18,19 27:5,11,18  
 28:11,23 32:4,17 33:5  
 34:16,20,21 35:7 36:5,6  
 36:7,7,12,13,19 37:10  
 37:17,18 38:12,18  
 39:17 40:5,7,8 41:11  
 42:2,23 44:2,17 45:6,12  
 45:17,24 46:4,14,17,19  
 47:3,16,17 48:6,9 49:17  
 49:21,22 50:6,7,11,18

50:21 51:13 52:6,9 53:4  
 53:9,20,24,24,25 54:1,9  
 54:22 55:16,23 56:17  
 56:17 57:3,5,8 58:2,4  
 58:17 59:15,19,20,22  
 59:23 60:2,8,21 61:11  
 61:14 62:15 63:6,24  
 64:22 65:5,11,14 67:8  
 67:11,15,16 68:8,14,18  
 69:1,4,8,23,24,25 70:2  
 70:5,6,22 71:3,21,24  
 72:16 73:14 74:6,11,20  
 74:25 75:18,23 76:5,9  
 77:13,19 78:13 80:2,6  
 80:12 81:3 82:9 83:6,10  
 83:14 84:6,24 86:5 87:1  
 87:23 89:21,25 90:23  
 90:23 91:7,12 92:17,24  
 93:15 94:8 96:20,22  
 97:14,15,16,20,22  
 98:22,23 100:20,21  
 101:12 102:1,9,18  
 103:11,14 104:20,22,23  
 104:23 105:1,5 106:10  
 107:12,14 108:15  
 109:16,19 110:14,20  
 112:9,12,24 113:17,21  
 114:15 115:22,23,23,23  
 116:14,15,17 118:2,14  
 118:15,16 120:11,24  
 121:3,16,18,20,25  
 122:1,2,9,10,15,20,23  
 122:24,25 123:19,22,25  
 124:8,10,11,11,16  
 125:6,8 126:12  
**Island** 116:2  
**iSolo** 109:16  
**isotope** 87:3 116:14 119:9  
**issue** 17:10 19:20 26:3  
 34:25 35:18 36:24  
 38:13 54:3 65:8 70:17  
 90:23 110:12  
**issued** 25:15 27:24 28:12  
 29:4 43:25 49:21 74:16  
**issues** 8:22 14:7 16:6,7  
 38:3 50:13 73:10  
**it** 3:4 4:23 5:5 6:10,12,13  
 8:5 10:13 12:11,21  
 13:15,17 14:5,17,18,21  
 15:2,6,9,19 17:15,24  
 18:7 19:19 20:4,13,21  
 20:25,25 21:13,14,25  
 22:6,12,23 23:3 24:11  
 25:1 26:8 27:6,6,7,14  
 28:11,23 29:4,17,19,19  
 30:11,12,24 31:1,6,7,8  
 31:18,21,24,25 32:1,8  
 32:15,22 33:22 35:3,6  
 36:2,11,15,22 37:16  
 38:5,8,10 40:10,11,15  
 40:18,22 42:6,14 43:22  
 43:23,24 44:10 46:4,12  
 46:17 47:21 48:4,4,13

49:5 50:1,7,9,17,19  
 51:1,18 52:11,13 53:3,9  
 54:7,8,11,13,14 55:12  
 55:16,23 56:6,8,10 57:1  
 57:3,10,17 58:21 59:2  
 59:12,12,18 60:12,13  
 63:4,22 64:23 65:7,11  
 65:18 66:12,21 67:1,15  
 67:24 68:19 69:20  
 70:10,17,24 71:10,24  
 72:23,23,24 73:9,11,13  
 74:21 75:19,19 76:7  
 77:3,4,5,5,6,6,13 78:24  
 79:5,5,6,7,7,8,13 80:10  
 80:10 81:10,21 82:12  
 82:13,18 83:2,11,14,25  
 84:1,3,5,5,21 85:1,6,11  
 85:13,16,16,20 86:7,23  
 87:8,13,13,17,17,22,23  
 87:25 88:15 89:6,16,20  
 89:23 90:6,7 91:21,22  
 92:1,4,19,20,22,25  
 93:11 94:6,11,21,23,24  
 94:24 95:13,15,17,23  
 96:1,2,2,4,7,8,9,9,19,22  
 96:24 98:14 99:13,18  
 99:20,25 100:9,13,17  
 101:4,7,9,10,10,15,22  
 102:19 103:7,7,15,25  
 104:1,2,11,21 105:6,13  
 105:16 106:5,7,8  
 107:14 108:21 109:6,9  
 109:10 110:15,17,18  
 111:7,7,12,19 112:5,10  
 113:19 114:17 115:19  
 116:18 119:2,19,21  
 120:1,2,13 122:15  
 123:4,7,10,14,15,20,23  
 124:7 125:11  
**Item** 78:15,24  
**its** 39:4 71:9  
**itself** 67:10  
**it's** 6:12,18 7:24 8:8 9:15  
 10:23 12:16 15:12 16:2  
 18:2,19 19:23 21:16,24  
 22:4,22 27:1 29:24  
 30:12,12 31:5,25 32:13  
 35:20 36:20,21 38:13  
 40:6,9,25 41:3 42:12  
 46:1,19,20 48:2 49:20  
 50:3,4 51:6,8 52:21  
 55:6,7,22 56:5,25 60:4  
 61:20 67:13 68:4,17,21  
 70:15,23 71:25 72:20  
 74:2,24,24 75:13 82:10  
 84:21 85:11 86:6 87:1  
 88:13 89:15,17 91:1,4  
 93:16 94:4,6,7,10 95:8  
 95:12 96:1,21 97:11,17  
 97:23,25 103:1,1,3,8,23  
 104:2 105:6,12 111:11  
 112:15 118:18 121:11  
 124:12 125:1

**I'll** 16:7 19:1 26:25 31:11  
 31:11 32:12 41:7 56:15  
 66:17,21 72:5 75:15  
 77:23 78:12 96:9  
**I'm** 3:10,10,18,23 4:1,4,4  
 5:23 6:4,11 8:25 16:12  
 24:19 29:23 31:21,25  
 33:9 37:1 42:4 44:18  
 45:16,19 50:12 51:23  
 52:1 56:3 63:12,15,17  
 67:10 70:16,16,18  
 77:19 78:3 81:23 88:25  
 91:6 97:13 115:22  
 125:15

**I've** 29:3 36:25 60:6  
 69:21 76:22 99:2 110:9  
**i.e** 61:9

## J

**Jacksonville** 3:19 97:16  
 111:8 112:6  
**James** 2:13 14:3 42:19  
 50:15 76:3 118:15,22  
 124:22  
**Janet** 2:15 4:13 29:13  
 30:7 42:15 58:13 73:1  
**Janowitz** 2:5 3:3,21 4:6,6  
 4:22 5:9,12,20 7:23 8:2  
 11:21 12:9,12 13:22  
 14:7,11 15:16,19 31:5  
 32:4,9,12 33:8,18,22  
 34:13,23 35:15,18 36:4  
 36:10,19 38:12 40:7  
 41:2,23 42:4,14 45:4,12  
 45:14 46:14 47:1,7 48:5  
 48:11 53:25 54:22 55:7  
 55:24 56:2 60:10 63:15  
 63:20 64:15 69:18,23  
 70:18 72:3,7 73:7,12,17  
 74:1,6 77:10 92:3  
 105:18 111:5 125:14  
**January** 12:1 67:7 68:22  
**JD** 2:5  
**Jessie** 31:11  
**Jim** 4:9 27:5  
**job** 8:21 9:16 42:17 50:8  
**John** 2:17 7:9 8:15 59:23  
 77:19 92:17  
**Johnson** 6:15  
**joke** 7:13  
**Journal** 120:3  
**Judicial** 126:5  
**July** 19:12  
**June** 26:16 31:2 69:2  
**jurisdiction** 99:18,22  
**just** 9:15 13:18 17:20  
 18:5 19:1,20,22 20:7  
 21:12,22 22:23 23:12  
 25:23 26:25 28:8,16  
 30:7 31:2 33:10 35:21  
 39:23 40:3,8 46:9,10  
 49:20 51:22 55:5 59:8  
 60:8,17 63:17,20 69:14

69:24 70:7,18 72:3 74:8  
 75:14 76:5,11,23 77:6  
 78:3,12 81:12 87:13  
 90:24 92:7,9 93:17 94:7  
 94:10 96:3 97:3 101:7  
 101:23 102:18 105:10  
 105:21 109:9 110:12  
 111:22 115:6 117:24  
 120:1,15 121:22,25  
 122:19 123:9  
**juvenile** 64:15

## K

**Katherine** 1:18 126:4,20  
**keep** 6:6 58:23 61:17 69:5  
 69:10 104:3  
**keeping** 59:9  
**kept** 72:11  
**keys** 94:23,24  
**kidding** 112:19  
**Kimwipes** 106:23  
**kind** 35:11 36:23 38:12  
 44:10 45:2,17 50:9  
 54:11 61:6 64:12 65:23  
 67:19 74:14 77:6 80:10  
 87:25 106:7 112:15  
**kinds** 23:19 56:21 58:11  
 123:16  
**kit** 79:4,5  
**knew** 82:16 110:17  
**knock** 94:12  
**know** 7:4,4 8:16 9:23 10:6  
 13:25 14:2,5,25 16:10  
 19:15 27:2 29:5 30:23  
 31:1 32:13,16,21 33:17  
 39:23 40:15,18 43:5  
 47:5,7 48:5,6,18 49:1,4  
 50:6,24 51:3,18 54:14  
 56:8,24 57:2,6,22 59:5  
 64:21 65:6,19 66:2  
 68:13 69:10,10,18,23  
 70:4,10 75:3 78:9 81:17  
 84:21 86:4,18 88:7,8  
 91:8 94:4 97:17 100:4  
 104:18 105:4 110:14  
 111:1,5,11 114:2 115:9  
 115:17 116:25 117:1  
 120:16 125:10

**knowledge** 28:15 55:14  
**known** 24:5 97:24  
**knows** 50:7 56:5 70:14  
 105:8

## L

**lab** 82:4  
**labeled** 79:15  
**labels** 20:13  
**laboratory** 109:15  
**Lagoutaris** 2:6 3:17,18  
 5:15 16:11 73:21 74:13  
 97:17 98:14 110:11,23  
 111:1 112:20 113:1  
**lake** 106:2

**lakes** 105:24,25  
**land** 93:23  
**landfills** 94:2  
**language** 15:22 19:1,3  
 20:2 21:15 22:2,16,18  
 23:25 26:18 44:25  
 48:17 59:11 60:6,22,22  
 63:16  
**large** 80:16 82:3 84:10  
 97:25 105:14  
**larger** 44:4  
**largest** 43:10 81:1,3  
 118:20  
**Lasix** 38:17  
**last** 4:25 6:2 9:21 12:1  
 16:8 17:8 18:25 21:9  
 27:25 28:17,20 41:19  
 41:25 42:16 43:2 62:11  
 62:22 63:4,9,21 66:15  
 71:7 90:9 93:5 113:16  
**late** 84:25  
**later** 79:7,8 80:2,13 84:5  
 96:5 116:25  
**latest** 71:5  
**Laughter** 15:15 97:19  
 109:25 115:11  
**law** 17:19,23,25 18:13  
 22:4 35:12 46:8,9 50:2  
 53:3 86:9 123:2  
**lawns** 93:21  
**laws** 21:11 47:25  
**lay** 23:23 96:15  
**lead** 100:21,21 101:1  
 106:9  
**lead-in** 23:25  
**learn** 117:18  
**learning** 118:12  
**least** 31:13 43:15 52:13  
 60:18 71:2,20 91:8  
**leave** 42:14 43:24 73:1  
 74:18 81:21 88:19 92:7  
 92:8 94:24  
**left** 85:24 100:15 104:25  
**legacy** 15:13  
**legal** 40:16 41:1,4  
**legislation** 44:12  
**legislative** 44:6,9  
**legislature** 17:8 21:10  
 46:18,22,23 48:17  
**Leroy** 116:21  
**less** 13:20 43:17  
**let** 17:14 22:10,23 34:1  
 45:20 60:16 65:4 79:17  
**letter** 14:18 15:2,3,4,10  
 18:21  
**letters** 110:4  
**let's** 9:4 11:5 27:9 30:5  
 32:14 49:8 66:1 77:24  
 83:17 99:16 103:18,20  
 104:4 125:12  
**level** 48:3 68:5,6,23 70:8  
 71:25 78:21,23 82:15  
 82:17 98:16 99:8 104:2

104:22 105:5 107:25  
**levels** 86:13 98:12 102:6  
 103:15 105:23  
**levitt** 94:1  
**license** 11:2 17:3 24:25  
 25:13 33:1 36:2 38:4  
 45:4 47:4 52:16 54:3,9  
 58:10 59:18 62:9,17  
 65:9 69:16 82:16 83:5  
 90:2,3,12 91:21  
**licensed** 16:13 20:9 25:10  
 34:14 45:7,8 52:4 53:11  
 61:22 62:12 65:12,15  
 65:25 67:1  
**licensee** 81:3,11  
**licensees** 43:11  
**licenses** 17:10 80:25 81:2  
 90:6,10  
**licensing** 3:11 83:2,3  
**licensure** 12:7 15:21  
 17:17 21:3 48:12,19  
**life** 94:4,6 123:14  
**light** 81:25  
**like** 11:6,8 13:19 16:16  
 30:18 32:13 33:5 38:2  
 43:18 45:18 46:6,10  
 49:16,20 63:14 65:24  
 66:6 67:21 68:1 69:9  
 71:25 75:18 77:7 84:6  
 87:13 88:10,18 89:24  
 91:16 97:6 99:7 100:3  
 102:9,19 104:14 105:25  
 106:8 110:9 124:12  
**likelihood** 13:20  
**likely** 30:17  
**likes** 30:15  
**limb** 31:22  
**limbs** 86:2  
**limited** 34:5  
**line** 13:8 57:23 71:21  
 77:6 94:9  
**list** 13:14 14:25 67:2  
 68:12,15,16  
**listed** 6:25 58:4 61:20  
 71:1  
**listings** 20:12  
**lists** 14:24 39:5,12  
**literally** 87:16 95:21  
**little** 11:8 14:18 16:21,22  
 16:24 17:15 19:23 27:5  
 28:11 60:12,16,17 61:3  
 75:17 77:6 117:12  
 124:17  
**live** 3:19 101:14  
**lived** 105:9 110:9  
**lives** 123:14  
**load** 82:14 93:25  
**loaded** 106:21 107:13  
**loading** 124:1  
**loan** 117:15  
**lobbying** 44:21  
**local** 117:14

**localization** 35:14,15  
**locations** 61:17  
**locked** 92:22,22,25 94:22  
**locks** 92:23 95:2  
**log** 47:22  
**long** 30:19 46:19 55:1  
 56:25 62:4,4 63:9,24  
 71:3 91:21 94:6 120:7  
**longer** 6:24 13:6 69:19  
**long-term** 86:2  
**look** 23:4 25:5 27:18 39:4  
 39:16 41:13 43:9 60:15  
 60:19 63:6 65:23 69:20  
 79:9 84:5,10 91:24 92:2  
 102:24 115:25 116:24  
**looked** 87:13 104:13  
 106:8 117:2  
**looking** 21:15 95:18  
 103:7 105:10 115:13  
**looks** 60:12 123:20  
 124:12  
**lose** 77:3 86:16,19  
**lot** 8:17 12:12 14:18,22  
 21:24 34:24 38:3 51:10  
 57:22 61:25 63:12 64:9  
 71:11 74:18 80:23 82:7  
 90:9,24 94:13,14 98:11  
 98:23 100:7,14 101:8  
 101:14 103:13,20  
 104:13 105:4 113:4,5  
 119:14,17  
**lots** 33:7 49:3 61:18 111:4  
**loud** 6:9  
**low** 80:22 82:14,17 105:6  
 105:23 107:25  
**lowest** 115:22  
**Luckily** 25:2  
**lucky** 41:21 93:20  
**lunch** 41:8 63:16 72:6  
 73:9,10,11 74:3,7 77:11  
 77:15  
**Lyle** 1:18 126:4,20

## M

**M** 24:18 25:9 27:6  
**MA** 2:7  
**machine** 16:25 22:3  
 55:10 56:21 78:1  
**machines** 9:18 16:19  
 37:21  
**made** 5:4 6:2 17:1 48:15  
 54:12 79:4 120:21  
**made-up** 18:3  
**magnetic** 24:18 53:20  
**magnetometers** 118:22  
 119:1 121:22 122:4  
**mail** 75:12  
**mailing** 20:12  
**main** 33:25 70:1,6 114:6  
 121:25 122:2  
**mainly** 106:3  
**major** 13:16 14:7 16:6  
 92:18

**majority** 10:18 16:17  
 78:7 101:15  
**make** 3:15 4:23 17:15  
 38:10 40:24 48:4 49:3  
 49:13 50:9 59:8 63:4,17  
 64:5,23 66:4,21 71:8,13  
 79:13 81:13 86:13 87:8  
 93:14 106:24 109:14,22  
 118:8  
**makes** 16:14 17:23 23:3  
 38:5,8 40:12 77:6  
 123:23  
**Mammo** 43:9 57:13  
**mammography** 17:5  
 24:18 27:3 37:2,18,20  
**manage** 87:24  
**managed** 85:5,7 87:18  
**Management** 2:15  
**Manager** 10:9  
**manufacturer** 80:20  
**many** 7:4 8:11 9:24,24  
 10:2 56:3 86:17 101:1  
 110:8 114:19 120:25  
 124:22  
**map** 98:17 106:7 116:24  
**mapping** 116:10  
**maps** 112:22 117:1  
**margins** 104:6  
**mark** 2:8,20 3:12 4:17  
 9:6 13:23 14:3 24:25  
 26:22 44:22 51:22  
**Mark's** 61:19  
**Marriott** 1:12  
**Master's** 48:2,25  
**material** 55:25 78:2,4  
 79:6,14,23 80:22 82:14  
 82:16,24 90:10,13 91:1  
 91:3,15 93:25 94:14,18  
 95:12 96:1 98:13 99:23  
 100:15 104:11 106:20  
 107:5,12,16 109:20  
 113:10 119:3  
**materials** 38:16 39:24  
 53:8,19 78:1 80:1 90:3  
**material's** 81:2  
**Matry** 119:22  
**matter** 42:6  
**matters** 49:2  
**may** 6:3 22:8 23:22 30:4  
 41:4 45:25 52:14 65:8  
 66:15,25 68:3 74:9  
 78:17 92:1 97:22 99:17  
 100:4 102:15 104:8  
 119:19 125:7,11  
**maybe** 8:21 28:18 31:10  
 41:7 42:7 56:5 92:7  
 94:11 112:20  
**McDonald** 28:1  
**MDDP** 117:9  
**me** 15:4 16:12 17:14  
 22:10,23 34:1 40:14  
 42:6 45:7 48:8 51:11  
 53:24,24 60:16,17 65:4

75:4,10,13,14,21 76:23  
 79:17 80:14 84:21 86:6  
 90:21 120:9,10  
**mean** 7:18 45:16 47:18  
 49:15 51:5 66:2 73:9  
 84:12 88:15 89:14  
 108:17 112:11 113:2  
 123:13  
**means** 55:21,22 66:10  
 84:14 85:2 87:12  
**measure** 23:3 96:12  
 105:25  
**measurement** 115:4  
**measurements** 89:10  
 98:18,24 102:22 104:16  
 108:24  
**mechanism** 46:15  
**med** 28:2 33:23 48:3  
**media** 114:10 121:20  
**medical** 2:19 4:18 44:3  
 80:15 81:8 83:19 84:2  
 86:21 87:2 89:5,22 93:7  
**Medicare** 38:10  
**medicine** 4:2,7 16:22  
 25:19,20 28:4,5,7,13,25  
 33:14 34:3,12,13,24  
 35:9 37:24 38:16 39:3,9  
 39:14 46:16 47:3,9  
 48:23 49:23 50:13 51:6  
 51:12 54:23 55:3 57:11  
 59:6 72:21 87:10  
**meet** 33:16 77:12  
**meeting** 1:3 3:4,20 4:25  
 16:9 18:25 27:25 31:9  
 38:20,23 39:22 43:3  
 71:6 74:9,11 77:14,16  
 125:3,5,18  
**meetings** 8:11 15:24 39:1  
 41:19 66:16,19,23 68:3  
**member** 16:10  
**members** 2:2 74:9,10  
 117:18  
**meningitis** 3:13 51:25  
 52:3  
**mental** 59:8  
**mention** 10:6 74:8  
**mentioned** 8:20 22:15  
 43:8 114:15  
**mentions** 70:25  
**menu** 41:12,15  
**merchant** 7:10  
**met** 6:3 107:16  
**metal** 78:6 89:24,25  
 94:11,19  
**metastable** 79:4  
**meter** 104:1  
**method** 36:17 58:2  
**Miami** 4:8,16  
**micros** 112:17  
**micro-R** 104:18,19  
 107:20 116:1  
**mid** 31:9,10  
**middle** 26:5 92:3 106:5

**midnight** 121:13  
**might** 3:3 13:25 59:25  
 80:5 92:4 96:4 102:12  
 103:5,5,7  
**Mike** 11:12  
**miles** 76:21  
**military** 7:10  
**mill** 111:9  
**millicuries** 80:20,21  
**million** 108:8 109:10  
 111:4 113:2 123:20  
**millirem** 98:18,25 99:5  
 99:13 103:2,4,8,12  
 108:1  
**mind** 47:6  
**mine** 76:18  
**mineral** 100:5,8,12  
**minimize** 12:15 103:7  
**minimum** 95:1  
**mining** 100:7,12,15,16,20  
 111:18,25  
**minor** 5:8 16:7 93:12  
**minute** 3:16 19:1 60:6,18  
**minutes** 4:25 92:19 95:10  
**misdemeanor** 63:22  
**missed** 38:20  
**missing** 84:6  
**mission** 118:8  
**mistaken** 33:9  
**mitigate** 99:24 100:2  
 101:6  
**mitigations** 100:25  
**mixing** 55:2  
**mobile** 98:7 102:20 117:8  
 117:8  
**modified** 17:20 21:9 25:1  
 58:6  
**modifying** 56:22  
**moisture** 79:19 90:18  
 91:6 92:12 94:20 96:13  
 96:16,22 97:5  
**moistures** 97:4  
**Molecular** 25:21  
**moment** 113:12  
**money** 12:22 49:3 51:24  
 52:1 96:8,9 100:2,25  
 101:5  
**monitor** 94:10  
**monitoring** 117:16  
**monitors** 93:23 94:1  
 109:13  
**month** 20:6  
**monthly** 52:17  
**months** 86:25  
**more** 16:4 19:4,11,19  
 20:18 28:21 30:17 35:8  
 43:17 45:20 47:21 49:6  
 54:10 63:25 64:5,22  
 70:13 78:12 79:1,13  
 80:3,14 93:5 97:8 99:23  
 101:23 102:9 118:6  
 120:18  
**morning** 3:7,17 5:23

12:13 62:20 73:16  
 116:19 121:12 124:13  
**most** 18:6 21:15 33:9  
 37:20 55:3 66:21 75:3,6  
 93:3 95:6,23 123:15  
**mostly** 44:2 68:14  
**Mother's** 125:6  
**motion** 5:9 39:22 42:2  
 73:14  
**move** 4:24 15:16 18:16  
 63:18 80:10 83:5  
**moved** 5:10  
**movement** 89:18  
**moving** 20:19 71:3,8  
**MQA** 2:20,21 3:10 11:22  
 14:15 58:18  
**mqa/rad-tech** 26:23  
**Mr** 2:4,7,8,13,17,20 3:7  
 3:23 4:9,17 5:3,11,14  
 5:16,17,19 11:14,17  
 12:14 13:7 14:6,9,15  
 15:7,12,14,17,18 25:9  
 27:4,6,7,8,11,16 28:23  
 29:2,11,23 30:1,9,14  
 31:12,24 32:6,13,24  
 33:4,12 34:1,9,18,20  
 35:7,21 36:6,6,11,13,16  
 36:17,21 37:4,7,8,9,11  
 37:12,18,19,22,23 38:2  
 38:8,22,25 40:9,21 41:6  
 41:14,18 42:2,7,12,21  
 42:22,24 43:2,6,9,15  
 45:6,13,16,22 46:5,17  
 46:23 47:5,11,17,20,24  
 48:8,13,22 49:1 50:15  
 50:21 51:1,2,3,9,15,16  
 51:17,25 52:2,25 53:1  
 54:1,3,14 55:1,8,19,22  
 56:1,3,10 57:13 60:12  
 63:23 64:16 65:3,4,12  
 65:14 66:13 69:20,25  
 70:15,21 71:17,19 72:5  
 72:8,24 73:4,6,8,15,20  
 73:22,23,25 74:25  
 75:24 76:25 77:9,13,18  
 80:19 81:5,6,18 86:9,11  
 87:23 88:4,6,8,10,11,13  
 88:14,17,22,23 89:2,3,5  
 89:15 91:12 92:5,12  
 96:6,12,25 97:2,7,11,12  
 97:20 98:16 99:7,9,11  
 99:12 101:9,13,20  
 105:10,19 106:2,7,10  
 106:17 107:23,24 108:6  
 108:11,15,20,21,23  
 109:3,5,8,9,12,13 110:1  
 110:15,25 111:3,7,19  
 111:24 112:1,3,7,15,24  
 113:2,5,7,11,13,15  
 115:12 123:9,19 124:5  
 124:8,16,22,24 125:1,6  
 125:9,10,17  
**MRDRD** 84:20

**MREC** 81:5 96:20 97:3  
**MREC-241** 80:21 81:6  
**MRI** 17:5 24:15 36:14  
**Mrs** 5:5  
**Ms** 2:3,14,15,16,21 3:10  
 3:22 4:1,4,11,13 5:4,10  
 5:13,22 7:24 8:3 10:8  
 10:14 11:16,19,23  
 12:11 13:2,10,23 14:23  
 15:8 28:20 29:1,10,15  
 29:20,21,22,25 30:8,10  
 31:1,10,23 32:3,7,11,23  
 33:2,5,15,20,24 34:7,16  
 34:19 35:3,12,17 36:12  
 37:6,25 38:10,20,24  
 40:6,12,22 41:3,9,16,17  
 41:20,25 42:6,9,16,17  
 42:18 46:3,22 47:15,19  
 47:21 48:2,9,21,24 56:8  
 66:12 70:14 71:16,18  
 72:23 73:3,5,19 74:4,8  
 74:14,21,23 75:1 76:1,2  
 76:11,14,17,18,20,21  
 76:22,24 77:1,2,4 81:17  
 87:21 88:3 96:23 97:1  
 98:15 101:7,12,19  
 106:16 108:3,9 113:4  
 123:8,17 124:4,7,14  
 125:8,16  
**much** 9:14 40:3 41:5,18  
 54:9 60:24 72:21 87:1  
**multiple** 18:21 86:1  
**munitions** 100:11  
**must** 19:9 61:12  
**my** 3:17,20 9:9 14:20  
 15:12 35:21 47:14 49:2  
 49:11 71:1 77:18 90:17  
 92:13 112:12 120:9  
 126:15  
**myself** 44:23  
**M.D** 2:5,9 8:20,21  
**M.P** 2:8

---

**N**

---

**N** 2:1  
**name** 3:17 5:5,6,7 6:6  
 18:3 24:9,9 25:21 27:1  
 36:1 77:18 86:7  
**named** 43:22  
**names** 61:16  
**Nancy** 27:25 28:18  
**nation** 16:15 62:1  
**national** 17:11,22 19:2,10  
 19:17 23:17,20 24:1,2  
 24:14 25:17 31:15 33:1  
 36:24 39:15 43:12  
 44:20 46:11 52:7,10,10  
 52:23 61:23 62:25 67:3  
 69:5,16 100:21,21  
 101:1 113:15,22 114:25  
 115:1 122:15  
**natural** 82:5 94:14 99:22  
**naturally** 98:12

**nature** 17:6  
**NCRP** 102:25  
**nearby** 98:9  
**neat** 83:14  
**neatly** 107:2  
**necrotic** 86:23  
**need** 29:1 34:14 35:2  
 46:21 50:8 57:6 62:7,12  
 64:25 65:12 66:4 68:12  
 74:6 75:12,18 93:14,18  
 114:22,23,24 117:22  
**needed** 15:5 28:9  
**needs** 75:8 122:11  
**negatively** 52:25 73:5  
 76:16  
**neighbor** 95:17,17  
**neighborhood** 102:22  
 112:12  
**neighborhoods** 98:9  
 112:13  
**neutral** 42:4  
**neutron** 96:21  
**never** 76:20 106:2  
**new** 6:20 7:2,8 10:24 11:2  
 12:14 16:10 17:19,23  
 21:3 22:14,16,21 36:22  
 58:7,11 59:6,7 61:14  
 68:13,16,19 74:10 81:7  
 85:6 92:1 100:17  
 107:12 109:19  
**newer** 60:7  
**news** 98:14  
**newscast** 110:11  
**next** 5:20 9:21 27:4 29:14  
 29:15 44:22 53:1 57:16  
 59:19 79:3 106:9  
 121:11,14  
**next-door** 95:17  
**night** 40:20 63:4 124:10  
 124:11  
**Nine** 83:18  
**NMTCB** 27:20 28:1,2,10  
 37:13 39:4 43:16 61:13  
 61:23  
**no** 6:24 8:3 14:7 30:5  
 36:19 48:8 55:12 56:1  
 58:2,14 63:23 69:19  
 70:21,22,22,22 79:22  
 83:1,7 84:2 99:17 101:9  
 105:8 107:24 108:11  
 110:20  
**nobody** 53:24 59:14  
**Nominee** 122:18,18  
**nonchalant** 110:13  
**none** 58:8 74:2 82:23,24  
 88:1  
**non-ARRT** 45:3  
**non-obstructive** 97:11  
**non-radioactive** 39:10,18  
**normal** 62:10 89:18  
 102:6,8 103:2,4,9  
 108:16  
**normally** 88:14 95:13

109:1  
**North** 1:24 115:6  
**not** 6:7,11 7:25 8:4 9:1  
 10:15,23 18:14 20:20  
 20:24 21:23 24:25  
 27:24 28:12,24 32:1,13  
 32:24 33:9,10 34:2,10  
 35:5 36:10,11,21 37:23  
 42:23 44:13,18 45:6,14  
 47:5,11 48:8,20,21  
 49:17 50:1 52:1 53:22  
 54:15 55:6,17,22 56:3,9  
 56:22 58:3 59:1,12  
 60:21 62:11,17 63:2  
 64:10 66:25 67:10,25  
 68:17 71:25 74:9 75:19  
 78:1,18,24 82:1,11,15  
 84:14 85:5 87:1 88:3,4  
 88:25 89:18 90:18,20  
 93:19 94:1 99:21  
 105:16 107:5 108:11  
 115:6 120:5,13,13  
 122:24 125:11  
**notation** 62:15  
**note** 59:9  
**noted** 62:16 117:4  
**notes** 59:9  
**nothing** 20:3 41:18 50:21  
 53:15 106:3 110:10  
**notice** 29:19 79:7 124:24  
**noticed** 79:8,9 81:9 82:21  
 123:3  
**notify** 41:21 95:4  
**November** 102:15  
**now** 6:24 8:25 9:15 10:18  
 10:19 12:20 13:5,9 16:3  
 20:7 24:23 25:3,4,25  
 26:2 28:5,11 30:25 33:9  
 34:23 44:16 46:9 48:17  
 52:1 56:11 57:12 60:9  
 60:13 62:15,15 64:3  
 69:1 72:15 73:9,13 74:7  
 75:20,21 88:25 90:14  
 90:17 97:12 100:19  
 104:17 112:11 119:11  
 124:16  
**NRC** 11:1 83:6  
**NSSE** 113:22  
**nuclear** 4:2,7 16:22 25:18  
 25:20 28:1,4,5,7,12,24  
 33:22 34:3,11,13,24  
 35:9 37:24 38:16 39:3,9  
 39:13 47:3 48:3 49:22  
 51:6,12 54:23 55:3  
 57:11 59:6 72:20 87:9  
 112:23 113:24 115:2  
 119:22 120:12  
**NUC/MED** 123:11  
**number** 16:15 21:22,23  
 29:20 58:19,23 59:3  
 63:21 72:11 75:10 76:1  
 81:1 97:24 98:6 103:1  
 110:2 122:3,21

**numbered** 126:12  
**numbers** 43:16 44:1,4  
 59:15  
**nurse** 40:19 71:18  
**nursing** 41:4

---

**O**

**obtained** 10:21  
**obtaining** 66:10  
**obviously** 57:10 63:8 93:1  
**occasions** 64:19  
**occurred** 20:8  
**occurring** 98:12 99:22  
**OCD** 77:7  
**October** 1:8 126:17  
**odd** 43:19  
**odds** 112:8  
**of** 1:1,2 2:12 3:8,11 4:10  
 4:11,25 5:6,7,24 6:1,5,7  
 6:11,19,21,23,24 7:1,4  
 7:6,8 8:11,17 9:12,16  
 10:1,1,18 11:4,17 12:20  
 12:24 13:4,14,15,19,20  
 14:18,22,24 15:21,22  
 16:6,6,13,17,20 17:6,10  
 17:10,16,19,21,23 18:1  
 18:12 19:8,16,17 20:21  
 21:8,10,15,17,19,20,21  
 21:21,24 22:9,20 23:1,2  
 23:19,22 24:6,10,12,19  
 24:23 25:4,5,8,20,24  
 26:5,15,21 27:3,4,8,10  
 27:19,21,24 28:2,4,5,6  
 28:24 29:9,20 30:2,22  
 30:23 32:14,20 33:7,9  
 33:14 34:3,11,19,20,24  
 35:1,8,8,11,13 36:7,17  
 36:22,23 37:2 38:3,3,12  
 38:14,14,16,17,19 39:5  
 39:22 40:4 41:2,5,21  
 42:8 43:7,7,17,17,18,21  
 44:3,4,10,20,24,25 45:1  
 45:2,7,8,17,23 46:12,24  
 47:1,4,5,12,25 48:6,9  
 48:12,22,25 49:3,9,12  
 49:13,16,18,21,22 50:9  
 50:10,24 51:7,10,19,20  
 52:5 53:2,10,18,21 54:6  
 54:11,11,13 55:3,11,14  
 55:15 56:4,12,21 57:8  
 57:15,17,22 58:8,10,11  
 58:11,19,20 59:2,4,7,11  
 59:11,14,16,25 60:3,20  
 60:23 61:6,10,18,19,25  
 62:9,15,16,22,25 63:1,7  
 63:12,12,13 64:9,11,12  
 64:22 65:6,23 66:21  
 67:2,9,11,17,19 68:6,9  
 70:15,20 71:11,11,14  
 71:20 72:11,18,21 73:7  
 74:11,14,22,23 75:2,3,5  
 75:6,15 77:6,19,20,22  
 78:5,7,13,14 79:6,6

80:1,2,3,6,10,15,21,22  
 80:23 81:1,14 82:3,7,14  
 82:23,24,25 83:10,18  
 83:18,21 84:9,16 85:3,4  
 85:12,13 86:1,2,3,4,6,7  
 87:4,11,15,17,18 88:1,1  
 88:23 90:9,11,19,21,24  
 90:25 91:3,6,9,9,10,24  
 92:1,2,6,12,14,15,18,25  
 93:3,21,25 94:8,11,13  
 94:14,17 95:2,3,6,13,20  
 95:23 97:16,22,24 98:2  
 98:5,6,6,9,12,18,25  
 99:5,5,17 100:5,7,12  
 101:15,17,18,24 102:5  
 102:7,8,19 103:15  
 104:6,8,11,13,16,19  
 105:16 106:3,4,5,8,10  
 106:19 107:3,5,8,10,13  
 107:15,17,18,21 108:2  
 109:20 110:2,3,4,5,7,8  
 110:8,15 111:12,15,20  
 112:11,13,15,17,21,24  
 113:16,25 114:9,15,17  
 115:3,5,15,15,16,23  
 116:6,21,22,25 117:1,2  
 117:7,10,14,23,24  
 118:1,6,10,21,22,24  
 119:9,14,19,25 120:4,4  
 120:7,18,19,20,23,25  
 121:4,16,17,18,19,23  
 121:25 122:2,3,5,9,10  
 122:20,21,23 123:1,2  
 123:13,16,17,19,21  
 124:9,9,19 125:1 126:1  
 126:2,3,6,13,16,17  
**off** 3:5 13:19 29:19 30:9  
 41:12 59:11 68:13  
 69:18,24 74:5 77:6  
 82:14,17 84:20,23  
 91:18 92:14 95:10  
 107:5 116:23 117:4  
 118:3 119:4  
**offense** 64:10  
**offering** 41:11 110:4  
**offhand** 69:22  
**office** 12:5 58:21 118:2,4  
 126:16  
**officers** 123:2  
**offices** 118:6  
**official** 21:20 38:4 40:4  
 126:4,16,20  
**often** 13:15 38:14 80:9  
 86:14 94:16  
**oh** 19:5 66:7 70:21 79:18  
 98:22 110:25  
**okay** 3:3 5:20,22,23  
 10:18 11:21 15:16,18  
 19:21 22:10 23:5 25:25  
 29:2 33:18 40:5,6 41:6  
 43:14 51:2 56:2 59:19  
 63:8 65:25 68:10 72:7  
 76:24 104:4 113:13

125:14  
**old** 6:21 9:9 10:16 22:17  
 56:6 68:15 72:10,10,14  
 88:10,20  
**older** 81:20  
**on** 2:2 5:23 8:13,19 9:3,4  
 9:7 10:2,16 11:12 12:17  
 12:18 13:8,17,20 15:17  
 17:12 19:2 21:11,18,18  
 24:19 27:6,18 28:24  
 29:19 30:19,20,21  
 31:21 33:11,13 36:2  
 38:5 41:6 42:4 49:9,18  
 49:19 52:2 53:1,15 57:8  
 58:4,14,23 59:16 60:16  
 60:22 61:16 63:16,18  
 63:20 65:17,18 66:8,15  
 66:18 69:24 70:16 71:6  
 72:14 75:8,17 78:3,23  
 79:10,17 80:20 81:1,10  
 84:1,1,9 85:13,13 86:23  
 87:1,14,19,25 88:10  
 90:7 91:18 92:9,10,23  
 93:20 94:22 95:3,16  
 98:10,14,19,20,22,24  
 99:4 100:23,24 101:14  
 101:16 102:1,8 103:14  
 104:1,21 106:3,13,14  
 106:16,20 107:14,18  
 108:1 110:19 111:3,20  
 111:25 112:21 114:12  
 116:2,11,16 118:1,9,24  
 119:3,12,24 120:2  
 123:2,3,11 124:2,4,5  
 125:11  
**once** 6:9 29:15 34:17  
 35:24 52:4 87:6 93:14  
**once-a-year** 20:5  
**Oncology** 4:21  
**one** 5:25 6:13 7:20 9:3,8  
 9:17 13:15 15:14 16:8  
 16:13 19:11,17,19  
 27:13 28:2,8,9 33:6,6  
 33:12,13,14 34:20 36:7  
 41:20 42:19 43:21 47:6  
 49:22 53:7,21 55:6 56:5  
 56:5,6,12 59:12 60:13  
 62:25 63:9 64:8,22  
 66:16 70:7,15 72:14  
 76:17,22 77:24 78:13  
 78:14 79:3,17,18 80:6  
 80:12 81:15 82:9 84:2  
 85:13 87:15 90:19,20  
 91:6 92:17 93:17,20,21  
 94:6,8,21 95:16 97:2  
 98:21 100:14 101:13  
 103:11 104:5 105:8  
 106:10,19 107:13,21  
 111:12,20 112:20 113:4  
 113:14 114:9,11 116:20  
 118:22 120:9,19 121:4  
 121:8,16,18,19,25  
 122:2,20,23 123:1,2,21

125:1  
**ones** 32:19 43:15,21  
 47:15 62:19 78:11,14  
 80:14,15 94:8 120:15  
**ongoing** 12:18  
**online** 13:2,4,12 14:21  
 60:11  
**only** 14:13 15:12 27:17  
 28:10 33:17,21 35:5  
 62:20 78:13 103:11  
 110:7 112:24  
**open** 10:4 14:4  
**opened** 41:17 72:1,2  
**opening** 114:12  
**operating** 121:11  
**operation** 83:4 111:15,18  
 111:25  
**operations** 9:10 85:4  
 114:18  
**operator** 20:16 22:3  
 55:10,24  
**operators** 16:25 56:21  
**opportunity** 13:18  
**opposed** 74:1  
**opposite** 50:3  
**or** 5:2 10:7 12:7,16 14:1,3  
 16:12,14,15,23 17:3,20  
 20:17 21:18 24:4 29:7  
 29:24 30:17,21 33:6  
 35:10 36:15 39:8 40:8  
 42:20 43:3,11,17 50:3  
 50:20 52:11 54:19  
 55:20 56:5,9,25 61:13  
 61:23,24 62:23,25 63:1  
 63:22 64:12 66:11  
 69:24 73:9 74:10 76:4  
 80:11 81:4,22,22 82:5  
 83:4,18 86:21 87:17  
 88:15 91:18 94:18 96:2  
 99:8 100:14 105:25  
 107:10 108:4,22 111:16  
 116:25 117:14,21 118:5  
 120:17 121:2,13 122:4  
 124:3 125:7  
**oral** 113:8  
**orange** 76:9  
**orbit** 79:11  
**order** 3:4 51:17 71:17  
 99:5 102:8  
**organization** 17:22 24:7  
 24:21,23 31:15 36:24  
 46:11 61:23  
**organizations** 19:2,10,18  
 23:18,21 24:1,3,13,14  
 25:17,17 26:1 30:17  
 40:24 44:21 52:7,23  
 67:4 69:13  
**organization's** 24:9  
**organize** 51:9  
**original** 81:12 105:22  
**originally** 95:22  
**Orlando** 4:19 10:10,12  
 92:18

**other** 8:2,7 9:17 10:5,14  
 19:5 20:10 22:8 24:22  
 25:16 31:4 33:6 34:23  
 38:15 43:15 52:13 54:7  
 54:8 56:11 63:13 65:24  
 66:14 69:12 71:14  
 78:11 80:12 85:15,22  
 87:12 88:1 94:19 97:12  
 100:24 105:6 107:5  
 114:8,11 118:17,23  
 121:25  
**others** 46:19  
**otherwise** 60:23  
**ought** 59:8,10  
**our** 3:11,12 6:6,10,10,18  
 6:20,21 7:19 8:12,14  
 11:23,24 12:5,20,24  
 13:4,15 14:1,2 20:15  
 21:18 29:15 31:17,21  
 31:24 39:1 54:11 59:22  
 62:25 65:21 67:7 69:4  
 70:23 77:22 78:7 81:1  
 82:4,20 99:19 116:22  
 117:12 118:6,7,23  
 120:25 121:18 123:11  
 124:2  
**ourselves** 31:14  
**out** 3:14 6:9 8:1 14:19  
 16:7,12 23:5,23 29:7  
 30:21 31:3,11,21 32:22  
 41:10 43:24 44:16 45:2  
 45:17,18 55:5 57:1 59:1  
 63:3 64:21 66:4 70:5  
 73:1 78:16,22 79:6  
 80:23 85:4,15 89:6 90:8  
 90:11 92:10 93:1 94:12  
 95:13,16 99:19 104:6  
 104:11,11,25 106:20  
 108:7 113:24 115:13,18  
 116:12,18,20 117:18  
 119:17 120:6,8 121:9  
 123:5  
**outbreak** 3:13  
**outside** 14:4 98:21,21  
 107:18 110:5 122:25  
**oval** 86:22  
**over** 10:9 11:24 16:21,24  
 20:5 22:12 27:20 50:3  
 56:13 58:6,17 61:1 76:6  
 78:13 79:21 80:11 82:8  
 83:2 98:24 99:4,18,22  
 99:25 100:15 103:6  
 105:20 108:16 112:6  
 116:5,8,20 117:12  
 119:6 121:20 123:23  
**overexposure** 86:21,22  
**overseas** 83:10  
**own** 20:15 31:17 71:9  
 78:25 92:9 120:25  
**owner** 81:15 83:6,13 90:6  
 94:23  
**Owners** 90:1

## P

<b>P</b> 2:1,1	62:7,13 90:19,20,21 91:14,15	<b>picocuries</b> 102:4,5,10	<b>potential</b> 89:5	14:16 15:25 29:13 30:7
<b>package</b> 81:8 89:8,9,13 107:25	<b>paying</b> 90:12,12	<b>picture</b> 102:16 104:13 108:2 119:25 120:4	<b>pouring</b> 97:6	31:21,24 44:6,9 46:10
<b>packaged</b> 107:6	<b>peed</b> 123:8,11	<b>pictures</b> 101:24 107:3 124:23,25	<b>PR</b> 97:14	47:12 87:16 91:5 98:5
<b>packages</b> 75:2	<b>PEM</b> 37:6,7,9,10,16	<b>piece</b> 91:8,25 94:11 118:10 123:17	<b>practically</b> 14:17	102:13 103:21 105:15
<b>packet</b> 5:24 66:17 76:23	<b>pending</b> 47:4	<b>pieces</b> 63:12 94:17	<b>practice</b> 23:22 24:5 25:4 25:9,11,14,22 26:17 27:1,23 28:6 29:9 30:22 30:23 32:5,6 33:10,11 34:3,11 46:12,15 48:6 48:10 49:18,21,24 50:8 54:3 65:9 67:17 68:25 69:1,3 70:1,2,6,24	106:18 122:8
<b>pad</b> 106:9	<b>people</b> 28:12 31:4 33:7,17 42:13 43:19 44:5 47:1 51:11 53:18 54:12 57:20 64:24 70:10 77:7 80:2 81:20 82:4 84:9 85:25 92:3,14 98:3 103:14 114:19 118:13 118:15,17 119:13,15,16 120:25 121:23 122:5,12 122:21	<b>pile</b> 111:17	<b>practicing</b> 28:1	<b>processes</b> 7:18 14:1 100:15
<b>page</b> 22:9,12 24:19 26:5 27:4,4,9,10,19 49:9 53:2 57:8,14,16,18,25 58:15,16,17,18,24 59:16,19,20 60:2,19 63:5	<b>per</b> 10:24 98:18 99:13 102:4,5,10 104:18,19 107:20 108:1 112:17 116:1	<b>piles</b> 111:24	<b>practitioner</b> 71:18	<b>produce</b> 83:15
<b>pagers</b> 116:22,23 117:4	<b>percent</b> 13:4 41:11,15 55:14 74:5	<b>Pinellas</b> 126:3,17	<b>practitioners</b> 47:9	<b>produced</b> 10:22 20:16
<b>pages</b> 126:12	<b>perfect</b> 15:5 49:15 69:8	<b>pipe</b> 94:13,13,18	<b>PRD</b> 118:12 119:4 123:3	<b>producing</b> 47:8 83:13
<b>Paints</b> 100:22	<b>perfectly</b> 30:16	<b>place</b> 21:5 29:3 59:2,4 67:15 113:20 114:8,21 126:8	<b>precautions</b> 108:18	<b>production</b> 83:10
<b>Palladium-103C</b> 84:4	<b>perform</b> 19:7	<b>placed</b> 84:4	<b>prefer</b> 75:21	<b>profession</b> 71:9
<b>palm</b> 107:8,10	<b>performing</b> 72:16	<b>places</b> 19:4 68:15 94:19 100:24	<b>preference</b> 49:11	<b>professional</b> 71:14 72:2
<b>paper</b> 13:5	<b>period</b> 30:1	<b>plan</b> 29:8 93:11 114:18 115:3	<b>prepare</b> 76:7	<b>profit</b> 105:14
<b>paperwork</b> 13:17 109:6 120:21	<b>permissible</b> 13:4 41:11,15 55:14 74:5	<b>plans</b> 93:13	<b>Preparedness</b> 6:19	<b>program</b> 9:10 14:19 48:25 51:11 55:9 61:9 61:12,16 77:20 99:16 114:1,2
<b>paragraph</b> 27:18 53:5 60:25 61:7,21 62:11,22 63:7 68:21	<b>perfectly</b> 30:16	<b>plants</b> 111:9	<b>preparing</b> 79:3	<b>programs</b> 51:10 61:6,11 61:15,19
<b>parenthesis</b> 24:17	<b>perform</b> 19:7	<b>plastic</b> 103:24 104:4 106:14,21 107:23	<b>prescription</b> 93:16,17,18	<b>progression</b> 28:6
<b>park</b> 121:9	<b>performing</b> 72:16	<b>plate</b> 58:8	<b>present</b> 2:23 61:2 105:7	<b>prohibited</b> 70:22,23 72:16,17
<b>parking</b> 74:16,18 119:17	<b>period</b> 30:1	<b>Platform</b> 117:9	<b>presentation</b> 59:23	<b>promotes</b> 8:12
<b>Parkway</b> 92:17	<b>permission</b> 67:14	<b>platforms</b> 120:15	<b>presented</b> 39:1 60:13 73:16	<b>proof</b> 24:6
<b>part</b> 3:11 10:1 12:20 13:21 17:17 29:7 35:1 35:13 38:16 39:5 40:4 50:10 75:8,17 76:3 97:16 98:5 100:12 115:3 119:24 123:15	<b>permits</b> 72:23	<b>play</b> 59:25	<b>presents</b> 86:22	<b>property</b> 102:1 105:12,22 106:4,4 110:19,22
<b>participate</b> 57:5	<b>person</b> 14:13 15:4 18:8,8 19:6 21:13 23:4 25:10 26:11 35:22 39:25 46:25 57:3 105:9 123:22	<b>Players</b> 97:21	<b>Presidential</b> 122:17,18	<b>proposed</b> 29:16
<b>particular</b> 19:9,17 30:19 47:6 48:19 56:24 70:17 82:11,12 85:2 93:24 95:16 100:14 103:19 110:12	<b>personal</b> 68:15 118:12,24	<b>plaza</b> 41:10	<b>pretty</b> 9:14 10:3,11 38:14 40:3 41:18 51:23 60:24 72:21 78:8 101:4 112:7	<b>prorated</b> 20:3
<b>parties</b> 30:3	<b>personnel</b> 41:5 118:7,7 119:6	<b>please</b> 74:13	<b>preventing</b> 6:13	<b>prorating</b> 20:8
<b>partners</b> 7:19 8:12,14	<b>person's</b> 64:18	<b>plus</b> 43:11 111:4	<b>Prevention</b> 6:8	<b>pros</b> 97:24
<b>parts</b> 44:24	<b>pertinent</b> 72:13	<b>pocket</b> 30:24	<b>preventive</b> 98:1 113:17	<b>prosecuted</b> 64:20
<b>party</b> 119:22	<b>PET</b> 25:16,22 28:8,10,16 29:7 30:21,24 32:4,6,7 33:10,17,21,21 34:14 35:5 36:25 37:1,13 43:9 43:21 49:11 57:13	<b>podiatrist</b> 3:18	<b>previous</b> 15:23 93:17,20 102:16	<b>Prostate</b> 89:6
<b>pass</b> 28:16 34:17 35:4 55:12	<b>PET-CT</b> 33:10	<b>point</b> 14:19,20 15:25 20:9 25:7 26:15 29:3,5 30:5 30:19 38:1 46:7 49:11 50:22 56:7 64:8,14 65:17,19 85:18 101:13 123:1	<b>previously</b> 57:12	<b>protection</b> 2:2 7:1 8:23 82:25 121:23
<b>passed</b> 10:2 17:9 62:24	<b>PET-MR</b> 36:5	<b>police</b> 95:4	<b>primary</b> 17:3 18:4 36:15 36:17	<b>protocol</b> 38:17
<b>past</b> 50:3 63:23 65:7 123:4	<b>pharmaceutical</b> 39:11	<b>Policy</b> 10:20	<b>printed</b> 56:11 59:22 60:3 60:4,7 63:3 67:7	<b>provide</b> 75:9 103:5
<b>pasted</b> 27:13	<b>pharmaceuticals</b> 39:19 67:22,25 89:22	<b>political</b> 122:9	<b>printer</b> 77:5	<b>provided</b> 75:11
<b>pathway</b> 28:13 44:14 45:24 46:18 54:15	<b>phobia</b> 82:6	<b>Ponte</b> 97:15,20 98:11 100:5,18 116:7	<b>prior</b> 100:16	<b>provider</b> 51:20
<b>pathways</b> 36:14	<b>phone</b> 11:18	<b>poor</b> 115:8	<b>PRND</b> 113:17	<b>public</b> 7:6,16,22 8:10 16:3 59:1 86:5 122:2
<b>patient</b> 8:23 83:19,22 86:22 93:9,10,15,15	<b>phonetic</b> 119:23	<b>pops</b> 24:23	<b>probably</b> 13:3 15:12 16:4 19:23 31:5 32:2,19,24 38:12 41:23 46:20 59:8 80:14 84:8 86:21 88:13 91:7,22 96:6 101:2 105:13 110:16 111:22 113:5 119:13	<b>publication</b> 16:1 20:18
<b>patients</b> 93:7	<b>phosphate</b> 113:10	<b>portable</b> 81:1 109:17 118:16,17	<b>problem</b> 25:2 36:25 40:2 55:13 90:9 112:24 117:20	<b>publish</b> 29:5
<b>pattern</b> 26:24 115:13	<b>photon</b> 83:8	<b>portal</b> 93:23,25 94:9	<b>problems</b> 14:22	<b>published</b> 29:10 40:7 120:2
<b>Patty</b> 70:12 71:4	<b>photos</b> 106:10	<b>position</b> 9:9,20,24 10:4 38:19 66:7 79:21 89:7 92:23	<b>procedure</b> 71:22 81:11 87:4,7	<b>pull</b> 29:6 30:24 59:1,10 96:24
<b>Paul</b> 2:4 3:23	<b>physician</b> 4:7 46:20 47:10 47:13,22 71:14 93:19	<b>Positioning</b> 37:11	<b>proceeding</b> 30:20	<b>pulling</b> 30:20
<b>pawn</b> 96:7	<b>physicians</b> 18:13	<b>positive</b> 78:15,23	<b>proceedings</b> 3:1 126:8,11	<b>pulls</b> 122:6
<b>pawned</b> 96:7	<b>Physicists</b> 4:18	<b>positron</b> 17:5 25:18 27:19 27:22	<b>process</b> 11:24 12:4 13:1,7	<b>punch</b> 96:18
<b>pay</b> 20:23 23:10 49:2,3	<b>Physics</b> 3:24	<b>positrons</b> 83:9,15		<b>purely</b> 87:2
	<b>pick</b> 42:25	<b>possible</b> 64:24 83:19 87:23 116:17 122:12		<b>purpose</b> 33:25 34:19
	<b>picked</b> 43:6,7 113:9	<b>possibly</b> 9:16 30:14		<b>purposes</b> 16:19 53:12 117:17
	<b>pickup</b> 121:8	<b>post</b> 17:3 18:4 36:15 95:4		<b>push</b> 45:2,12
		<b>post-primary</b> 24:4		<b>pushed</b> 57:14
				<b>put</b> 15:1 17:14 22:24 31:20,24 40:11 44:22 48:1 54:17 59:2 70:5 75:14 77:5 79:14 81:24 91:18 92:10 96:19 103:25 112:20 121:7

**putting** 32:10 54:20  
87:17 109:19  
**P.A.** 47:22,22 48:4,12,21  
71:16  
**p.m.** 77:16 125:3,5,18

---

**Q**

**QUALITY** 2:19  
**quantities** 80:22  
**Quarter** 73:7  
**quarters** 78:5  
**question** 8:1 39:20 40:1  
42:19 44:22 45:10  
50:15 54:1 58:15 60:14  
63:20,24,25 64:13  
65:23 70:3 120:11  
**questions** 10:16 13:22  
33:8 44:11 49:6 57:4  
58:9 61:1,4,18,25 63:11  
63:13 64:23 65:5 66:14  
76:4 82:23 119:10  
124:21  
**quick** 63:20  
**quite** 11:13 41:24 52:21  
52:21 79:25 82:3 90:14  
104:21

---

**R**

**R** 2:1,7,9 37:1  
**RA** 31:18 67:1 71:13  
**rad** 11:24 17:17 71:10,11  
**Radiacwash** 106:23  
**Radial** 78:8  
**radiation** 1:2 2:2,12 4:5  
4:10,12,13,21 6:5,7,11  
8:22,22 10:22 16:23,23  
36:19,21 53:23 55:15  
57:11 72:20,22 77:20  
86:13 87:19 98:8  
116:23 117:11 118:13  
118:18,24  
**radio** 116:9  
**radioactive** 38:15 53:8,19  
55:25 77:25 78:2,4 80:1  
82:7,15 83:7 90:3,10  
91:1 93:25 94:5,14  
95:12 96:1 98:13 99:22  
107:16 109:23 119:3  
**radiographer** 16:18  
18:12 51:5 57:10 59:5  
80:13 84:6,13,17,17  
**radiographers** 16:20  
37:10 54:13 80:12 84:8  
86:18  
**radiographer's** 85:2  
**radiography** 28:14 85:9  
85:23  
**radiologic** 3:9 16:13 18:9  
18:20 25:8 26:13 51:7  
56:19 86:24 118:14  
**radiological** 47:8 113:25  
114:1  
**radiologist** 48:1,15 56:19

57:15,24 66:20,24 67:6  
67:9,24 68:10,22 69:3,6  
70:8,11 71:8 72:15,18  
**radiology** 33:2 40:13  
46:16 47:15,17 48:18  
**Radio-Isotopic** 119:8  
**radium** 11:3  
**Radium-226** 94:15 102:5  
**Radon** 103:8  
**RAD/NUC** 98:1 113:17  
113:19 114:16 121:23  
**raise** 37:4  
**RAM** 90:17  
**RAP** 117:17 121:16  
**rate** 74:24 107:17 115:25  
**rated** 102:6  
**rates** 14:2 115:13 116:3,9  
**rather** 94:1 98:12 103:17  
**Raton** 4:20  
**reactor** 83:7  
**reading** 70:20  
**readings** 96:24 99:21  
105:20 106:6 116:13  
**ready** 16:1 31:18 74:18  
**real** 55:7 88:21 90:8  
102:19 106:18 109:24  
**reality** 38:17  
**realize** 95:12 96:1  
**realizes** 122:14  
**really** 9:1 10:19 11:11  
13:16 14:20 17:22 20:3  
21:7 28:8 32:21 35:7  
44:14 45:1 50:23 53:4  
56:3 62:2 65:12 70:7  
81:6 95:20,24 122:13  
122:16  
**reappears** 123:24  
**reapplied** 83:24  
**reason** 54:22 55:16  
**reasons** 43:7 46:2  
**recall** 66:15,25 68:3  
70:12  
**receipts** 75:11,14  
**received** 81:8 86:24 90:5  
**reception** 57:7  
**recessed** 77:14 125:3  
**recheck** 79:12  
**recognize** 24:22 25:1  
**recognized** 61:12 101:2  
**recognizing** 23:24,25  
36:22,23  
**recommend** 47:11  
**recommendation** 39:2  
47:14  
**recommended** 39:8 95:4  
**reconvened** 125:5  
**record** 21:20 59:1 86:5  
**recover** 94:17  
**recovered** 95:14  
**recruiting** 6:16  
**recycle** 91:15  
**red** 116:16 118:18

**redact** 15:1  
**reduce** 12:19 104:21  
**reduced** 105:23  
**reduction** 101:17  
**refer** 81:12  
**reference** 21:12 22:2,8  
25:23 26:20 49:13  
68:19  
**referenced** 21:6 59:5,16  
**references** 67:12 68:20  
**referencing** 68:21 69:6,11  
72:10  
**regard** 67:24 84:25  
**Regardless** 62:22  
**Register** 16:2  
**registered** 26:11 44:17  
68:22 79:11  
**registries** 43:12 52:10  
61:4 69:6  
**registry** 44:2,3 61:23,24  
62:2 63:1  
**regulate** 10:21  
**regulated** 10:23 50:6  
**regulation** 21:10 23:1  
49:25 50:2,10 67:8  
68:19  
**regulations** 21:21 22:20  
49:17  
**regulatory** 2:21 38:5  
**reimbursed** 71:22 76:8  
**reimbursement** 46:3  
**reimbursements** 75:16  
**relationship** 52:16  
**relatively** 110:23  
**release** 78:17  
**reload** 108:4  
**rem** 84:23  
**remain** 87:11  
**remainder** 85:3  
**remaining** 105:1  
**remains** 45:22  
**remember** 29:24 69:22  
**remotely** 85:12  
**removal** 103:21 104:7  
107:9 109:2  
**remove** 91:17 103:10  
105:3  
**removed** 105:5  
**remuneration** 46:2  
**Renegade** 86:7  
**renew** 52:15  
**renewal** 51:21  
**renewing** 50:16  
**renumbered** 72:15  
**repeated** 19:3 63:6  
**repetitive** 50:10  
**replaced** 68:5,5  
**replacement** 109:19  
**report** 65:6 93:6 101:22  
103:1 126:10,14  
**reported** 1:17 64:2 99:18  
**Reporter** 1:18 126:1,5,20  
**Reporting** 1:23

**represent** 3:8,24 4:2,7,17  
**representing** 4:21  
**represents** 121:5  
**Republican** 113:15  
119:20,22  
**request** 40:8,10 117:14  
**requested** 98:1  
**require** 18:14 36:10  
51:18 55:20 69:19  
71:24  
**required** 18:14 46:1 67:2  
68:16 91:2 92:24  
108:19  
**requirements** 11:3 82:10  
96:16 107:17  
**requires** 17:25 52:6 55:6  
**research** 100:3  
**reserved** 8:8  
**residence** 98:20 110:14  
**residences** 98:19  
**residential** 112:4  
**resonance** 24:18 53:21  
**resources** 51:19 115:19  
**respect** 9:2  
**respective** 25:8  
**respiratory** 82:25  
**responding** 89:10  
**response** 10:9  
**responsible** 108:10,12  
113:21 114:16 123:22  
**rest** 54:13 55:15 59:13  
60:23 112:13 120:18  
**restates** 23:2  
**restaurant** 41:21  
**restaurants** 41:9  
**restrictions** 71:12  
**restrictive** 63:25  
**retract** 37:1 85:7  
**retracted** 79:21  
**retrieve** 90:15  
**Review** 2:15  
**reviewing** 7:18  
**revised** 56:14 60:6 63:3  
112:16  
**revoked** 66:11  
**reward** 95:5  
**RFC** 10:20  
**Richardson** 2:7 3:7,8  
5:16 14:15 15:12 45:22  
50:15 51:1,9,16 52:25  
73:22  
**rid** 90:21 91:9,10  
**right** 7:11 10:19 12:20  
13:9 14:22 20:7 21:16  
22:11 25:3 27:11,17  
28:5 29:21 30:24 32:3  
34:1 35:17 37:22 40:21  
44:16 49:9 51:25 53:1  
58:5 61:20 73:6 74:16  
79:19 88:22 90:17  
98:23 99:11 104:14,15  
104:24 106:16 108:17  
113:1 116:21 123:6

125:17  
**right-of-way** 102:2  
**RIID** 119:7  
**ring** 88:3,4  
**rip** 104:24  
**RNC** 113:19 114:6 115:8  
**road** 1:24 79:20 80:6,8  
96:13 97:15,15 98:10  
103:13,18 106:15,16  
110:6 113:9  
**roads** 113:9  
**rock** 81:16,21,23  
**rocks** 81:24 82:3  
**role** 67:4,6  
**roofing** 97:6  
**roofs** 97:9,10  
**rooftop** 97:4  
**rooms** 118:4,5  
**roughly** 12:8  
**round** 45:2  
**routine** 75:3  
**row** 57:12,15  
**rows** 58:1  
**RRVC** 8:24  
**RSO** 84:19  
**RT** 38:19  
**RT's** 47:2  
**rule** 10:18,19 11:5,6  
15:24 18:24 19:8 21:6  
23:10 29:17 47:12  
61:12 67:11,15  
**rules** 15:20 23:14 63:10  
63:19 66:15  
**run** 44:16 75:22 78:6  
79:20 80:10 91:7  
120:24 125:15  
**running** 105:21  
**R.T.** 2:7

---

**S**

**s** 2:1 8:21  
**sad** 9:25 10:3  
**Safe** 125:16  
**said** 3:14 6:9 8:6 38:2  
39:23 64:3 67:20,21  
82:18 90:6 107:19  
120:8 126:11,13  
**sales** 40:13  
**same** 18:11 22:4,7 23:1  
27:1 35:3 36:9 53:17  
61:10 71:13 76:10 78:9  
87:11 93:10,13,16  
114:25 116:5 122:21  
**sands** 100:6,8,12  
**sat** 111:17  
**satisfying** 69:4  
**Saturday** 118:1  
**save** 26:25  
**saw** 102:3 104:16 116:10  
116:16  
**Sawgrass** 97:22  
**say** 8:5 11:25 13:3 14:23  
25:12,14 27:7 30:5

32:15 33:9 35:22 38:16 39:16 40:4 45:18 49:20 69:14,15 70:19 86:5 98:16 104:2,4 111:7 125:12 <b>saying</b> 34:8 50:12 68:11 110:12 119:25 <b>says</b> 19:25 22:5,12 25:15 27:6,6 36:1 39:22 53:9 53:17 59:17 67:16,24 72:15 86:23 <b>scale</b> 84:20 94:13,13,18 <b>scan</b> 58:19 <b>scanner</b> 102:16 <b>scary</b> 80:15 <b>scheme</b> 32:14 <b>Schenkman</b> 4:22 <b>school</b> 13:12 14:12,14 36:16 61:9 <b>schools</b> 13:13 15:11 47:8 <b>scope</b> 19:9 23:21 25:4 29:9 30:22,23 34:3,11 46:12 47:4 48:6,9 49:18 49:21 67:17 <b>scoring</b> 35:20 <b>scrap</b> 78:6 93:21 94:19 <b>screen</b> 17:12,15 22:11 60:15,16,23 66:18 <b>screened</b> 109:21 122:19 <b>screening</b> 98:2,2 113:19 114:20 118:21 119:15 121:2,5,19,24 122:7 <b>se</b> 10:24 <b>seal</b> 126:16 <b>seating</b> 41:16 <b>second</b> 5:11 9:7 25:24 34:2 53:17 61:21 93:10 <b>Secret</b> 113:21,23 118:23 118:25 119:3 122:6,14 <b>Secretary</b> 7:2 <b>section</b> 10:9 18:18 19:11 20:20,21 21:9 22:4,6,14 22:21 23:1,11,23 47:12 49:14 53:3,9 54:6 56:13 57:9 58:7,8 60:5,21 62:16 63:6 67:11,23 71:11 72:14,15,17 77:20 <b>secure</b> 92:16,22 116:18 122:24,25 <b>secured</b> 92:19 <b>security</b> 58:19,23 59:3,15 75:10 113:22,23 122:15 <b>Seddon</b> 2:8 4:17,17 5:17 37:4,8,11,18,22 38:8 73:23 <b>see</b> 6:5 9:4,17,18 11:5,9 11:10,11 12:15,24 17:13 18:19 19:24 22:12 24:16 27:9 28:21 31:13 49:8 58:1 60:8,18 60:22 63:14 75:17 78:9 79:17 80:1 83:17 88:11	91:13,19 98:25 104:20 106:14 107:14 108:2 109:4 113:11 115:20 116:1,3 117:12 121:7 121:21 122:3,21 124:19 <b>seed</b> 89:6 <b>seeds</b> 89:7 <b>seeing</b> 7:20 79:10 103:15 106:6 122:9 <b>seek</b> 83:13 <b>seem</b> 80:4 <b>seemless</b> 14:17 <b>seems</b> 40:1 46:1 101:15 <b>seen</b> 33:12 36:25 56:4 57:1 101:16 119:19 <b>sees</b> 82:2 95:7 <b>self</b> 55:11 <b>self-addressed</b> 75:13 <b>sell</b> 91:22 100:22 105:13 110:19 <b>Selmon</b> 116:21 <b>SEMI-ANNUAL</b> 1:3 <b>send</b> 14:19 24:25 29:17 91:17 102:15 104:11 <b>sense</b> 54:12 <b>sensitive</b> 98:7 102:20 116:12 117:10 120:14 123:17 <b>sent</b> 15:4 28:20 84:22 99:19 110:3 123:5 <b>sentence</b> 53:17 63:7 <b>sentences</b> 53:4 <b>separate</b> 35:2 56:20 58:18,24 59:2 71:9,9 <b>separating</b> 124:2 <b>series</b> 119:9 <b>serious</b> 85:25 <b>seriously</b> 91:20 <b>Service</b> 113:21,23 118:23 118:25 119:4 122:6,14 <b>session</b> 17:8 <b>set</b> 19:10 47:25 48:24 79:5 85:12 102:23 109:13 118:3,4,22 121:3,6,22 124:18 126:8 <b>sets</b> 124:9 <b>setting</b> 50:12 85:6,18 <b>seven</b> 98:21 <b>several</b> 7:5 9:13 41:19 <b>severe</b> 86:2 <b>shall</b> 18:23 23:9 24:7 67:24 <b>sharp</b> 88:21 <b>she</b> 4:23 28:21 34:7 40:19 70:13,14 <b>shed</b> 94:22 <b>sheet</b> 75:17 76:12,15 <b>she's</b> 28:1 <b>shield</b> 85:17,20 <b>shift</b> 121:2 124:11 <b>shifts</b> 120:24 121:14 <b>shine</b> 105:22	<b>ship</b> 82:16 <b>shipped</b> 107:15 <b>shipper</b> 81:13 <b>shipping</b> 82:14 <b>shop</b> 96:7 <b>short</b> 94:4 123:13 <b>shot</b> 83:21 85:6 124:13 <b>shots</b> 83:20 122:23 <b>should</b> 22:15 27:7 28:18 35:3,6 39:14 42:7 59:12 64:21 87:22 108:13 112:20 115:5,14 <b>shouldn't</b> 48:4 87:21 <b>shoved</b> 119:16 <b>show</b> 8:16 15:21 19:1,15 19:16,22 23:13 42:8 52:19 56:15 65:4 96:4 97:24 117:12,24 119:13 <b>showed</b> 102:17 <b>showing</b> 67:10 98:17 <b>Shows</b> 62:10 <b>Shula's</b> 41:17 <b>side</b> 51:21,21 107:21 <b>sides</b> 103:15 <b>sidewalk</b> 92:11 <b>Siegel</b> 32:9 <b>sign</b> 29:18 30:9 75:19,20 <b>signature</b> 75:22 76:13,15 126:16 <b>signed</b> 69:24 <b>significant</b> 80:17 85:21 113:18 <b>silver</b> 94:10 <b>similar</b> 93:8 117:11 <b>simple</b> 89:23 <b>simply</b> 55:10 91:15 101:17 <b>since</b> 8:19 18:25 21:9,25 31:25 36:19 39:21 41:19 42:22 108:15 110:1 125:10 <b>single</b> 34:20 81:3 90:19 90:20 102:21 106:19 107:19 118:10,21 120:22 121:8,22 <b>singular</b> 18:21 <b>sit</b> 55:9 <b>site</b> 12:17 21:18,19 26:22 26:23 94:22 95:8 100:5 101:6 107:5 121:5 <b>sites</b> 61:16 83:21 100:23 112:5 <b>sitting</b> 111:24 119:6 <b>situation</b> 35:23 37:9 69:8 89:21 99:24 101:3 117:21 <b>situations</b> 66:6 89:19 100:2 <b>six</b> 64:12 86:25 122:4 <b>Sixth</b> 126:5 <b>six-inch</b> 101:20 <b>size</b> 17:13 94:11 <b>skilled</b> 37:20	<b>slab</b> 101:16,21 <b>slightly</b> 63:18 115:21 <b>small</b> 23:2 43:16 44:1 87:18 <b>smaller</b> 43:21 <b>smooth</b> 30:16 <b>SNM</b> 31:7 <b>SNMMI</b> 27:22 <b>so</b> 3:14,15,20 4:23 5:10 6:6,16,23 7:13 8:14,24 9:14 10:3,3,23 12:6,17 12:22,23 13:3,15,19 15:1,6 16:12 17:7,24 20:19,25 21:7,12,15,22 22:11,20,21 23:1,7,16 23:24 24:14,20,22 25:2 25:7,10,25 26:5 28:13 28:17 29:3,23 30:14 31:7,16 33:18 34:10,21 35:22 36:8,13 37:25 39:20 40:16,22,24 41:20 45:12,22 47:21 48:25 49:6,7,9 50:6,11 51:8 52:19 54:11,17,20 56:13,22 57:23 58:3,24 59:1 60:19 61:3,7,17 64:3,10,13,24 66:4,17 67:14,23 68:10,18 69:4 69:17 71:19,25 72:8 73:3 76:5,6 77:7,10 78:19,22 80:22 81:4 82:20,22 86:20 87:7 88:2,24 92:1,7,25 93:1 94:8,25 95:23 96:9,18 96:23 98:25 99:15,23 100:24 101:2,5,12 102:7,11 104:13,20 105:1 107:4 113:24 116:25 119:15,24 120:25 121:6,13 122:12 123:5,13 124:22 <b>social</b> 58:18,23 59:3,15 75:7,9 <b>societies</b> 48:14 <b>society</b> 3:8,24 25:7,20 28:4,5,24 39:15 49:19 49:22 72:2 <b>soil</b> 79:19 90:18 91:6 92:12 94:20 96:12,13 96:17,19 99:8,10 103:10,25,25 104:25 109:1,23 123:6 <b>Solana</b> 97:15,15 98:10 103:13,18 110:6 <b>sold</b> 100:17 <b>solution</b> 37:12 <b>solve</b> 38:2 117:20 <b>solved</b> 14:22 40:1 <b>some</b> 10:25 11:2,2,5,13 16:6,6 18:16 20:2 23:2 23:2 24:22 28:15 29:5 38:11 40:3 41:2 43:17 43:19 44:24 46:7 51:18	53:10 56:15 57:4 59:11 59:24,25 60:6 61:1 68:8 71:20 78:11 79:6 80:17 80:25 85:18,21 92:2 110:15 111:7 116:1 118:6 119:19 123:1,6 124:18,19 125:2 <b>somebody</b> 53:23 64:19 78:8 79:5 88:19,19 90:20 92:2 93:4 95:1,7 95:23 101:12,13 116:11 119:2 123:5,8,9 <b>someone</b> 28:14 44:7 46:19 54:3 <b>someplace</b> 40:11 <b>something</b> 10:24 14:1,23 16:15 17:14 18:10,20 30:18 38:13 50:13 54:9 54:19 64:19,21 72:5 79:24 89:23 90:8 95:25 108:4 110:17 113:12 114:24 <b>sometimes</b> 28:11 <b>somewhat</b> 97:12 <b>somewhere</b> 17:1 96:2,3 109:23 <b>sonographer</b> 44:17 <b>sonographers</b> 44:4,13 45:3,5,15,23 <b>Sonography</b> 45:6 <b>soon</b> 6:17 10:11 95:12,25 122:11 <b>sorry</b> 29:23 34:9 37:1 70:16 81:24 115:22 <b>sort</b> 86:6 102:19 105:16 <b>sought</b> 17:7 <b>sound</b> 68:8 <b>source</b> 79:21,23 80:16 84:10 85:8,11,15 88:25 92:16 94:5 97:3 <b>sources</b> 85:23 90:15 91:17,18 95:3 <b>south</b> 92:6 93:22 <b>speak</b> 14:3 44:8 <b>Speaking</b> 92:12 <b>spec</b> 35:1,5,19 <b>special</b> 19:7 113:22 122:15 <b>Specialist</b> 2:15 <b>speciality</b> 21:13 26:6 <b>specialties</b> 26:25 <b>specialty</b> 16:9 17:3 18:1,5 20:4,23 21:1 22:1,13 23:8,18 24:4 50:16 <b>specific</b> 50:5,19 55:19 72:9 79:15,15 <b>specifically</b> 70:25 72:10 72:17 94:15 100:9 <b>specified</b> 23:10 <b>specify</b> 63:22 <b>spectacular</b> 82:1 <b>speed</b> 14:1 <b>spelling</b> 5:6,7
---	---	--	--	---

**spend** 51:23  
**spending** 52:1  
**spot** 26:21 59:12 88:12  
 105:1 113:14  
**spots** 111:21 115:14  
**spouse** 81:22  
**spray** 87:18,25 109:7  
**St** 3:19  
**stacked** 122:22  
**staff** 2:12,19 8:16 61:19  
**staffed** 14:9  
**staffing** 57:7  
**stand** 119:18  
**standard** 25:14 27:2 28:6  
 39:8 69:1,2 70:1 87:14  
**standards** 24:6 25:9,22  
 26:17 27:23 33:9,10,11  
 33:16 69:3 70:1,2,7,24  
 71:15  
**standing** 120:8  
**standpoint** 38:3 53:18  
**stands** 123:23  
**start** 16:7 33:1 77:24  
 83:12 114:18  
**started** 3:5 55:2 82:22  
 114:13 117:25  
**starting** 10:10 23:24  
 36:14 68:8  
**starts** 57:1  
**state** 3:25 7:9,15,22 8:3,5  
 8:7,8 9:11 10:6 21:21  
 22:20 36:2 40:4 44:20  
 45:4,7,8 46:6 61:24  
 63:1 82:19 91:2 102:7  
 111:13 112:23 114:2,4  
 117:14 126:2,6  
**statement** 37:2  
**statements** 92:13  
**states** 8:2 62:1 114:3  
**State's** 21:19 26:22  
**stations** 121:19  
**statute** 17:7,17 19:12  
 23:2,5 43:8,22 47:12  
 48:18,19,23 59:16  
 66:25 67:20 70:23  
 72:13,18  
**statutes** 22:19  
**statutory** 69:5  
**stay** 6:10  
**staying** 42:4  
**steal** 15:9 95:9  
**steals** 95:24  
**Steiner's** 9:23  
**stemmed** 110:16  
**stemming** 71:20  
**stenographic** 126:14  
**stenographically** 126:10  
**stepping** 31:21  
**steps** 29:14,15  
**Stevens** 11:12  
**stick** 46:10 104:1  
**still** 6:14,18 13:11,15  
 33:17 56:5 71:1,23

72:12,13 88:16 100:21  
 105:1,5 107:16  
**stole** 15:6  
**stolen** 92:5 94:20,21 95:7  
 95:15,22  
**stop** 86:20 90:4 96:6  
 122:25  
**stopped** 90:11,12 100:16  
**storage** 90:17  
**store** 90:13  
**streamlined** 11:23  
**street** 102:21 112:10  
**streets** 92:18  
**stress** 123:11  
**stressed** 14:20  
**stretch** 116:20  
**striking** 63:8  
**struck** 22:17  
**student** 15:3  
**students** 14:21  
**study** 20:15 40:20 55:11  
 55:11  
**stuff** 19:24 20:3 32:21  
 56:11 61:6 62:10 64:12  
 66:3 72:9 97:14 123:16  
 124:1  
**stupidest** 84:8  
**sub** 26:9  
**subject** 27:3 39:10  
**submit** 16:1 23:9 76:19  
**subterfuge** 119:24  
**such** 11:3 17:4 61:11,12  
 84:10 99:24  
**suddenly** 116:22  
**Suite** 1:24  
**Sunday** 114:13  
**super** 100:2,25 101:5  
 102:14  
**supervision** 18:13,14  
 66:24 68:16 69:19  
 71:12,25 84:16  
**Support** 6:20  
**supposed** 76:2 84:14,15  
 86:10,11 120:5  
**supposedly** 47:10 111:11  
**sure** 6:11 7:25 9:1 44:16  
 44:18 51:23 56:3 63:17  
 66:4 81:13 85:5 86:13  
 88:25 91:6 93:14  
 106:24 109:14,22 118:9  
 123:23  
**surface** 99:8,10,13  
**surgeon** 7:9,11 29:18  
 30:10  
**Surprise** 42:15  
**survey** 86:10,12 109:7  
 113:7  
**surveys** 82:21 89:12  
 107:3 108:18 110:4,8  
 111:20 113:8 117:6  
**suspended** 66:11  
**swap** 27:20  
**Swipe** 89:11

**switch** 22:11 56:13  
**symmetry** 83:1  
**sync** 83:25  
**system** 52:19,20,22 58:22  
 58:25 87:5 102:20  
 115:4 116:6  
**systems** 8:10,10

## T

**Tab** 19:24  
**table** 57:9 58:9  
**tables** 121:5,7  
**tail** 92:15  
**tailings** 111:9  
**take** 22:23 30:11 31:2,16  
 33:23 41:13 52:12  
 53:13 55:11 64:16 73:8  
 73:12 79:9 80:5,8 82:18  
 90:20 91:2,14,16 92:2  
 94:2,5 95:11 104:1,3  
 106:23 107:2,8 114:21  
 119:5,25 123:20 124:17  
**taken** 52:15 81:13 85:4  
 99:7,9,13,14  
**takes** 12:21 32:15 33:20  
 109:9  
**taking** 34:5 39:2,22 52:18  
 102:15 104:10 107:5  
 124:24  
**talk** 12:13 16:4 26:3  
 44:23 65:1 70:17 73:9  
 73:10 77:21,23 84:22  
 97:13 112:16  
**talked** 61:7 66:19,23  
**talking** 7:19 36:8 61:5  
 62:5,19 63:10 69:9 71:2  
 110:22  
**talks** 70:8,9 72:18 101:25  
**Tampa** 1:12,13,14 113:9  
 114:6,9 115:5,6 116:2  
 116:16,21 118:2 121:21  
**tank** 89:25  
**tar** 97:6  
**teaching** 118:13,15,17  
**team** 7:20 9:12 102:14  
 117:17 124:10  
**tear** 103:17  
**tech** 11:24 17:17 18:22  
 19:7 28:2 32:7 33:20  
 51:3 59:6 71:10,11 79:4  
 81:9 87:4,18,24 92:20  
 123:7  
**technical** 11:6  
**technically** 108:15  
**technologist** 18:1,9,20  
 21:1 22:25 23:8 26:13  
 36:15 37:24 38:9 50:16  
 51:13 59:10 79:3  
**technologists** 3:9 4:3  
 15:21 16:9,13,22,24  
 20:4,23 21:14 22:1,13  
 24:5 25:8 26:7 34:4,12  
 34:14 39:14 45:8 46:6

46:15 53:21 54:23 55:4  
 56:19 59:7 70:19  
**technologist-level** 46:25  
**technology** 25:19 31:6  
 51:7 56:6 61:10 88:20  
 89:3 97:8  
**techs** 28:13 33:3,23 34:24  
 35:9,19 40:15 42:20  
 47:3  
**tell** 8:16 18:2 27:13 44:17  
 64:12,24 65:24 66:8  
 70:13 76:2 84:7,13  
 88:18,24 109:6 110:20  
 117:13  
**telling** 21:16  
**tells** 84:19  
**ten** 33:6  
**tend** 78:6 79:25 80:3 82:7  
 122:12  
**tends** 60:13 81:19 94:13  
**Tennessee** 91:17  
**ten-and-a-half** 87:10  
**term** 18:6  
**terminology** 59:7  
**terms** 18:12 38:14,19  
 44:20 46:24  
**test** 97:11 123:11,11  
**tested** 115:19  
**testing** 101:4 102:4  
**TGI** 41:11,11,23,25 74:4  
**than** 6:13 10:14 38:15  
 43:17 45:20 60:7 74:25  
 80:15 93:5 102:12  
 103:17 107:6  
**thank** 15:18 27:12 37:3,9  
 42:18 58:13 77:8  
 125:14  
**thankful** 108:13  
**Thanks** 124:15  
**that** 6:3,4,5,9,11,13,15,17  
 7:3,13 8:4,13,18,18,20  
 8:20,24 9:2,3,20,23  
 10:2,3,4,14,23 11:4,6,7  
 11:8,10,25 12:5,18,19  
 13:12,13,16,20,24,25  
 14:14,18,21 15:4,5,10  
 16:8,14,16,25 17:6,9,20  
 17:22,23 18:17,17,18  
 18:25 19:3,9,12,13,24  
 20:8,9,11,12,13,16,17  
 20:22 21:13,15,16,24  
 22:5,5,14,16,19,24 23:3  
 23:6 25:2,5,6,13,14  
 26:18 27:11,12,13,16  
 27:24 28:9,13,21 29:1,4  
 30:5,6,12,18,20 31:12  
 31:19 32:10,16,20,25  
 33:3,24 34:17,20,22  
 35:2,9,17,23,25 36:8,9  
 36:10,23,25 37:2,19,20  
 38:4,8,13,20,24,25 39:5  
 39:12,13,17,20,21,22  
 39:25 40:1,1,7,8 41:21

41:22 42:2,16,23 43:12  
 43:17 44:4,7,11,12,13  
 44:18,23 45:1,10,18,18  
 45:20,21 46:14 47:5,7  
 47:13,14,18,20 48:3,14  
 48:17 49:2,13,21 50:7,9  
 50:17,19,22,22,23,24  
 50:24,25 51:4,18,19,24  
 52:7,8,14,18 53:7,10,11  
 53:15,24,25 54:2,5,9,19  
 54:22 55:6,13,20 56:16  
 56:22,23 57:16 58:1,1  
 58:25 59:17,17 60:1,9  
 60:18,21 61:6,17 62:1,3  
 63:2,3,7,18,24,25 64:2  
 64:6,11,17,20,24 65:7  
 65:10,17,19,19 66:4,6,8  
 66:11 67:2,4,4,5,8,10  
 67:11,12,16,19,19,20  
 67:23 68:1,1,4 69:17  
 70:4,5,17,18,25 71:11  
 71:21 72:12,18 74:9,10  
 74:20,20 75:8,16,21,21  
 76:3,5 77:7,25 78:17,19  
 78:24 79:10 80:5,14,16  
 81:10,12,13,13,16 82:2  
 82:4,12 83:8,11,17 84:7  
 84:7,8,9,11,19,25 85:1  
 85:2,2,14 86:3,4,7,12  
 86:13,17,18 87:1,16,21  
 87:21,25 88:2,20,25  
 89:4,7 90:14,19,24,25  
 91:23 92:5,20 93:3,14  
 93:15,18,20 94:3,5,25  
 95:10,16,21 96:17,17  
 97:6,24 98:5,11 99:3,20  
 100:13,18,20,20 101:3  
 102:1,3,21 103:11,13  
 103:19,23 104:7,17,23  
 105:3,5,6,9 106:1,8,19  
 107:1,22,24 109:4,6,14  
 109:22,24 110:14,16  
 111:14,15 112:9,9,11  
 112:21,25 113:24 114:2  
 114:3,22 115:1,4,5,14  
 115:15,17,17,21,24  
 116:6,18 117:4,4,5,9,21  
 118:9,19 119:25 120:15  
 120:16 121:3,5,9  
 122:15,21,25 123:4,6  
 123:22,23 124:12,18,19  
 125:11 126:7,9,11  
**that's** 6:20 7:11,17 10:12  
 10:13 11:18,19 12:9,11  
 12:25 13:15 17:12  
 18:21 19:19 22:13  
 22:16,17,18,18 23:11  
 27:14,17 33:4,13 34:19  
 35:13 37:23 40:22  
 41:10,14 44:1,8,18  
 45:25 47:14,24 50:1  
 51:15,16 54:20 56:10  
 60:3,7,10 66:9,9 67:16

71:19 72:8,9,24 75:19  
76:11 87:19 90:8 91:9  
97:1,3 102:8 104:5  
106:16,17 107:13  
109:10 112:3 114:7,14  
119:14 120:13 123:17  
125:9

**the** 3:1,4,8,13,24 4:2,7,9  
4:24,25,25 5:5,6,20,25  
5:25 6:2,3,4,7,19,24  
7:13,15,18,21 8:7,8,8  
8:24 9:7,10,11,11,14,15  
9:16,17,17,18,18,19,21  
10:1,5,9,14,16,17,18,19  
10:20,21 11:1,18,19,22  
11:24 12:3,4,17,21,22  
13:2,7,8,12,14,14,17,18  
13:19 14:12,13,15,16  
14:18,19 15:4,4,10,21  
15:22,24,25 16:2,3,8,8  
16:9,10,15,17,17,20  
17:2,3,7,8,8,9,12,13  
17:16,16,18,19,19,21  
17:23,25 18:1,5,8,8,11  
18:13,15,18,18,23,25  
19:1,5,6,7,8,8,9,12,16  
19:17,20,20,24,25 20:1  
20:8,8,16,19,21,22,23  
20:24,25 21:5,5,6,8,8,9  
21:9,10,10,11,13,17,18  
21:20,20,21,22,23,23  
21:25 22:1,2,3,3,4,4,7,7  
22:9,9,14,18,20,24 23:1  
23:2,3,4,7,10,11,11,12  
23:13,14,25 24:2,4,7,8  
24:9,10,12,14,15,19,21  
24:23,25 25:4,5,7,8,10  
25:18,20,22,23,25 26:2  
26:3,3,4,5,5,5,7,12,12  
26:14,15,15,16,20,21  
26:24 27:1,3,4,4,4,8,8  
27:17,18,20,21,21,22  
27:25 28:3,5,6,14,16,17  
29:6,9,12,13,14,16,17  
29:18,19 30:1,3,9,10,16  
30:21,23 31:4,6,7,8,9  
31:10,14,15,18 32:7,8  
32:14,19,20 33:5,6,6,9  
33:13,14,16,20,22,23  
33:25 34:1,2,4,5,10,11  
34:17,19,20,23 35:3,4,7  
35:8,8,10,12,13,13,22  
35:23,25 36:7,9,22,25  
36:25 37:1,6,9,10,13,14  
37:16,17,19,20,20,23  
38:3,5,6,17,18,22,25  
39:3,5,7,7,8,8,10,11,13  
39:24,25 40:1,13,13,17  
40:17 41:4,8,10,19 43:2  
43:8,10,12,15,18,19,21  
43:22,25 44:2,6,8,8,10  
44:12,13,14,18,20,21  
44:24 45:2,4,7,8,8,14

45:22,25 46:1,7,8,9,14  
46:18,22,23,24 47:12  
47:15,17,22,22 48:1,12  
48:12,13,14,15,16,17  
48:18,22 49:9,10,11,12  
49:21,22 50:3,3,6,6,9  
50:10,12,24 51:7,20,21  
51:25 52:2,5,5,6,10,10  
52:12,13,15,17,19,19  
53:1,2,5,6,10,17,17,18  
53:21 54:4,6,6,7,7,13  
54:13,14,18,23 55:3,5  
55:11,11,14,15,15,16  
55:25 56:10,12,14,16  
56:18,18,19,20 57:3,8,8  
57:9,14,14,15,15,17,17  
57:24,24 58:1,3,4,5,5,7  
58:8,9,9,11,14,15,18,19  
58:21,21,23 59:2,2,6,7  
59:10,13,16,16,19,20  
60:2,4,10,15,15,16,20  
60:22,23,23,23 61:1,2,2  
61:4,5,7,10,11,15,15,15  
61:16,21 62:1,1,3,6,8  
62:11,13,16,19,22,25  
63:1,2,5,7,16,21,23  
64:3,17,22 65:6,14,15  
65:23 66:1,3,5,15,18,19  
66:23,25 67:1,3,6,8,9,9  
67:11,11,14,15,15,16  
67:16,20,21,24 68:6,13  
68:15,16,18,19,20,21  
68:25 69:2,5,11,21,23  
69:24,25 70:1,1,2,6,6,7  
70:9,9,15,18,21,24 71:1  
71:5,8,10,10,11,13,13  
71:14,21,23,25 72:1,9,9  
72:10,13,14,14,15,16  
72:17,18 73:15 74:3,9  
74:10,18,23 75:3,5,7  
76:4,6,9,10,11 77:1,1,5  
77:8,8,14,16,19,20,21  
77:24 78:4,6,9,11,14,15  
78:16,16,19,19,22,22  
79:2,3,4,6,9,10,14,17  
79:21,21,22,22,25 80:3  
80:5,7,12,14,15,21,25  
81:3,11,12,23 82:2,6,19  
82:23,24,25 83:6,10,13  
83:13,21,22,23,24,24  
84:1,6,7,8,9,9,11,16,24  
85:3,3,4,7,14,15,16,20  
85:20,24 86:7,8,10,13  
86:15,19,23,25 87:8,11  
87:12,14,14,15,16,20  
87:25 88:1,3,4,5,19,21  
89:3,7,7,9,10,21 90:3,5  
90:6,9,13,16,25,25  
91:13,14,15,17,17,24  
92:3,3,5,7,10,13,15,16  
92:16,17,18,20,20,21  
92:22,23,24,25,25 93:3  
93:5,6,9,10,10,11,13,15

93:15,16,17,18,19,19  
93:21,22,23,23 94:2,8,9  
94:18,23,23,23,24 95:2  
95:4,6,11,13,13,16,19  
95:19,19,21 96:2,6,7,12  
96:13,14,15,19,19,19  
96:20,20,22 97:5,9,12  
97:14,20,24 98:2,3,4,5  
98:9,10,14,19,20,21,21  
98:23 99:2,2,3,4,8,12  
99:13,16,21,23,25  
100:3,10,11,15,16,16  
100:19,19,20,20 101:2  
101:5,7,10,11,15,17,22  
101:24,25 102:1,2,3,7,8  
102:11,13,14,16,19,22  
102:25,25 103:2,4,6,7  
103:10,13,14,16,16,18  
103:20,22,24 104:6,9  
104:13,14,15,16,22,25  
104:25 105:2,3,4,5,8,9  
105:11,14,22,24,25  
106:2,3,4,4,4,5,5,6,9,10  
106:11,13,14,14,16,17  
106:19,20,22,23 107:6  
107:8,9,10,12,13,14,16  
107:17,18,18,19,21,21  
108:2,3,3,6,7,9,11,18  
108:19,24 109:1,3,6,7,7  
109:17,19,21 110:2,4,5  
110:11,14,16,21 111:3  
111:8,9,12,18,20,21,24  
111:25 112:5,8,9,12,13  
112:13,21,22,23,24  
113:5,7,8,8,9,9,10,15  
113:16,19,20,23,24  
114:1,3,4,6,6,6,7,9,10  
114:11,12,13,15,16,20  
114:24,25 115:3,5,7,8,8  
115:16,16,20,21,22,22  
115:24,25 116:5,6,7,11  
116:13,13,15,16,17,18  
116:21,23 117:2,3,7,14  
117:19,19,20,24,25  
118:1,2,3,8,12,14,18,19  
118:20,23,24,24 119:1  
119:3,6,7,9,11,12,17,18  
119:18,21,21 120:2,8,9  
120:10,15,18,18,19,21  
120:23,23 121:1,2,3,3,6  
121:7,10,10,11,14,16  
121:19,19,21,23,23,24  
121:25 122:1,2,3,7,14  
122:17,18,21,23,24,25  
123:1,2,3,6,12,13,15,25  
124:3,3,9,10,10,11,11  
124:17,19,25 125:1,3,5  
125:6,7,8,9,12,12,17,18  
126:5,7,8,9,11,11  
**their** 9:12 19:10 23:21  
24:16 25:21 28:3 29:8  
31:20,25 33:1 36:1,2  
37:12 39:15,16,17 47:4

48:6 49:23 50:8,8 58:20  
58:24 62:2 65:7 71:24  
79:12 81:11,22,22,22  
86:15,16,19,20 87:19  
90:12 92:9 93:16 100:3  
102:3,16 103:16 108:25  
110:5 117:4 118:4,5  
119:16 124:2  
**them** 10:7 13:8 14:3,5  
21:16 23:23 35:23 36:3  
37:14 39:24 41:5,12  
43:7 44:18,23 45:20  
52:18 54:18 65:7,8,17  
72:2,12 74:12,21 78:13  
80:6 81:25 82:5,6 83:3  
83:13 86:12 90:4,19,22  
91:9,11,14,16,18,19  
92:1,7,8,10,14 93:19  
95:24 96:8 97:4,9  
100:23 106:22,25 107:3  
109:21 110:3,8,9,21  
114:9 116:10 119:3,5,5  
119:9,17 122:6  
**then** 7:8 14:25 16:21  
24:11 25:16 26:15  
29:16,19,23 30:2,5,6,11  
31:7 36:1 53:23 55:11  
56:15 58:14 62:7,11,12  
62:22 63:5,9 64:11,19  
72:8 76:7,7,23 85:15  
92:24 95:25 104:15  
106:21,22,25 108:14  
115:15 116:11 119:6  
120:6,10 121:7,10  
122:20 123:19 124:2,8  
125:13  
**therapists** 16:23 72:22  
**therapy** 16:23 57:11  
72:20  
**there** 6:1,6,23 8:2,3 9:7  
9:17 10:24 11:9,12  
13:24 14:22 16:19  
17:14,20,25 18:16  
19:11 20:11 21:16  
23:16 24:17 25:7 27:5  
28:23 30:5 32:22 33:2,5  
33:16 34:13,24,25 36:6  
36:12,13,19 40:11 41:5  
42:20,21 43:10 44:2  
45:12,17,18,24 47:3,7  
47:15 48:9 50:17,21,23  
52:6 53:4 54:22 55:1,16  
56:4,11 57:5 58:2,7,17  
59:15 61:20 63:6 64:8  
64:18 66:22 67:18,18  
67:23,25 68:14 69:1  
72:4 74:6 75:14,18,23  
78:11,13 80:2,23,24,25  
81:10 82:20 83:11  
85:22 86:17 87:1 88:24  
90:23 91:12 94:2 95:10  
99:20 100:7 103:11  
104:14,20,23 105:1,1,9

105:20 106:3,15 107:14  
110:2,13,20 111:2,25  
113:14,14,18 114:8  
115:3,14 116:1,20  
117:12 119:20 122:4,11  
123:5,25 124:21  
**thereof** 126:9  
**Thereupon** 3:1  
**these** 15:22 16:6,7 18:23  
19:16 25:24 28:4 43:6  
47:1 59:11 61:17,19,24  
65:5 71:20 74:17,19,24  
80:3,7 83:10 90:15 91:6  
91:24 92:2,21 94:16,17  
95:3,6,23 96:10 98:17  
98:23 99:9,14,15  
101:15 104:15 105:22  
108:17 110:23 111:1,3  
111:4,9 112:21 115:8  
118:25 121:4  
**they** 6:15,16,17 7:13,18  
7:25 11:1 12:5 13:19  
19:13,14,14 21:19  
23:22 24:14,24 25:5,12  
25:21 28:8,9,9,13,17  
32:1,20,25 33:13 34:17  
35:4,5,10,13,17,25 36:1  
36:2,9 37:13,14 40:3,13  
40:15 41:4,14 43:10  
45:25 47:25 48:1,11,15  
49:3,4,4,23 50:7 52:19  
53:12,13,14,16 54:3,8  
54:14,19 55:12,13,17  
58:19,20,23,24 59:1  
61:17 64:20,25 65:9,9  
65:16,17,20,21,24,25  
66:2 67:20,21 68:6 70:5  
71:7,13,24 72:21 74:21  
79:7,8,8,9,10,11,12,14  
80:4,10,15,16 81:4,9,11  
81:18,18,21,21,25 82:5  
82:12,13,13,15,16,16  
82:17,20,21 83:4,12,23  
83:23,25 84:5,9,11,22  
85:7,19 86:12,14,16,18  
86:18,19,20,24 87:7,11  
87:15,15,16,17 88:6,8  
88:16,17,25 89:2 90:4  
90:11,12,13 91:14,21  
91:21 92:8,11,19,19,23  
93:4,6,14,17,20,24 94:1  
94:4,4,22,23 95:4,8,9,9  
95:10,11,12,15,24,25  
96:3,4,6,12,14,15,18  
97:4,7,8,25 98:8,11  
99:4,18 100:1,3,22,24  
101:3,9 102:4,14,18,18  
102:20,23,23,24,25  
103:2,4,5,5,22,23,23,24  
103:25,25 104:1,1,2,3,3  
104:4,5,6,7,8,9,21,23  
104:24,25 105:2,5,25  
106:2,11,13,18,20,21

106:22,22,24 107:1,3,4  
 107:8,9,11,16,19,20  
 108:4,17,23,24 109:1,4  
 109:5,6,13,14,15,16,20  
 109:21,21,22 110:16,17  
 110:17 111:8,16,17,21  
 112:4,18,19 113:8,24  
 114:2,2,4,17,17 115:7,9  
 115:10,12,14 116:4,5,8  
 116:8,8,9,9,10,15 117:5  
 117:7,14,17,23 118:9  
 118:21 119:2,4,5,17  
 120:7,8,9,10,11,14,16  
 121:6,9 122:3,16 123:5  
 123:6,10,11 124:4,5  
**they're** 10:10 19:15 28:3  
 32:21,24 33:15 35:5  
 43:8 52:4,4,17 55:16  
 70:19 71:3 72:12 78:20  
 79:13 82:1,23 85:5 86:9  
 86:11 91:24 96:15  
 114:3 123:25  
**thick** 101:20  
**thigh** 86:23  
**thing** 3:11,14 7:13 11:4  
 17:12 19:5 20:1 22:7  
 23:7 27:17 32:14 34:21  
 36:9 37:14 50:10 52:3  
 53:1,17 57:21 63:9  
 66:15 76:9 78:9 97:13  
 100:19,19 101:24  
 105:11  
**things** 7:14 11:8 14:12  
 15:23 17:4,6,25 18:16  
 20:10,19 23:16 26:3  
 31:2 41:8 44:12 56:14  
 58:25 63:13 64:2 65:6  
 67:19 68:1 77:23 82:7,8  
 94:16 95:3 97:6 101:25  
 102:17 117:23  
**think** 3:4 5:1,23 6:10  
 10:10 13:23,25 14:13  
 14:17,21 16:14 19:3,11  
 19:19 28:9,17 31:8,16  
 31:17 32:9 40:3,10,15  
 43:4,18,23 46:4 47:2  
 48:25 49:10 57:19  
 58:14 64:7 67:21 70:23  
 72:11,20 73:3,11,12  
 74:23 80:25 81:4 87:15  
 87:16 90:7 92:5,6 95:8  
 96:4 103:1 105:12  
 107:9,19 108:6 109:5  
 110:15 111:14,19,20,22  
 112:25 119:21 120:17  
 122:3,23  
**thinking** 9:1 37:2 54:6,11  
 95:24  
**thinks** 8:20  
**third** 79:17  
**this** 3:11,13,20 8:15 9:4  
 12:13 13:24 14:20  
 15:25 16:1 17:14,16,18

18:5,7,11,17 19:2,5,11  
 19:13,19,20,22,22 20:1  
 20:3,20 21:5 22:15,21  
 22:25 23:1,2,23,25 25:1  
 26:21,24 27:1 29:3,6,10  
 29:16 30:15,19 31:17  
 32:4,14,21 33:3,18  
 34:16,21 35:4,7,24 36:4  
 37:25 38:2,12 39:6 40:4  
 40:12 41:7 42:5,23,25  
 44:25 45:1,17,19 46:10  
 46:24 47:12 48:19  
 49:11,14,17,18,19,19  
 49:19,24 50:16,21,22  
 53:2,5,9 54:1,2,17,20  
 56:17,17,24 57:1,8,19  
 57:21 59:1,19,20,21  
 60:8,10,17,20,25 61:11  
 61:14 62:15,20 63:12  
 63:14,21,24 64:4,8,12  
 64:13,14,22 65:5,24  
 66:2,16,17,21 67:11,15  
 68:8,12,18,24 69:4,8,17  
 69:24,25 70:5 71:6  
 73:16 75:4,17,18,19,20  
 75:20,22 76:5,9 77:2  
 78:5,14 79:18,24 80:2  
 81:19,19 82:9,11 83:22  
 84:2,6,22 85:22 86:4,6  
 87:15 88:5 89:20 90:4  
 90:23 91:3 93:3 94:8,20  
 95:21 98:22 99:3,17,18  
 100:3,4,14 101:2,6,14  
 101:25 102:1 104:5,8  
 104:16,22 105:15  
 106:10,20 107:5,12,15  
 108:7,8,15,16 109:19  
 110:12,14 111:14,17,22  
 112:7,18 115:3 116:3  
 116:15,16,17,20,24  
 117:16 118:20 119:11  
 120:6 121:3,4,16,18,19  
 121:20,25 122:1,2,9,13  
 122:20,23,24,25 123:4  
 123:19,25 124:8,9,10  
 124:11,20 126:16  
**thorium** 82:6,9,13,24  
 100:13 102:6,9,11  
**those** 10:11 11:12,14,17  
 12:4,15 16:17 17:10  
 20:19 25:6 26:16 27:21  
 27:23,24 30:3 31:2  
 32:18 33:11 38:3 39:18  
 40:2,25 41:2,21 43:13  
 46:6 49:1,3 50:12 52:15  
 56:4 59:14 62:20 75:12  
 78:7 80:13 85:9 87:11  
 93:4 99:7 102:17 108:4  
 110:7 122:20  
**though** 15:8 40:25 41:3  
 45:24  
**thought** 38:22 45:19  
 59:24 64:9 103:16

105:13 112:18 117:1  
**thoughts** 9:2 30:20  
**three** 16:15 20:21 67:3  
 77:23 78:5 99:7,10,14  
 99:15 107:10 110:7  
 117:17 121:14  
**through** 9:15,21 11:8  
 13:8 15:24 22:17,23  
 23:12,14 26:25 29:17  
 30:6,10,16 34:15 35:9  
 36:14 39:3,7 44:14 46:9  
 48:22 56:14 63:8 66:2  
 71:10,22 77:5 95:18  
 101:6 102:23 105:2  
 114:17 118:7 119:2,24  
 122:5,7 126:12  
**throw** 45:17 66:17 96:9  
**Thursday** 121:13,15  
**thyroid** 78:18  
**tie** 52:6  
**tied** 42:12  
**ties** 56:12  
**Tim** 3:7 4:20 14:12,24  
 15:3,9 52:24  
**time** 6:3 11:13 12:4 20:9  
 21:9 24:24 32:16 42:1  
 42:16 48:13 49:12,23  
 55:1 60:14 62:4 63:24  
 66:3 71:7 73:6 75:5  
 95:6 115:15 116:25  
 118:1 120:18,19,22  
 121:17 126:8  
**times** 14:2 39:21 78:10  
 80:9 84:18 94:16 102:2  
 102:8,11 114:7 120:18  
 122:1 124:11 125:1  
**Timothy** 2:7,9  
**tiny** 60:15  
**tire** 108:18  
**tires** 106:24  
**tissue** 86:23  
**titanium** 100:9  
**title** 11:7 18:18 23:22  
 26:4,6,12 46:11  
**TLB** 88:14  
**TLD** 88:16  
**TLD's** 88:16  
**to** 3:4,14 5:9 6:4,6,10  
 7:15,16,19 8:1,4,5,6,7  
 8:24 9:2 10:6,21,25  
 11:6,9,21,25 12:3,12,15  
 12:18,19,21,22,24  
 13:14,18 14:1,4,14,18  
 14:19,20,20,21,24,25  
 15:1,2,14,17,21,25 16:1  
 16:1,4 17:2,9 18:6,7,14  
 18:17 19:5,7,13,16,20  
 19:23 20:1,3,6,11,15  
 21:1,4,17 22:2,6,7,8,10  
 22:12,24,25 23:4,4,5,9  
 23:17,17,18,20,21,23  
 24:21,24,25 25:1,2,6,11  
 25:11,12 26:1,2,2,3

27:20 28:4,12,16,21  
 29:1,5,6,6,8,13,17,18  
 29:22 30:3,9,21 31:6,7  
 31:13,14 32:8,17,22,24  
 33:1,15,16,21,23,23  
 34:2,5,14,16 35:6,10,23  
 36:3,4,14 37:4,10,12,15  
 37:19 38:15,25 39:15  
 39:17,25 40:1,4,17,17  
 40:20 41:4,7,13,15,20  
 42:6,9,14 43:23 44:7,7  
 44:8,10,14,22,23,24  
 45:3,12,16,18,20 46:1,5  
 46:6,8,13,14,21,22,23  
 47:2,13 48:4,6,11,16,19  
 48:24 49:3,12,16,20,20  
 49:24,25 50:4,8,11,13  
 50:17,19 51:4,11,12,17  
 51:19,23,24 52:5,6,11  
 52:15 53:5,7,11,13,15  
 53:16,24 54:3,3,4,7,8,9  
 54:11,12,13,14,18 55:4  
 55:8,8,9,17 56:13 57:4  
 57:15,16,17,22,23,23  
 57:24 58:15,17 59:8,9  
 59:10,12,17,18,25 60:5  
 60:5,13 61:2 62:4,7,12  
 63:4,4,5,14,15,17,17,18  
 64:7,16,21,23,25 65:1,3  
 65:7,10,12,20,21 66:1,4  
 66:6,7 67:2,14,24 68:1  
 68:8,8,12,13,14,19 69:5  
 69:10,17 70:2,4,12 71:2  
 71:3,8,8,13,17,23 72:5  
 72:9,22 73:8,13,15,15  
 73:16 74:7,8,18,19,21  
 75:5,6,8,12,13,13,18,20  
 75:20 76:2 77:2,2,21  
 78:3,6,19,19,20 79:1,8  
 79:9,12,13,14,17,22,24  
 79:25 80:3,4,9,10,14,21  
 80:21 81:12,12,19 82:4  
 82:7,8,16,18,19 83:2,3  
 83:4,11,12,18 84:5,6,10  
 84:14,15,19,21,22 85:5  
 85:7,10,16 86:6,10,10  
 86:11,13 87:5,6,8,12,13  
 87:18,25 88:17 89:12  
 89:17,20,24 90:4,6,8,15  
 90:20,21,21 91:2,3,4,7  
 91:8,8,14,16,16,19,22  
 91:25 92:1,2,21,22,23  
 92:24 93:14,18,24 94:5  
 94:10,13,17,17,24 95:1  
 95:2,2 96:3,7,16 97:4,7  
 97:8,13 99:18,24,25  
 100:2,5,17 101:5,5,7  
 102:4,5,7,15 103:6,6,9  
 103:12 104:5,11,11,21  
 104:24 105:7,13,23  
 106:12,13,24 107:1,4,8  
 107:9 108:7,8 109:14  
 109:17,22 110:4,4,6,7

110:12,18,20 111:5,9  
 112:9,16 113:13,24  
 114:18,22,22,22,23,24  
 114:24 115:1,13,17  
 116:6,17 119,24 117:11  
 117:16,19,19,20,25  
 118:2,9,10,10,12,17  
 119:8,13,15,25 120:5  
 120:20,24 121:6,8,9  
 122:7,11,12,12,13  
 123:14,14,15 124:4,5  
 125:2,10,12,15 126:10  
**today** 4:23 8:14 14:14  
 15:22 56:23  
**together** 32:10 55:3  
**told** 112:18  
**tomography** 17:4,5 18:10  
 24:15,17 25:18 26:10  
 26:12,14,17 27:19,23  
 57:13  
**tonight** 31:11  
**tons** 104:10  
**too** 9:3 13:9,17,21,24  
 23:6 32:1 39:25 120:22  
**took** 19:12 39:7 40:17  
 84:21 106:19 107:10  
 109:10 113:20 114:8  
 119:15 120:9  
**tool** 95:8  
**top** 19:25 24:19 27:4,10  
 32:20 49:10 57:15  
**topic** 16:8 63:18  
**tore** 101:9,11  
**total** 43:18  
**touch** 47:25  
**touches** 57:21  
**tour** 119:12  
**tournament** 97:21,23,25  
 98:4  
**toward** 18:25  
**towards** 7:17 13:11 106:5  
**TPC** 97:21  
**track** 51:19  
**track-hoe** 109:3  
**traditionally** 55:17  
**traffic** 64:10  
**trailer** 117:9,10 123:25  
 124:2  
**train** 84:7 118:23  
**trained** 54:19  
**training** 7:21 8:19 53:14  
 54:24 55:20 61:8 118:1  
 118:4 121:17  
**trainings** 112:16  
**transcription** 126:13  
**transport** 92:21  
**transportation** 89:16,18  
 98:6  
**travel** 75:2,16 76:4  
**treated** 83:20 93:8,9,10  
 93:15,18  
**Treatment** 93:13  
**trees** 107:9,10

**tremendously** 13:3  
**trick** 83:15  
**tried** 107:4  
**Tritium** 90:1  
**Trop** 119:11  
**Tropicana** 114:11,14  
 118:20  
**trouble** 40:19 88:11  
**Troxler** 79:18,19 80:9,18  
 80:23 81:2,7 96:10  
**truck** 80:11 92:15,25  
 95:13 106:24 107:18,21  
 108:18 112:9,14 121:8  
 121:10  
**trucks** 106:19,20,22  
 107:7,13 108:3,6  
**true** 33:4 51:16 111:11  
 126:13  
**try** 47:13 49:12 57:23  
 72:5 73:8 96:7 103:19  
**trying** 8:4 11:9 12:19  
 57:22 61:2 62:4  
**tubes** 85:13  
**Tuesday** 121:12,14  
**turn** 57:14 58:6,17 74:19  
**turned** 64:20 82:8 83:2  
 89:6 90:8 99:24  
**turns** 95:15 116:18  
**tweaks** 16:4 63:4  
**twice** 30:17 52:11,12  
**two** 5:24 9:7 16:15 23:16  
 26:15 36:13 41:9 43:7  
 53:4 56:21 58:3 68:20  
 72:11 80:2 90:9 92:23  
 93:7 94:7 95:10 96:23  
 104:14 106:12 107:10  
 110:21 114:8 121:22  
 122:17 124:9  
**type** 11:4 16:13 57:10  
 58:10 67:1 80:4 89:8,13  
 89:16,21 97:10 104:16  
 111:15 116:5  
**types** 17:10 35:8 58:12  
 59:7 62:17  
**Type-A** 89:23,25  
**typically** 92:6 93:5 95:11  
 95:15 100:13  
**typo** 27:5  
**typos** 11:7

---

**U**


---

**Uh-huh** 13:10  
**UL** 83:14  
**ultrasound** 42:20 43:25  
**umbrella** 51:7  
**unanimous** 74:2  
**unchanged** 60:24  
**Undecided** 42:13  
**under** 6:25 16:22 19:24  
 20:21 25:13 26:10,21  
 35:12 47:21 48:11  
 81:25 84:16 93:12  
 95:10 96:15

**underlined** 22:16,22  
**underneath** 69:15 116:21  
**understand** 6:15 37:16  
 50:9 84:12 105:4  
**understanding** 71:2  
**undue** 105:7  
**unexpired** 24:8  
**unfortunately** 9:25 13:13  
 79:24 83:24 105:15  
**uniform** 118:25  
**university** 3:25 8:9 61:10  
**unless** 25:1 72:21 73:13  
 90:4  
**unload** 121:10  
**unlocked** 92:8  
**unlucky** 111:23  
**unrelated** 38:13  
**until** 12:1 62:24 65:20  
 78:20 84:24 93:6 100:8  
 102:15 121:13 123:23  
**up** 5:20 9:17 11:21 14:1,8  
 14:12 17:1,14 18:6 22:6  
 24:23 29:7 30:22 31:4  
 32:2 34:2 38:14 40:12  
 41:14 42:14 52:19  
 57:21,23 66:5,17 67:23  
 68:2,20 69:5,20 71:5,7  
 78:23 83:25 84:11 85:6  
 85:10,18 91:16 94:17  
 96:4,24 97:24 101:9  
 102:4,5,14,21,23  
 103:17 104:10 106:9,22  
 106:22 107:13 109:4,13  
 110:1 111:2 113:9  
 114:24 117:24 118:2,3  
 118:4,4,9,22 119:13  
 121:3,6,11,22 122:22  
 124:1,18  
**update** 5:21,22 11:22  
 28:19 68:12  
**updated** 69:12  
**updates** 10:17,18 11:19  
 11:20 77:22  
**updating** 69:10  
**uranium** 81:16,24 82:5  
 85:17  
**us** 7:15 9:25 10:1,15,24  
 10:25 13:25 15:10  
 16:14 19:13,15,16,20  
 25:12 28:19 29:14  
 32:15 35:25 39:13  
 42:15 49:16 50:4 51:17  
 53:16 59:18 64:12  
 65:22,24 67:2 69:24  
 70:13 77:7 82:8 91:7  
 112:18 119:25,25 120:4  
 121:17  
**use** 16:18 17:23 18:7 20:7  
 22:19 23:22 29:8 41:23  
 52:15 53:6,8,10,12,18  
 53:22 54:23 55:24 62:2  
 70:4 80:1,3,9 88:16  
 92:14 97:4,8,9 100:2

101:5 111:9 116:8  
 117:16,19 118:10,12,17  
 118:24 119:7 124:19  
**used** 14:25 20:11,11,13  
 20:15 52:8 64:7 79:7  
 82:10 88:17 96:20,22  
 97:7,8 100:5,10 102:25  
 111:9 112:16 114:10,12  
 115:1 116:6,7  
**uses** 61:24  
**using** 20:18 47:11 60:21  
 60:22 82:11 88:6,9  
 99:15 109:16 112:4  
**USNRC** 90:2  
**usually** 8:8 37:23 59:22  
 60:3 81:20 85:11  
**utilities** 104:25 105:2  
**utility** 104:23  
**U.S** 113:7

---

**V**


---

**VA** 81:8  
**vacancies** 9:8 10:5  
**vacant** 10:12 98:11,23  
 103:13  
**valuable** 95:25  
**values** 102:3  
**van** 102:16,18  
**various** 16:19 18:4 118:5  
**vast** 16:17  
**Vedra** 97:15,20 98:11  
 100:5,18 116:7  
**vehicle** 89:8,9 92:8  
**vehicles** 98:7  
**vendor** 55:20 82:18 91:13  
 91:14  
**venue** 114:6,20 121:5,9,9  
**venues** 114:8 120:19  
**verification** 13:12,13  
**verify** 86:10  
**version** 17:16 21:20  
 60:20 63:3  
**very** 3:20 5:8 6:2,4,20  
 7:14 8:13 9:25 13:5  
 15:9 33:2 39:23 43:16  
 43:16 50:4 55:22 57:20  
 64:4,13 87:18 93:11,12  
 97:1,23 98:7 99:20  
 103:15 107:4,4 110:13  
 110:23 113:18 115:23  
 116:12 117:10,11  
 120:14 124:14  
**vet** 78:15,16,22  
**vials** 81:9  
**Vice** 122:17  
**Victor** 6:15  
**views** 121:25  
**violates** 54:5 93:4  
**violation** 64:10 66:9  
**visitors** 98:3  
**visqueen** 106:21 107:14  
**volunteer** 8:25  
**vote** 37:25 42:12 63:15

73:9,12  
**voted** 28:24  
**voucher** 75:22

---

**W**

---

**wait** 122:19  
**waiting** 12:22 31:5 33:13  
**walked** 51:22  
**walking** 90:24  
**wallet** 24:8 62:9  
**want** 10:6 24:24 29:11,13  
 32:8 35:10,23 36:3  
 37:19 40:14 41:13,20  
 42:9 44:14 49:4 50:11  
 50:25 51:1,4,23 53:12  
 55:4 57:4 59:25 60:5  
 63:17 64:23 65:1 66:6  
 68:12 70:4 73:8 74:8  
 75:20 77:2 81:19 92:4  
 93:24 94:5 104:7,24  
 111:5 112:13 122:12  
**wanted** 37:14 40:3 48:14  
 72:2 83:4  
**wanting** 37:10  
**wants** 7:14,15 8:5 21:1  
 22:25 25:11 73:13  
 91:19  
**war** 100:10,10  
**warrants** 14:5  
**Warren** 2:5,24 4:6 96:6  
 97:11 107:23  
**was** 5:5 9:23 10:3 11:9,9  
 14:15,16,17 15:3,5,9  
 16:8 17:2,21 18:5 20:4  
 20:12,13 22:24 27:14  
 28:18 31:1,18,19 32:9  
 32:11 33:13,24 37:2,4  
 38:22 39:2 40:15,19  
 41:15 43:4,21,22 44:10  
 44:24 46:24 47:20 55:2  
 56:8 57:20 60:10 64:9  
 65:18 67:2,6,25 68:16  
 70:12 71:4,7,10 72:3,4  
 78:14,16,22,24 79:21  
 81:10,13 82:11 83:3,11  
 83:17,19,21,22 84:3,5  
 85:1,4,6,18 86:6,7,7,23  
 87:13 88:5,24 89:8,20  
 92:16,16,18 93:9,10,11  
 94:11,21,21 95:18,18  
 95:21 98:14 99:13,14  
 99:17,20 100:7,9,10,17  
 100:20 101:2,5 102:11  
 103:13,16 104:14  
 105:10,13,16 106:3,4,5  
 106:8 107:6,15,20  
 108:7,9,11,16,21  
 110:12,13 111:12,16,19  
 111:25 112:7 113:13,14  
 113:16,18 114:6,9,10  
 114:11,12 115:3,7  
 116:4 117:4,4,20  
 118:20,20 119:9,11,20

119:21,23 120:1 121:19  
 122:25 123:2,4,4  
 124:12,22 126:9  
**Washington** 115:9  
**wasn't** 62:3 76:2 83:25  
 86:15,15 89:9 93:1  
 108:19 124:24  
**waste** 82:15,17 94:9  
 107:25 115:18  
**watch** 11:3  
**watches** 90:2  
**water** 94:12,12 96:21  
 111:3  
**waterfront** 105:12,18  
**way** 33:3 44:8 50:3 54:11  
 61:2,17 75:21 82:11,12  
 85:20 100:14 103:22  
 108:4,7 111:1 114:24  
 115:15 121:3  
**ways** 63:13 91:13 103:6  
**we** 3:3,5 4:24 6:3,6,6,12  
 6:14,15 7:2,8,19 8:6,21  
 8:24,24 9:7,13 10:3,5,8  
 10:11,19 11:23 12:3,14  
 12:15,17,23,25 13:5  
 14:24,25,25 15:1,2,5,6  
 15:8,8,16,20,23,24 16:4  
 16:11,21 17:2,7,9 18:4  
 18:6,7,16,17 19:5 20:1  
 20:7,11,13,15,16,17  
 21:9 22:1,19 23:11,12  
 23:14,16,17,22 25:2  
 26:2,8,24 27:13,20,25  
 28:18 29:1,5,16,16,17  
 29:19 30:11 31:12,13  
 31:16,20,20 32:15  
 35:18 36:21 38:24,25  
 39:1,7,24,25 40:10,11  
 40:16 41:6,9,12,23,25  
 42:25 43:6,7,23 44:12  
 45:1 46:5,7,9 47:13  
 49:10,15 52:16 54:2,6,7  
 54:17,17 55:2 56:20,22  
 57:6 59:4,8,10,12,15,17  
 59:17,23,24 60:25 61:2  
 61:3,25 62:23 63:3,7,16  
 63:23 64:7,11,13,16,21  
 64:23 65:1,5,8,23 66:4  
 66:4,6,19,21,23 67:5,13  
 67:14 68:1,12,24 69:9,9  
 70:17 73:6,9,10,12 74:6  
 77:1,8,10,11,24 78:14  
 79:18,25 80:12 82:3,7  
 83:2 84:24 87:1 88:18  
 90:3 91:2,13,14,15,18  
 91:20,22 92:5,6,7 93:21  
 94:8,16 95:3,14 97:7,14  
 99:19,23,24 102:3  
 106:6 110:2,3 111:7,20  
 112:16,16,20,22,25  
 116:19,20 117:23,25  
 118:1,3,4,6,19,22 119:7  
 119:13,15,16 120:5,16

120:17,19,21,23,24,25  
121:12 123:15 124:18  
124:19 125:2  
**weapons** 120:12  
**wearing** 119:16  
**web** 12:17 21:18,19 26:22  
26:23 61:16  
**Wednesday** 121:15  
**week** 9:21,22 12:1 28:21  
113:16 115:8 120:18  
123:1  
**weeks** 98:25  
**Welcome** 3:21,22 9:6  
**well** 3:4 10:12 13:1 14:10  
15:18 17:1 21:2 25:12  
29:11,15 31:6 46:17  
47:7,24 51:9,21 55:1  
61:4 70:19,24 84:25  
85:18 91:12 95:11  
97:24 101:4,22 108:13  
114:9 120:13 122:13  
**went** 14:24 15:2 35:21  
40:15,16 79:8,8 82:20  
84:5,20 101:3 102:1,23  
107:11 109:21 117:2  
118:2 124:4,5  
**were** 6:2 11:5,6,7 12:3  
17:9,20 18:17 20:9  
27:25 28:9 39:5 43:3,11  
43:16 44:11,13 54:12  
55:17 58:1 63:8 64:9,20  
65:25 67:18,18 69:9  
71:7,12 74:9,16 79:10  
82:12,13,14,20 83:12  
88:6,9 89:7 93:8,13  
95:15 99:3,3,7,9,14,15  
103:15 104:21 105:20  
106:6 108:17 109:16  
110:9 111:17,24 112:4  
112:19 114:8 115:10,14  
116:19 118:8,9 119:6  
119:12 120:7 121:1  
126:8  
**weren't** 43:2 79:10 84:24  
106:24 109:14,22  
**we'd** 13:3 45:18 119:9  
**we'll** 7:17,19 23:13 25:14  
25:23 42:14 56:13  
75:24 124:16,17  
**we're** 8:7,14 9:20 11:21  
11:25 12:19,22,23  
13:11 14:4 16:1 20:7,10  
20:18,19,20,24 21:7,22  
21:25 22:7 23:18,20,24  
24:21,25 26:1,3 29:6,8  
30:19 34:2,10 36:8  
41:22 54:20 56:22  
57:16,23 59:11 60:21  
60:22 61:2 62:4,5 63:9  
77:11 91:1,22 120:5  
125:12  
**we've** 10:23 12:1 17:18  
18:24 24:20 25:25

35:18 36:23 39:20 46:8  
46:10 49:7 53:20,20  
56:14 57:12,14 58:6,10  
59:6 61:1,7 62:19 63:25  
64:18 68:10 72:8 78:4  
94:25 104:17 110:1  
**what** 7:11,17,25 9:1 15:5  
17:2,18 18:18,24 20:23  
20:25 23:17,22 24:20  
25:13 26:1 29:8 30:21  
31:15 32:1,7 34:7 37:6  
38:18 39:3,15,16,16,23  
40:18,22 47:18 48:6  
49:4,6,15 50:7,11,11  
53:9,20,25 60:7 62:5  
64:15 65:10 66:2 67:20  
68:6 69:6,18 70:4 71:7  
72:3 73:6,14 78:3 84:12  
86:5,13 87:19 88:8  
96:10 102:12,18,19,24  
103:5,19 104:13,22  
105:24 106:13 107:6  
108:17,18 110:6,21  
112:8 114:22,23 116:13  
116:13,15 117:7,12,20  
117:23 119:8 120:7  
123:20 124:11,16  
**whatever** 25:14 30:3 36:3  
47:22 49:21 50:12  
65:18 69:14 71:24  
74:22  
**what's** 31:3 57:8 80:18  
89:13 103:14  
**when** 8:15 14:24 23:14  
29:4,5,10 47:25 48:13  
50:17 58:20 65:25  
66:25 74:18 77:5 79:7,8  
79:25 82:17 83:12,23  
84:4 85:18 86:18 92:21  
94:16 95:6 96:14,24  
97:5 98:16 101:3 102:3  
110:19 111:8,17,25  
112:16,18 114:2 115:25  
116:19 120:1 123:4,20  
**Whenever** 21:3  
**where** 10:20 15:25 21:5  
21:19 22:8,12 27:13  
34:25 52:17 58:18 59:4  
61:5,19 64:19 66:7  
67:15 68:15 71:19  
79:18 85:23 90:13 94:8  
96:3 97:17 103:1 105:2  
106:6 111:16,17 114:7  
115:9 116:2,9 117:3  
**WHEREOF** 126:15  
**whether** 12:16 62:23 83:4  
103:23 104:6  
**which** 3:11 7:17 8:5 9:9  
9:11 15:20 16:9 18:2  
20:6,20 23:19,20 25:16  
26:17,19,20 36:5,7,7  
38:5 39:2 47:25 56:12  
61:4,24 62:6,10 63:7

65:14 67:13 78:6 80:20  
84:14,24 85:2 91:20  
92:17 94:24 97:3,16  
98:22,23 100:9 103:22  
109:16 114:10,12  
115:23,23 118:2,14  
120:5,5,24  
**while** 28:11 45:19 78:17  
92:19 98:10 109:10  
111:12  
**whim** 115:18  
**white** 76:10  
**Whitten** 2:20 12:14 14:6  
14:9 15:7,14 51:25 65:3  
65:12 124:22  
**who** 7:23 9:16 11:17  
16:18 20:9 21:1 22:25  
26:11 28:12 32:18,19  
33:20 34:4,14,24 39:25  
40:12 42:12 44:13,17  
46:19 47:9 49:16 53:18  
53:22 54:12 55:4 57:3  
59:9 64:9 74:3 80:2,3,7  
80:8 81:20 82:4 85:9  
90:10 92:14 93:4,15  
101:10 109:1 110:3  
117:18,21 118:8 119:22  
121:1 123:2,22  
**whoever** 57:21 105:4  
108:25  
**whole** 5:25 32:8,14 37:14  
47:24 50:10 64:11 70:9  
84:23 87:9 88:5 100:19  
102:13,14 105:11,15  
112:11,23 113:5 117:10  
**who's** 78:18  
**why** 27:14 42:24 53:24  
54:6,20 59:14 60:9 69:9  
84:21 105:8 109:10  
120:24 124:22  
**wildcard** 19:16 35:25  
**will** 3:14 6:6,17 7:17,18  
7:19 8:15,18 14:23  
15:16 19:21,21 20:23  
20:25 24:16 29:10 32:1  
32:2 33:18,22 36:1,4  
38:10 44:19 50:17 64:4  
64:24 65:16,18 73:10  
75:4,17 80:1 84:11  
85:14,14 90:20,21 92:8  
94:2 103:4 105:4  
113:11 114:4,19,20  
116:13 117:12,15  
**William** 2:10  
**Williams** 2:9 4:20,20 5:18  
73:24 80:18  
**Williamson** 2:17 77:18,19  
80:19 81:6,18 86:11  
87:23 88:4,8,11,14,22  
89:2,5,15 91:12 92:5,12  
96:12,25 97:2,12,20  
98:16 99:9,12 101:9,13  
101:20 105:10,19 106:2

106:10,17 107:24 108:6  
108:11,20,23 109:5,9  
109:13 110:1,15,25  
111:3,19 112:1,7,24  
113:2,5,11,15 115:12  
123:9,19 124:5,8,16  
125:1,9  
**winter** 31:9,10  
**wipe** 106:25 109:7  
**wiped** 106:23  
**wise** 43:23  
**wish** 70:12 71:4  
**with** 3:10,13 4:4,9,24  
6:10 8:12,17 9:1,25  
10:25 11:1 12:14,20,23  
13:8,14,19,23 14:3 15:6  
16:7 17:8 18:6 20:4  
23:14 28:3 29:7,14  
30:20,22,23 31:15 32:2  
32:12 33:1,1,17 35:18  
36:25 37:20 39:13  
40:12 41:7,12,14 43:19  
45:20 47:4 52:14,16  
55:13 57:1,6,21 58:5,25  
59:25 60:13,17 61:18  
63:14 64:8 65:18 67:3  
67:24 69:5 71:8 75:4,22  
77:24 78:23 80:17  
81:20 82:6 83:3,5,7,20  
83:22,25 84:7,11 86:12  
86:22 88:19,20 90:14  
93:7,8,10,16,18 94:24  
98:7,19 99:16 100:23  
103:25 104:14 106:13  
109:1 114:3 116:4,12  
118:7,8 119:25 120:4  
120:21 121:23  
**within** 12:4,8 19:9 123:14  
**without** 83:15 90:2,2  
**withstand** 89:17,21  
**WITNESS** 126:15  
**won** 74:3  
**wonder** 109:4  
**wondering** 72:3  
**won't** 65:20 86:20 96:8  
**word** 10:25 44:10 70:4  
**wording** 56:16  
**words** 21:24  
**work** 3:19,25 5:25 6:1 9:4  
9:7 10:14 13:25 18:25  
57:16 65:10,20 66:1  
68:13 71:8 84:7 85:3,14  
102:24 106:18 109:1  
113:9 120:16 121:2  
125:2  
**worked** 8:17 85:11  
118:19 121:3  
**workers** 82:23,25  
**working** 7:17 8:12 11:12  
12:23 13:11 18:11 28:3  
52:2 71:5 83:3 84:16  
86:15,16,20 100:23  
114:3,20

**works** 30:15 44:9 50:1  
52:13 120:13  
**worksheet** 75:4,15 76:5,6  
**world** 49:15 100:10  
**worry** 8:6  
**worth** 123:21  
**would** 3:5 8:4 9:2 11:11  
13:16,17,23 15:1 18:13  
18:19 30:6 31:8,9 35:23  
37:12 38:2 43:23 46:6  
47:11,21 49:12,16,20  
50:22,25 51:18 56:13  
60:15 63:14 69:14  
74:14 75:9,21 83:13  
85:15 86:14 88:20  
91:10 92:11 94:1 95:1  
98:24 101:16 102:24  
107:24 109:24 111:14  
112:25 115:19 116:4,20  
116:22 119:2,4,4,5,7,17  
120:19,20 121:6,9  
**wouldn't** 32:25 113:6  
**Wow** 108:9  
**write** 49:16 76:6 114:18  
**writing** 50:2 60:16  
**written** 60:19,20 63:5  
**wrong** 16:12 84:1 89:7  
110:10  
**wrote** 93:19

---

**X**


---

**X** 29:20  
**XL** 88:6,13,15  
**XX-XX-XX** 27:22  
**x-ray** 9:18 16:18,25 33:20  
53:6,10,12,23 54:9,16  
54:24 55:10 56:8,21  
**x-rays** 70:20  
**x-ray-based** 54:5

---

**Y**


---

**yard** 111:22  
**yards** 103:16,18  
**Yea** 74:4  
**yeah** 29:2 30:8,10 31:10  
31:23 32:6,23 34:18  
35:12,15 37:4,18 40:6  
41:3 43:1 45:6,16 46:23  
47:19 51:2 55:8 65:14  
66:13 71:19 88:11,14  
88:17 105:19 109:8,12  
112:5,7 123:15  
**year** 15:25 78:5,10,14  
85:3 86:19 97:22 98:18  
98:25 103:9,12 104:8,9  
**years** 7:6 9:24,25 10:2  
11:24 20:17 31:19 50:4  
61:1 65:8,9,20 90:9  
95:14,21 100:16 101:1  
110:9  
**yellow** 95:7 115:20  
**Yep** 106:17 124:8  
**yes** 11:16 37:8 51:15

65:25 70:3 74:13 75:1  
77:9 86:11 96:25  
110:25 123:9  
**yesterday** 7:14  
**yet** 27:24 28:25 33:13  
41:17 90:7  
**you** 5:24 6:5 7:4 8:15,16  
9:2,17,18,23 10:6 11:10  
11:17 12:12 13:24,25  
14:2,4,18,25 15:14,18  
15:22 16:4,10,11 17:13  
17:24 18:19 19:1,15,21  
19:22 21:3 22:5,6,11,12  
22:23 23:13 24:16  
25:15 26:25 27:2,11,12  
27:12,16,18,24 28:18  
29:5,11,13 30:2,2,6,23  
31:3 32:8,13 33:11,17  
34:7 35:2,21,22,22,23  
36:3 37:3,9,19,25 38:18  
39:23 40:15 41:13,20  
42:7,9,14,17,18 43:2,3  
43:9 44:16,18 46:13,20  
47:5,18 48:17,24 50:6  
51:2,3,4,4,5,12,18  
52:11,14,15 54:2,14  
55:8,10,11,12 56:13,15  
57:2,4,6,14,21 58:1,6  
58:13,17 59:5,9,14,18  
59:18,25 60:8,15,19,22  
61:5,5,22 62:6,7,12,23  
63:5,13 64:4,5 65:1,4,6  
65:19 66:2,8,11,15,16  
66:25 67:10 68:3,9,11  
68:13 69:10,10,15,16  
69:18,20,23 70:4,10,12  
71:23 72:6 73:8,16  
74:14,16,18,18,21,22  
75:2,3,3,3,4,7,9,11,12  
75:17,18,20 76:3,5,6,7  
76:14,18,20,23 77:2,4,8  
78:3,9,16,17 79:25 80:1  
80:5 82:18 83:15,18  
84:10,11,13,20 85:12  
85:13,14,15,21 86:4,14  
87:23,24,25 88:6,11,18  
88:20,24 89:4 91:7,10  
91:24,25 92:10,21  
96:23,24 97:2 98:25  
100:4,12 101:16 102:12  
102:17 104:16,18 105:3  
106:14 107:13,25 108:2  
109:9 110:14,18,19,20  
111:1,5,14 113:11  
114:21,22,23,23 115:16  
115:17,17,19,20,25  
116:1,2,25 117:1,12,15  
117:18,21 119:19  
120:11,15 121:7,21  
122:2,6,7,16,21 123:20  
123:21 124:18,24  
125:12,14  
**Young** 92:17

**your** 5:24 16:5 19:23,24  
21:4 30:24 39:22 45:10  
49:18 51:11 60:19 62:9  
64:5 66:8,17 69:15 70:3  
73:14 74:19 75:5,6,7,14  
75:15,16,22,22,24 76:1  
76:23 80:6 106:7  
110:19,19,22 115:18  
117:16  
**you're** 14:13 21:15 42:22  
42:24 52:2 62:11 71:21  
71:22 78:18 90:14 97:5  
110:22 113:1 114:21  
125:10  
**you've** 19:22 52:8,8 56:25  
60:7 62:24

---

**Z**


---

**zero** 84:19  
**Ziploc** 103:24  
**zone** 116:18 122:24 123:1

---

**\$**


---

**\$1,000** 91:8  
**\$10,000** 91:25  
**\$12** 74:23,24,25  
**\$45** 20:25  
**\$500** 91:8  
**\$6** 74:22,24,25  
**\$6,000** 91:25

---

**0**


---

**0.1** 102:9  
**0.4** 102:9  
**0.5** 102:7  
**003** 23:10

---

**1**


---

**1** 1:1 24:11,12,15 25:18  
60:5,21 102:7 126:12  
**1st** 12:1 19:12  
**1,000** 102:11  
**1,300** 104:19  
**1.3** 99:5,12  
**1:30** 77:11,16  
**10** 10:1 20:17 41:11,15  
50:3 65:9 74:5 80:19  
84:20,22 110:3,7  
123:14  
**10:00** 1:9  
**100** 43:19 100:1 103:2,3  
**100MR** 87:14  
**1005** 56:17  
**101** 101:1  
**102** 1:24 102:1  
**103** 103:1  
**104** 104:1  
**105** 105:1  
**106** 106:1  
**107** 107:1  
**108** 108:1  
**109** 109:1  
**11** 11:1

**11:00** 121:12  
**11:45** 77:14  
**110** 110:1  
**111** 87:3 111:1  
**112** 112:1  
**113** 113:1 126:12  
**114** 114:1  
**115** 115:1  
**116** 116:1  
**117** 117:1  
**118** 118:1  
**119** 119:1  
**12** 12:1 52:5 73:7 110:7  
**12th** 125:6  
**120** 50:2 81:4 120:1  
**121** 121:1  
**122** 122:1  
**123** 123:1  
**124** 124:1  
**125** 125:1  
**126** 126:1  
**13** 13:1 90:18,19 91:9  
**131** 78:15,24 94:3  
**14** 14:1  
**14th** 125:12,13,17  
**15** 15:1 50:4 65:9 95:14  
95:21 104:18  
**15,000** 119:13  
**16** 1:8 16:1 98:20  
**17** 17:1  
**177** 103:18  
**18** 18:1 98:24  
**18th** 64:18  
**18,000** 16:20  
**1875** 1:24  
**19** 19:1 26:16 69:2 118:7  
**1900** 100:7  
**1920** 100:8  
**1920's** 100:17  
**1999** 20:6

---

**2**


---

**2** 2:1 22:12 23:24 24:11  
24:12 25:7,20 27:6  
98:20  
**2,000** 16:21,23  
**2,500** 16:21 43:11  
**2,700** 12:2,3  
**2:35** 125:3  
**2:48** 125:5  
**2:50** 125:18  
**20** 20:1 30:12 43:17 65:8  
76:21 78:13 104:18  
118:21  
**20,000** 119:13  
**200** 84:19 85:10 108:1  
**2000** 20:6  
**2005** 67:7  
**2011** 26:16 68:22 69:2  
99:17  
**2012** 1:8 17:16 126:17  
**21** 21:1 29:24,25 30:1  
**22** 22:1

**226** 102:7  
**23** 23:1 120:25  
**24** 24:1  
**24th** 84:24 126:16  
**24-hour** 120:24 121:14  
**25** 25:1 84:23 104:20  
**26** 16:11 26:1  
**26,000** 16:12,20  
**27** 27:1  
**28** 28:1  
**281** 102:4  
**29** 29:1

---

**3**


---

**3** 3:1 12:8,19,20,21 24:19  
26:5 58:15  
**3,000** 16:24 43:11  
**3.2** 12:4  
**30** 29:24 30:1 65:19  
92:19  
**30th** 10:3  
**300** 80:25 102:8  
**31** 31:1  
**32** 32:1  
**33** 33:1  
**33607** 1:14  
**33765** 1:25  
**34** 34:1  
**344** 107:20  
**35** 9:25 35:1  
**36** 36:1  
**37** 37:1  
**38** 38:1  
**39** 39:1

---

**4**


---

**4** 4:1 17:18 27:10,19 49:9  
53:2 57:9 58:17 62:16  
**40** 40:1 80:21 104:20  
110:9  
**40-hour** 80:8  
**41** 41:1  
**42** 42:1  
**421** 104:10  
**43** 43:1  
**44** 44:1  
**45** 45:1  
**46** 46:1  
**460** 104:10  
**468** 17:17  
**47** 47:1  
**48** 48:1  
**49** 49:1  
**49-CFR** 107:17

---

**5**


---

**5** 5:1 20:13 58:7 59:20  
60:2,19 63:5  
**5-gallon** 89:24  
**50** 50:1 80:21 98:25  
104:20  
**500** 103:3,8,12  
**51** 51:1

**52** 52:1  
**53** 53:1  
**54** 54:1  
**55** 55:1 104:20  
**56** 56:1  
**57** 57:1  
**58** 58:1  
**59** 59:1

---

**6**


---

**6** 6:1 58:8 63:6  
**60** 30:14 60:1 78:9  
**6040-5** 11:15,16  
**61** 61:1  
**62** 62:1  
**63** 63:1  
**63-3** 15:20 63:10  
**64** 64:1  
**64E-3** 73:16  
**64E-3.0034** 22:13  
**64-3** 72:24  
**640** 102:5  
**65** 65:1  
**66** 66:1  
**67** 67:1  
**68** 68:1  
**69** 69:1

---

**7**


---

**7** 7:1 63:21 103:13 110:6  
**7th** 125:7,7,8  
**70** 70:1 78:9  
**700** 104:17  
**71** 71:1  
**72** 72:1  
**725-9157** 1:25  
**727** 1:25  
**73** 73:1  
**74** 74:1  
**75** 75:1  
**76** 76:1  
**760** 98:25  
**77** 77:1  
**78** 78:1  
**79** 79:1

---

**8**


---

**8** 8:1 80:19  
**80** 55:14 80:1  
**81** 81:1  
**82** 82:1  
**83** 83:1  
**84** 84:1  
**85** 85:1  
**86** 86:1  
**87** 87:1  
**88** 88:1  
**89** 89:1

---

**9**


---

**9** 9:1  
**90** 13:4 30:17 32:15 90:1  
100:15

<b>91</b> 91:1				
<b>92</b> 92:1				
<b>93</b> 93:1 103:1				
<b>930</b> 99:14				
<b>94</b> 94:1				
<b>95</b> 95:1 104:22				
<b>96</b> 96:1				
<b>97</b> 97:1				
<b>98</b> 98:1				
<b>99</b> 79:4 81:9 87:4,18,24 99:1 123:7				