

# **ADVISORY COUNCIL ON RADIATION PROTECTION**

Bureau of Radiation Control

---

Hilton Garden Inn Tampa Airport Westshore

Tampa, Florida

**05/15/2018**

---



321.285.2324

[www.AllGoodReporters.com](http://www.AllGoodReporters.com)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

ADVISORY  
COUNCIL ON  
RADIATION  
PROTECTION



Bureau of Radiation Control  
Hilton Garden Inn  
Tampa Airport Westshore  
Tampa, Florida

Tuesday, May 15, 2018  
10 a.m. - 3:03 p.m

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

1    ADVISORY COUNCIL MEMBERS PRESENT:  
2    Randy Schenkman, M.D., Retired (Chairman)  
3    Mark S. Seddon, M.P., DABR, DABMP (Vice-Chairman)  
4    Kathleen Drotar, Ph.D., M.Ed., RT. (R)(N)(T)  
5    Christine Crane-Amores, RRA, RTCR  
6    Rebecca McFadden, RT(R)  
7    Brian Kent Birky, Ph.D.  
8    William (Bill) W. Atherton, DC, DACBR, CCSP  
9    Chantel Corbett, AS, CNMT, RT(N), RSO  
10   Matthew Walser, PA-C, ATC  
11   Nicholas Plaxton, M.D.  
12   Adam Weaver, MS, CHP  
13   Efstratios Lagoutaris, D.P.M.  
14  
15    FLORIDA DEPARTMENT OF HEALTH STAFF  
16    Cynthia Becker, Bureau of Radiation Control  
17    James Futch, Bureau of Radiation Control  
18    Brenda Andrews, Bureau of Radiation Control  
19    Douglass Cooke, Bureau of Radiation Control  
20    Lynne Andresen, BAS, RT(R)(MR), Bureau of Radiation Control  
21    Ginni Shaw, Bureau of Radiation Control  
22    Clark Eldredge, Bureau of Radiation Control  
23    Allen Moody, Bureau of Radiation Control  
24    Gail Curry, Medical Quality Assurance  
25    Anthony Spivey, D.B.A., Medical Quality Assurance

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

AGENDA

PAGE

MORNING SESSION

welcome and Introductions .....4  
Approval of 9/26/17 Minutes .....7  
Bureau Update .....8  
Medical Quality Assurance .....12  
Presentations:  
    Requirements, Discipline .....22  
    Medical Events .....28  
    Enforcement .....33  
DEXA Scan Case Scenario .....67

AFTERNOON SESSION

Incident Investigation .....105  
Rule Update:  
    Chapter 64E-4 .....133  
    Chapter 64E-3 .....139  
Member Renewals .....178  
Adjourn .....181  
Certificate of Reporter .....183

1           RANDY SCHENKMAN, CHAIRPERSON: Good morning,  
2 everybody.

3           COUNCIL MEMBERS: Good morning.

4           RANDY SCHENKMAN, CHAIRPERSON: welcome. This  
5 looks like it's going to be a very interesting  
6 meeting. I'd like to start by everybody saying who  
7 they are. Let me start over here.

8           BRIAN BIRKY: Okay. I'm Brian Birky. I'm  
9 executive director of the Florida Industrial  
10 Phosphate Research Institute. We're part of Florida  
11 Polytechnic University and I'm here for  
12 environmental matters.

13           REBECCA MCFADDEN: I'm Becky McFadden. I'm  
14 PACS administrator at Munroe Regional Medical Center  
15 in Ocala, Florida and I'm here as the certified  
16 radiologic technologist.

17           MATTHEW WALSER: Matt Walser. I work at the  
18 University of Florida in Gainesville. I'm the  
19 clinical coordinator of all the PAs and nurse  
20 practitioners in orthopedics for about 19 years.

21           NICHOLAS PLAXTON: I'm new to the council. Dr.  
22 Nicholas Plaxton. I work over, just on the other  
23 side of the bay at Bay Pines VA. I did my training  
24 up at Emory, my nuclear medicine residency, and then  
25 I did -- I also did time in the Air Force as a

1 flight doc. And I've been here about five years now  
2 as a physician here at Bay Pines.

3 CHANTEL CORBETT: Chantel Corbett. Certified  
4 nuclear medicine technologist at Fusion Physics, a  
5 medical physics consulting company.

6 CLARK ELDREDGE: Clark Eldredge, administrator  
7 for the radiation machine program, Bureau of  
8 Radiation Control.

9 LYNNE ANDRESEN: Lynne Andresen, enforcement  
10 coordinator for the radiologic technology section.

11 GINNI SHAW: Ginni Shaw, enforcement for the  
12 x-ray machine section handling medical events and  
13 violation corrections.

14 DOUGLASS COOKE: Douglass Cooke, business  
15 consultant, Bureau of Radiation Control.

16 BRENDA ANDREWS: Brenda Andrews. I'm in the  
17 management and operations section of the Bureau.  
18 And I also work with James on the coordination of  
19 your council.

20 JAMES FUTCH: James Futch, health physicist  
21 administrator for technology standards and  
22 continuing education for the Bureau of Radiation  
23 Control.

24 RANDY SCHENKMAN, CHAIRPERSON: Randy Schenkman.  
25 I'm a retired radiologist. I worked at Baptist

1 Hospital in Miami and my specialty was women's  
2 imaging and breast imaging.

3 MARK SEDDON: Mark Seddon. I'm the chief  
4 physicist and radiation safety officer for the  
5 Florida Hospital system. Representing the Board  
6 certified medical physicists representing the MPPM.

7 CYNTHIA BECKER: Hi, I'm Cindy Becker with the  
8 Department of Health, Bureau of Radiation Control  
9 Bureau Chief.

10 GAIL CURRY: Hi, I'm Gail Curry, program  
11 operations administrator for the boards of  
12 chiropractic medicine, clinical laboratory  
13 personnel, nursing home administrators, optometry,  
14 EMT paramedic and last but not least, radiologic  
15 technologists.

16 (Laughter)

17 BRENDA ANDREWS: That's a mouthful.

18 ANTHONY SPIVEY: Good morning. I'm Dr. Anthony  
19 Spivey. I'm the board executive director for all of  
20 those boards she just mentioned. I'm also your new  
21 coordinator for MqA rad tech section and also former  
22 Air Force.

23 KATHY DROTAR: I'm Kathy Drotar. I'm the  
24 radiologic technologist therapy member. And I am  
25 the university department chair for radiologic

1 technology at Keiser University and vice-president  
2 of the Florida Society of Radiologic Technologists.

3 CHRISTEN CRANE-AMORES: Good morning. My name  
4 is Christen Crane-Amores. I'm the radiologist  
5 assistant for Radiology Associates of Tallahassee.

6 ADAM WEAVER: Adam Weaver. University of South  
7 Florida. I'm the radiation safety, laser safety  
8 officer there. And I'm the certified health  
9 physicist on the Board.

10 WILLIAM ATHERTON: Bill Atherton. I'm a  
11 chiropractic radiologist in Miami, Florida.

12 STRATIS LAGOUTARIS: Hi, I'm Stratis  
13 Lagoutaris. I'm a private practice and Navy reserve  
14 podiatrist. I live and work in Jacksonville,  
15 Florida.

16 RANDY SCHENKMAN, CHAIRPERSON: well, welcome  
17 everybody, and our new people especially.

18 The next thing on the agenda is that we need to  
19 approve the minutes from the last meeting, which was  
20 9-26-17. So do we have a motion to approve?

21 KATHY DROTAR: I make a motion to approve the  
22 minutes.

23 RANDY SCHENKMAN, CHAIRPERSON: Okay. All in  
24 favor, say yes.

25 COUNCIL MEMBERS: Yes.



1 RANDY SCHENKMAN, CHAIRPERSON: Anyone opposed?

2 (No response)

3 RANDY SCHENKMAN, CHAIRPERSON: Okay. So that  
4 passes unanimously.

5 And next, we have Cindy giving us the Bureau  
6 update.

7 CYNTHIA BECKER: Okay. Good morning,  
8 everybody.

9 COUNCIL MEMBERS: Good morning.

10 CYNTHIA BECKER: We all got soaked maybe last  
11 night, some of us did, but we're here today. It's  
12 not raining. All right. Good.

13 I think I say this every time we have a Bureau  
14 update, but we still have an interim division  
15 director, which with the level of the state, you  
16 know, we are a bureau and we're under the Division  
17 of Emergency Preparedness and Community Support and  
18 the interim director is Doug Woodliffe and he will  
19 be that way until the change of governor. So they  
20 want to keep everything like it is until that  
21 transition time. So that's who we are from there on  
22 down.

23 Our Bureau has quite a few vacancies. Really  
24 only five, I think, at the moment. We hate to see  
25 any. But our vacancies are being filled quickly

1 with Clark in the x-ray machine program, especially  
2 with the addition of Ginni. Yay. Glad to have her  
3 on board. He has one more vacancy to fill there. A  
4 consultant position. And we have a couple vacancies  
5 in Miami. Miami inspection vacancies. So if  
6 anybody knows anybody to send that way, that would  
7 be great.

8 We have some MQA changes, as they will discuss,  
9 I'm sure, later. Also have a very interesting talk  
10 presentation this afternoon with Allen Moody. He's  
11 our chemist administrator from our Orlando lab,  
12 environmental lab. I think you'll find that really  
13 interesting. We do have incidents, as you all know,  
14 and that one in particular he's going to talk about  
15 is extremely interesting.

16 I'm trying to get him or John to the Office of  
17 Agreement States/NRC meeting to also give that  
18 presentation.

19 And as we get more people on board with us and  
20 fill all the positions, I think you'll see we'll be  
21 working more towards developing and revising rules.  
22 Clark will talk about that later this afternoon.  
23 And trying to identify more ways that we can do  
24 internal quality assurance, standardization, look at  
25 trends and the new modalities that's out there. It

1 feels like, as you guys know in the field, it's  
2 always changing. Something is always new out there  
3 and we're just almost, like, hit in the face with  
4 it. You know, how do we handle this situation? How  
5 do we handle this new machine or this new  
6 radioactive material isotope? So it can be very  
7 challenging, but also very rewarding and  
8 interesting.

9 So I was thinking any other real changes we  
10 have in our Bureau. Not so much. I think you'll  
11 hear from a lot of our staff with our presentations  
12 and I think you'll find them quite interesting. And  
13 if you have any questions, we're always here. I  
14 think you know how to reach any of us at any time.  
15 And thank you for coming.

16 RANDY SCHENKMAN, CHAIRPERSON: All right.  
17 Okay.

18 JAMES FUTCH: So along the lines what Cindy was  
19 talking about, keeping up with new things, new  
20 technologies, new procedures, changes in the way old  
21 procedures are being used, we very much depend upon  
22 all of you to kind of be on the look out for that  
23 and if you see something that's coming down the pike  
24 or something that's beginning in your region of the  
25 state or your area of practice, please let us know.

1 Because it's probably going to eventually affect  
2 more than just your region of your state and your  
3 facility. And the guidance of the council is vital  
4 for the Bureau to adapt and change; create new  
5 regulations; amend old regulations when possible.

6 So I just wanted to mention that so you're  
7 always thinking that way in case you weren't  
8 already. But, well, thank you.

9 RANDY SCHENKMAN, CHAIRPERSON: Anybody else  
10 have any comments?

11 CLARK ELDREDGE: That theme is basically the  
12 talk, running through one of my presentations, the  
13 fact that a lot of the things I've got to talk about  
14 where technology or usage of new devices, current  
15 devices and new ways and new devices; that type of  
16 thing. So, yes, it is important and that's why I'm  
17 here with my talk is to get you all to give us  
18 guidance specifically on some of those types of  
19 things.

20 RANDY SCHENKMAN, CHAIRPERSON: Okay. Anybody  
21 else?

22 JAMES FUTCH: Speaking of new technology, the  
23 old technology in the middle of the room has just  
24 turned itself off. So while I'm doing this, back to  
25 you.

1           RANDY SCHENKMAN, CHAIRPERSON: So now we're  
2 going to go up -- we're going to do medical quality  
3 assurance and this is Dr. Anthony Spivey.

4           ANTHONY SPIVEY: Okay. Thank you.

5           Good morning again. I'm Anthony Spivey. I'm  
6 the new executive director for your group. We  
7 manage seven boards currently in addition to this  
8 one.

9           So what has occurred recently, this was under  
10 the Board of Pharmacy as an executive director, and  
11 I've been with the department about three years.  
12 And just to give you a little background on me  
13 before I get into the presentation on the changes.

14           I've prior Air Force. Spent 21 years in the  
15 Air Force. Retired as a financial manager. And  
16 coming out of the Air Force, I started working for  
17 the Department of Business and Professional  
18 Regulation as an executive director. First some  
19 other jobs and I was promoted to executive director,  
20 doing basically the same thing for the Department of  
21 Health managing the boards.

22           And so my background, I have a Bachelor's  
23 degree in management, a Master's in counseling and  
24 human resource development and my Doctorate is in  
25 business administration. So I've been with the

1 Department of Health about three years. And we've  
2 been working with our current boards to bring  
3 changes in the office.

4 We've got very good morale in the office right  
5 now. When I first started, it wasn't so good and  
6 the tide has changed. So I try to keep a pretty  
7 laid-back atmosphere in the office because people  
8 just don't work well under stress. And by doing  
9 that, we've got a lot of things accomplished. And  
10 so, my boss, Adrian, decided to move the area, the  
11 rad tech section over to our area because we were  
12 probably more able to give it a lot more attention.  
13 And I've been looking at some of your things in the  
14 background, just watching how procedures are being  
15 done and trying to get a full idea of what changes  
16 you may need and I'm not going to come in making any  
17 immediate changes.

18 What I wanted to do is just basically get ideas  
19 from the group, you know, as to what type of  
20 problems you're having, what you need done from the  
21 office as far as licensing, maybe consider, and look  
22 at different things we can help you do your jobs  
23 better.

24 For example, the -- when I left the deputy  
25 office yesterday, we were actually moving the staff,

1 current staff that's in your area for the rad tech  
2 section, over to our area. We're having cubicles  
3 built for the section and they were in the process  
4 of doing that when I walked out of the office  
5 yesterday. So they should hopefully be moved over  
6 by now when we get back in the morning.

7 We're also hiring a receptionist to handle the  
8 area. I'm trying get an individual that's in there  
9 that I can depend on that will be there every day.  
10 That will free up the processors from having to  
11 answer the phones so they can do more work and get  
12 the applications out a lot quicker. By doing that,  
13 that keeps them focused on what they're doing and  
14 having a dependable person in the office that can  
15 answer phones, that is stable and doesn't have a lot  
16 of issues to deal with on the outside. To come in,  
17 do the work and take care of the public when the  
18 calls come in regarding the application processes.

19 So we're going to be making some different --  
20 additional changes in the office to allow for the  
21 staff to integrate into the staff that we have now.  
22 We've already, in fact, some of the staff that we  
23 have currently, they are actually augmenting some of  
24 the duties now for this profession to help the two  
25 individuals that are in there now. So one

1 individual is on medical leave, so I'm not sure when  
2 he will, when or if he will be coming back, so in  
3 the interim, what we'll probably do is end up hiring  
4 a temporary person to take, take some of the slack  
5 off the individuals to make sure the work is not too  
6 heavy on the people that's there now.

7 But as I said, what my -- my intention here  
8 today is just watch the meeting, see what goes on in  
9 this meeting and if you have any ideas or questions  
10 that you would like addressed regarding the  
11 application processes in the office. That's what  
12 I'm here for, because I'm not going to fix it alone.  
13 It's better to fix it with the help of you all  
14 because you all know what you need and the things  
15 that I can get done, we'll get done. If we can't  
16 get certain things done, then we'll tell you why.  
17 But that's -- if you have any questions of me, now  
18 is the time.

19 KATHY DROTAR: Actually, I do.

20 ANTHONY SPIVEY: Yes.

21 KATHY DROTAR: Congratulations on bringing Gail  
22 Curry back to us because --

23 (Applause)

24 KATHY DROTAR: Yes. Because since she's been  
25 gone and you, I'm sure, seen the problems that have



1     been there. But I'm telling you, Gail was coming, I  
2     was going to come in to inform the Board that -- or  
3     the council that it's actually, in the days when we  
4     used to do paper applications as a process for  
5     getting new grads their licenses and getting the  
6     permanent licenses in place took, was a shorter time  
7     frame than what we've been seeing with the online.  
8     And that it's not really terribly user friendly, the  
9     system --

10           ANTHONY SPIVEY: Right.

11           KATHY DROTAR: -- that's there and I just had a  
12     grad yesterday who got her ARRT information back and  
13     wasn't able to go in and upload what she needed to  
14     do, so she could transform the permanent one. I  
15     think part of it has been everything keeps changing.  
16     So every time you have a new group of students come  
17     in, which is about every four months for us, that it  
18     changes, and so, there's, you know, the consistency,  
19     it's improved somewhat, but it's still a little on  
20     the burdensome side --

21           ANTHONY SPIVEY: Right.

22           KATHY DROTAR: -- but we'll be very happy to  
23     work with you to help straighten anything out  
24     because we know because of that 1801 date that you  
25     can't always see what's on our side either, but

1 you're working on that. So thank you for being open  
2 to suggestions. We're look forward to working with  
3 you.

4 ANTHONY SPIVEY: And I'm also an advocate of  
5 technology because you can do it a lot faster on the  
6 computer and one of the things I mentioned in  
7 meetings at the department is, you know, I see  
8 commercial businesses that do things effortlessly  
9 because of technology and a lot of times, it's  
10 mainly because of the systems that we can afford to  
11 pay for. So, you know, I'm always pushing in the  
12 office to, you know, spend the money to get it right  
13 the first time instead of keep patching it  
14 continuously.

15 And also, speaking of Gail, Gail, you know,  
16 she's a program administrator, so she runs the  
17 entire area there. And also, we are hiring Friday,  
18 we have a new supervisor coming in to the area,  
19 Carla Rabey (ph). She will be actually the direct  
20 supervisor of this area. Until she gets up on  
21 board, you know, you can direct all your questions  
22 and inquiries to Gail. As soon as Carla gets into  
23 the position and is up to speed, then she'll be a  
24 point of contact. Like I said, we're getting the  
25 office up and running and my goal is to put it back

1 where it should be in a proper running place.

2 RANDY SCHENKMAN, CHAIRPERSON: Great. Anybody  
3 else have any comments, questions?

4 JAMES FUTCH: I just wanted to say to those of  
5 you that haven't seen the big picture, the group  
6 that Dr. Spivey and Gail are part of is not the  
7 group that was most recently handling the rad techs  
8 as Dr. Spivey said for the past what, three years,  
9 Gail, three years, something like that. And in the  
10 short time that they've been back to the new group,  
11 one of the things that I've seen is consistent  
12 supervision that's there all the time. That was, I  
13 think, one of the big contributing factors to when  
14 the front line staff were having issues, there were  
15 also some shortages in the front line staff in the  
16 new group, the supervision in between was not always  
17 able to be there and be consistent from day to day.

18 I think that what we've seen so far very much,  
19 I think that's one of the reasons that Dr. Spivey's  
20 bureau chief, Adrian Rogers, saw and decided to make  
21 the change. So that's very good.

22 And Kathy, how is -- and Becky, anybody else  
23 who's got students, how are we doing so far with the  
24 students? Is the school lists program letters being  
25 answered? Have you seen --

1           KATHY DROTAR: After I e-mailed Gail directly  
2 and said -- I e-mailed and said, you know, I have  
3 grads that have jobs and can't take the job because  
4 the license, temporary license hasn't been issued.  
5 And then Gail e-mailed back and those people got  
6 taken care of right away. But it's still a very  
7 slow process. But understanding that, you know, the  
8 personnel issues.

9           JAMES FUTCH: I kind of feel like we had some  
10 issues slip underground and then it's been kind of  
11 given to Dr. Spivey and Gail to resurrect and you've  
12 got some pieces. Go ahead.

13           GAIL CURRY: First of all, I'd like to say I'm  
14 glad that this group is back under me and Dr.  
15 Spivey, because we are very diligent about making  
16 sure that programs run the way they should. And I  
17 will let you know that right now, the process -- you  
18 have two processors that are working the whole State  
19 of Florida for EMTs, paramedics and rad techs. Two  
20 processors. Those two processors are also having to  
21 answer the phone. This was before we did some  
22 shifting. But the processors were also answering  
23 the phone a half a day.

24           When you're sitting on the phone, you can't get  
25 anything done. You can't get the processing of the

1 applications done because the phone rings  
2 constantly. Since we have taken over, the group  
3 that Dr. Spivey and I had originally, has stepped  
4 up. I have made phone arrangements where everybody  
5 goes down for an hour every day and does the phone.  
6 That relieves your two processors to process  
7 applications. That has alleviated some of the  
8 problems.

9 Right now, I'm working with James to get the  
10 process back in running order as far as the exam  
11 things because I don't really know what's going on.  
12 So James is guiding us through that, along with  
13 Lynne and Kelly Nesmith, who have been very  
14 beneficial to me. So I'd like to tell all of you  
15 thank you.

16 I can tell you that between Dr. Spivey and  
17 myself, we will get this program back where it needs  
18 to be. And I'd like to also reiterate what he said  
19 about letting us know what's going on on your side,  
20 because we don't know. We only see what we have in  
21 our office.

22 So give us a little time, but please stay in  
23 contact and let us know if there's something we can  
24 do better. If there's something that's just not how  
25 it should be. And then we can work on those issues.

1           And the last thing I want to say is that right  
2 now, I am very involved because I don't have a  
3 supervisor for your section yet, but once that  
4 supervisor comes on, like Dr. Spivey said, that  
5 person will be your initial contact person because I  
6 have all those other boards I have to take care of.  
7 So change is coming and it's going to be, it's going  
8 to be good. Thank you.

9           JAMES FUTCH: Along the lines -- Carla, I met  
10 Carla. She seems like an excellent candidate,  
11 excellent supervisor. She had -- the thing I liked,  
12 she has experience in, already in the lovely  
13 computer system that we all deal with inside the  
14 department; the online system that you deal with  
15 from the applicant's perspective and she's -- and  
16 she has many different groups she's worked for  
17 inside of MqA. She seems like a really competent  
18 supervisor for the staff. Now you just have to  
19 have, put more staff to supervise. We'll get that  
20 going.

21           That's it for me. I'm just standing up here  
22 waiting to turn the lights off.

23           RANDY SCHENKMAN, CHAIRPERSON: Okay. Anyone  
24 else have anything to say?

25           Okay. So now we're going to go on to Lynne.

1           JAMES FUTCH: I'll make this so you can  
2 actually see the screen. See if the buttons do the  
3 same thing it did last time. There you go. Nice  
4 and cozy.

5           LYNNE ANDRESEN: Good morning, everyone. I'm  
6 Lynne Andresen.

7           COUNCIL MEMBERS: Good morning.

8           LYNNE ANDRESEN: I work for James in the  
9 radiologic technology section. I'm the enforcement  
10 coordinator. And I thank you all for coming today,  
11 for your time, your expertise, your contributions to  
12 the council and to our profession.

13           I handle a lot of things for James besides just  
14 enforcement. You know, anything with MQA as far as  
15 applications; renewals. I interface or work with  
16 the Bureau of Enforcement, with CSU, ISU, PSU, with  
17 ARRT.

18           I'm going to talk a little bit about the  
19 profession, application requirements, discipline,  
20 medical events. I'm going to hand it over to Ginni  
21 Shaw, my enforcement counterpart with the radiation  
22 machine program, and then pick it back up and offer  
23 you some case examples and let you kind of know  
24 where we are with case load, as far as in PSU and  
25 resolutions and cases.

1           So the licensure statute is Part IV, 468, and  
2           it was actually created in 1974, and it's the reason  
3           the council exists. And you can read a little bit  
4           here about what that statute says.

5           And basically, it is the purpose to establish  
6           standards of education, training and experience and  
7           to require the examination and certification of  
8           users of radiation and radiation-emitting equipment.

9           Here's some approximate numbers for the  
10          different licensure. You guys can read that. And  
11          some of you guys actually hold licensure. I know I  
12          do myself; Ginni does. And then some of you  
13          actually represent some of these areas.

14          And you can see there's a difference in the  
15          total number of licenses and total technologists and  
16          that's because some technologists actually hold more  
17          than one license.

18          There are two pathways for licensure:  
19          Examination and endorsement. So the applicants that  
20          come in through examination, they are required to  
21          complete an application, along with a fee. And this  
22          can be in paper form or an online format. And this  
23          will go through Miss Gail and Dr. Spivey's area.  
24          They have to be at least 18 years of age at the time  
25          of the application and very importantly, be of good



1 moral character. Not have committed any offenses  
2 that would be grounds for discipline under our  
3 discipline standards. And they have to have  
4 successfully completed a two-year accredited  
5 radiologic technology program.

6 You guys remember back last September when we  
7 had the hurricane and that adversely affected Puerto  
8 Rico. And we had an influx of people coming into  
9 Florida and so that created a lot of extra review on  
10 the part of MQA for educational backgrounds to be  
11 essentially equivalent. And then with our team as  
12 well, Kelly and myself. We actually manually  
13 reviewed, reviewed all those applications that came  
14 in from Puerto Rico. And we're still reviewing to  
15 this day.

16 All right. There are two background questions  
17 on the application, which you can read, basically,  
18 and it's a yes-or-no answer. There's no maybes.  
19 There's no not answering the question. So once they  
20 answer yes, then it goes through a process of them  
21 completing a background history form and submitting  
22 the required information, as you can see, anything  
23 that would correspond to their offense.

24 Disciplinary guidelines under Rule 64E-3.011.  
25 So any time an applicant, employer, certificate

1 holder or other person has committed any of the acts  
2 set forth in that statute, the department can impose  
3 penalties as recommended in these guidelines.

4 Up on our website, under the Florida Department  
5 of Health, you can access the statutes and review  
6 them that correspond with our profession. The rule,  
7 the administrative code, and also, the disciplinary  
8 guidelines. So those are available to the public.  
9 Anyone can look at them at any time. And all  
10 violations are sufficient for refusal to certify an  
11 applicant.

12 If I'm going too fast, you guys let me know.

13 Many factors are considered when determining  
14 discipline and this reviews some of them. Danger to  
15 the public. The number of offenses this person's  
16 committed. The length of time since the date of the  
17 violation. The length of time that they have  
18 practiced. The actual damage caused by the  
19 violation. Previous disciplinary action by the  
20 department, by a national organization or registry,  
21 which would mean if they've been sanctioned by ARRT.  
22 And also, prior rehabilitation efforts. So maybe if  
23 they have gone under some sort of rehab or PRN  
24 before in the past.

25 we go back to disciplinary grounds and actions.

1 So the department may make or require any  
2 investigations, inspections, evaluations, tests. We  
3 can require submission of any documents, statements  
4 that we feel are necessary to make a determination  
5 whether a violation has been made.

6 That -- and a lot of times, you know, that  
7 could be maybe we require some sort of medical  
8 examination, additional drug screening, PRN  
9 evaluation, additional inspections, maybe through  
10 the Bureau, for an inspector to go back out, or  
11 investigations through the Bureau of Enforcement  
12 with MqA.

13 All right. These are some of the examples for  
14 grounds of discipline: Obtaining or renewing a  
15 certificate through fraud. That could be at our  
16 level, the state level, or at the national level,  
17 through ARRT. A certificate that has been revoked,  
18 suspended or acted on by a specialty board or  
19 certification authority of another state. That  
20 would be like maybe their license had been acted on  
21 from another state.

22 Being convicted or found guilty of a crime that  
23 directly relates to the practice of radiologic  
24 technology or their ability to practice.

25 Being convicted or found guilty of a crime

1 against a person. Making or filing a false report  
2 or record that the certificate holder knows to be  
3 false. And the, seems to be the catch-all, engaging  
4 in unprofessional conduct.

5 And being unable to practice radiologic  
6 technology with reasonable skill and safety to  
7 patients, by reason of illness, or use of alcohol,  
8 drugs, narcotics, chemicals or other materials.  
9 Basically, impairment.

10 Failing to report to the department any person  
11 that the certificate holder knows is in violation of  
12 any rules of the department.

13 And this seems to be another widely used one:  
14 violating any provision of this part or any rule of  
15 the department.

16 Employing any individual who is not certified  
17 to practice radiologic technology could be an  
18 unlicensed activity.

19 Testing positive for any drug or -- on any  
20 confirmed pre-employment or employer-required drug  
21 screening.

22 Failing to report to the department within 30  
23 days if they've had anything -- any action against  
24 their certificate or otherwise acted against by a  
25 national organization such as ARRT.

1           Having been found guilty of any offense under  
2 435.04 or a similar statute. And failing to comply  
3 with recommendations of the department's impaired  
4 practitioner program, which would be PRN.

5           At this time, I am going to transition over to  
6 Miss Ginni Shaw with the radiation machine section.  
7 She's going to go over a few things for you guys.  
8 Regulatory authority, medical event reporting,  
9 medical event investigations and medical event  
10 enforcement and administrative fines as they relate  
11 to that section or the facility side of things.

12           Ginni?

13           GINNI SHAW: Thank you. All right. Medical  
14 events. Each state is independently responsible for  
15 regulating radiation equipment. The State of  
16 Florida Bureau of Radiation Control is responsible  
17 for that in Florida. This is authorized under  
18 Chapter 44 in the Florida Statutes and Chapter 64E  
19 in the Florida Administrative Code.

20           As one of the responsibilities of this, the  
21 Bureau also receives and evaluates reports of  
22 medical events.

23           Approximately 50 percent of states have  
24 regulations with mandatory reporting requirements of  
25 medical events and Florida is one of those.

1           Here are a couple of voluntary reporting  
2 programs. So you have Radiology Oncology Incident  
3 Learning System or ROILS. That's going to be for  
4 the facilities to report and the Conference of  
5 Radiation Control Program Directors, CRCPD, that's  
6 going to be more for the state and local agencies to  
7 report.

8           ROILS is sponsored by AAPM and ASTRO for  
9 accredited facilities. Their mission is to provide  
10 shared learning and prevent errors, that sort of  
11 thing, in a secure, non-punitive environment. They  
12 also receive tips and tools. They have webinars  
13 available for the facilities. You can track your  
14 internal incidents and near misses; those types of  
15 things. And so receives tips and tools, best  
16 practices and general patient safety initiatives for  
17 them.

18           And here are their requirements or what kind of  
19 constitutes an event or condition for them. So  
20 omitted procedure, wrong site, wrong patient, wrong  
21 procedure, wrong modality and/or laterality. I  
22 can't say that word. Total or partial geometric  
23 miss. Wrong dose to all or part of tumor or normal  
24 tissue and mechanical failure.

25           So CRCPD is going to be for, like I said, the

1 states and local agencies with reporting  
2 requirements in place. They do have a committee on  
3 radiation medical events, the Healing Arts Council  
4 H-38. Same sort of goals, shared lessons learned,  
5 prevent errors, look for trends, improve patient  
6 care and safety; that sort of thing.

7       These are what constitute a medical event for  
8 CRCPD. And this is kind of going to look a lot --  
9 very similar to what ours is in Florida  
10 Administrative Codes. So wrong patient, treatment  
11 modality or treatment site. Weekly dose differs by  
12 greater than 30 percent from the prescribed dose.  
13 Total administered dose differs by greater than 20  
14 percent from total prescribed dose. Fraction dose  
15 differs by greater than 50 percent for any single  
16 fraction of a multi-fraction treatment.

17       Equipment failure, personal error, accident,  
18 mishap or other unusual occurrence that causes  
19 significant physical harm to a patient.

20       So then we'll go to medical events in Florida  
21 Administrative Code. I'm going to go over these  
22 three here because that's what we handle in our  
23 section: The therapeutic x-ray machine, particle  
24 accelerator and electronic brachytherapy.

25       So definitions for therapeutic x-ray machine

1 and particle accelerator you're going to find in  
2 64E-5.101(85) and then the definition for electronic  
3 brachytherapy is going to be 64E-5.1601(8).

4       So radiation from a therapeutic x-ray machine  
5 or particle accelerator that results in any of the  
6 following is what's going to constitute a medical  
7 event: Unintended permanent functional damage to an  
8 individual's organs or a physiological system as  
9 determined by a physician. Wrong individual, which  
10 happens, surprisingly. Mode of treatment. Wrong  
11 treatment or wrong treatment site. Fractionated  
12 treatment of fewer than three fractions where the  
13 total administered dose differs greater than 10  
14 percent of the total prescribed dose. Weekly  
15 administered dose is greater than 30 percent of  
16 weekly prescribed dose and total administered dose  
17 differs by greater than 20 percent of total  
18 prescribed dose.

19       This is for electronic brachytherapy. Except  
20 for one called by patient intervention. So anything  
21 that the case -- the patient kind of does to mess up  
22 their, their treatment wouldn't, wouldn't count for  
23 this.

24       Total dose delivered differs by greater than 20  
25 percent of total prescribed dose. Single fraction



1 of a fractionated dose off by 50 percent or more.  
2 of course, wrong individual and wrong treatment  
3 site.

4 So we had five medical events reported to the  
5 Bureau in 2017. There were three wrong sites, one  
6 wrong patient and one wrong dose.

7 We do have reporting requirements, like I said  
8 before. So this is going to be found in 64E-5.345,  
9 reports of medical events.

10 So the notification requirements. They have to  
11 call the Department by telephone no later than the  
12 next business day. They have to notify the  
13 individual or the responsible relative or guardian  
14 of the individual within 24 hours. That is unless  
15 the referring physician has already done so or the  
16 referring physician believes informing the patient  
17 would be harmful. In this case, they would have to  
18 give us medical justification as to why they didn't  
19 tell the patient.

20 They also have to report -- give us a written  
21 report within 15 days. So that report is going to  
22 include the referring physician's name, the  
23 prescribing physician's name, a brief description of  
24 the event, why the event occurred, their corrective  
25 actions, what they have done to prevent reoccurrence

1 and whether or not they have told the patient or  
2 not. And if not, like I said, give us a medical  
3 justification.

4 It shouldn't include any information that's  
5 going to identify the patient. So no names, no date  
6 of birth, nothing at all that can show us, you know,  
7 lead to us knowing any information about the  
8 individual, themselves.

9 So after the report, what comes next? So after  
10 they submit that report to us, we set up a site  
11 visit by the state investigators. And there's also  
12 a possible notice of violation, possible fine for  
13 the facility and possible fines to the individual.

14 The site visit. So it's state investigators.  
15 It says two to four. There's going to be, in our  
16 case it will be me and Miss Lindsey. You have  
17 someone from enforcement from the x-ray machines.  
18 You have someone in enforcement from technology and  
19 then you could also have someone training or you  
20 could have, like, an inspector come with you.  
21 Someone like that. So typically two, but it can be  
22 up to four.

23 There's going to be an entrance interview and  
24 overview of investigation process. This is  
25 typically going to be with management. We'll go

1 over the results of the facility's investigation,  
2 their internal investigation and corrective actions  
3 that they've taken.

4 We will do interviews with physicists, chief  
5 therapists and dosimetrists or therapists involved.  
6 And these are just individual interviews. We can do  
7 interview with an oncologist. If it's necessary, we  
8 can do an interview with the oncologist. They will  
9 show us documentation of existing or recommended  
10 procedures and training. Sometimes they will change  
11 their policies and procedures, so they will show us  
12 all those records. There will be an exit interview  
13 with management and then an overview of the  
14 administrative fine process.

15 Decision making. So after the site visit,  
16 we'll come back to Tallahassee and we kind of put a  
17 report together. We kind of try this 15-day thing.  
18 We try to do it -- we're going to try anyways. So  
19 they have to let us know within 15 days. We're  
20 going to try to have a site visit within 15 days and  
21 then we're going to try to have the draft report  
22 completely done within 15 days. So that's our goal  
23 for sure.

24 The report includes a synopsis of the event,  
25 the individual interview statements from the

1 therapists; the facility's corrective actions. And  
2 then it's going to include their written report and  
3 then any records obtained during the investigations  
4 we'll include as exhibits. Any of the medical  
5 records, which are, of course, redacted and the  
6 treatment plans and the prescription and all of that  
7 stuff will be included as well. And then the report  
8 will be used by the agency to identify violations  
9 and their severity.

10 Authorization for enforcement. This will be in  
11 Florida Statute Section 404.162. We can modify,  
12 deny, suspend or revoke a license or registration.  
13 Administrative fines are not to exceed \$1000 per  
14 violation per day.

15 And, of course, we consider a lot of factors.  
16 So the severity of the violation, the actions taken  
17 to correct the violation, any previous violations.  
18 Just the fact that they reported, we take that into  
19 consideration as well as many other things.

20 So you'll find in the general statement of  
21 policy and procedure for radiation machine  
22 enforcement actions. It's kind of -- that document  
23 has violations for all types of things. So even  
24 just the machine violations that we find when we go  
25 out and do inspections; that sort of thing, but

1 there are some medical event violations up in the  
2 higher severity levels.

3 Primarily, it's just going to be administrative  
4 fines, but they do have potential for criminal  
5 penalties just based on the severity of the  
6 violation. There's severity Levels I through V. I  
7 being the worst.

8 So fines are generally imposed for initial  
9 Severity Levels I and II violations. Fines for  
10 Severity III through V are unlikely, but they are  
11 possible for repeat offenders. If we have someone  
12 making the same violation over and over, having the  
13 same reason for a medical event happening and  
14 they're obviously not taking corrective action, then  
15 we would, even if it's a III through V, then fines  
16 are possible.

17 Individual penalties. So the Bureau can also  
18 impose discipline against individuals and that's  
19 where Miss Lynne comes back in and sort of talks  
20 about the enforcement on the radiologic technology  
21 side of things. Thank you.

22 LYNNE ANDRESEN: Okay. So once the radiation  
23 machine section, they've completed their side of the  
24 report, then the -- actually, the report is  
25 forwarded and the information to our section, the

1 radiologic technology section to review. Basically,  
2 James and myself. And if the event involves any  
3 potential infractions of any health care  
4 practitioner, not just radiologic technologists,  
5 then a complaint will be submitted to the Division  
6 of Medical Quality Assurance or MQA and we'll  
7 include all the relevant information that we have.

8       Once it's received in MQA, it will be actually  
9 forwarded to the Consumer Services Unit or CSU and a  
10 case number will be assigned. That information will  
11 then be put into LEADS. That's their online  
12 database. It may be forwarded to ISU, the  
13 Investigative Services Unit, but it will,  
14 ultimately, the case will end up in the PSU or  
15 Prosecution Services Unit of the Division of MQA.

16       I want to tell you a little bit about the  
17 differences between CSU, ISU and PSU.

18       So CSU, that's where the case will start out.  
19 It's responsible for the initial intake of the  
20 complaint or any complaints, actually. And they  
21 will actually conduct an analysis and determine if  
22 the complaint is legally sufficient.

23       At that point, the complaint would then go to  
24 ISU, more than likely, and they are responsible for  
25 the actual investigation process. They'll conduct

1 interviews, they will collect documents and  
2 evidence, they will prepare reports; serve subpoenas  
3 and any official orders for the department. And  
4 then at some point, they will transition the  
5 complaint to PSU.

6 The PSU are the attorneys and they are  
7 responsible for the legal aspects of the complaint  
8 and they also regulate all the health care boards  
9 and councils.

10 Once the PSU attorneys review the complaint  
11 information, they will recommend a course of action  
12 based on probable cause, and these actions can  
13 include an emergency order, expert review, a closing  
14 order, or an administrative complaint.

15 Sometimes when they receive these cases, since  
16 this is not their area of expertise, they will  
17 request an expert review. And I would just like to  
18 share that we've got Kathy Drotar participates with  
19 this process and does offer expert review from time  
20 to time with PSU and we appreciate her service.

21 This timeframe is very individualized and can  
22 be very lengthy. And that the timeframe includes  
23 from the submission of the complaint to PSU, to the  
24 end or the closing or final order.

25 If the technologist involved with the complaint

1 is registered on a national level with ARRT, ARRT is  
2 notified. They do have their own ethic guidelines  
3 and procedures and they will process any  
4 investigation independently from ours.

5 And then unless an emergency order has been  
6 issued, the technologist may continue to work in  
7 their field. I don't know if any of you use the  
8 online look up for a technologist, but when you go  
9 to look up to see if they are expired or active,  
10 there's also another tab for any disciplinary  
11 action. And the technologist may be under  
12 investigation or they may have an active complaint,  
13 but like I said, unless there has been an emergency  
14 order issued, they can still work.

15 All right. So we have some cases pending with  
16 MQA that I track on a routine basis. They are in  
17 the LEADS database. And right now, there are  
18 approximately 91 open cases with MQA. There are  
19 about 10 percent in the consumer services unit,  
20 which are basically the ground level of the  
21 complaint process; about 30 percent with ISU that  
22 are being investigated, and the majority of them are  
23 actually with the attorneys in PSU.

24 Now, this caseload includes radiologic  
25 technologists, unlicensed individuals and



1 facilities. A lot of times, our inspectors with  
2 BRC, when they go out to conduct their inspection of  
3 a facility, they may run across individuals who are  
4 actually out there taking x-rays and are unlicensed.  
5 So a complaint will be initiated and sent to MQA and  
6 they will investigate the individuals and a lot of  
7 times, of course, they would be fined and additional  
8 action will be taken.

9 These are some examples of cases that we have  
10 open with MQA. There can be medical events.  
11 Unprofessional conduct. Unlicensed activity. Those  
12 with a history of current or previous ARRT sanction.  
13 And here's a new one, default on student loans. So  
14 they are taking that seriously. Probably, I would  
15 say there are probably 15 or 18 cases in that total  
16 caseload that are technologists that have been  
17 deficient on their student loans.

18 Impairment, including history or current use of  
19 drugs, DUI, positive drug screen, et cetera. Sexual  
20 misconduct and fraud.

21 Okay. So these are the cases in terms of the  
22 fiscal year. So as -- I think you remember me  
23 saying that these cases can be rather lengthy. The  
24 process. So we have 3 percent of that total number  
25 are going back from fiscal year 2014-15; 7 percent

1 back from fiscal year 2015-16; 30 percent from  
2 2016-17 and 60 percent are within our current fiscal  
3 year.

4 so I'd like to give you a couple case examples  
5 of some of the cases that we're currently tracking  
6 and that are open with MQA.

7 This one is an example of engaging in  
8 unprofessional conduct. And this was a medical  
9 event. So we received the complaint and this was --  
10 this dates back to 2013, where a 59-year-old patient  
11 received one fraction of radiation treatment  
12 delivered to the wrong site. And this medical event  
13 was actually not reported for more than four months.  
14 And this is still an open case back from 2013.

15 Here's another -- this is an example of the  
16 statute loan case. And it -- the complaint actually  
17 comes from the Florida Department of Education. And  
18 it's my understanding that the individual is sent  
19 correspondence and they are actually able to mediate  
20 and come up with a payment plan with the Department  
21 of Education. So as long as they comply with that,  
22 then they take them off, you know, the case list.

23 Okay. So this is a violation -- an impairment  
24 violation. And this is a true story. So we  
25 received the complaint and the subject provided

1 response on the website, when trying to renew his  
2 license, making harassing statements and wild  
3 accusations, including that the Department wanted  
4 him to die. A preliminary inquiry was made to  
5 determine the subject's welfare. Subject stated to  
6 the sheriff's deputies that he takes medication for  
7 depression and that he wanted to blow his head off  
8 with a gun. The subject was taken into custody  
9 under the Baker Act and transported to the local  
10 medical center.

11 I believe his license is expired. I think so.  
12 But we do receive some, some that are a little out  
13 there like that.

14 And then this is an example of an individual  
15 whose ARRT license was received -- a sanction, a  
16 suspension. So we actually received information  
17 from ARRT that they suspended this individual's  
18 license due to criminal charges in another state  
19 relating to sexual misconduct. And I don't know if  
20 you guys remember, we had a reporting requirement  
21 that if they do have history of sanction with ARRT,  
22 that they are to report that within 30 days.  
23 Because even if they don't, ARRT will report it to  
24 us. So it's best be honest, basically.

25 All right. Do you guys have any questions for

1 either Ginni or myself? Facility related,  
2 technology related?

3 REBECCA MCFADDEN: I have a question.

4 LYNNE ANDRESEN: Sure.

5 REBECCA MCFADDEN: The facilities -- obviously,  
6 we -- if the employee doesn't pass their drug test  
7 or drug screenings, you know, we, obviously, will  
8 terminate them if they don't declare it prior to and  
9 go through some rehabilitation.

10 what is the requirement of that facility and  
11 how do they go about reporting that to the  
12 Department of Health? Because, obviously, it's the  
13 individual's responsibility to report. But what is  
14 it -- what is the facility's responsibility as far  
15 as being, you know, a clinical facility and, and  
16 employing someone who doesn't pass that?

17 LYNNE ANDRESEN: James, would you like to add  
18 anything to that? She's asking about the facility's  
19 side versus the technology side.

20 REBECCA MCFADDEN: Requirements. Individual.

21 JAMES FUTCH: For --

22 REBECCA MCFADDEN: For drug screening. Like --

23 LYNNE ANDRESEN: Like impairment.

24 REBECCA MCFADDEN: -- for impairment, yes.

25 JAMES FUTCH: There is a requirement for when

1 you take action against somebody. You guys -- what  
2 usually comes to us on the impairment stuff, it  
3 seems someone, a person is self-reporting. The fact  
4 the person self-reports, they self-report to the  
5 impaired practitioner provider, PRN, and under law,  
6 they don't tell us about anything. They try and  
7 help the person with the impairment and they won't  
8 report them to us until the person stops complying  
9 with the requirements of the program for drug  
10 testing, all the rest of it.

11 But when you guys take action against someone,  
12 it's often their -- you see some sort of probable  
13 cause to test them at work. You go through the  
14 process of testing and then it's your department  
15 that does this.

16 REBECCA MCFADDEN: HR.

17 JAMES FUTCH: Human resources. Your group  
18 reports it to us just like they do Code 15 reports  
19 and some other sort of things that happened to a  
20 patient. So that's how it comes to us. And we very  
21 much appreciate that. That happens.

22 And in terms of you all's liability, if you  
23 don't, I'm not the lawyer, but I think if you're not  
24 going to take --

25 REBECCA MCFADDEN: Well, a situation had come

1 up and this was the reason that we had a staff that  
2 we had someone who we did have to let go for that  
3 reason. And it wasn't -- and within weeks, that  
4 they started employment at another facility locally.  
5 So when that happened, you know, I, you know, it  
6 kind of troubled me, so obviously, I reached out to  
7 that management.

8 But I just, you know, I just wondered what, you  
9 know, how that could happen. I mean, obviously, she  
10 had gone through the, you know, the protection PRC  
11 course.

12 JAMES FUTCH: PRN.

13 REBECCA MCFADDEN: PRN.

14 JAMES FUTCH: But you know, you saw the  
15 timeline on these cases. We took a big picture  
16 approach to this whole subject. We wanted to give  
17 you -- we talked so much in the past about medical  
18 events. We kind of focused in on that. We wanted  
19 you to step back and kind of have a big picture for  
20 how all of this ties together.

21 So Lynne started off in the beginning talking  
22 about people coming into the profession. Because  
23 one part of coming into the profession you saw is  
24 good moral character. Well, Randy leaned over and  
25 said, how do you tell somebody is good moral

1 character? You just ask them, of course. Everyone  
2 is honest.

3 REBECCA MCFADDEN: Facebook page. What do you  
4 mean?

5 JAMES FUTCH: Being of good moral character  
6 concept is something from the 1950s. It's quaint,  
7 it's nice, but case law has pretty much rendered it  
8 almost moot.

9 So the other part of the incoming statute which  
10 also ties into discipline is, we have a statute that  
11 says we may not serve on somebody who's committed an  
12 act that would have been a disciplinary violation,  
13 if it had been committed when they were certified by  
14 us. Of course, they're not certified with us yet.  
15 So that's why it ties into all the rest of these  
16 discipline statutes. On the front end, a lot of  
17 times, occasionally we have someone who does that.

18 But the big picture on all this is there's lot  
19 of different ways for complaints to come to the  
20 department. Some through our inspectors, some  
21 through medical events, some through lots of other  
22 mechanisms by which you decide you report. They had  
23 to fire somebody; take some sort of action against  
24 them.

25 The 60 percent -- was it 60 percent -- over the

1 past fiscal year, currently 91, and there's a couple  
2 that are two or three or four years old. That's  
3 sad. But that's actually quite good if you look at  
4 some of the other professions. There are 30,000  
5 technologists and there's only 90 cases, of which a  
6 fair percentage them are student loan that come to  
7 us in this process.

8 But the point I was trying to make was, you  
9 report someone. It could be literally years before  
10 we're able to take any action against them. Which  
11 is why we appreciate when the national registries,  
12 ARRT or NMTCB reports folks to us. There's a  
13 national practitioner databank that states report  
14 to. But given our own experiences, it could  
15 literally be several years before we're able to  
16 actually take an action against someone. And if  
17 it's impairment related, then you have the whole PRN  
18 kind of sideways requirements. Hands are tied while  
19 the person tries to get their act together with  
20 PRN's help, and that works out sometimes.

21 But that time frame also can add to the delay.  
22 So you may take an action against them, and we're  
23 going to get involved. At the point where they go  
24 to PRN, we're going to stop because we have to.  
25 It's a requirement. And then they're going to do



1 PRN possibly a couple years and then come back to  
2 us. If they stop complying, unfortunately, it's got  
3 to go back through the process. It could be a  
4 really long time. So the answer to your question --

5 REBECCA MCFADDEN: They can technically just  
6 keep their license.

7 JAMES FUTCH: Nobody else is going to know  
8 except for you.

9 REBECCA MCFADDEN: Right. Not just in this  
10 situation, but even if they have committed a crime,  
11 it's the same situation where we can have people out  
12 there licensed and --

13 JAMES FUTCH: Yeah. You saw one example that  
14 said, ARRT that reported someone who had allegations  
15 of criminal activity.

16 So what happens on the crime side is,  
17 typically, 95 percent of the time, we wait. And  
18 they open the case. They have all the information,  
19 make some preliminary inquiries and they put it on  
20 hold and wait for the legal system to do its thing  
21 and wait for if the person is found not guilty  
22 and/or they're going to drop the charges. An awful  
23 lot of time, it's something involving a crime with  
24 drugs, and the rest of it, especially if it's the  
25 first offense, they're going to do a diversionary

1 process and they will exit the legal system after a  
2 year of complying with whatever the terms of that  
3 were, you know, monitoring and community service and  
4 the rest of it. And that will end up in charges  
5 being not-prosessed and not prosecuted.

6 So the criminal side of it, factor another year  
7 or two possibly, until something actually happens  
8 and you've got some judgment that says, yes, you  
9 are --

10 REBECCA MCFADDEN: Wow.

11 JAMES FUTCH: -- either found guilty or the  
12 statute doesn't care. You can be adjudication of  
13 guilt withheld.

14 REBECCA MCFADDEN: But not reporting that  
15 adjudication withheld or not reporting that you are  
16 under possible crime, when you go to renew --

17 JAMES FUTCH: We ask them in the renewals.

18 REBECCA MCFADDEN: Right. So how does that  
19 actually -- what if they didn't put it in there? I  
20 mean, does the state have access to that in their  
21 databases that this person has been charged but not  
22 held --

23 JAMES FUTCH: I guess technically, we do.  
24 We're not looking for that.

25 REBECCA MCFADDEN: I'm just wondering about the

1 renewal process and, you know, how -- if you're  
2 answering the questions, if someone doesn't answer  
3 them truthfully.

4 JAMES FUTCH: Sometimes -- we had a gentleman  
5 once who, this was up in Jacksonville -- and some of  
6 these things are such a severe nature, directly can  
7 affect the patients. There's so much evidence.

8 what happened, so we had a gentleman in  
9 Jacksonville who was an interventional tech. And  
10 this one came to us by the newspaper. He was  
11 switching out morphine for saline. Putting saline  
12 and stealing the morphine from the auto injectors.  
13 He would go in and set the room up and he would just  
14 swap out the doses. So he was taking the morphine  
15 for himself. And I think he was selling it, too,  
16 maybe. And can you imagine how much fun that  
17 procedure was and that surgery with saline instead  
18 of morphine?

19 So he was -- that was a big splash across the  
20 news. That one we had -- the department has the  
21 ability to do an emergency suspension. You heard  
22 Lynne talk about that. And that's basically -- this  
23 is my two, this is my two cents, not a lawyer way of  
24 explaining this -- but this has such high visibility  
25 and there's such direct access to patients to affect

1 lots of peoples' immediate health care outcomes.  
2 And there's so much evidence we saw on the video, in  
3 the room, doing it. He admitted to it. There's not  
4 going to be a question. Even if somehow he manages  
5 not to be convicted, we're still going to order a  
6 suspension order. Those are really hard to do.  
7 It's really hard to get all the attorneys to  
8 actually -- I shouldn't say that. The attorneys  
9 often want to, but to make it through the, all the  
10 hoops they have to jump through, that is a high bar  
11 for folks to, to leap through. So --

12 REBECCA MCFADDEN: Well, thank you. I mean,  
13 it's surprising to me that it is that difficult, you  
14 know, when people are out there committing crimes,  
15 licensed professionals, you could potentially put a  
16 patient in harm. So that's just my personal  
17 opinion, I guess, with it.

18 JAMES FUTCH: So, I'm sorry, your talk -- any  
19 questions?

20 LYNNE ANDRESEN: I had something I wanted to  
21 say. Somebody has a question?

22 I just want to say we work very hard to create  
23 a positive pro-active relationship with MQA. You  
24 know, the licensure renewal area, and we look  
25 forward to working with you guys. And we work very

1 hard to create a really good relationship with the  
2 Bureau of Enforcement, especially the PSU attorneys  
3 so that we can work through some of these cases.  
4 And we met with them last week and reviewed, what  
5 was it about, maybe 17, 18 cases.

6 JAMES FUTCH: In total 18. They added a few of  
7 them.

8 LYNNE ANDRESEN: And so that -- I mean, you  
9 look at the total number of about 91 and 18, that's,  
10 you know, a significant number. And so they are  
11 working -- I mean, some of them are going to be  
12 actually dismissed. Some of them are administrative  
13 complaints. So they are working, you know, I think  
14 at this point in time, hard to try to work through  
15 them, that total number. Don't you agree, Jim?

16 REBECCA MCFADDEN: I think the total number is  
17 very low, to be honest. I mean, I feel like there  
18 are a lot of things out there that haven't been  
19 reported, I guess is where I'm going to -- or that  
20 we don't know about yet.

21 (Mobile phone rings)

22 REBECCA MCFADDEN: Whoo, that's --

23 (Laughter)

24 JAMES FUTCH: By way of introduction, this is  
25 Allen Moody. Everybody is reaching for their cell

1 phones now.

2 So there were two more points. One of which  
3 is, I apologize for the AC unit to be on that side  
4 of the room because it's really kind of hard to hear  
5 back there. It's really quiet over here. You can  
6 hear everything, but over there it's a little  
7 harder, so we'll try and speak up. Me especially, a  
8 little bit more.

9 I wanted to ask -- a couple things. This is  
10 such a highly technically inclined profession,  
11 professions. We have the nuclear medicine side;  
12 radiation therapy side. There's 2,000 nuclear med  
13 techs and roughly 2,000 radiation therapy techs and  
14 some odd whatever number you said, 19,000, 20,000  
15 radiographers. And then you get down into the  
16 interventional ones and all the rest of it.

17 We really could use more experts willing to  
18 help either the Bureau of Radiation Control on its  
19 own side dealing with machines and dealing with rad  
20 materials licenses, helping with the -- persons that  
21 want to sit on the council, but also on the  
22 disciplinary side and on the side, for the  
23 technologists, but also on the side dealing with,  
24 deciding to take action against a facility.

25 we're always looking for some more folks who

1 are willing to be expert witnesses. There's  
2 actually a committee for -- maybe Kathy can tell us  
3 about it.

4 KATHY DROTAR: Abbason.

5 JAMES FUTCH: Abbason. So there's a company  
6 out there that is contracted to the State of Florida  
7 Department of Health to supply expert witnesses. So  
8 there's this extra little bit of, I don't know what  
9 you call it. Protection, because it's a company and  
10 you're working for the company. So something about  
11 your liability is different. So that makes  
12 everybody feel better.

13 Especially if you have any colleagues,  
14 yourselves, other folks, retired technologists, in  
15 whatever particular field you're in. It's hard to  
16 get the cases prosecuted. The lawyers are great  
17 people. We're often a training ground for folks  
18 fresh out of law school that go to work either at  
19 the State Attorney's Office, they go to work for the  
20 Department of Health. It depends on if you want to  
21 do criminal law later on, if you want to do some  
22 kind of administrative law later on. But they  
23 really don't have a lot of direct experience. Some  
24 of the senior people have been there for a while do.

25 so it helps to have people who are willing to

1 be experts in the State of Florida. I'll give you  
2 an example. I actually testified in a federal, a  
3 federal court several years ago. They wanted --  
4 they had a facility owner, materials licensee, also  
5 a radiologist, I think staff who was accusing him of  
6 doing things in some improper way.

7 And somehow I gotten snared in this because,  
8 you know, my name is on the website some place. And  
9 I had to actually go -- they subpoenaed me and also  
10 some of our inspectors. I think Neil got, one of  
11 the other guys got pulled into this. And had to go  
12 to Ocala; had to testify. And the only thing they  
13 wanted to know was whether PET/CT was nuclear  
14 medicine. That was it. That was the whole thing.

15 You go through all of that, you know, here's  
16 the folks on this side, the folks on that side, and  
17 they were, like, arguing over points of this, that  
18 and the other thing. We're admitting this, no, Your  
19 Honor, we can't admit that. And finally, the judge  
20 just had kind of enough of it and he just leaned  
21 over to me and said, Mr. Futch, if you can just tell  
22 me this. Is this PET, is this, is this nuclear  
23 medicine? And I'm like, yeah. There's like 6,000  
24 places that you could have, you know, figured this  
25 out.



1           But the expert review stuff, it seems like that  
2 we could really use some help and assistance in  
3 those areas. You do have to be willing to go and  
4 testify and back it up, whatever you say in writing,  
5 if somebody wants to take it to a hearing. Which  
6 is, you know, the same thing you said to begin with.  
7 Okay. Is that it?

8           LYNNE ANDRESEN: Mm-hmm.

9           JAMES FUTCH: Who's next?

10          MARK SEDDON: I have a question, actually. Did  
11 we ever have an update on the wrong site medical  
12 event definition? I know the last time you  
13 presented some options.

14          JAMES FUTCH: I think --

15          CLARK ELDREDGE: Actually, I realized a few  
16 minutes ago I forgot to include that in my  
17 presentation.

18          MARK SEDDON: Okay.

19          CLARK ELDREDGE: Yeah, because we were  
20 actually, I had something written out about a month  
21 ago and when I put -- I left it out. I was going,  
22 why did I do that?

23          KATHY DROTAR: Quick question. Any possibility  
24 that we might have a mechanism for pre-approval for  
25 first-time applicants or, like, new students that

1 are coming in to the programs that might be able to,  
2 if they've got something, like a DUI or something,  
3 that they would be -- because ARRT, as you know, has  
4 the pre-application process. But even when they go  
5 through that ethics review, if they are approved,  
6 then the state also does a review once they apply  
7 for the license. But they won't know until, like,  
8 before, until, like, they're ready to graduate from  
9 their program. And sometimes there are -- they go  
10 through, what is it, the PRN program and then they  
11 have requirements or maybe not granted a license.

12 CHANTEL CORBETT: This is a silly question,  
13 but why would they not know that they have those  
14 issues?

15 KATHY DROTAR: No, that they know they have  
16 issues, but are they going to be able to be granted  
17 a license.

18 REBECCA MCFADDEN: We had a situation where we  
19 had an applicant for the program --

20 JAMES FUTCH: Before they spend two years.

21 CLARK ELDREDGE: Before they spend the money  
22 and the effort.

23 RANDY SCHENKMAN, CHAIRPERSON: And the time.

24 KATHY DROTAR: To advise students better on  
25 whether it's --

1 CHANTEL CORBETT: I would think if you have a  
2 violation that potentially is going to prevent you  
3 from licensure, I would think that you would take  
4 the initiative to check on that.

5 KATHY DROTAR: But you don't know and there's  
6 no way you know until you make the application. You  
7 can't make the application until three months prior  
8 to graduation from the program.

9 JAMES FUTCH: Yeah. This has come up before,  
10 so I understand what you're asking. And the short  
11 answer is, nothing has changed with regard to our  
12 statutory authority. The best advice that I've been  
13 able to give in that regard is to have them apply  
14 for the basic operator. Because the basic operator  
15 can be granted without the two-year program. They  
16 self-attest to review the study guide, which is  
17 actually, we're going to talk about a little later,  
18 sitting over there on my desk, on my chair.

19 So the good thing is, whichever one of the  
20 different kinds of licensure you're applying for,  
21 all of the stuff that you're talking about is done  
22 for all of the different licenses. So if someone  
23 wants to go into the radiography program at Keiser  
24 or the nuclear medicine program at, what is the name  
25 of it? St. Andrew -- they can apply for the basic

1 machine operator. You have to be 18. You  
2 self-attest to having reviewed the study guide. And  
3 the rest of the legal stuff, all that will work our  
4 way through. It will take a little while to put all  
5 the paperwork together.

6 If we grant that, we're not going to change our  
7 minds two years later when they graduate as a  
8 radiographer, the rest of the program. That's the  
9 closest that we can come up with that I know of  
10 right now.

11 KATHY DROTAR: Thank you. Yeah, because if  
12 there is an issue, it could take four months for the  
13 license to be, to be issued because of that review  
14 process. Thank you.

15 MARK SEDDON: I have a couple questions. Going  
16 back to your presentation.

17 So the discipline that we're talking about  
18 here, the medical events is machine-based only.  
19 Materials, it would be not Ginni, but somebody else  
20 coming from Tallahassee? If there was a materials  
21 medical event?

22 GINNI SHAW: For materials?

23 LYNNE ANDRESEN: Yeah.

24 JAMES FUTCH: So Lynne would end up being  
25 involved, but Clark and Ginni are on the actual

1 machine side.

2 MARK SEDDON: Right. But the process is still  
3 the same. It's just different individuals.

4 JAMES FUTCH: Mm-hmm. Do you want to add  
5 anything?

6 CYNTHIA BECKER: We have very few issues on the  
7 materials side. It would be somebody from the  
8 materials program, like Ginni from the x-ray  
9 program, but it would still be Lynne, possibly, if  
10 it was a technology.

11 MARK SEDDON: Right. It's still the same  
12 for -- the process is still the same.

13 CYNTHIA BECKER: Right. Of course, the  
14 inspector.

15 REBECCA MCFADDEN: I'm sorry to interrupt you,  
16 Mark. To get in touch with that person, how would  
17 we --

18 CYNTHIA BECKER: On the materials side?

19 REBECCA MCFADDEN: Is it on the website?

20 CYNTHIA BECKER: On the website, yes. It's the  
21 radioactive materials section and there's, Charlie  
22 Hamilton is the administrator.

23 REBECCA MCFADDEN: Okay. Sorry, Mark.

24 MARK SEDDON: No. It's still the same number,  
25 emergency number, in terms of reporting.

1 CYNTHIA BECKER: Yes.

2 MARK SEDDON: But then on the front end, which  
3 is the discipline part, so I'm trying to get a feel  
4 for liability. There's a comment in here, statement  
5 about if you employ an individual who's not  
6 certified. So does that mean that the facility is  
7 liable or is it the individual, like the employer,  
8 person?

9 JAMES FUTCH: Yeah. This practice act, this  
10 takes the lawyers a few moments to wrap their brain  
11 around it, because this practice act actually, we  
12 don't have the thing up anymore, when it looks at  
13 the discipline section, it actually grants the  
14 Department the authority to take action against the  
15 individual or the firm who employs them if they  
16 aren't certified.

17 So the authority over the, over the facility is  
18 strictly in the context of the rad tech statute, the  
19 Rad Tech Practice Act, is employing somebody who's  
20 not certified.

21 So let's say Leo goes into Florida Hospital.  
22 Took forever and a million years to do something  
23 like this. But Leo Bakersmith, one of our long-time  
24 inspectors, in checking the machine standards, in  
25 looking at the licensure of the folks coming in, if

1 you find somebody who's working, who's not  
2 certified, he's going to fill out a complaint form  
3 and that then goes back through our hands. That's  
4 going to result, same set of facts, is going to  
5 result in two complaints, basically. One against  
6 the facility for employing someone who's not  
7 certified to practice radiologic technology. And  
8 one against the unlicensed person, themselves. And  
9 there actually could possibly end up two different  
10 lawyers.

11 MARK SEDDON: Okay. So, like, how about an  
12 example. I know we've actually had this discussion  
13 in the past.

14 We have another, like a nurse, who's operating  
15 a CR in, like, a doctor's office.

16 JAMES FUTCH: There's three complaints. So  
17 there's one against the facility. Let's say the  
18 person is -- this honestly happened -- the  
19 unlicensed person is running the CR for the  
20 radiologist.

21 This isn't quite as clear-cut when it comes to  
22 the nurse because there's a cardiology exemption and  
23 we talked about this before. But it is certainly  
24 possible that another licensed person or another  
25 licensed individual, but there were four people

1 involved in doing whatever was happening. There  
2 could be multiple complaints and it's all going to  
3 end up in the pipeline that Lynne talked about.  
4 Going to the CSU part of MQA.

5 MARK SEDDON: Gotcha. Okay.

6 JAMES FUTCH: And what's going to happen is, if  
7 they're found to be legally sufficient, the ones  
8 that pertain to the technologists, they're going to  
9 come and be handled by, essentially, us.

10 The one that pertains to the licensed medical  
11 doctor, whoever he may be, that's going to end up  
12 with the Board of Medicine eventually. If it's  
13 legally sufficient, the Board of Medicine is going  
14 to act upon that like they would any other  
15 disciplinary matter for a licensed individual.

16 If it's anybody who's not licensed at all,  
17 there's a special attorney who just handles  
18 unlicensed activity. And so all the unlicensed  
19 cases are going to end up with her.

20 MARK SEDDON: Right. So any variation from the  
21 MQA for the technologists act, will actually branch  
22 out to all their -- all the other areas.

23 JAMES FUTCH: Mm-hmm. Medical physicists even  
24 has happened.

25 MARK SEDDON: Medical physicists, exactly, same



1 thing. For medical events, if there's a medical  
2 event that involves a physician having a -- you ask  
3 for a investigation, you report that to the medical  
4 board?

5 JAMES FUTCH: well, we would report it to the  
6 same place.

7 MARK SEDDON: The same place and they would  
8 report to --

9 JAMES FUTCH: Right. So, obviously, we have  
10 actually submitted a couple of those in the past. I  
11 think at least one, maybe two medical physicists a  
12 couple times. A physician, I can't even remember  
13 why anymore. But something that was pretty  
14 egregious that happened.

15 So we do it this way. We fulfill, we being the  
16 Department of Radiation Control, we fulfill our  
17 responsibility because it originated in some of the  
18 areas where our inspectors, came to our knowledge  
19 somehow. So we fulfill our responsibility when that  
20 complaint is submitted to MQA and then it, it's --  
21 we know it's never going to come back to us and it  
22 goes over to whatever part of the department that  
23 person is certified or licensed by.

24 Say it's a podiatrist, for example.

25 EFSTRATIOS LAGOUTARIS: Isn't it always?

1 (Laughter)

2 LYNNE ANDRESEN: James, I just want to add  
3 also, even anonymous complaints start out in CSU.  
4 So it's telephone, e-mails, zzz mail, they start  
5 out, that's the baseline of the complaints.

6 MARK SEDDON: And these can take, it looks like  
7 some of these take a very long time to come to any  
8 fruition.

9 JAMES FUTCH: Think of it as the criminal  
10 justice system only inside of administrative law.  
11 All the usual issues.

12 MARK SEDDON: So for the one example you guys  
13 have for the -- there was a medical event. The  
14 normal medical event, you said you're trying to get  
15 them completed within 15 days.

16 JAMES FUTCH: That's our part of it.

17 MARK SEDDON: Your part.

18 JAMES FUTCH: Yes. That's just getting the  
19 information. So what was the breakdown? Three  
20 percent are in CSU, 15 percent are in ISU. The vast  
21 majority are rare. Are with the lawyers.

22 LYNNE ANDRESEN: PSU. 60 percent. 60 percent.

23 GINNI SHAW: Those 15 days are just kind of on  
24 our side. We want to try to have it rolling on our  
25 side to hand over to them.

1 MARK SEDDON: Right.

2 GINNI SHAW: And then you guys get to us, your  
3 report within 15 days. Then we see you guys within  
4 15 days. And then we try to generate the final  
5 report within 15 days. So 45 days altogether we're  
6 trying to get the report done and handled on our  
7 side and handed over to them is our goal is what  
8 we're going to try to do.

9 MARK SEDDON: Okay.

10 CLARK ELDREDGE: Well, actually, I would like  
11 to clarify. That was 15 days to draft.

12 MARK SEDDON: Right.

13 CLARK ELDREDGE: But then it has to go through  
14 James' hands and he's going to mark it up.

15 (Laughter)

16 JAMES FUTCH: Okay.

17 GINNI SHAW: Right. The draft report. Going  
18 for review, I guess I should say.

19 CLARK ELDREDGE: To be routed through the  
20 internal review process.

21 MARK SEDDON: Okay. Very good.

22 CHANTEL CORBETT: I'm sorry. You mentioned CPT  
23 license use. Okay. I didn't know.

24 JAMES FUTCH: Yeah. It would come together at  
25 the same time.

1 I'm just the guy turning the lights on. who's  
2 next?

3 RANDY SCHENKMAN, CHAIRPERSON: Anybody have any  
4 more questions or comments?

5 Okay. we're going to skip ahead a little bit,  
6 if that's okay, and we're going to have Clark  
7 give --

8 CLARK ELDREDGE: I'm going to start -- take us  
9 to lunch and then I probably won't get through by  
10 then, but --

11 GINNI SHAW: Food for thought.

12 CLARK ELDREDGE: Yeah. Then we'll have Allen  
13 start after lunch to try to keep you awake after  
14 lunch and then you'll get back to me to put you to  
15 sleep.

16 The first thing I wanted to discuss is not in  
17 my slides or anything. It's the kind of question I  
18 want to make sure that we're all on the same page,  
19 right? And we all have the basic, what I think is a  
20 basic understanding about it. Radiation is  
21 hazardous. It does hurt people, right? It's a tool  
22 we've taken and we decided to use it because it  
23 provides us, for certain cases it provides us  
24 with -- in human, on human exposure, clarify that.  
25 It provides us medical information that can be used

1 to save a life, treat a life, prevent a disease,  
2 that the risk from the radiation is much less than  
3 the benefit we're getting to preserve and help  
4 peoples' lives, correct? I mean, that's -- it's a  
5 preventive, right?

6 So we have a case right now that we're  
7 beginning to pursue, of a facility that has been  
8 exposing people to diagnostic radiation services,  
9 but nothing's being done for medical purposes. So  
10 the person goes in. A doctor has actually written a  
11 prescription for this exposure. But there's no  
12 health care provided related to that radiation  
13 exposure. Nothing that is in that kind of  
14 definition.

15 They think there's -- they feel that there's a  
16 benefit there, but it is not -- what am I trying to  
17 say? It's not being used for the treatment, for the  
18 prevention or diagnosis of disease.

19 So if this scenario that we're pursuing, would  
20 you all agree, as a council, that's an appropriate  
21 thing for us to pursue and take administrative  
22 action against?

23 RANDY SCHENKMAN, CHAIRPERSON: what do they do?  
24 what are they using the radiation for?

25 STRATIS LAGOUTARIS: Does the doctor own the

1 machine?

2 REBECCA MCFADDEN: We need an example.

3 CLARK ELDREDGE: The doctor does not own the  
4 machine. I'm trying to make sure -- they are  
5 measuring body fat index.

6 NICHOLAS PLAXTON: DexaScan.

7 RANDY SCHENKMAN, CHAIRPERSON: Oh, okay.

8 CLARK ELDREDGE: I'm not trying to use that  
9 word. That's why I'm trying to talk --

10 GINNI SHAW: So it's not being used in the  
11 x-ray and the healing arts.

12 CLARK ELDREDGE: Is not being used -- which  
13 actually is the first thing in my presentation is  
14 working on the definition of healing arts.

15 CHANTEL CORBETT: It's just being used for  
16 analysis.

17 CLARK ELDREDGE: No. The doctor writing the  
18 script, it never comes back to him. It's never  
19 reviewed by another licensed person.

20 GINNI SHAW: It's not generating a report and  
21 giving a diagnosis.

22 CLARK ELDREDGE: It's not generating a report.

23 CHANTEL CORBETT: It's got to be generating a  
24 report. Maybe not a written one, but somebody has  
25 got to be looking at the percentages because there's

1 no other point to doing it.

2 CLARK ELDREDGE: It may be an athletic trainer.

3 It may be --

4 CHANTEL CORBETT: Right. That's what I'm  
5 saying. They're still getting data.

6 GINNI SHAW: Initially. I just mean --

7 CLARK ELDREDGE: But the whole purpose is that  
8 it's a medical professional.

9 CHANTEL CORBETT: So who's writing the scripts?

10 CLARK ELDREDGE: A physician somewhere licensed  
11 by the State of Florida. And this person has never  
12 put in their, as far as we can tell, is never  
13 actually put in as a patient of theirs.

14 Sounds vaguely familiar like certain other  
15 practices were dealing with pills down in south  
16 Florida at one point but, you know, where doctors  
17 were writing scripts without ever really seeing a  
18 patient or evaluating them.

19 MATTHEW WALSER: we talked about this a meeting  
20 or two ago. Are you talking specifically about a  
21 DEXA scan?

22 CLARK ELDREDGE: Okay. Yeah.

23 MATTHEW WALSER: I'll go ahead and say it. But  
24 I think, didn't we talk about this a couple meetings  
25 ago? It was kind of a new and upcoming thing?

1 REBECCA MCFADDEN: We were looking at different  
2 ways that radiation was being utilized in airports  
3 and -- the sheriff's offices and jails, they were  
4 utilizing it there.

5 JAMES FUTCH: Okay. We definitely talked about  
6 security scanners.

7 REBECCA MCFADDEN: Right.

8 JAMES FUTCH: We actually have a regulation in  
9 the Florida Administrative Code that's, that's based  
10 upon an ANSI, AAPM standard for that. But there's  
11 no physician ordering that.

12 CHANTEL CORBETT: So what's the State  
13 requirement for licensure? Is there one for  
14 operating a DexaScan?

15 JAMES FUTCH: For Dexa? For ionizing  
16 radiation?

17 GINNI SHAW: They do have technologists.

18 CLARK ELDREDGE: They've hired technologists to  
19 run the machine. The doctor has written a script  
20 saying give the person a Dexa. It sits there, per  
21 se. It's not being used, as I say for, for any --

22 MATTHEW WALSER: I just wonder if that  
23 individual takes that report to a nutritionist or  
24 a --

25 RANDY SCHENKMAN, CHAIRPERSON: Does it go some



1 place else?

2 MATTHEW WALSER: An athletic trainer or --

3 GINNI SHAW: The way that they advertise it on  
4 their site, they have a website and it's like -- can  
5 I say the name of the place?

6 JAMES FUTCH: No.

7 GINNI SHAW: It almost is advertised like a gym  
8 with personal trainers and those things. And so you  
9 just go in and they just offer this to you. So I  
10 don't know that you're even seeing a physician,  
11 period.

12 CHANTEL CORBETT: So as a "patient", though --  
13 leave that in quotes -- patient getting this done,  
14 are you signing something saying you are being  
15 exposed to, you know, x-rays?

16 GINNI SHAW: I'm not sure. The site doesn't  
17 say that.

18 CHANTEL CORBETT: Because honestly, I think  
19 there's a break between, like, a legit physician  
20 ordering this to be done, and then it being recorded  
21 and billing on the backside. I see those maybe as  
22 separate things. Maybe that's just --

23 MATTHEW WALSER: For the health care of the  
24 patient, you know. But I think that -- I see where  
25 you guys are going. There is a doctor somewhere

1 that receives a name of a person that they've never  
2 seen. There's no medical chart. They write a  
3 script for a DEXA scan electronically. Probably  
4 goes directly to the facility. And the doctor  
5 probably has some kind of financial kickback for  
6 being the guy or girl.

7 WILLIAM ATHERTON: I'm curious as to who's  
8 paying for the scan because --

9 CLARK ELDREDGE: well, the patient is paying  
10 about -- it's about 125 bucks or 80 with a Groupon.

11 MATTHEW WALSER: With a Groupon?

12 CLARK ELDREDGE: Groupon. Yeah, you know, and  
13 this is --

14 RANDY SCHENKMAN, CHAIRPERSON: So the patient  
15 is paying when they walk in.

16 CLARK ELDREDGE: when they walk in.

17 MATTHEW WALSER: where you're treating  
18 somebody, where you're writing a prescription  
19 without having any kind of medical documentation.

20 CHANTEL CORBETT: And that's got to be  
21 determined, too. Because, I mean, as much as Kelly  
22 Health is a thing now.

23 MATTHEW WALSER: It's still on the chart.

24 CHANTEL CORBETT: No, I know. I'm not saying  
25 they even know at this point whether that's true.

1 You know, this person may be getting an electronic  
2 form of this patient.

3 CLARK ELDREDGE: The patient -- the individual  
4 does fill out a questionnaire.

5 CHANTEL CORBETT: Okay.

6 CLARK ELDREDGE: It's faxed in; it's faxed  
7 back.

8 CHANTEL CORBETT: Okay.

9 CLARK ELDREDGE: But at that point, the  
10 individual ordered the treatment and has not done  
11 anything with it.

12 JAMES FUTCH: So the results are not going back  
13 to the ordering physician?

14 CLARK ELDREDGE: They're not going back to the  
15 ordering physician.

16 JAMES FUTCH: What was written on the script  
17 for? What was it being ordered for?

18 CLARK ELDREDGE: Our inspectors never did  
19 provide that. Hopefully -- all they did in that  
20 inspection was, yes, they saw that the physician had  
21 written the script, but that the operator then said  
22 nope, nothing is done with it. It's not used in any  
23 way.

24 CHANTEL CORBETT: That can't be true.

25 CLARK ELDREDGE: Well, other than the operator

1 turns around and reviews it and says, you know,  
2 again, oh, well, here are the measurements. This is  
3 what they --

4 ADAM WEAVER: The operator is interpreting the  
5 data?

6 CLARK ELDREDGE: The operator -- according to  
7 the, yeah, the operator or some other person at the  
8 facility is interpreting for them. Or it's part of  
9 the package software.

10 WILLIAM ATHERTON: Well, the machine software  
11 will print it out.

12 CLARK ELDREDGE: The machine software just  
13 prints it out.

14 ADAM WEAVER: Right.

15 WILLIAM ATHERTON: They're just reading the  
16 English, whatever it says.

17 CHANTEL CORBETT: Right.

18 RANDY SCHENKMAN, CHAIRPERSON: But it's from a  
19 website you said that looks like a gym?

20 GINNI SHAW: The way that it is --

21 CHANTEL CORBETT: Probably is with body fat.

22 GINNI SHAW: The way it's portrayed, it's like  
23 a personal trainer.

24 RANDY SCHENKMAN, CHAIRPERSON: So the patient  
25 would take it to the -- wherever this facility for

1 the gym is or wherever the trainers are or whatever.

2 CLARK ELDREDGE: They are trying to put them in  
3 the gym.

4 RANDY SCHENKMAN, CHAIRPERSON: Yeah.

5 CLARK ELDREDGE: So you can get your weekly  
6 scan to see how cut you are in this arm versus that  
7 arm.

8 ADAM WEAVER: They do it weekly or do they have  
9 a set frequency?

10 CLARK ELDREDGE: A package of 12 for a year,  
11 you know, that --

12 CHANTEL CORBETT: what's the radiation?

13 WILLIAM ATHERTON: It may be related to some  
14 kind of kickback.

15 CLARK ELDREDGE: well, ACR actually has their  
16 guidance for bone density and those uses and they  
17 list the long, five pages type thing that says,  
18 here's the appropriate use. And they've got a  
19 paragraph that says it can be used for flipping for  
20 body mass when you're dealing with, a list of  
21 specific digestive and metabolic diseases and the  
22 treatment of that. So there is that guidance out  
23 there for the appropriate use from ACR.

24 JAMES FUTCH: Yeah. If someone were to file a  
25 complaint against a physician along the lines of

1 what Lynne was talking about, for example, that's  
2 going to go to CSU. They're going to start looking  
3 for statutes under 458 if it's an MD and try and  
4 say, this looks like they're not doing that or  
5 something like that. You're going to have to have a  
6 fair, some amount of material to at least kind of  
7 give a hint that this is what it looks like it might  
8 be part of.

9 If they find that to be legally sufficient,  
10 they'll probably send it to ISU and ask for further  
11 investigation of the physician for, you know,  
12 whatever he's not doing under 458.

13 So it's going to come back to how much  
14 documentation and how much testimony do you have to  
15 show that he's writing a prescription for the  
16 treatment of, or at least for the, for an image or  
17 sort of analysis data to see if this particular  
18 bodily function is impaired so he can treat it.  
19 You're going to have to have something that shows  
20 that on the front end and then some testimony on the  
21 way through that shows that's not actually being  
22 done and something else was being done.

23 Like they decided, I don't know how to do this  
24 or what this is even for. But you -- what do you do  
25 with this information? Does anybody know what you

1 do with this information in the gymnasium?

2 NICHOLAS PLAXTON: You tell them to work out  
3 more.

4 CHANTEL CORBETT: Yeah. It's to analyze your  
5 progress.

6 CLARK ELDREDGE: Well, the thing about it is,  
7 for body mass, this is my kind of what's the point.  
8 what's the practical point, I guess is the question.

9 Is that if we're talking about that type of  
10 body mass thing, you know. First of all, you go to  
11 your physician. He's going to look at you and say,  
12 you need to lose five pounds. There's nothing magic  
13 about that. It doesn't take radiation.

14 If, you know, there's the eggs for air  
15 displacement, there's the water tanks for water  
16 displacement and they are accurate within three  
17 percent or something like that and their whole  
18 buoyant about this thing, it's accurate to like one  
19 and a half percent. So the benefit of getting that  
20 extra percentage versus another technology that does  
21 not expose you to radiation, kind of that's where I  
22 look and see that it kind of defeats the whole  
23 purpose of the benefit of the information, the cost  
24 of the risk, the radiation, versus also the fact  
25 that in our codes, it says in 502 -- in 502, 5.502,

1 it does state that as prescribed by a physician and  
2 for the purposes of the healing arts. So it  
3 actually says -- it's a requirement for use of  
4 radiation machines on humans. It has to be for  
5 that.

6 Now, you know --

7 JAMES FUTCH: Usually we stop at the point  
8 where the doctor writes the prescription.

9 CLARK ELDREDGE: But before, it's been in a  
10 doctor's office. And this is not in anywhere a  
11 facility that is any related to a diagnostic center  
12 or doctor's office. In fact, the letters we have  
13 issued requesting clarification to the facility  
14 requesting the registration, has been, you're not a  
15 doctor's office, you're not a diagnostic, you're not  
16 this sort of health care facility. How are you  
17 using this for the healing arts?

18 ADAM WEAVER: How did you classify the x-ray  
19 facility? The doctor's office? How did you --

20 CLARK ELDREDGE: They applied as a doctor's  
21 office. They applied for MD.

22 GINNI SHAW: That's where we stopped. They  
23 applied and we're --

24 CLARK ELDREDGE: We had two that were -- there  
25 were two of these facilities registered prior to



1 recognizing the issue. And then there's one more  
2 that's requested to be registered. And so, the two  
3 that are currently registered, we've sent a letter  
4 saying, after audit of your inspection, we noticed  
5 that you didn't explain -- that there's no evidence,  
6 your own statements were that you're not doing  
7 anything for the healing arts. Please tell us why.

8 And then the other one that was applying, we've  
9 said, we see it's not one of these type facilities.  
10 Tell us how this is going to work. How you're going  
11 to be using this for medical treatment. And those  
12 were mailed out earlier this month. So it hasn't  
13 been 30 days yet for them to reply.

14 JAMES FUTCH: Have we talked to the  
15 manufacturer of the device?

16 CLARK ELDREDGE: GE? You know --

17 JAMES FUTCH: I'm just curious what they're  
18 saying.

19 WILLIAM ATHERTON: To make it a little more  
20 complicated, there was -- we had a presentation, I  
21 don't know, a couple meetings back, there was a  
22 special petition that jails got to have radiation  
23 without any medical purpose whatsoever.

24 CLARK ELDREDGE: We did give them an exemption  
25 from -- although, if you think about, they're

1 actually doing diagnostic, energy type exposures.  
2 There are, again, limits on the total radiation dose  
3 they can give the people. I would almost think  
4 somebody can probably sit down and do a cost benefit  
5 analysis for the fact that the guys, how many people  
6 might die in the jail for whatever they're trying to  
7 smuggle in, verses the risk of the individual  
8 getting radiation, you know.

9 WILLIAM ATHERTON: Well, that might be true,  
10 but I also think that, that sounds more dangerous to  
11 me than the DEXA scan, although I understand.

12 CLARK ELDREDGE: Yeah.

13 CHANTEL CORBETT: Do you know what the  
14 radiation is for the 12 scans? Let's say they get  
15 all 12 in the year.

16 CLARK ELDREDGE: I can't tell you off the top  
17 of my head, no.

18 JAMES FUTCH: We've done it before.

19 ADAM WEAVER: A whole body DexaScan is probably  
20 around 40 --

21 CLARK ELDREDGE: Yeah, it is small. In fact,  
22 that's one of the sales --

23 MARK SEDDON: It's real small.

24 CHANTEL CORBETT: It's for a member of the  
25 public.

1 ADAM WEAVER: well, that's per scan.

2 CLARK ELDREDGE: Per scan, but again --

3 ADAM WEAVER: If you're doing the whole body,  
4 assuming it's a dual energy machine.

5 CLARK ELDREDGE: At the same point, you know,  
6 the codes basically say, without healing arts  
7 purposes.

8 CHANTEL CORBETT: Healing arts, I mean, is that  
9 defined as --

10 CLARK ELDREDGE: well, we might as go ahead and  
11 -- well, let's start with, let's start the first  
12 one, shall we?

13 JAMES FUTCH: Have you caused enough mayhem yet  
14 for us to move to the next part?

15 seriously, do you want to, like, invite a  
16 manufacturer to come in and talk to the Council  
17 later on and try to answer these questions?

18 CLARK ELDREDGE: we could.

19 ADAM WEAVER: They are the ones who write the  
20 programs for these machines.

21 JAMES FUTCH: Do you want the Power Point?

22 CLARK ELDREDGE: Yeah. Go ahead and open it.

23 I will apologize for this Power Point. I was  
24 going to hand out printouts so there would be  
25 something for you to read in front of you and look

1 at. The 30 copies are sitting in the printer back  
2 at the office and so, this is going to be really  
3 ugly for parts of this. But so, I'll have, the  
4 outline of this is -- these are all discussion  
5 topics. So I'll introduce what I want to talk  
6 about. I will put a little bit of language that  
7 we're considering and we all get to discuss with  
8 that, things like:

9 Are we completely off base? This is not  
10 something we need to worry about. Is this something  
11 you would like to prefer us to go back and research  
12 more? Is this something, if you actually want to  
13 take a vote and say, yeah, this is a great idea.  
14 Take this forward and try to clean it up or whatever  
15 rule.

16 So healing arts. An issue about harm to  
17 patients and what that means. Vendor registration.  
18 Something on actual authorizations for therapy.  
19 Therapy authorization for the therapy machines.

20 Particle therapy. Taking pictures with  
21 radiograph with x-rays versus just doing an analysis  
22 of the material. Systems that are going to be  
23 modified outside of what was originally designed and  
24 changes in technology, which kind of over compasses  
25 a lot of what we're talking.

1           We have a problem that -- we actually have an  
2 issue with going both through the statutes in search  
3 of the rules, nobody ever has defined what healing  
4 arts are. In Florida Statutes, it's referred to  
5 in -- the phrase "healing arts" is used to describe  
6 what types of medications and materials might be  
7 reimbursed for insurance or over the counter, some  
8 of that type of stuff. Various standards for how  
9 payments and things are done. What requires a  
10 prescription or not.

11           It's used -- it's not acupuncture, but come on.  
12 I'm trying to say the word. Hypnosis. There's  
13 actually something that hypnosis and other sections  
14 where it says when working with a practitioner, when  
15 it can be used with a working practitioner for  
16 healing arts. And then in our codes, we use this  
17 phrase "healing arts". About the healing arts  
18 self-referral.

19           Why people aren't supposed to be, you know, in  
20 this case, where you can't go and ask for an x-ray  
21 without a doctor determining that it's for your  
22 health benefit. Except for people that go out and  
23 do a self-referral for mammo.

24           So I would propose that we actually add  
25 under -- into the definitions in our codes, a

1 definition of healing arts, that it's the practice  
2 of a licensed practitioner as defined under these  
3 sections. And these are actually the lists of  
4 osteopath, medical physician, PA, the folks who are  
5 currently recognized as being able to order, handle  
6 diagnostic, diagnostic tests. And then 446 is the  
7 dentists because they have to be able to use it in  
8 their practice for taking x-rays of the jaw and the  
9 teeth.

10 And so basically, this would clear up the  
11 question that -- it's actually trying to clear up  
12 the fact that we consider healing arts actually the  
13 prevention, treatment -- purpose of diagnosis and  
14 treatment of disease. There's actually a definite  
15 medical component and clear up this type of feedback  
16 on the bone density.

17 Do you all have --

18 RANDY SCHENKMAN, CHAIRPERSON: Anybody have any  
19 comments?

20 CLARK ELDREDGE: Comments, discussion.

21 CHANTEL CORBETT: Playing Devil's advocate, I  
22 mean, if you're saying prevention of disease,  
23 obesity is considered a disease, so --

24 CLARK ELDREDGE: But it's also under the  
25 practice of licensed practitioner ordered it --

1 CHANTEL CORBETT: You're saying a doctor's  
2 order again.

3 CLARK ELDREDGE: Yeah, but they are not  
4 reviewing it and offer any prescriptive device.  
5 It's the practice of a licensed practitioner, but  
6 practice is reviewing the medical charts --

7 CHANTEL CORBETT: Right, which we don't know if  
8 they're doing.

9 CLARK ELDREDGE: Right. And working with the  
10 patient for 125 bucks.

11 NICHOLAS PLAXTON: They could be -- I mean, I  
12 don't know the whole situation, but they could be  
13 taking this questionnaire and ordering it. Then  
14 maybe they're getting the, it's just a number that's  
15 coming back. Maybe they review the numbers and flag  
16 which ones are abnormal. It's hard to say. I mean,  
17 I don't know. But I can see them fitting into this  
18 definition.

19 CLARK ELDREDGE: well, if they are doing that,  
20 that's fine.

21 NICHOLAS PLAXTON: Yeah, that's what I'm  
22 saying. Are they doing it?

23 CLARK ELDREDGE: The point is if they're not.  
24 If the doctor is doing that and they're actually  
25 thinking it's appropriate for the person, but

1 that's -- but anyway, but the idea here is that  
2 there is no definition of healing arts.

3 KATHY DROTAR: Clark, are you also saying that  
4 it not just about ordering it, but that the  
5 treatment that's ordered after is being ordered by a  
6 physician as well, because that's what we're  
7 designated as medical treatment as opposed to  
8 somebody reading a paper and saying, well, this is  
9 what it is.

10 CLARK ELDREDGE: Treatment, right.

11 KATHY DROTAR: Now, if they have a protocol  
12 that the doctor's given them for, for a specific,  
13 but we don't know any of that information, so I  
14 think it's hard to go back and, you know, just add  
15 in what we all think might be happening without  
16 having the facts there.

17 CLARK ELDREDGE: well, the thing is, this is to  
18 establish the standard of how we want to evaluate  
19 it. Okay? The fact that this is not so much to, if  
20 there's a problem or not, but to make sure if we --  
21 if a problem does present itself, that we have a  
22 standard that we believe is appropriate for  
23 evaluating the situation. And that we're not going  
24 off and doing something inappropriate. And so,  
25 that's what the purpose of adding a definition of



1 healing arts. That it is actually the practice of  
2 providing medical care, the continuum.

3 KATHY DROTAR: Continuum.

4 CLARK ELDREDGE: The continuum of care as  
5 people are doing under their licenses.

6 KATHY DROTAR: For the real purpose that the  
7 exam was ordered for and still under the physician's  
8 care.

9 CLARK ELDREDGE: Care. And that's just the  
10 whole --

11 KATHY DROTAR: Whoever.

12 CLARK ELDREDGE: So this is, this basically  
13 establishes the standard at which we have to  
14 evaluate something.

15 MARK SEDDON: So the licensed practitioner --

16 ADAM WEAVER: This is just for x-ray machines?  
17 Is this for --

18 CLARK ELDREDGE: This would be for any, any,  
19 this is all of radiation, basically.

20 ADAM WEAVER: Is it used for ultrasound?

21 CLARK ELDREDGE: No, no, this is only under  
22 BRC, only under ionizing radiation.

23 ADAM WEAVER: Okay.

24 CLARK ELDREDGE: Because again, we have no  
25 authority to put a rule anywhere else. This would

1 go into our sections of the rules because no where  
2 else in any rule or statute has anybody defined it.  
3 They've used the phrase repeatedly in statute and in  
4 rules --

5 ADAM WEAVER: Mm-hmm.

6 CLARK ELDREDGE: -- but they never defined what  
7 it was. So for the scope of exposing somebody to  
8 ionizing radiation, we think that --

9 ADAM WEAVER: You think that's language that  
10 you need to put that in here, that this is only  
11 concerning ionizing radiation?

12 CLARK ELDREDGE: It would be in our rules.  
13 This would be a --

14 ADAM WEAVER: This would be part of the --

15 RANDY SCHENKMAN, CHAIRPERSON: So part of  
16 those, each of those sections, it has that written  
17 out?

18 CLARK ELDREDGE: Right. Well, those sections  
19 define who the practitioners of healing arts are.

20 MARK SEDDON: That's pretty broad, isn't it? I  
21 mean, it encompasses a lot.

22 CLARK ELDREDGE: It encompasses a lot and  
23 that's fine. These are already the people that  
24 we've accepted as doing radiation, providing --

25 MARK SEDDON: But those licensed practitioners

1 are not defined from Bureau of Radiation Control,  
2 but actually, that's just Florida Statute in  
3 general, correct?

4 CLARK ELDREDGE: Right. These are the people  
5 who we accept as practitioners.

6 MARK SEDDON: Yeah. So that could still be  
7 changed by other professions.

8 CLARK ELDREDGE: Other professions. Under the  
9 statute. It could be defined by the statute, but  
10 that's a legislative and our government, that's the  
11 prerogative.

12 MARK SEDDON: They put chiropractic --

13 CLARK ELDREDGE: The chiropractics in there.

14 MARK SEDDON: Dentistry.

15 CLARK ELDREDGE: Yeah, actually, dentistry was  
16 446. And that's where the licensed practice for  
17 dentistry, that's that section. All the other ones  
18 list the chiropractics, the osteopaths, the  
19 naturopaths, the whole -- the standard group of  
20 people that are currently, considered as licensed  
21 practitioners for medical care in the State of  
22 Florida.

23 JAMES FUTCH: So --

24 STRATIS LAGOUTARIS: I just have a question.  
25 Forgive me if it doesn't make any sense.

1           Is it so broad of a statement that it would  
2 give someone like myself, the podiatrist, the  
3 authority to order a DexaScan on a patient and that  
4 I'm not treating necessarily their foot or ankle?

5           CLARK ELDREDGE: No, but this again,  
6 incorporates your, your licensed practice thing. So  
7 no, it doesn't -- this is outside. You would still  
8 be limited by your practice standards.

9           STRATIS LAGOUTARIS: Okay.

10          CLARK ELDREDGE: I mean, this is not too broad.  
11 This says the various physician categories -- I'll  
12 use that term physician broadly in this case.  
13 Medical professionals. Medical practitioners,  
14 excuse me. This is the broad list of those, and  
15 they are still limited by their standards of  
16 practice.

17          STRATIS LAGOUTARIS: Thank you.

18          JAMES FUTCH: Could I say one thing?

19          CLARK ELDREDGE: Yeah, please.

20          JAMES FUTCH: So the definition you guys are  
21 seeing, 468.3101(m) is licensed practitioner as  
22 defined in the rad tech statutes, which is very  
23 broad. And it includes everything that we all think  
24 of as physician. It could also, has been construed  
25 to include physician assistant and nurse

1 practitioner working underneath the appropriate  
2 supervision of those individuals. Although it  
3 doesn't explicitly say that.

4 And then the dentist is the 466 tie in?

5 CLARK ELDREDGE: 466 is the dentist, yes.

6 JAMES FUTCH: So all of those things are  
7 defined in the statute, which is why Clark, I think,  
8 is referring to them.

9 CLARK ELDREDGE: I'm referring to them because  
10 are these statutory definitions.

11 JAMES FUTCH: Right. They are already tied  
12 into some part of the use of ionizing radiation.  
13 Mostly through my statute. And these are -- there's  
14 no, nothing in 404? That's even close?

15 CLARK ELDREDGE: No.

16 JAMES FUTCH: Which is kind of odd.

17 CLARK ELDREDGE: Yeah. That's why I had to go  
18 to -- and so that, it's just that, all these people  
19 on that list are covered by their practice standards  
20 as handled by their boards, et cetera, et cetera.

21 ADAM WEAVER: Where are you planning to add  
22 this definition?

23 CLARK ELDREDGE: To 64E-5.101, the definition  
24 sections.

25 JAMES FUTCH: So Clark, in his statute, in his

1 enabling statute 404, is the phrase healing arts  
2 used somewhere?

3 CLARK ELDREDGE: We use it in code. It's not  
4 in --

5 JAMES FUTCH: Is there anything in the statute  
6 that you can hang this on? That's close to this?

7 CLARK ELDREDGE: That's the whole problem.  
8 There's no definition of healing arts in statute.  
9 They refer to healing arts in several statutes  
10 throughout -- if you go to our wonderful legislative  
11 website and search for healing arts. But that's the  
12 reason for adding one to our statute, to clarify  
13 what exactly it is we're envisioning when you say as  
14 prescribed by a physician and for the purpose, as a  
15 licensed practitioner, and for the purposes of  
16 healing arts, we need to know what those arts are.  
17 And those arts are the practice bound by -- there's  
18 practice standards. And this is just pulling back  
19 into the practice standards. So if a physician is  
20 actually ordering an x-ray, that it is for the  
21 purpose of -- he's doing, he's going to do something  
22 with that result that falls within the practice  
23 standards.

24 Because right now, you know, healing arts may  
25 be, you know, with no clear definition, it would be

1 what the lawyers want to argue it is versus the fact  
2 that it's supposed to be construed, limited -- I  
3 think the intent is to limit within the practice  
4 standards as done by the boards.

5 ADAM WEAVER: Have you shown this to your  
6 lawyers yet?

7 CLARK ELDREDGE: We've discussed it with them  
8 but not shown it to them, no.

9 MARK SEDDON: Do physical therapists have --  
10 are they considered licensed practitioners?

11 CLARK ELDREDGE: Not under the rad tech  
12 section.

13 ADAM WEAVER: Not for ionizing radiation.

14 NICHOLAS PLAXTON: What about nurse  
15 practitioners? I know they now have authority to do  
16 things on their own outside of physicians. Is  
17 that --

18 CHANTEL CORBETT: That's under the current.

19 NICHOLAS PLAXTON: The latest was allowing them  
20 to do things outside.

21 CLARK ELDREDGE: What level? That's updated.  
22 It would have to be updated, it would have to be  
23 updated within the rad, rad section for it to go  
24 into effect here. So this is strictly a --

25 RANDY SCHENKMAN, CHAIRPERSON: We were just

1 discussing how this Section 468.301, whatever,  
2 what's stated in there that would, along with this  
3 statement, prevent someone like this doctor from  
4 doing what he's doing.

5 CLARK ELDREDGE: It would actually turn around.  
6 It would go back to the practice standards. And  
7 whether or not what he's doing with the medical  
8 treatment is within practice standards.

9 And I'm not saying whether or not our friends  
10 down the hall are actually investigating this, since  
11 we're talking with them on this case. But it would  
12 be a lot, part of the restriction on the -- in the  
13 case that we discussed earlier with the body fat  
14 monitoring, it would be somewhat dependent on us  
15 working with them to determine that the -- that it  
16 is a violation of the practice standards that --

17 RANDY SCHENKMAN, CHAIRPERSON: Do the practice  
18 standards say anything about if a physician orders a  
19 study, they have to review the results?

20 CLARK ELDREDGE: That's -- I can't answer that.  
21 That's what -- we're working with them on that.

22 CHANTEL CORBETT: Just in regular medicine, you  
23 have physicians all the time who order a test to be  
24 done and then those results don't necessarily -- I  
25 mean, you can go for a follow up with that same



1 physician's office months later and somebody else  
2 reads it and they've never even seen the results.  
3 So --

4 ADAM WEAVER: They just read the report.

5 CHANTEL CORBETT: Right. They will eventually  
6 call for it maybe, but they don't automatically get  
7 it.

8 ADAM WEAVER: Or the summary or the conclusion.  
9 Something like that.

10 CHANTEL CORBETT: So it may be the same thing.  
11 I mean, the doctor could call and get the result for  
12 anybody.

13 MARK SEDDON: Or their partner is reading it.

14 CHANTEL CORBETT: Right. There's nine million  
15 ways --

16 MARK SEDDON: Happens a lot in cardiology  
17 offices where one person reads a nuclear stress  
18 test.

19 CHANTEL CORBETT: They go into the hospital and  
20 they don't read it at all.

21 MARK SEDDON: And somebody else actually  
22 follows that patient.

23 CHANTEL CORBETT: Right.

24 MATTHEW WALSER: I think the big thing for  
25 these guys, is there an actual medical record for

1 each patient that this person is prescribing a scan  
2 for, is there an electronic medical record or file,  
3 somewhere in the file cabinet in somebody's office  
4 that --

5 CHANTEL CORBETT: With the results.

6 MATTHEW WALSER: Yes. With names, date of  
7 birth, all of that, the questionnaire form. You  
8 know, is there an actual file. Because that is in  
9 the Medical Practice Act.

10 CLARK ELDREDGE: Exactly.

11 CHANTEL CORBETT: I mean, all gyms in the old  
12 days, when you did any other kind of body fat thing,  
13 you know, you had your whole list of your progress.  
14 So I would, I would assume that --

15 CLARK ELDREDGE: But that was the gyms and your  
16 trainers. That wasn't a physician who was  
17 monitoring. It was part --

18 CHANTEL CORBETT: That's what I'm saying. The  
19 monitoring is no part of this. The way it's  
20 written. But it's saying to order it.

21 KATHY DROTAR: Isn't that -- doesn't that  
22 really go back to, like, a medical practice issue as  
23 opposed to the radiation event?

24 CHANTEL CORBETT: Right.

25 KATHY DROTAR: And, you know, everybody meeting

1 the other requirements that would be necessary for,  
2 is there a radiation control plan or safety plan or  
3 are they doing things that are within the correct  
4 parameters as far as the radiation goes?

5 ALLEN MOODY: That was my question, too. Isn't  
6 there -- is there no requirement that they track  
7 those doses received and be able to --

8 CLARK ELDREDGE: In Florida, the physician  
9 decides what's the appropriate dose for his patient.

10 ALLEN MOODY: But I mean, when your guy who's  
11 writing it for the gym says, okay, you can have  
12 this, but there's -- is it an open-ended thing or is  
13 it --

14 CLARK ELDREDGE: It's open ended. There's  
15 nothing in our -- it's up to the -- again, but if  
16 the physician's not considering that, that very well  
17 could be a --

18 CHANTEL CORBETT: Is this a script for a  
19 one-time thing or is it a script for 12 in a year?

20 MATTHEW WALSER: The Groupon that I just found  
21 was one time for \$102.

22 CLARK ELDREDGE: Yeah. And to be a little  
23 bit --

24 MATTHEW WALSER: The gym right over here.

25 CLARK ELDREDGE: What does a doctor do for 102

1 bucks?

2 MATTHEW WALSER: Write a prescription.

3 CHANTEL CORBETT: Probably more than he does at  
4 a walk-in clinic.

5 WILLIAM ATHERTON: If it's an issue, won't it  
6 eventually go back to the medical board of that  
7 practitioner?

8 CLARK ELDREDGE: Right.

9 WILLIAM ATHERTON: Why don't you give it to  
10 them and make them tell them to --

11 CLARK ELDREDGE: There's two parts here.  
12 Again, it's our machine part and whether the people  
13 should be permitted to use -- have the machine at  
14 that location operating, expose humans to it. And  
15 our codes --

16 CHANTEL CORBETT: They applied for these  
17 licenses or registrations for the x-ray. They've  
18 already got two that are registered. So obviously,  
19 they submitted the proper documentation.

20 CLARK ELDREDGE: Well, two were registered  
21 without anyone there -- when, you know, you assumed  
22 things certain, when paperwork comes in, that people  
23 are agreeing to follow the codes and rules. When  
24 you --

25 CHANTEL CORBETT: Right. You're saying they

1 have a registered technologist working the machine  
2 and you're saying that there's a physician ordering  
3 the test.

4 CLARK ELDREDGE: But again, the code requires  
5 also for the purposes of the healing arts. And  
6 that's the question we're asking at this point is --

7 CHANTEL CORBETT: As you've already said,  
8 there's no definition for that. So you can't say  
9 you're going against the definition because there is  
10 none.

11 CLARK ELDREDGE: well, we can ask them how  
12 they're doing it and see what they say.

13 KATHY DROTAR: who's going to make the decision  
14 that it's not for healing --

15 CHANTEL CORBETT: Right.

16 KATHY DROTAR: No matter what kind of  
17 definition you put on it.

18 MARK SEDDON: Right. Like those medical  
19 cosmetic clinics that have lasers for veins, quote,  
20 the doctor owns it, but then, it's really just for,  
21 you know, cosmetics. So how is that -- I mean, it's  
22 similar type as this. Like, that's not really  
23 healing arts, but it's still medical procedures  
24 being done. Botox.

25 NICHOLAS PLAXTON: You can consider it healing

1 arts because the patients feel better, they  
2 cosmetically look better.

3 CHANTEL CORBETT: And for varicose veins.

4 NICHOLAS PLAXTON: Yeah.

5 RANDY SCHENKMAN, CHAIRPERSON: Just to let you  
6 all know, lunch is ready. So I don't know  
7 whether -- I'm not sure exactly what you want us to  
8 do with this, Clark. Is it just to get our input or  
9 what?

10 CLARK ELDREDGE: It's -- okay. The language  
11 sections here, I gather I want to hear, I guess the  
12 question I would ask the council is one of three  
13 things:

14 If, you know, does anybody think this is --  
15 does the council feel that this is ready for prime  
16 time to proceed? Is there any suggestions that you  
17 think we need to go work on more, or that's  
18 interesting and we'll think about it later. Sort  
19 of, you know, if you all are motivated enough to  
20 offer a formal opinion, we'd be happy to have one.

21 So does anybody want --

22 ADAM WEAVER: Can I ask one question? Have you  
23 compared notes with any other states through, like  
24 your CRCPD? Because I know this isn't unique to  
25 Florida. I think it started in California. So have

1 you checked to see what other states --

2 CLARK ELDREDGE: The states that have this  
3 doesn't have any regs that don't -- it doesn't  
4 reflect it. They have no authority.

5 ADAM WEAVER: Do they have any comments in  
6 regard to -- the risk that the patients are, are  
7 being exposed to, which is --

8 CLARK ELDREDGE: I have no -- I do not have  
9 any, shall I say, numerical data that I can provide  
10 on that. And I don't think it's necessarily  
11 appropriate to -- the anecdotal stuff from the  
12 conference calls, I don't think is --

13 ADAM WEAVER: Okay.

14 CYNTHIA BECKER: Other than we know other  
15 states are wondering or considering how to also  
16 license these facilities or register these  
17 facilities. And the issues are out there. Just  
18 like they were with security scanners when we  
19 started on that a few years ago, so --

20 CLARK ELDREDGE: The comments range from --  
21 well, the comments have ranged from -- I guess I am  
22 speaking in anecdotal this time. From we have no  
23 authority or no way to regulate, to it's a bad idea  
24 type thing, as opposed to, there was no --

25 CYNTHIA BECKER: Right. You're going to have

1 states that say we don't allow it. We don't want to  
2 allow it or we didn't even know it exists. I've  
3 heard that, too. So --

4 ADAM WEAVER: Right.

5 CYNTHIA BECKER: We should find out more next  
6 week -- this week.

7 GINNI SHAW: I can pick peoples' brains next  
8 week at CRCPD.

9 ALLEN MOODY: It's just hard for me to believe  
10 that a physician, quote unquote, who orders some  
11 radiotherapy is not required to track a patient's  
12 dose.

13 NICHOLAS PLAXTON: It's not therapy.

14 WILLIAM ATHERTON: It's not therapy.

15 RANDY SCHENKMAN, CHAIRPERSON: It's diagnostic.

16 ALLEN MOODY: You know.

17 GINNI SHAW: It's diagnostic. To be honest, it  
18 is low dose.

19 ADAM WEAVER: It's more than the inmates are  
20 getting, but not that much more.

21 ALLEN MOODY: I wasn't thinking about that. I  
22 was thinking about your guy with the, using it for  
23 the muscle mass. Reducing muscle mass. That would  
24 be, to me that would seem like it would fall under  
25 some kind of, under supposed therapeutic usage.



1 CHANTEL CORBETT: It's not increasing. It's  
2 just analyzing.

3 ADAM WEAVER: Just analyzing the data.

4 RANDY SCHENKMAN, CHAIRPERSON: well, do we want  
5 to approve this or do we want to have further  
6 discussion?

7 KATHY DROTAR: Further discussion.

8 ADAM WEAVER: Further discussion.

9 CLARK ELDREDGE: Okay.

10 RANDY SCHENKMAN, CHAIRPERSON: All in favor of  
11 further discussion, say aye.

12 COUNCIL MEMBERS: Aye.

13 RANDY SCHENKMAN, CHAIRPERSON: Opposed?

14 (No response)

15 RANDY SCHENKMAN, CHAIRPERSON: Okay. So we  
16 will continue this.

17 CLARK ELDREDGE: All right. After Allen's  
18 presentation after lunch.

19 DOUGLASS COOKE: On your way out, everyone's  
20 food is already prepared. If you'll walk to the  
21 register, pay for your lunch and then sit down and  
22 they will bring it to you as soon as you're seated.  
23 okay? Thank you all very much.

24 (Proceedings recessed at 12:10 p.m.)

25 (Proceedings resumed at 1:32 p.m.)

1           RANDY SCHENKMAN, CHAIRPERSON: So we're going  
2 to continue on with the agenda as it was originally.

3           BRENDA ANDREWS: All right, everybody.  
4 Convene, everybody.

5           JAMES FUTCH: I know it's after lunch. We're  
6 going to turn the lights down.

7           RANDY SCHENKMAN, CHAIRPERSON: So we're up to  
8 Allen.

9           JAMES FUTCH: Cindy, do you want to introduce  
10 him?

11           CINDY BECKER: Introduce him, yes. Okay. So  
12 this is Allen Moody. He's our chemist  
13 administrator. He has been with us a very long time  
14 and exited for a very short time and then came back  
15 with us for a very long time again. That's because  
16 he loves us so.

17           ALLEN MOODY: It must have been something like  
18 that, yes.

19           CINDY BECKER: And I'm hoping we can also talk  
20 you into some time doing this presentation with  
21 other organizations.

22           ALLEN MOODY: Right. Well, I was saying I'm  
23 going to go on the road with this. Apparently, it's  
24 a bit hit. It debuted at the Health Physics Society  
25 meeting a little while, when was that? About --

1 BRENDA ANDREWS: April 6.

2 ADAM WEAVER: April.

3 ALLEN MOODY: Apparently, it was a big hit, so  
4 this is the -- an encore performance. Like I said,  
5 we may go on the road with this at the rate this is  
6 going.

7 Now, this is one of the more -- I said at the  
8 Health Physics meeting that, you know, you talk  
9 about Florida and peoples say that Florida is full  
10 of bizarre people doing bizarre things and  
11 unfortunately, this is a prime example of it.

12 But, this, I got involved with this back in the  
13 summer of 2017. After -- when this person's  
14 materials had been basically temporarily confiscated  
15 by one of our -- by our field person, Kelly  
16 Anderson. And I'll talk a little bit about more  
17 about what went on from there.

18 But I introduced the gentleman without names --  
19 without a name. He is a retiree living in Florida.  
20 He has a hobby. His hobby is he is an element  
21 collector. He wants to collect all the elements in  
22 the periodic table, which includes, of course, the  
23 radioactive ones. Apparently, there are others out  
24 there like him, which can be kind of a scary  
25 thought. Because there -- you will see that there's

1 actually, apparently, a market for this material,  
2 too, that I was not even aware existed.

3 He's an amateur experimenter. We'll have more  
4 on that later. And he managed to combine these two  
5 interests with a profit motive and became an  
6 entrepreneur selling stable elements and homemade  
7 radioactive compounds on EBay.

8 He buys uranium and thorium and the elements  
9 and some of the compounds from commercial suppliers  
10 in the U.S., though he says he's purchased thorium  
11 from China as well. He's purchased quite a bit of  
12 counting equipment. I'll have some slides on that.  
13 Also on EBay. He said that sometimes universities  
14 surplus these things without even knowing what  
15 they're really for. He says he can repair this  
16 equipment, too.

17 He has acids and a few simple chemicals, but he  
18 doesn't seem to be familiar with some basic chemical  
19 separation tools. If you're going to do  
20 radionuclide studies, that's basically what I do,  
21 you have to have certain -- have anti and cation  
22 resins for doing chemical separations and he doesn't  
23 seem to -- he didn't seem to be at all familiar with  
24 that. Or with very -- or with liquid extraction,  
25 which is another method that's sometimes used to

1 separate radionuclides. So his ability to do actual  
2 separation, chemical separations is very limited.  
3 So I'll have a little bit more about that.

4 He's got an extensive library of books on  
5 radiochemistry, though some are pretty old.

6 He sells -- he was selling stable elements,  
7 certain stable elements, but hazardous elements like  
8 sodium and phosphorus. I mean, sodium is a fire  
9 hazard if it's exposed to water and phosphorus is a  
10 fire hazard if it's exposed to air and it's just  
11 chemically toxic. But those elements EBay would no  
12 longer let him sell. They basically told him he  
13 could no longer sell those. But they did allow him  
14 to continue selling the uranium and thorium  
15 compounds.

16 He says he does not sell internationally and  
17 requires a driver's license, but otherwise doesn't  
18 restrict his sales.

19 He came to our attention and the attention of  
20 the NRC and the Florida Department of Health Bureau  
21 of Radiation Control for manufacturing what's called  
22 AM/BE neutron sources. They're americium and  
23 beryllium sources for creating neutrons. He claims  
24 he never sold of the AM/BE sources, but he said he  
25 loaned one to someone.

1 ADAM WEAVER: Not me.

2 ALLEN MOODY: His lab seems to be a  
3 free-standing garage apartment. We speculated maybe  
4 his wife won't let him do it in the house. It's  
5 actually, his residence sits up a hill from where  
6 his garage apartment laboratory is.

7 The radiation level in his, in his lab is about  
8 eight times background with no samples open. I want  
9 to make a parenthetical note here that at the time  
10 we measured that, we basically were returning his  
11 stuff. This was, his stuff, 107 samples from his  
12 laboratory were -- had been out of his house from  
13 about, I think July or August when this was first  
14 taken out, until we returned it in November. So  
15 basically, a lot of, a lot of his material had been  
16 taken out of there and presumably that -- they had  
17 several months for the radiation level to go down in  
18 there. And so we walk in there, Matt Sinison with  
19 me. He took radiation readings. On a background of  
20 about three MicroR, we're getting 24 in the place.  
21 And this, remember again, a lot of the radioactive  
22 materials were actually not in the place at the  
23 time. They were all sitting out in the car that we  
24 brought back -- brought down there to return his  
25 stuff.

1           He says he sells -- sales were about \$1500 to  
2 \$2000 a month, which is not bad for, I guess for a  
3 retiree.

4           Much of what he sells, including his homemade  
5 compounds, is packaged in small screwtop vials with  
6 neatly printed labels, though sometimes he uses  
7 septum vials for some reason. I guess convenience.  
8 I've got pictures of this.

9           Just handling his vials without opening them,  
10 we needed to take weights and do qualitative  
11 identifications, left me with significant  
12 contamination on my gloves, which I think is  
13 probably radon. We actually did -- had Matt taking  
14 swipes of the area, my work area, and he was not  
15 picking up anything. So whatever was there was  
16 either not surface contamination or it was very  
17 short lived. So presumably, we're talking about  
18 mostly radon contamination in the area.

19           To his credit, with rare exceptions, his  
20 compounds and materials seem to contain the nuclides  
21 advertised. We actually used an Ortec germanium  
22 detector to do qualitative and I.D.'s on all this  
23 stuff and with a very few exceptions, it all seems  
24 to be pretty much what he says it is.

25           This is his glove box, which he's manufactured

1 out of, I guess out of leucite. His glove ports are  
2 just slits cut into a rubber membrane. His hose,  
3 his exhaust hose from the glove box exhausts to his  
4 kitchen stove. It really does. I'll show you where  
5 it connects, actually. And he's actually pretty  
6 proud of this.

7 You know, I worked in Los Alamos. He basically  
8 wanted me to compare that to -- I didn't want to go  
9 there.

10 This is his lab bench top or -- which is his  
11 stove. And this is -- that's the exhaust from his  
12 stove is where he plugs in his, quote unquote, glove  
13 box hose goes up there. You can see he's got a  
14 balance, he's got a little microscope. He's got his  
15 other little -- his other tools that he uses. We've  
16 got more pictures of his work area in greater detail  
17 that are in the supplemental photos.

18 His safety equipment is just dust masks. And  
19 they're not fitted masks. They're not -- actual  
20 respirators have to be form fitted. And what he's  
21 got are just basically dust masks.

22 His counting equipment has got quite a bit of  
23 stuff, including a germanium detector, which shocked  
24 me because you have to have liquid nitrogen for  
25 those. You have to have a supply of liquid



1 nitrogen, but he says he gets it. That Dewar down  
2 there is, I recognize that is for a germanium  
3 detector, which is high-resolution gamma.

4 I guess you really can find a lot of things on  
5 EBay. He's mostly geared for gamma spectroscopy.  
6 He doesn't really have any equipment for alpha spec,  
7 but he does have quite a bit of stuff for gamma.

8 where we came into this, we received 107 tagged  
9 samples of his material from our incident response  
10 coordinator Kelly Anderson, who also photographed  
11 them. Most of the photographs here are hers. Some  
12 sample bags contained multiple small vials. You'll  
13 see that.

14 we did nuclide identifications with an Ortec  
15 portable high purity germanium. It's a  
16 state-of-the-art field instrument, but I'm going to  
17 show you how that even can mislead you. We weighed  
18 the vials without opening them. We did not want  
19 that stuff contaminating our laboratory.

20 where empty vials of his existed, we were able  
21 to estimate a net weight of the contents in the  
22 vials by subtracting the weight of the empty vials.  
23 we had comparable size of empty vials.

24 where we had a good estimate of the net weights  
25 of the contents, we used his chemical assessment of

1 the compound. We took his word as to what it was,  
2 plus with the qualitative identification from the  
3 Ortec. The stoichiometry or the chemical  
4 composition was expected and the specific activity  
5 of each nuclide to determine an absolute activity.  
6 And the following slides are some of the material we  
7 got.

8 This was originally identified by Kelly, using  
9 Ortec as highly enriched germanium. It's not. The  
10 gentleman said -- it is, in fact, a glow-in-the-dark  
11 button for military uniforms from World War II.  
12 It's radium 226.

13 From the purpose -- for gamma identification,  
14 radium 226 has a 186 keV energy line. Uranium 235,  
15 which is highly enriched uranium, also has a 186 keV  
16 energy line. Even a germanium can't really tell the  
17 difference or we can tell the difference with  
18 very -- with great difficulty because the resolution  
19 on these systems is typically about one kilo  
20 electronvolt and the energy difference between the  
21 Uranium 235 and radium 226 is actually point seven  
22 so you usually can't even tell the difference with  
23 the -- between these.

24 As far as the Ortec goes, if you actually held  
25 this material in front of the Ortec a little longer,

1 the radium 226 identification would pop up on it.  
2 But if you just did a quick, put it in front of it,  
3 it identified it as HEU. So that's one of the  
4 things about using instrumentation. You have to be  
5 careful about and use all the available information  
6 that you have; consider the context of the material.  
7 You know, this is sort of the lesson that, lessons  
8 learned I think that might be useful in terms of --  
9 in doing field identifications, too. You always --  
10 if you have anything, any information that might be  
11 pertinent, then please consider it when you -- don't  
12 just take the instrument's word for what it says it  
13 is.

14 And also, it did say note the cute cow can. He  
15 has the most entertaining containers. Seriously.  
16 And there's another one.

17 I said the double ring purpose here, this one  
18 does not normally expect to find americium, which is  
19 itself repurposed from smoke detectors in one's tea  
20 tin, but that's some of the metal pieces glued on  
21 the disks, the arrow, turned out to be.

22 We did -- we didn't give him back his  
23 americium. We could keep that under law, because  
24 you could not -- you can't repurpose americium from  
25 smoke detectors.

1           By the way, the smoke detectors, I was pretty  
2 amazed. He had industrial smoke detectors, not the  
3 little units that were typical in houses. The  
4 industrial ones had about 80 microcuries per  
5 detector. Which we actually gave him back his  
6 intact ones because we couldn't keep them because he  
7 had not repurposed them yet. So we had to give  
8 those back to him.

9           This is a little bit of a quality control  
10 issue. Remember, I said she had taken several, she  
11 had grouped these into terms of what they, what they  
12 were -- he had identified them as. And so these are  
13 all supposed to be ammonium diuranate. You can see  
14 the colors are a little bit variable. Going from  
15 yellow to basically red orange. So he's -- he does  
16 have a little problem in terms of quality control.

17           These are labeled uranium hydride. They look  
18 homemade, and from what he told me, they are. So --  
19 and, yes, he was combining uranium metal and  
20 hydrogen gas under heat. He did seem to know that  
21 you do not do this with any air present in there.  
22 He understood this. But, you know, it's still  
23 something that is a little bit alarming.

24           This one, he was trying to create, he was  
25 trying to get Protactinium 231, which is, I believe,

1 a uranium 235 daughter, to chemically deposit on the  
2 metal strip. He had his doubts that it had worked.  
3 And, in fact, we did gamma spectroscopy and were not  
4 able to detect protactinium positively in it. It  
5 has, like, three energy lines and at least one of  
6 those were not there. So we were not able to, we  
7 weren't able to really positively I.D. protactinium  
8 in there.

9 And this one, he had on the, on the label, he  
10 says neptunium -- neptunium and then AM 241, the  
11 arrow to Neptunium 237. It read on gamma as pretty  
12 much pure americium. It's about one microcurie  
13 there.

14 Remember, he can't really do chemical  
15 separations and so, there's going to be some  
16 Neptunium 237 there because it's an americium 241  
17 daughter. But mostly what's there is americium 241.

18 This one -- so I've been to labs where they  
19 wouldn't let you open something like this except in  
20 a glove box. A real glove box. Not one of his. It  
21 contains fine black uranium oxide powder. Very  
22 easily disbursable stuff. When I opened this  
23 container, I thought, well, maybe there was a  
24 smaller container inside. Nope. You opened it up  
25 and there's the fine powder there.

1           And sometimes he's just not sure. And when he  
2 wasn't sure, sometimes he had this neatly printed  
3 label that said "unknown compound". Like I said, to  
4 me that seems like an oxymoron. To have a neatly  
5 printed label that says unknown compound, but that's  
6 what he did.

7           Anyway, he had this neatly printed label saying  
8 unknown compound. Sometimes when he didn't know, he  
9 didn't bother with a label and just wrote on there,  
10 okay, what it might be with a question mark on it.

11           So this is what we did. So under the law,  
12 americium 241 cannot be repurposed. So the  
13 Americium 241 we removed from smoke detectors, which  
14 I said again, they're 80 microcurie commercial smoke  
15 detectors. Were industrial detectors. Were  
16 retained by BRC. which amounted to about, nine  
17 samples. We had -- we kept nine of them. One of  
18 which was weirdly, just seemed like fasteners.  
19 Little screws. But it read as AM 241, so we held on  
20 to it.

21           So his Pentek detectors were returned. This  
22 means we also retained the AM/BE sources he had  
23 which contained toxic beryllium powder, which is so  
24 weird, because I expected he would use beryllium  
25 foil. It wasn't foil. It was powder.

1           He was not over the legal quantity for natural  
2 uranium or thorium, so all of his uranium and  
3 thorium metal and compounds were also returned.

4           He told me the stories behind some of the  
5 number of his items. He's very enthusiastic about  
6 this. He has a story for almost everything that he  
7 created.

8           He was advised to consider not just his own  
9 safety but the safety of those who purchased his  
10 material, which I can do. I can tell him, look,  
11 consider the health of other people. And I asked  
12 him about himself and his attitude was, he's an old,  
13 like, he was an old person. He's -- so it doesn't  
14 matter anymore. But he's selling it to people who  
15 might be a little bit younger, so --

16           And I can do questions at this point, but you  
17 want to go ahead and go for the extras? Go for the  
18 extra photos.

19           Matt sent us -- he had better photos than I  
20 did. I'm so jealous. He had much better photos  
21 than I did.

22           Okay. This one, he has a shelf of mineral  
23 specimens. I assume mostly radioactive material.  
24 Radioactive ones.

25           And then next slide, please. That's another

1 view of it.

2 And this is his, this is his pride and joy.  
3 This is his periodic table. The ones -- so he  
4 obviously has not filled in everything from down in  
5 the -- let's see. Down in the actinides he's still  
6 working on that. But he's, you see he's got  
7 specimens of all the other elements.

8 I think that clock was wrong. wrong, by the  
9 way. I don't think it was quite that late in the  
10 afternoon when we visited.

11 Next slide.

12 JAMES FUTCH: why does he have a clock in  
13 there?

14 ALLEN MOODY: It's apparently made that way. I  
15 don't know if this is something he bought  
16 commercially made or if this is something he made  
17 himself. I don't know.

18 NICHOLAS PLAXTON: They used to use like a  
19 paint on there.

20 CHANTEL CORBETT: Radium.

21 NICHOLAS PLAXTON: Radium on there.

22 ALLEN MOODY: well, no, because it has a slot  
23 for Radium down here. It has a slot for radium up  
24 here. That's where radium should be. And I think  
25 he's got something in that slot.



1 Next slide?

2 He's got -- this is just a work bench in there.

3 I don't know exactly what else he has in there.

4 Next slide.

5 Another view of his glove box.

6 JAMES FUTCH: Is that an acetylene tank in  
7 there?

8 ALLEN MOODY: Huh?

9 JAMES FUTCH: What's the gas tank down there?

10 ALLEN MOODY: He's got, well, he says he has,  
11 like I said, I know he's played with hydrogen  
12 because I know he said he was using hydrogen.  
13 Hopefully not in this. But he -- if he's got a gas  
14 supply to this, I have no idea. But, you know,  
15 unless he was using some sort of an inert gas in  
16 here for some reason, which I would hope if he was  
17 doing that, he had better ventilation than what we  
18 saw.

19 CYNTHIA BECKER: He had the stove.

20 ALLEN MOODY: Kitchen stove, laboratory, prep  
21 area. He seems to have a little, either a hot plate  
22 or stirrer or -- actually, I think it's a hot plate  
23 stirrer over here. Of course, he's got his balance  
24 over here and his microscope.

25 JAMES FUTCH: Is this his actual kitchen?

1 ALLEN MOODY: Huh?

2 JAMES FUTCH: He's fixing food in this kitchen,  
3 too?

4 ALLEN MOODY: I hope not.

5 REBECCA MCFADDEN: This is the little apartment  
6 up the hill.

7 ALLEN MOODY: It's a garage -- it's basically  
8 like a garage apartment.

9 REBECCA MCFADDEN: The mother-in-law suite.

10 ALLEN MOODY: There's a garage area, there's  
11 like a carport area in the middle of it and then  
12 there are rooms on the side. And the rooms on the  
13 side is where he keeps his library. And he has a  
14 library of, like I said, of mainly older  
15 radiochemistry texts.

16 Next slide.

17 This is a, this is his chemical storage area.  
18 He's got his all his chemicals up here or whatever  
19 he was using. And I assume he's got basic acids and  
20 a few other basics up there. Like he said, he does  
21 not have the resins or the extractants to do or  
22 chelating agents that you would need to really do  
23 separation, proper chemical separations.

24 Next slide.

25 I think this is where we started bringing it

1 back. when we brought these materials back, for  
2 safety consideration, it was like, we double bagged  
3 them in plastic bags when we were bringing it back  
4 from the car. And I think we kept the windows down,  
5 too.

6 well, there was a lot, there was a lot of Radon  
7 in this stuff, okay? There's a lot of radon in this  
8 stuff.

9 RANDY SCHENKMAN, CHAIRPERSON: Put it in a  
10 metal box.

11 ALLEN MOODY: It looks like he's got a  
12 centrifuge back there. He does seem to have one.

13 JAMES FUTCH: Is that for the uranium market?

14 ALLEN MOODY: Huh?

15 JAMES FUTCH: Is that for the uranium market?

16 ALLEN MOODY: I don't know. No, I don't think  
17 he's doing -- I do not think he's quite up to, to  
18 doing, to doing enrichment with these. But that was  
19 the thing about it. All his material, except for  
20 the americium, was natural material. So because of  
21 the regs, the regs are so structured, that he can  
22 have, you know, John Lacey (ph) was saying kilogram  
23 quantities if he wanted to, of natural material.  
24 And so he was -- had quite a bit of it.

25 There was a lot of stuff we really couldn't put

1 a number on. He had bottles of yellowish liquid,  
2 which was yellowish. It's probably uranium, but  
3 because it's in liquid form, you can't -- because  
4 it's in solution, it was very, very hard to get a  
5 number. We couldn't really get a number on it.  
6 Because uranium, natural uranium's gamma energies  
7 are fairly low and so they're going to be strongly  
8 absorbed by water. So it's in an aqueous solution.  
9 It's going to be very, very hard for us, especially  
10 to tell how much is there. Especially considering  
11 the fact that, you know, you don't have -- you do  
12 not really have a gamma geometry for a jar that's  
13 about this big (indicating).

14 Next slide.

15 This is a rack of his electronic equipment.  
16 He's got -- I don't know how much of this stuff  
17 actually works, but he has, you know, quite a bit of  
18 it.

19 Next slide.

20 I'm not quite sure, this is -- somebody asked  
21 me about what this was. I'm not sure. Whether  
22 that's some kind of an oven or what it is. Does  
23 anybody recognize this thing?

24 ADAM WEAVER: It looks like an old furnace.

25 CHANTEL CORBETT: You were saying he was doing

1 something under heat, right, that couldn't have  
2 oxygen.

3 ALLEN MOODY: what he was doing, what he was  
4 doing --

5 ADAM WEAVER: Passing gas through it.

6 ALLEN MOODY: what he was doing was, he had  
7 uranium metal and he was basically reacting it with  
8 hydrogen. Like I say, you have to have -- all the  
9 air has to be gone or else it's going to blow up on  
10 you the minute you apply heat to it. But what he  
11 was describing was, he was saying, oh, I varied the  
12 temperature and I'd see the hydrogen and see the  
13 uranium changing as it turned into hydride and then  
14 I changed the temperature and it would go back to  
15 uranium metal and he was very enthusiastic about  
16 that, about the chemistry. Not safety but -- is  
17 that the last one?

18 JAMES FUTCH: Nope.

19 ALLEN MOODY: That's another view of his  
20 electronics.

21 JAMES FUTCH: Is this used stuff?

22 ALLEN MOODY: Yeah. A lot of it is used stuff.  
23 I assume -- he says he can work on this stuff and  
24 says he can make the, make the equipment work. But,  
25 you know, he was just buying what he ever he could

1 get off EBay, somebody's surplus, if somebody was  
2 going to throw it away. I guess he was scavenging  
3 it for electronic components.

4 This guy would, you know, be kind of  
5 frightening if he seriously got into the terrorists,  
6 got into terrorism or something like that. He  
7 knows, he knows his stuff to a large degree. There  
8 are issues, like I said, in chemistry that he does  
9 not seem to have a lot -- a great deal of knowledge  
10 of. But he's, you know, he's -- the electronics he  
11 says he understands. Apparently, he knows how to  
12 work a Germanium detector. He knows basic -- the  
13 stuff he can do with acids and bases, he knows that,  
14 that end of it.

15 STRATIS LAGOUTARIS: what did he do for a  
16 living that he retired and suddenly took up this  
17 hobby? what was he a retired schoolteacher or  
18 something?

19 ALLEN MOODY: Do you want to know what he said  
20 he was?

21 STRATIS LAGOUTARIS: Yeah.

22 ALLEN MOODY: He said he was a neuroscientist  
23 in his career.

24 MATTHEW WALSER: what did he do to get on the  
25 radar screen?

1 ALLEN MOODY: How he got on the radar screen,  
2 remember I was talking about this americium and  
3 beryllium sources? He had posted a YouTube about  
4 that. Apparently, he was -- you know, he says he  
5 didn't sell any of these things, but it's kind of  
6 hard to understand why he would make a YouTube about  
7 them if that had not been his intention.  
8 Apparently -- but he posted a YouTube about this and  
9 then the NRC got wind of it and then they contacted  
10 us.

11 CHANTEL CORBETT: You said the background was  
12 only three microbar?

13 ALLEN MOODY: Well, the background outside was  
14 three microbars. The background where we can get a  
15 clean background was about three microbars. About  
16 24 inside.

17 CHANTEL CORBETT: Yeah, I was going to say  
18 because the landfills locally in Central Florida,  
19 their monitors are set up for, like, 24 microbars.  
20 So most of that would still go pass through --

21 ADAM WEAVER: Pretty low.

22 ALLEN MOODY: Remember, also, like I said, that  
23 was after, about three, four months after we had  
24 taken all this stuff out of there before we put it  
25 back that it was reading that.

1 CHANTEL CORBETT: Right.

2 REBECCA MCFADDEN: So there was really nothing  
3 that he could be charged in doing wrong. You didn't  
4 find any over the amounts which he was able to have.  
5 So he -- nothing could be shut down. He's still  
6 there doing his thing?

7 ALLEN MOODY: As far as we know. I have no  
8 idea. No, our part in this ended when we took him  
9 back his stuff in November.

10 REBECCA MCFADDEN: Right.

11 ALLEN MOODY: We returned his materials in  
12 November and if he wants to cheerily go on selling  
13 his stuff on EBay, as far as we know, it's legal as  
14 long as it stays away from the americium. It's not  
15 really recommended practice, I would think. But,  
16 you know, we've got into this discussion here so  
17 many times that things are probably not a good idea  
18 but are not illegal.

19 WILLIAM ATHERTON: Just why is the americium  
20 special?

21 ALLEN MOODY: Because there's a law that says  
22 you can't repurpose the americium 241 in smoke  
23 detectors.

24 WILLIAM ATHERTON: Was there a logic behind  
25 that?



1 ALLEN MOODY: I don't know why. Anybody know  
2 why the reg. was written that way.

3 ADAM WEAVER: It's transuranic material.

4 ALLEN MOODY: Transuranic material, yeah.

5 JAMES FUTCH: So it's five microcuries per  
6 device. Well, that's home units.

7 ALLEN MOODY: Home units. These are industrial  
8 ones and they are 80.

9 JAMES FUTCH: You guys all know this anyway.  
10 How many smoke detectors do you have in your house?  
11 Five times, whatever that is in microcuries. You  
12 have 10 or 15 microcuries in your house. Deposit it  
13 on a piece of metal.

14 ADAM WEAVER: Industrial units have more. They  
15 would be more sensitive.

16 ALLEN MOODY: Is that the last one?

17 JAMES FUTCH: But you have to leave it there.  
18 You can't scrape it off and put it in a jar.

19 ADAM WEAVER: He just cut them off.

20 ALLEN MOODY: You can't do what he did was  
21 trying to put it on metal strips or you know,  
22 whatever.

23 ADAM WEAVER: Well, adding beryllium makes it a  
24 potential neutron source.

25 ALLEN MOODY: Well, it does, but -- I don't

1 have a picture of it here. I only have a picture on  
2 my phone, of his so called americium beryllium  
3 sources. I couldn't get neutrons, I couldn't read  
4 neutrons off it with the Ortec. The Ortec actually  
5 has a neutron meter on it. But that doesn't mean it  
6 wasn't emitting neutrons. It might just emit at a  
7 lower level than we could see with that detector.

8 But, again, the main hazard from those, that  
9 stuff is basically the fact that instead of using  
10 foil, and I don't know why on earth he didn't use  
11 foil. He was using beryllium powder and beryllium  
12 powder is acutely toxic. An inhalation hazard. You  
13 do not -- you do not want to disassemble one of  
14 these things. They're dangerous just from inhaling  
15 the beryllium.

16 Is that it? Okay. Any other questions?

17 JAMES FUTCH: That's it. That's the beginning.

18 ALLEN MOODY: That's the beginning. Any other  
19 questions?

20 RANDY SCHENKMAN, CHAIRPERSON: So what was the  
21 difference between the yellow to the red orange?

22 ALLEN MOODY: I don't know. It's a peculiarity  
23 of his chemistry.

24 RANDY SCHENKMAN, CHAIRPERSON: But they  
25 didn't -- it didn't register differently?

1 ALLEN MOODY: No, because it's still, it's,  
2 it's a purity issue. But it's the same thing. He  
3 had some, he had one compound that was, that was  
4 green, brown and black.

5 ADAM WEAVER: Those could be different forms of  
6 uranium.

7 ALLEN MOODY: Because remember, he has no  
8 quality control. So it could be that or it could be  
9 just impurities, various chemical impurities in the  
10 stuff that's making it this color versus that color.

11 Uranyl, by itself, the uranyl cation is yellow.  
12 Most compounds, that's why most uranium compounds  
13 are yellow. But, you know, if you have various kind  
14 of chemical impurities, they could be various other  
15 colors.

16 ADAM WEAVER: They used to make plates called  
17 Fiestaaware that were painted with different uranium  
18 chemicals and they were green, orange, yellow.

19 JAMES FUTCH: Some blue.

20 ADAM WEAVER: Blue, it could be all kinds of  
21 different -- actually, the blue may have contained  
22 thorium. You can look it up. It's not the new  
23 Fiestaaware because we have some of that in my house.  
24 My wife likes that. The old stuff. You can buy it.  
25 It's probably still on EBay.

1           ALLEN MOODY: He has one. He has a Fiestaware  
2 plate. He has a Fiestaware plate. He has, he has  
3 samples that are supposedly trinitite. You know,  
4 you can't even -- actually, if you go to, and I've  
5 been to the, I've been to the Trinity's test site.  
6 You can't even get that anymore because they've  
7 taken it all away because they didn't want people  
8 walking off with radioactive material. So I don't  
9 know where -- but he's, he's done a lot of shopping  
10 online and I guess you really can get anything on  
11 the internet these days.

12           JAMES FUTCH: Did he -- when NRC informed you  
13 guys, did anybody contact the sheriff's office in  
14 the county which he resides and make them aware of  
15 his existence? Not that he's done anything illegal.

16           ALLEN MOODY: Actually, we went down there. We  
17 had a deputy, I believe the deputy went with our  
18 survey person down there because we weren't quite  
19 sure of his state of mind. So, you know, a deputy,  
20 I believe, went with Kelly when we first went down  
21 there and got the material. And then we pretty much  
22 decided he was -- I don't know if you call him a  
23 harmless crank, it's definitely crank, but it's not  
24 really a hazard in terms of violence. We said,  
25 okay, fine.

1           So I went back with, with Matt Sinison in  
2 November to return the material and to talk with him  
3 a little bit and see, you know -- get some, get a  
4 few answers, basically.

5           NICHOLAS PLAXTON: I was going to say this  
6 story reminds me, I don't know if you believe it,  
7 maybe you read that story about the radioactive  
8 boyscout. Do you guys remember that?

9           This is like, sounds just like that where the  
10 kid, for his Eagle Scout, made a reactor in his  
11 backyard. It was actually in my neighborhood when I  
12 was in Michigan. I had to go back and look and see  
13 when I went to school. It was right outside the  
14 school when I went to elementary school.

15          ADAM WEAVER: They didn't give him his merit  
16 badge. Not that they ever gave him one.

17          NICHOLAS PLAXTON: But the Navy eventually  
18 hired him to be on a nuclear sub.

19          ALLEN MOODY: well, I mean, this guy, it would  
20 be nice if you could find some constructive way for  
21 him to use this enthusiasm. But he's retired. What  
22 are you going to do with him?

23          JAMES FUTCH: Allen, do you want to hire him?  
24 He can come work in your lab.

25          ALLEN MOODY: Yeah. But I could make his

1 business much more efficient. He could actually, he  
2 could actually be selling pure stuff instead of  
3 making --

4 JAMES FUTCH: Maybe you shouldn't hire him.

5 CHANTEL CORBETT: We can make him more  
6 profitable. Come on in.

7 NICHOLAS PLAXTON: Yeah, the radioactive  
8 boyscout died a few years ago from the radiation  
9 poisoning.

10 ALLEN MOODY: That's a thing, too. If he were  
11 actually doing purification, he would be generating  
12 a lot of radioactive waste because that does --

13 JAMES FUTCH: Did he become -- did he, after  
14 your talk about safety, did he become more aware of  
15 the, the importance of controlling airborne alpha  
16 emitters and radium oxide plain black powder.

17 ALLEN MOODY: I talked with him about all that.  
18 He is seeing this thing from the point of view of,  
19 well, it's not, it doesn't matter for me because  
20 he's, because he's, you know, he's at that age.  
21 But, you know, I did tell him that some of this  
22 stuff is hazardous. The dispersal of the stuff  
23 especially. Because we -- that is the worst thing.  
24 The worst thing is to have a disbursable alpha.  
25 Because, you know, you get it in, in your lungs and

1 it's, you know, it's a very high cancer risk for  
2 anything, any powder and that -- while it's more  
3 true of Plutonium or higher activity, specific  
4 activity nuclides, it's still true of, you know, of  
5 things like, well, certainly of americium. But also  
6 to some degree, I guess uranium, too.

7 RANDY SCHENKMAN, CHAIRPERSON: Does anybody  
8 have any more questions or should we move along a  
9 little bit?

10 Very interesting. Thank you.

11 (Applause)

12 RANDY SCHENKMAN, CHAIRPERSON: Okay. James,  
13 you're up.

14 JAMES FUTCH: Am I up? Okay. I'll sit over  
15 here.

16 So let's start with 64E-4 because we've talked  
17 about that one before.

18 Adam, I apologize if I have my back to you.

19 ADAM WEAVER: That's okay.

20 JAMES FUTCH: But -- so you may recall from a  
21 previous discussion that I think largely Adam and I  
22 had about laser, laser regulations.

23 ADAM WEAVER: Laser.

24 JAMES FUTCH: And so we had in, in March of  
25 2017, we did our last rule amendments and changes

1 for the state laser regulations. So the state laser  
2 rules are a combination of the device-specific  
3 requirements that FDA theoretically requires of all  
4 devices manufactured or imported into the U.S. And  
5 the user-specific requirements that stem from a  
6 voluntary laser safety standard called ANSI Z136.  
7 And the Florida regulation that we've had has been  
8 around since 1984; we'd periodically updated it.

9 So we had updated it in March of last year and  
10 brought it up to speed with the current version of  
11 the ANSI laser safety standard, on the user side,  
12 which is ANSI 2014.

13 Along about that time, there were also some,  
14 some changes in philosophy, as often happens in  
15 regulatory agencies, and certain viewpoints kind of  
16 went out and we were encouraged to move a lot of the  
17 regulations into a, into a document incorporated by  
18 reference. So we used to have 13 laser rules.  
19 Separate rules. 64A-3 and 1 through 13 and 14. And  
20 we took all of the regulations that were in 2  
21 through 13 and put them into a document incorporated  
22 by reference, which means it's a word document, has  
23 all the same exact language in it. It's just in a  
24 document which now resides in a book inside the  
25 first regulation. Point 001. Nothing changes.



1 obviously, we updated the ANSI reference. Nothing  
2 changes.

3 well, the way that finally percolated into  
4 existence is we ended up on the Department of  
5 State's landing page, if you will, for this  
6 particular rule. And the only rule that still had  
7 substance to it was the top one, 64E-4.001, and it  
8 had no subject listings to it at all. And all the  
9 rest of the rules, all said repealed, repealed,  
10 repealed, repealed. So if you don't know anything  
11 about laser safety in Florida, as Adam pointed out,  
12 not that you don't. You do, obviously. I'm saying  
13 somebody who doesn't, like a couple attorneys who  
14 contacted us saying, hey, did you repeal all your  
15 laser regulations? No, we haven't done that. But  
16 if you look at that website which is the place where  
17 everybody who's looking for regulations looks, who's  
18 a lawyer, you would miss the first rule, right, and  
19 you would see the balance of the rest of the page  
20 says repealed on it.

21 This took a little bit of fixing so that we  
22 were not erroneously leaving the impression with the  
23 entire State of Florida laser users that we no  
24 longer had laser regulations.

25 so we've finally, through Brenda's efforts and

1 my own and a very cooperative person at the  
2 Department of State, ended up -- of course, the  
3 computer decided it's not working. This would be a  
4 lot more effective if it would actually open.

5 while the computer is catching up, basically we  
6 got the Department of State to --

7 CHANTEL CORBETT: It's behind it.

8 JAMES FUTCH: There it is. Thank you.

9 So now, this is what it looks like.

10 So this is the one rule that is still in  
11 existence and you can see they allowed us to add  
12 back all the subjects that still exist and are still  
13 regulated by the State of Florida. So all these  
14 things you see, safe operations, postings, surveys,  
15 instrumentation, laser light shows, if you go to  
16 your light show concert, and all the places down  
17 below like this one, definitions where it used to  
18 say repealed, it actually refers you back up to this  
19 regulation for all the current requirements. So you  
20 no longer are hopefully left with the impression  
21 that the thing has actually been repealed. Really,  
22 what's happened, it's all moved to the top  
23 regulation. If you go and look at the top  
24 regulation, you will now actually find everything.  
25 It's where it's supposed to be.

1           So what I just described is kind of one of  
2 those very laborious but necessary things to make  
3 sure that people still are aware of laser regs. And  
4 that's all I have to say about Dash 4. Any  
5 questions?

6           ADAM WEAVER: Florida still has laser  
7 regulations?

8           JAMES FUTCH: Yes, we still do.

9           ADAM WEAVER: Some states don't.

10          JAMES FUTCH: I know.

11          ADAM WEAVER: There are some states that don't  
12 regulate lasers right now.

13          JAMES FUTCH: We still do.

14          ADAM WEAVER: Florida still has and is one of  
15 the first states that to have it.

16          JAMES FUTCH: Yeah, it's us, New York, Texas,  
17 Massachusetts, Arizona.

18          ADAM WEAVER: Yeah.

19          JAMES FUTCH: Probably one or two others I  
20 can't remember anymore.

21          All right. So that's Dash 4. The other one  
22 popped up.

23          All right. So on to Dash 3. So you've  
24 actually got the language in here for a couple of  
25 these I think, Brenda.

1           NICHOLAS PLAXTON: We do.

2           JAMES FUTCH: So in your packet of materials,  
3 after Allen's presentation, we have some proposed,  
4 proposed rules and -- all right.

5           So this first one is 64E-3.003, qualifications  
6 for exam. So we began this process a number of  
7 months ago. And this section of the regulation that  
8 you're looking at, I won't go through all of this,  
9 but if you look at the bottom paragraph, this is the  
10 section that governs the standards for examination  
11 for what we call the basic x-ray machine operator on  
12 limited scope and radiography. You heard us refer  
13 to this earlier in the context of Kathy asking how  
14 someone can find out if we're going to accept their  
15 criminal history for licensure as a radiographer.

16           So this textbook that I'm holding, this is a  
17 textbook available from one of the publishers that's  
18 been around for a number of years. It is -- it's  
19 written to follow one of the national registry's  
20 examinations for what they call limited scope  
21 radiography. This particular one, this is the 5th  
22 edition that we're holding here.

23           So this section of the regulation has been  
24 around for a number of years. And it basically  
25 states that the exam that we're using is going to

1 follow along these subject areas. Because this  
2 actually functions as the educational program for  
3 somebody who wants to apply for a basic x-ray  
4 machine operator license. And it, thankfully for  
5 us, we used to have our own textbook that we  
6 produced from 1983 until 2000 something. 2002,  
7 2000, somewhere in that vicinity. And, of course,  
8 it's kind of hard to write your own textbook,  
9 especially when it has 3, 400 pages and as  
10 technology and imaging changes, to try to keep up  
11 with it.

12 So capitalism and entrepreneurship responded  
13 and somebody said, wow, look at all these folks who  
14 are taking these exams all across the country.  
15 Let's write a book so they can buy it and study for  
16 those tests.

17 So when we first put this regulation together,  
18 this book I think was --

19 KATHY DROTAR: 1st edition.

20 RANDY SCHENKMAN, CHAIRPERSON: 4th.

21 JAMES FUTCH: well, the 1st edition was  
22 completely different authors. But then this company  
23 took over and these new authors --

24 KATHY DROTAR: Bruce Long.

25 JAMES FUTCH: -- from the 2nd edition forward.

1 Yeah, Bruce Long. So we updated the standards or  
2 are in the process of updating the standards. The  
3 notice of rule development was published in --

4 BRENDA ANDREWS: January of '18.

5 JAMES FUTCH: Strangely enough, just yesterday,  
6 this rule language was published for comment.

7 BRENDA ANDREWS: Really? Okay.

8 JAMES FUTCH: I checked this morning.

9 BRENDA ANDREWS: Okay. Finally.

10 JAMES FUTCH: Long time promulgating rules.

11 And so, basically, once this goes through, we will,  
12 we will again be up to snuff with the appropriate  
13 national practice on this particular examination.

14 REBECCA MCFADDEN: James, do you mind if I ask  
15 a question? You're referring to the basic operator,  
16 correct?

17 JAMES FUTCH: Yes.

18 REBECCA MCFADDEN: If there is a student who's  
19 currently enrolled in a program, and they are, you  
20 know, somewhat through that program, it's still  
21 required that they purchase the book?

22 JAMES FUTCH: No.

23 REBECCA MCFADDEN: Or is that part of this --

24 JAMES FUTCH: Yeah, the language -- if you  
25 actually read the language, it says -- where is it

1 at?

2 REBECCA MCFADDEN: Oh, it's not required to  
3 provide verification from graduation --

4 JAMES FUTCH: Yeah, they don't.

5 REBECCA MCFADDEN: -- the course of study for  
6 such an applicant is to review the book.

7 JAMES FUTCH: Right. So the way the basic is  
8 handled, is they, they can, of course, go to a  
9 national program. There are a few left. There's  
10 not very many. There are a fair number that are  
11 medical assisting programs that have a basic x-ray  
12 component to them. And then I think there's --  
13 Lynne, help me remember, two or three actual full  
14 basic programs around the state?

15 LYNNE ANDRESEN: A couple.

16 JAMES FUTCH: Everybody else is going to on the  
17 application, self-certify they have reviewed this  
18 textbook.

19 REBECCA MCFADDEN: Okay. So if they don't --  
20 let's say they're in a two-year program. It's their  
21 first year, they want to go ahead and get their  
22 basic.

23 JAMES FUTCH: You'll talking about full  
24 radiology.

25 REBECCA MCFADDEN: Like a radiology -- they are

1 part of a radiology program. They want to get their  
2 basic after the first year. Do they need to  
3 purchase the book and have it reviewed in order to  
4 apply for this exam?

5 ADAM WEAVER: Doesn't it say or?

6 JAMES FUTCH: Yes.

7 ADAM WEAVER: Or equivalent.

8 JAMES FUTCH: Yeah. In the language in the  
9 text here at the bottom of the page, which is  
10 64-3.003, see how we changed the number? It says  
11 published by any substantial similar course which  
12 provides instruction on each subject listed in the  
13 ARRT limited scope study guide. So they can use the  
14 3rd edition, they can use the 2nd edition if they  
15 want to.

16 REBECCA MCFADDEN: Okay.

17 JAMES FUTCH: What we're doing --

18 ADAM WEAVER: Or the text if they can find one.

19 JAMES FUTCH: Yeah.

20 REBECCA MCFADDEN: Yeah, one of our clinical  
21 instructors asked me to just confirm and I didn't  
22 want to translate.

23 JAMES FUTCH: No, they don't have to run out  
24 and buy this textbook.

25 REBECCA MCFADDEN: Okay.



1           RANDY SCHENKMAN, CHAIRPERSON: This says the  
2 4th edition and you're saying you have the 5th  
3 edition.

4           JAMES FUTCH: Remember when I said that there's  
5 a long process involved? So when we started this,  
6 the 4th edition.

7           RANDY SCHENKMAN, CHAIRPERSON: The 4th edition  
8 on.

9           JAMES FUTCH: Yeah, at some point in the  
10 future, maybe after I'm retired, Brenda, you can  
11 start the --

12          BRENDA ANDREWS: I'll be gone.

13          JAMES FUTCH: I'm just kidding.

14          CLARK ELDREDGE: The rule's out for comment  
15 now. Any one of you can write in. Don't you want  
16 to update it to the 5th, and then you can do it  
17 right then.

18          JAMES FUTCH: Sure. Six months from now we'll  
19 have that one finished.

20          All right. So that's standards for limited  
21 scope practice.

22          And then we will come to -- Chantel's over  
23 there waiting to jump in on this one.

24          CHANTEL CORBETT: No.

25          JAMES FUTCH: All right. So if you turn over

1 to what's page three up at the top, it will say full  
2 text of the proposed rule 64E-3.002 and then 3.004.

3 So let me describe this one. So what you're  
4 seeing here, and it's very hard to kind of follow  
5 along in, in this because you don't see what the  
6 previous version looked like, but let me back up and  
7 explain.

8 So these two sections of the rule, one of these  
9 is what we call the specialty technologists section  
10 of the rule. That's .0034 and .002 is definitions.  
11 And one of the definitions in, in the definition  
12 section is the practice of radiologic technology.  
13 So we're doing two different things here. Related,  
14 but they're in two different parts of the  
15 regulations.

16 So several years back, we had a change in our  
17 authorizing Statute 468, which allowed us to issue  
18 new types of licenses based upon national registries  
19 that had other kinds of licenses for imaging or  
20 therapy that we did not have. So from 1978 until  
21 2008, I think it was, we had limited scope, we had  
22 general radiography, we had nuclear medicine and we  
23 had radiation therapy. We didn't have things like  
24 CT or mammography or PET, positron emission or any  
25 of these other kinds of things.

1           So when that law changed, it gave us the  
2 ability through rule, to enact new kinds of  
3 certifications in Florida which matched what the  
4 national registries were putting out. At that point  
5 in time, we went through rule promulgation and we  
6 set up CT and mammography and PET, positron  
7 emission. And this section .0034, was what was set  
8 up in rule at that point in time.

9           So in the rule, you have to specify certain  
10 things. You have to specify who's going to qualify,  
11 which means you have to, you have to recognize the  
12 national registry credential. You have to specify  
13 what they're going to call themselves, what their  
14 titles are going to be, what their initials are  
15 going to be on the cards that Dr. Spivey and Gail's  
16 group issues. You have to specify what their  
17 practice standards are going to be. All those  
18 things were done in .0034 and everybody's happy.

19           we're not talking large numbers. I don't know  
20 if you remember the slide from before, but there's,  
21 you know, 20,000 plus general radiographers; 2,000  
22 plus nuclear med techs and the number of CT and  
23 mammo and PET, all these together number in the  
24 couple hundreds. Maybe 500 I think. Something like  
25 that. Anybody remember the number? I've forgotten.

1 Not over a thousand. But, but still very, very  
2 important for people who are practicing in those  
3 areas and wish they have their licenses at the  
4 national level, acknowledged and allowed to practice  
5 under those licenses in Florida.

6 And this affects some professions differently.  
7 So, for example, people who are licensed as nuclear  
8 medicine techs, they were mostly prohibited from  
9 doing any kind of CT for a long time, even though  
10 the technologies merged together as PET/CT that  
11 we've talked about before, until this law passed.  
12 And at this point, they were able to go to the  
13 national registry, ARRT, and obtain a CT license,  
14 and then come to Florida and provide it to us and  
15 then we would issue a CT license. Now they can do  
16 full CT on a PET/CT machine or whatever combination  
17 of nuclear medicine or CT, whatever they want to do.  
18 So everything was fine and everybody was happy.

19 And then the other national registry, NMTCB,  
20 which is a fine registry, came along -- Chantel is  
21 our go-between for NMTCB -- and they decided to  
22 create their own CT registry. And guess what? We  
23 didn't recognize that in Florida law. So we're  
24 like, no problem. We'll go back to the statute, and  
25 okay. They've got this and this. Oh, wait a

1 minute. Their practice standard is not one that is  
2 for CT by itself. It's CT, it's part of nuclear  
3 medicine, and we went to the lawyers and it's like,  
4 you've got to have one that covers that.

5 So it took a while, through the efforts of the  
6 Society of Nuclear Medicine and NMTCB -- maybe  
7 Chantel had a part in it, I don't know. We had a  
8 person come down and talk to us, you remember this  
9 from several years ago.

10 The key thing that we've been waiting on for  
11 the past couple years is for the ARRT and the NMTCB  
12 -- excuse me, ASRT and the Society of Nuclear  
13 Medicine to come together and modify the existing  
14 scope of practice that ASRT was using, which we had  
15 already recognized years, some years ago, and adapt  
16 it to fit both pathways, which they did as of last  
17 June.

18 And we have -- so where we're at with the last,  
19 .0034 is, we've recalibrated .0034. It's made it  
20 through rule development. Brenda, help me. Where  
21 are we? Made it through rule development last month  
22 or the month before.

23 BRENDA ANDREWS: March.

24 JAMES FUTCH: Okay.

25 BRENDA ANDREWS: March 24th.

1           JAMES FUTCH: And the language is out. NMTCB  
2 has seen this language. ASRT has seen this  
3 language. You are seeing this language. It's  
4 extremely -- there's nothing controversial. It's  
5 basically move some stuff around; reorganize it so  
6 that it makes sense that you can now issue based  
7 upon this other national registry.

8           So we're down to, it's out of our hands. It's  
9 way out of our hands. It's somewhere above us in  
10 the rule promulgation process and should be coming  
11 out as a notice of rule promulgation posted on the  
12 Department of State's website at some point. And  
13 hopefully nobody has substantive changes that need  
14 to be made, which would delay it further. And once  
15 we get that, we can, we can begin accepting -- don't  
16 say anything -- beginning accepting CT from this  
17 other national registry.

18           At the same time -- and I'll come back to the  
19 point about this accepting and issuing CT -- the  
20 first half of this is the change in the definition  
21 of, in the practice of radiologic technology. So  
22 right now, we recognize in the regs, practice  
23 standards from ASRT for CT, for mammo, practice  
24 standards from ASRT, as soon as this is finished,  
25 from, from the other side of the CT world, practice

1 standards from Society of Nuclear Medicine for PET,  
2 and that's great. That's all the specialty  
3 technologists. But the general radiographers,  
4 mostly, and to a certain extent, the radiation  
5 therapists and to a much lesser extent, the nuclear  
6 medicine technologists, all they've had for a  
7 practice standard in Florida for a long time is this  
8 definition, this unmodified version of the  
9 definition of the practice of radiologic technology,  
10 which basically says the practice of radiologic  
11 technology means the performance of activities  
12 requiring special knowledge and skills, including  
13 positioning techniques, safe operation of radiation  
14 equipment and radiation protection.

15 So not too specific. And yet, there are actual  
16 practice standards that have been in existence at  
17 the national level for decades for radiography, for  
18 full radiography, for nuclear medicine and for  
19 radiation therapy.

20 So the second half of what this rule  
21 promulgation does is adopts those, also, for use in  
22 Florida by the rest of the technologists.

23 And that's it. Any questions?

24 RANDY SCHENKMAN, CHAIRPERSON: Anybody have  
25 comments? Anything?

1 KATHY DROTAR: I have a question.

2 JAMES FUTCH: Go ahead.

3 KATHY DROTAR: So now that NMTCB has recognized  
4 it as CT, okay. Now, how does that nuclear med  
5 person train for that, because they weren't able to  
6 do CT. So can they do that now or do they have to  
7 be in a program?

8 JAMES FUTCH: So this hasn't changed. The way  
9 the laws are written in Florida, that person should  
10 be doing it underneath the auspices of a program.  
11 However, it's also possible to do, I forget the  
12 percentage -- we've gone through this, I don't know  
13 how many times -- there's a certain percentage of  
14 the required clinical competencies that can be  
15 accomplished.

16 Chantel, why don't you tell me what I should be  
17 telling them.

18 CHANTEL CORBETT: Sorry. The ARRT has the  
19 specific list of, of clinical competencies. The  
20 NMTCB is based on experience hours.

21 KATHY DROTAR: Okay.

22 CHANTEL CORBETT: So they're two different  
23 things. Remember when we discussed all that in  
24 multiple sessions. That's the biggest difference.  
25 So that nuclear medicine techs, especially in



1 Florida, can be qualified for this without going  
2 back to school. Because when you're a full-time  
3 tech and living an adult life, it's really hard to  
4 go back to a two-year school just for that. So --  
5 and the ARRT has always said, technically, we want  
6 you to do one hundred percent of the scan. So,  
7 technically, you would have to push the button.

8 Now, for me, I've always -- the argument has  
9 always been from other clients, all the  
10 technologists saying, look, if I've done everything  
11 else, you know, contrast is already in the scope of  
12 practice for nuclear medicine techs, so if I do  
13 everything else except push the start button, can I  
14 count that? And they say no. So we've never been  
15 able to do that without going back through a school  
16 program. But the NMTCB allows us to do the number  
17 of hours -- and I believe it's 400 hours -- in a  
18 clinical environment. So that does not require  
19 actual schooling.

20 KATHY DROTAR: So you're not actually scanning.

21 CHANTEL CORBETT: You could be scanning, yes,  
22 as part of a, like a PET/CT.

23 JAMES FUTCH: That's what I was trying to say.

24 CHANTEL CORBETT: Yeah, I mean it could be part  
25 of that set protocol and you could still be within

1 your rights to do that.

2 NICHOLAS PLAXTON: So it's like on-the-job  
3 training then?

4 CHANTEL CORBETT: well, it's not -- yes and no.  
5 I mean, you don't have to be part of a school  
6 program, but you still have to be in that  
7 environment the number of hours. So if you're  
8 already a PET technologist, and you're doing PET/CT  
9 all day, there are certain parameters where it's  
10 allowed as part of the set protocol, where you're  
11 not doing standalone CT by itself, because that's  
12 not allowed.

13 NICHOLAS PLAXTON: But once you reach that  
14 number of hours --

15 CHANTEL CORBETT: Then you have to go take the  
16 exam.

17 NICHOLAS PLAXTON: Take the exam.

18 CHANTEL CORBETT: Yeah. And it includes, you  
19 have to have the educational portion as well and  
20 then the experience portion. Then you have to go  
21 take the exam, get the certification and turn that  
22 into the state once it's approved.

23 KATHY DROTAR: Okay. So under that auspice,  
24 and you're just doing -- that enables you to do  
25 PET/CT?

1 CHANTEL CORBETT: Once you get your license,  
2 you'll be able to do all CT.

3 NICHOLAS PLAXTON: You can do full CT without  
4 PET, if you get your license.

5 CHANTEL CORBETT: Correct.

6 JAMES FUTCH: Not even a PET/CT machine.

7 NICHOLAS PLAXTON: You can work in a radiology  
8 medicine department and in nuclear medicine  
9 department.

10 JAMES FUTCH: I'm not sure how many will do  
11 that, but you could.

12 CHANTEL CORBETT: Very few will do that because  
13 it will be a significant pay cut, honestly.

14 KATHY DROTAR: No. I was just worried on --  
15 thinking on the other end. If you're, you know,  
16 just observing something and not actually doing.

17 CHANTEL CORBETT: None of your new x-ray techs  
18 coming out of school have done any CT for the most  
19 part.

20 KATHY DROTAR: That's not true.

21 CHANTEL CORBETT: Most of the ones in the field  
22 do not do CT as a student. The most recent ones,  
23 yes, but historically, no. They came out with no  
24 cross-sectional anatomy and no CT experience and  
25 they were trained completely on the job.

1 KATHY DROTAR: When I was in x-ray school,  
2 there was no CT. So, yeah.

3 CHANTEL CORBETT: Nuclears have had  
4 cross-sectional anatomy forever, since spec existed,  
5 so education wise, you know, I think that they've  
6 always been further ahead than that.

7 KATHY DROTAR: I was just -- I wasn't worried  
8 about the education. I was just wondering about the  
9 ability to actually perform the scans and how much,  
10 you know, and advising our nuclear medicine people  
11 what would their students be able to do. I think  
12 that's certainly appropriate in their curriculum  
13 now.

14 CHANTEL CORBETT: Yeah, most people in nuclear  
15 medicine programs have CT programs.

16 NICHOLAS PLAXTON: The question I had now, what  
17 we were talking about, people that are already  
18 working, but people that are coming through the  
19 nuclear technologist schools now, will get this as  
20 they come out, right? They don't have to do  
21 anything further.

22 CHANTEL CORBETT: Correct. Most of them  
23 already have the --

24 NICHOLAS PLAXTON: They will take the test when  
25 they finish their program.

1 CHANTEL CORBETT: Yeah. So I know HTC, I know  
2 they have theirs completely incorporated into their  
3 program where they will actually have -- they are  
4 able to sit for the ARRT and the NMTCB both coming  
5 out of school.

6 JAMES FUTCH: Yeah. I would hope that the  
7 programs for new folks coming out are incorporating  
8 CT as much as possible.

9 CHANTEL CORBETT: Right. And like I said, the  
10 nuke med programs have switched now so they are  
11 already sitting for ARRT coming out so they will  
12 have the actual exams and the hours. And like I  
13 said, some of the bigger hospital groups are very  
14 much pushing their techs to get the CT license in  
15 order to be able to run a PET/CT.

16 KATHY DROTAR: Right.

17 CHANTEL CORBETT: And so that's the little  
18 group, where you have these people who are -- have  
19 been in jobs for years and years, and basically are  
20 being told, you either go get this or we're going to  
21 just hire somebody else and you won't have a job.  
22 You know, we'll have to switch you over to do  
23 something else.

24 NICHOLAS PLAXTON: They are only doing it by  
25 choice. Because in order to run a PET/CT, you

1 wouldn't need it. But technically, many --

2 CHANTEL CORBETT: Basically, what they are  
3 doing is they are trying to prevent having to pay  
4 multiple people and all that kind of thing, too.

5 I don't know, what are you guys doing at  
6 Florida Hospital? Do you know if they are pushing  
7 it?

8 MARK SEDDON: We have the dual -- a lot of  
9 times we have the ASRT, the RTs running the  
10 PET/CT's. That's generally the most common.

11 CHANTEL CORBETT: Yeah, so they can a nuclear  
12 med tech and an x-ray tech.

13 NICHOLAS PLAXTON: So you have two.

14 CHANTEL CORBETT: Yeah.

15 NICHOLAS PLAXTON: We've just nuclear med techs  
16 run ours. They know how to do it.

17 CHANTEL CORBETT: And Beth's place is, too.  
18 You've got the bigger groups that do just PET/CT,  
19 which is really just CT for continuation correction,  
20 then you've got places who are literally doing  
21 diagnostic CT's in between every PET as a separate  
22 patient. So that's the two different main centers  
23 where you're going to have it.

24 RANDY SCHENKMAN, CHAIRPERSON: Can I interrupt?  
25 We only -- we have less than half an hour and I know

1 we have another presentation. So can we -- did  
2 anybody have any more questions or can we end this  
3 one and bring --

4 JAMES FUTCH: One thing that I was curious, you  
5 guys have the language in front of you. You're  
6 familiar, in your areas, with the practice standards  
7 that are out there. The national standards. Do you  
8 think we're on the right track? We're moving?  
9 okay.

10 RANDY SCHENKMAN, CHAIRPERSON: Yeah.

11 KATHY DROTAR: Yes.

12 RANDY SCHENKMAN, CHAIRPERSON: Okay.

13 JAMES FUTCH: Where we going?

14 RANDY SCHENKMAN, CHAIRPERSON: Clark?

15 CLARK ELDREDGE: Back to mine. We'll probably  
16 pick one or two things out and then we'll have to  
17 table the rest, I guess, to next time or we'll be  
18 moving ahead to some of these things without your  
19 comments.

20 JAMES FUTCH: Do you have the clicker?

21 CLARK ELDREDGE: No, he does.

22 JAMES FUTCH: I don't remember where you were.

23 CLARK ELDREDGE: Just the first one. Healing  
24 arts. Do you want to start it?

25 JAMES FUTCH: Sorry.

1           CLARK ELDREDGE: Harm to patient. We have in  
2 medical event reports, that a medical event, any  
3 medical use that results in unintended permanent  
4 functional damage, all right, is one thing that is  
5 considered a medical event to report. And in these  
6 reports, we also after, you know, from the other,  
7 the wrong patient, the wrong one, generally, there's  
8 some statement from the team, there was no harm to  
9 the patient. We just did, you know, a wrong  
10 isocenter, we just did this, but there was no harm  
11 caused. And I'm assuming that their whole basis for  
12 saying there's no harm is they said there's no  
13 permanent functional damage to the person. Yet with  
14 radiation safety, things we know that there are  
15 temporary functional impairments, there's, you know,  
16 increased to cancer risk as well from high doses of  
17 radiation.

18           So I was looking at adding a harm to patient  
19 and potentially replacing the -- this part with a  
20 medical use that results in this, instead of any  
21 medical use that results in harm to the patient and  
22 adding a definition of harm to the patient. Which  
23 includes, first, the permanent functional damage for  
24 any -- that was not intended -- is determined by a  
25 physician not intended as a expected outcome of the



1 procedure or treatment.

2 Temporary functional damage. Again, as  
3 determined by a patient, physician that was not an  
4 intended or expected outcome. And I was wondering  
5 if, there I was thinking of instead of, as we know  
6 that therapy is done for curative as well as  
7 palliative purposes -- leaving the temporary  
8 functional to a palliative or diagnostic procedure.  
9 And then any time that there's a dose that's messed  
10 up that increases the cancer risk by 50 percent over  
11 what was the anticipated from the dose provided from  
12 that procedure or some other appropriate percentage.  
13 That that would put a limit on, from the prescribed  
14 amount of the radiation necessary for the medical  
15 procedures.

16 So limit, you'd have the doctors saying this is  
17 how much dose we need. If the alignment of the --  
18 if the procedure was done in such a way that either  
19 wrong part was irradiated, other dose limits that if  
20 you significantly increase the cancer risk.

21 Now, of course, within that you could also say  
22 that the cancer risk also has a time age limit in  
23 it. So if you actually overdose somebody who's not  
24 expect to live for three years, you don't have to  
25 worry about that part. But if it's a younger person

1 where you're trying to cure them of some disease or  
2 diagnose them, you know, that would be a  
3 consideration of that being harm to the patient that  
4 you've done something that's -- because, you know,  
5 you'd certainly allow in that test effect  
6 calculation, expected life of the patient versus how  
7 long it would take effect for the radiation to show  
8 up as a cancer risk.

9 MARK SEDDON: The third one is not going to  
10 fly.

11 CLARK ELDREDGE: Not going to fly?

12 MARK SEDDON: There's no way to quantify that  
13 realistically. So I mean, you can -- the first two  
14 you could put, you know, permanent functional  
15 damage. But as far as somehow saying if that  
16 someone's off by ten centimeters within the liver  
17 that you can put down what is the stochastic effect  
18 if it's 50 percent higher. There's no agreed-to  
19 value to it. You can't really look at it and say,  
20 well, looking at, you know, cancer risks from a  
21 certain amount of exposure to tissue, because  
22 there's --

23 RANDY SCHENKMAN, CHAIRPERSON: There's no table  
24 to go to.

25 MARK SEDDON: Yeah. There's no table.

1 CHANTEL CORBETT: There's no standard.

2 MARK SEDDON: There's no standard. That's  
3 really kind of a gray kind decision of -- it's still  
4 being researched as type of the secondary effect  
5 you're going to have from treatment. That's  
6 ongoing. I don't know if you can really put that in  
7 a regulation or a definition like that. It would be  
8 difficult. It would be hard for any physicist to  
9 make that determination.

10 For, like, if you have a, like I say, if you  
11 miss osicenter on a treatment --

12 CLARK ELDREDGE: Right.

13 MARK SEDDON: -- how would you --

14 CLARK ELDREDGE: well, you've got your -- if  
15 you miss the osicenter, you know what your  
16 calculated volumetric dose to the rest of the  
17 tissues are and how much you overcharged those  
18 tissues by.

19 MARK SEDDON: Yeah, so the current numbers have  
20 actual values. You can look if it's 50 percent  
21 above the expected dose from planned to the  
22 surrounding tissue. But as far as if that is some  
23 type of an increased risk, that's going to be the  
24 part that's going to be difficult.

25 ADAM WEAVER: It's very hard to quantify that

1 and even qualify that.

2 MARK SEDDON: I think if you stay away from  
3 that third one, even more the other numbers, you  
4 have dose exceeds expected by 50 percent, whatever  
5 the number is, you know, more than half.

6 CLARK ELDREDGE: Well, that's actually, that  
7 part of the language for the isocenter missed that  
8 increased the dose to the non -- increased the dose  
9 to over the intended dose by 30 percent.

10 MARK SEDDON: The verbiage you had before.

11 CLARK ELDREDGE: That was the language that I  
12 had drafted that I forgot to include in this.

13 MARK SEDDON: Right. That would make sense.

14 CLARK ELDREDGE: That would kind of address the  
15 situation.

16 MARK SEDDON: Right. That makes more sense.  
17 That's easier to quantify than something like this.

18 RANDY SCHENKMAN, CHAIRPERSON: Than a risk.

19 MARK SEDDON: Than just a risk.

20 CHANTEL CORBETT: Across-the-board basis where  
21 everybody is going to read it the same, be able to  
22 calculate and compare this.

23 MARK SEDDON: Because your risk is very patient  
24 dependent.

25 ADAM WEAVER: The second one, organ area, are

1 you talking about like if you're in a cardiology  
2 setting and you get the reddening of the skin, that  
3 may be more patients?

4 CLARK ELDREDGE: well, I mean, if you're  
5 expecting to -- if you, you know, if you're doing a  
6 cardiac, if you are doing cath lab or something, you  
7 know you're going to be causing a certain dose that  
8 you're intending for the procedure, you know what  
9 your procedure thing, for some reason, oh, shoot,  
10 you know, no, we did not intend to call erythema  
11 dose and you do, then --

12 ADAM WEAVER: The problem with that is, you  
13 know, if you had a procedure at the other hospital  
14 two days ago, you didn't get reddening of the skin,  
15 but two days later, he's going to have another  
16 procedure and it is going to be reddening, it may  
17 not always be from a new facility.

18 MARK SEDDON: or if you have temporary  
19 inflammation because of, for multiple CT scans and  
20 then you have --

21 ADAM WEAVER: Right.

22 MARK SEDDON: -- cardiovascular type of  
23 procedures.

24 ADAM WEAVER: Could be other factors could  
25 affect the skin.

1 CLARK ELDREDGE: well, that's part of why the  
2 doctor has to look and say why.

3 ADAM WEAVER: But there's no way to track doses  
4 within the state. They may track it for the  
5 procedure, but they may not put that into the  
6 person's record, not have it for a doctor to look  
7 at.

8 MARK SEDDON: I mean, we are tracking. The  
9 facilities are tracking skin injuries from  
10 interventional procedures. That's kind of something  
11 that's --

12 ADAM WEAVER: But if a patient came from  
13 another facility, from another hospital.

14 MARK SEDDON: Right. It's always like who is  
15 at fault.

16 ADAM WEAVER: Right.

17 CHANTEL CORBETT: Right. I mean, you can have  
18 the cumulative dose.

19 MARK SEDDON: Yeah, it's cumulative dose over  
20 six months.

21 ADAM WEAVER: Right.

22 MARK SEDDON: You know, if you happen to be the  
23 one facility that captures it, and all the other  
24 procedures are performed, no one else captures it,  
25 so who really is the -- if you don't tie this to a

1 medical event, it's like, well, is it, you know --  
2 he had what would be a fairly low-dose CT scan, but  
3 that caused an effect because this patient had  
4 previously had, you know, all these other cardiac  
5 interventional procedures.

6 ADAM WEAVER: He could've been in a CT or  
7 could've had a nuclear medicine procedure before  
8 that. Who knows. Acupuncture is something else  
9 that could cause reddening of the skin.

10 MARK SEDDON: Yeah. A long-time medications  
11 cause skin sensitivity.

12 ADAM WEAVER: Right. Allergic reactions.

13 MARK SEDDON: Is that the intention to have,  
14 this be used for some type of reporting for  
15 diagnostic procedures?

16 ADAM WEAVER: Putting it in the definition.

17 CLARK ELDREDGE: Putting it in the definition,  
18 yeah. As I say, it's trying to figure out if what,  
19 you know, again, looking for more bases of what,  
20 what is harm versus the blanket statements we're  
21 being provided in medical, in therapy -- or excuse  
22 me, medical event reports. And it's like, yeah.  
23 It's almost as vague on their part with no standard  
24 of what they meant by that, you know.

25 MARK SEDDON: Right.

1 CLARK ELDREDGE: And so --

2 MARK SEDDON: I think they may throw that -- a  
3 lot of times, they put the statement of no harm  
4 because of the, one of the criteria for medical  
5 reporting is permanent functional damage.

6 CLARK ELDREDGE: Right. I think that's what  
7 they're limiting it to.

8 MARK SEDDON: They're saying we don't have  
9 permanent functional damage.

10 CLARK ELDREDGE: For damage, but they are not,  
11 yeah.

12 CHANTEL CORBETT: You're saying it's not  
13 intended or expected.

14 CLARK ELDREDGE: Right.

15 CHANTEL CORBETT: Some of the things,  
16 obviously --

17 CLARK ELDREDGE: You know you're going to --

18 CHANTEL CORBETT: It's expected.

19 CLARK ELDREDGE: Right.

20 RANDY SCHENKMAN, CHAIRPERSON: well, the  
21 patients also sign a consent form and a lot -- most  
22 of the consent forms have some of the known side  
23 effects in them.

24 CLARK ELDREDGE: Right. And that would, you  
25 know, if it's a known side effect, then it's not



1 a --

2 RANDY SCHENKMAN, CHAIRPERSON: It's not an  
3 intended or unexpected, yeah.

4 CLARK ELDREDGE: Right.

5 RANDY SCHENKMAN, CHAIRPERSON: So what does  
6 everybody think of this one? Do you like the first  
7 two paragraphs and not the third? All three? One?

8 KATHY DROTAR: Definitely not three.

9 MARK SEDDON: Yeah. I don't think three is  
10 something that would be easily defined. Number one  
11 definitely makes sense.

12 ADAM WEAVER: I think number two needs work.

13 MARK SEDDON: Two might need more work.

14 Including diagnostic procedures, that becomes --

15 ADAM WEAVER: It's so wide organ or whole  
16 system.

17 MARK SEDDON: Yeah. Because now suddenly, if  
18 you use this logic, you're now creating a brand-new  
19 category of medical events in the interventional  
20 world, which never in the past had been medical  
21 events. Because you're seeing diagnostic procedures  
22 that result in some type of temporary skin damage.  
23 They're now considered a medical event, which is  
24 something that's brand new, no one else has done  
25 that before.

1 CLARK ELDREDGE: Unless it's an anticipated  
2 side effect of the procedure or --

3 CHANTEL CORBETT: I think the problem with  
4 interventional, a lot of these times these cases are  
5 not expected to get complicated; sometimes they do.

6 MARK SEDDON: Yeah, right. Because they go in  
7 and they start the procedure and it --

8 CHANTEL CORBETT: It changes.

9 RANDY SCHENKMAN, CHAIRPERSON: And some -- they  
10 find things they didn't expect to.

11 ADAM WEAVER: They find something else blocked  
12 and it takes a lot more time.

13 CLARK ELDREDGE: Time, right. But at that  
14 point, wouldn't that be just a continuation of  
15 the -- if the procedure has to go longer, well,  
16 that's the risk. They know, they say, okay, we have  
17 to run through this longer through the block, that  
18 means that would be an anticipated effect.

19 MARK SEDDON: Right.

20 CHANTEL CORBETT: I guess it depends on what  
21 your definition of when they're anticipated. Like,  
22 do we get to change that anticipation throughout the  
23 case?

24 MARK SEDDON: Because at the end of the case,  
25 they know the dose they gave.

1 CLARK ELDREDGE: I mean, I think that's part of  
2 medical practice is your anticipated outcome changes  
3 throughout the treatment of a patient.

4 CHANTEL CORBETT: Right. That's why I'm  
5 saying, that definition is hard --

6 ADAM WEAVER: Number two is really hard to --

7 CHANTEL CORBETT: -- as is.

8 CLARK ELDREDGE: All right. Work on it.

9 Next. Okay. Vendors. Our statute that  
10 register -- that requires the registration of  
11 vendors just says we -- the state shall register  
12 them and that's it. Okay? So, basically,  
13 everything we do with the registration is voluntary  
14 on the part of the registrant since we have no real  
15 standards in the statutes.

16 we have plenty of people in our list that have  
17 gone away and closed up and as it is, they're still  
18 registered. So trying to set a date for how long  
19 these vendors are registered. That they have to  
20 update us and let you know to keep the registration  
21 is part of the purpose of this.

22 So the current language in our rule just says  
23 who's supposed to register, who installs machines,  
24 service of machines, and the servicing includes  
25 fixing machines and all the components and adding

1 them and the form they have to respond with.

2 So what we're looking at saying is, okay.  
3 Actually, I rethought this again. It probably  
4 doesn't need to be -- valid may not be  
5 appropriately, may not actually be legally supported  
6 by or something about the fact that you can only be  
7 listed as registered. I might have to change that  
8 language rather than valid to something like you can  
9 only be listed for two years as registered.

10 And that they have to resubmit every time they  
11 want to do an update, they fill out another form so  
12 we know they are still out there and still a legal  
13 business. To help the community, since our  
14 registration doesn't -- currently, we don't really  
15 ask any question of what they actually do. It says,  
16 are you servicing machines, are you selling  
17 machines? But that doesn't help the actual medical  
18 community or the -- the people out there and us know  
19 what the service is through our registration. That,  
20 to me, seems like it's not benefiting everybody else  
21 in the state who's using these people if you don't  
22 know what they actually are there for. Because we  
23 do get questions from the public. How do I find  
24 somebody who services dental machines or this  
25 machine or that and we go, our only choice is going

1 to say, well, look, at the yellow pages, but if we  
2 ask them what services they provide a little more  
3 specifically, we'd have that as a resource for them.

4 So we'd ask them what categories, according to  
5 our listing, do you service, do you sell. Are you  
6 actually a specifically authorized vendor or for a  
7 particular brand; that type of thing. So that would  
8 also potentially give people some sort of, you know,  
9 and as well as for the services.

10 So this is just a kind of who are you, where  
11 are you, and remind us every two years to make sure  
12 you're out there or we pull you off the list.

13 Comments?

14 ADAM WEAVER: I don't know how this is going to  
15 fly through your -- it's like the state's going to  
16 put out a list and say, here are the vendors.

17 CLARK ELDREDGE: The list is out there.

18 ADAM WEAVER: It's out there now?

19 CLARK ELDREDGE: It's out there now. It is a  
20 legal -- we have to collect that. It's in the  
21 statute. People who do it have to give us this.

22 ADAM WEAVER: It's available on your website  
23 that you can --

24 CLARK ELDREDGE: You can get it by request. We  
25 don't --

1 CHANTEL CORBETT: I'm assuming that there's  
2 some caveat that says we're not, you know, we're not  
3 recommending.

4 CLARK ELDREDGE: We don't recommend and we  
5 still don't recommend anybody. But before anybody  
6 can walk into anybody's facility here to touch their  
7 radiation machines, they have to be registered with  
8 us. Before they can walk in to sell you one or call  
9 you on the phone, they are registered with us. But  
10 there's no --

11 ADAM WEAVER: I mean, yeah.

12 CLARK ELDREDGE: I'm just trying to make  
13 that --

14 ADAM WEAVER: You can buy x-rays now off of  
15 EBay.

16 CLARK ELDREDGE: Which again, it's illegal for  
17 them in Florida to sell you off EBay, but that's not  
18 going to stop them.

19 ADAM WEAVER: Right.

20 RANDY SCHENKMAN, CHAIRPERSON: This also  
21 doesn't specify whether after two years, they're  
22 going to have to repay for their registration.

23 CLARK ELDREDGE: There is no fee in the  
24 statute. They just have to register. We don't  
25 charge them for anything for that part of it. But

1 that's the next slide, which we'll stop after the  
2 vendors so we can move on to the next thing.

3 CHANTEL CORBETT: That would be the down side  
4 for the state as far as work load goes.

5 CLARK ELDREDGE: It's an unfunded mandate right  
6 now.

7 CHANTEL CORBETT: Yeah.

8 CLARK ELDREDGE: So should we be asking for  
9 more information that you all can use about them  
10 when they register? It's a loaded way to say that.  
11 I apologize.

12 ADAM WEAVER: Especially for the service part.

13 CHANTEL CORBETT: Yeah, it depends on how  
14 detailed you wanted to get on that, because --

15 CLARK ELDREDGE: It will be simple. I mean, we  
16 can't put that much detail for our side of it. But  
17 it would be, you know, at least you'd know that, we  
18 already know Henry Shine sells dental -- services  
19 dental, but at least it actually told us officially  
20 it's dental, not just service an x-ray machine. And  
21 we know that they represent --

22 ADAM WEAVER: what type of dental machine? Is  
23 it just an intraoral?

24 CLARK ELDREDGE: Right. We have our list of  
25 devices.

1 ADAM WEAVER: The CT ones that they're pushing.

2 MARK SEDDON: So is there a caveat, like, for  
3 service providers or installers that you guys would  
4 say that, you know, we're not blessing these people  
5 saying they're qualified?

6 CLARK ELDREDGE: We have no way not to. That's  
7 the other part of it. By having them offer us a  
8 little more information that is a way of them kind  
9 of proving their qualifications, especially if they  
10 say, I've been trained and authorized by Bob's or  
11 GE, Logic to work on.

12 MARK SEDDON: Right.

13 CHANTEL CORBETT: So what's the current  
14 requirement to be accepted? Just that you submit a  
15 form?

16 CLARK ELDREDGE: Here. You want to fill out  
17 the form, you can be registered today. Give me the  
18 piece of paper and you're gold. So that's --

19 CHANTEL CORBETT: No extra work.

20 ADAM WEAVER: I can install x-ray machines  
21 then.

22 CLARK ELDREDGE: So it's a, it's a -- this is  
23 just a way to give people more tools to be able to  
24 determine who they're dealing with.

25 CHANTEL CORBETT: well, I mean, if the list was



1 more detailed, in the end, it might reduce the  
2 amount of questions you guys get at the state. So  
3 that would help them kind of guide to fewer people  
4 to call maybe. But redoing it every two years would  
5 increase the work, from what I'm hearing.

6 ADAM WEAVER: You're relying on these people  
7 being totally honest with you, saying I'm qualified  
8 to work on this GE machine. Actually, it was the  
9 last model.

10 CHANTEL CORBETT: But that's the way it's been.

11 MARK SEDDON: It already exists. You've got to  
12 figure out how to clean it up; make it better.

13 CLARK ELDREDGE: Make it better for everybody  
14 involved.

15 CHANTEL CORBETT: Right.

16 CLARK ELDREDGE: They can get people who want  
17 their specific business to call them and not deal  
18 with people who don't and --

19 MARK SEDDON: You can't make it go away because  
20 it's the statute. So you have to, right?

21 CHANTEL CORBETT: I mean, basically, as long as  
22 the statement is on there, please do your due  
23 diligence concerning their qualifications, blah,  
24 blah, blah. That's going to already be there, so,  
25 yeah.

1 CLARK ELDREDGE: That totally is there.

2 ADAM WEAVER: This is not a verified list.

3 RANDY SCHENKMAN, CHAIRPERSON: Okay. So is  
4 there anybody who does not want this?

5 (No response)

6 CLARK ELDREDGE: I think the consensus  
7 approves.

8 RANDY SCHENKMAN, CHAIRPERSON: Not one. Okay.  
9 Okay. It's 3 o'clock. So we're supposed to be  
10 ending and Brenda still has more to talk about. So  
11 what does everybody want to do?

12 ADAM WEAVER: I was wondering maybe if you  
13 could send these changes.

14 CLARK ELDREDGE: We can e-mail you.

15 ADAM WEAVER: Is that something you can do?

16 RANDY SCHENKMAN, CHAIRPERSON: That would be a  
17 really good idea. And then we can give you our  
18 comments.

19 CLARK ELDREDGE: Okay.

20 RANDY SCHENKMAN, CHAIRPERSON: Is that okay  
21 with everybody?

22 MARK SEDDON: Yes.

23 CLARK ELDREDGE: Sounds good to me.

24 RANDY SCHENKMAN, CHAIRPERSON: Brenda? Your  
25 turn.

1           BRENDA ANDREWS: My turn. Okay. My part is  
2 pretty brief. If time permitted, I wanted to talk  
3 more about our travel issues because I am trying to  
4 streamline and figure out where we're having our  
5 glitches and our problems and those who have been  
6 successful, just to get an idea of if it's all the  
7 system or if it's maybe passwords that aren't being  
8 put in to the standard or if it's -- just trying to  
9 find out where the problems are. But that will have  
10 to wait until another time. It's taken up a lot of  
11 your time and my time to try to figure out this  
12 system. Some people are getting approved; some  
13 people are not.

14           I want to talk about the communication between  
15 myself and council members. I feel like there's a  
16 lot of times that I can't get through or we don't  
17 communicate back and forth so that I can help get  
18 things done that need to be done. So that's -- but  
19 that's going to have to wait for another time.

20           The main thing I really wanted to talk about  
21 was the appointments and reappointments. As we have  
22 discussed, we have a new member, Dr. Plaxton, and  
23 we're happy to have him on board for another -- for  
24 a three-year term. His term will end on March 7th,  
25 2021.

1           Also, Dr. Cagnetta was reappointed. He was not  
2   able to be with us today because of a prior -- a  
3   commitment, but he has been reappointed. And the  
4   person who is not registered as a radiologist, you  
5   know that long term. The long one. But he will be  
6   with us probably with the next meeting. His term  
7   will also end on March 7th, 2021.

8           We have nine council members whose terms are  
9   going to end July 9th. And most of you I have heard  
10   from who want to be reappointed or apply for  
11   reappointment. You know, we have discussed how the  
12   system works now. There has been no change in the  
13   fact that we don't automatically reappoint people.  
14   They have to go through the same vetting process and  
15   the opportunity is opened up through the societies  
16   for nominees.

17           If you do tell me that you want to be  
18   considered, that is included in the letter that goes  
19   out to the societies and we let them make those  
20   decisions.

21           So right now, I will be sending out society  
22   letters, probably between the end of this week and  
23   next week. My goal is to have everybody vetted by  
24   the second week in June -- which is a quick  
25   turnaround time -- but since the Surgeon General's

1 office likes to have at least 15 days to a month to  
2 review everything and we have quite a few council  
3 members right now that are coming up -- it's usually  
4 one or two. This is probably the biggest group  
5 we've had for reappointments ever.

6 So I want to thank you all for your submissions  
7 and I will be processing those between this week and  
8 next week. Any questions on that?

9 The other part we have to do is to plan for the  
10 next -- the upcoming meeting. In the back of your  
11 packages are calendar -- oh, one more thing. I have  
12 included in your packages the updated list of  
13 council members. That includes Dr. Plaxton on here  
14 and Dr. Cognetta's reappointment. So if anything  
15 has changed or anything needs to be added for this,  
16 please let me know. You just send me an e-mail.

17 So we have calendars for September through  
18 November. It just gives us three months out to look  
19 at.

20 RANDY SCHENKMAN, CHAIRPERSON: what's your  
21 preference?

22 BRENDA ANDREWS: we've been doing them in  
23 September and May. It seems to be a good time -- a  
24 good month for everyone. So we can start with  
25 September to see if there's a date in there that

1 looks good for everyone.

2 Labor Day is on the 3rd, which is a Monday, and  
3 then we have the 11th, 18th and the 25th of  
4 September.

5 RANDY SCHENKMAN, CHAIRPERSON: So does anybody  
6 have any dates they know they're not going to be  
7 available on those dates?

8 STRATIS LAGOUTARIS: Okay with me.

9 RANDY SCHENKMAN, CHAIRPERSON: Okay. So what's  
10 best for you guys? Does it matter?

11 BRENDA ANDREWS: It won't matter to me.

12 RANDY SCHENKMAN, CHAIRPERSON: Okay. Does  
13 anybody have a preference?

14 CHANTEL CORBETT: How about the 18th?

15 BRENDA ANDREWS: The 18th, mid month? Okay.

16 CHANTEL CORBETT: why not.

17 BRENDA ANDREWS: September 18?

18 RANDY SCHENKMAN, CHAIRPERSON: Is that okay  
19 with everybody, September 18th?

20 BRENDA ANDREWS: Okay. Very good.

21 RANDY SCHENKMAN, CHAIRPERSON: Okay.

22 BRENDA ANDREWS: Thank you.

23 RANDY SCHENKMAN, CHAIRPERSON: Okay. So do we  
24 have a motion to adjourn the meeting?

25 WILLIAM ATHERTON: So moved.

1 KATHY DROTAR: Second.

2 RANDY SCHENKMAN, CHAIRPERSON: Okay. Have a  
3 great day, everybody. The meeting is adjourned.

4 BRENDA ANDREWS: Thank you.

5 (Proceedings concluded at 3:03 p.m.)

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFICATE OF REPORTER

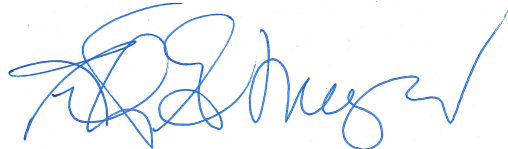
STATE OF FLORIDA:

COUNTY OF HILLSBOROUGH:

I, RITA G. MEYER, RDR, CRR, CRC, do hereby certify that I was authorized to and did stenographically report the foregoing proceedings and that the foregoing transcript is a true and correct record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties, attorneys or counsel connected with the action, nor am I financially interested in the outcome of the action.

DATED this 4th day of June, 2018.



---

RITA G. MEYER, RDR, CRR, CRC



<hr/> <b>\$</b> <hr/>	141:4 181:17	<b>226</b> 113:12,14,21 114:1	<b>458</b> 77:3,12	<b>64E-5.1601(8)</b> 31:3
<b>\$1000</b> 35:13	<b>1801</b> 16:24	<b>231</b> 115:25	<b>466</b> 92:4,5	<b>64E-5.345</b> 32:8
<b>\$102</b> 98:21	<b>181</b> 3:16	<b>235</b> 113:14,21 116:1	<b>468</b> 23:1 145:17	<b>67</b> 3:10
<b>\$1500</b> 110:1	<b>183</b> 3:17	<b>237</b> 116:11,16	<b>468.301</b> 95:1	<hr/> <b>7</b> <hr/>
<b>\$2000</b> 110:2	<b>186</b> 113:14,15	<b>24</b> 32:14 109:20 126:16,19	<b>468.3101(m)</b> 91:21	<b>7</b> 3:5 40:25
<hr/> <b>0</b> <hr/>	<b>18th</b> 181:3,14,15, 19	<b>241</b> 116:10,16,17 117:12,13,19 127:22	<b>4th</b> 140:20 144:2, 6,7	<b>7th</b> 178:24 179:7
<b>001</b> 135:25	<b>19</b> 4:20	<hr/> <b>24th</b> 148:25	<hr/> <b>5</b> <hr/>	<hr/> <b>8</b> <hr/>
<b>002</b> 145:10	<b>19,000</b> 53:14	<b>25th</b> 181:3	<b>5.502</b> 78:25	<b>8</b> 3:6
<b>0034</b> 145:10 146:7,18 148:19	<b>1950s</b> 46:6	<b>28</b> 3:9	<b>50</b> 28:23 30:15 32:1 160:10 161:18 162:20 163:4	<b>80</b> 73:10 115:4 117:14 128:8
<hr/> <b>1</b> <hr/>	<b>1974</b> 23:2	<b>2nd</b> 140:25 143:14	<b>500</b> 146:24	<hr/> <b>9</b> <hr/>
<b>1</b> 135:19	<b>1983</b> 140:6	<hr/> <b>3</b> <hr/>	<b>502</b> 78:25	<b>9-26-17</b> 7:20
<b>10</b> 31:13 39:19 128:12	<b>1984</b> 135:8	<b>3</b> 40:24 138:23 140:9 177:9	<b>59-year-old</b> 41:10	<b>9/26/17</b> 3:5
<b>102</b> 98:25	<b>1:32</b> 104:25	<b>3.004</b> 145:2	<b>5th</b> 139:21 144:2, 16	<b>90</b> 47:5
<b>105</b> 3:12	<b>1st</b> 140:19,21	<b>30</b> 27:22 30:12 31:15 39:21 41:1 42:22 80:13 83:1 163:9	<hr/> <b>6</b> <hr/>	<b>91</b> 39:18 47:1 52:9
<b>107</b> 109:11 112:8	<hr/> <b>2</b> <hr/>	<b>30,000</b> 47:4	<b>6</b> 106:1	<b>95</b> 48:17
<b>11th</b> 181:3	<b>2</b> 135:20	<b>33</b> 3:9	<b>6,000</b> 55:23	<b>9th</b> 179:9
<b>12</b> 3:7 76:10 81:14,15 98:19	<b>2,000</b> 53:12,13 146:21	<b>3:03</b> 182:5	<b>60</b> 41:2 46:25 65:22	<hr/> <b>A</b> <hr/>
<b>125</b> 73:10 86:10	<b>20</b> 30:13 31:17,24	<b>3rd</b> 143:14 181:2	<b>64-3.003</b> 143:10	<b>AAPM</b> 29:8 71:10
<b>12:10</b> 104:24	<b>20,000</b> 53:14 146:21	<hr/> <b>4</b> <hr/>	<b>64A-3</b> 135:19	<b>Abbason</b> 54:4,5
<b>13</b> 135:18,19,21	<b>2000</b> 140:6,7	<b>4</b> 3:4 138:4,21	<b>64E</b> 28:18	<b>ability</b> 26:24 50:21 108:1 146:2 155:9
<b>133</b> 3:14	<b>2002</b> 140:6	<b>40</b> 81:20	<b>64E-3</b> 3:14	<b>abnormal</b> 86:16
<b>139</b> 3:14	<b>2008</b> 145:21	<b>400</b> 140:9 152:17	<b>64E-3.002</b> 145:2	<b>absolute</b> 113:5
<b>14</b> 135:19	<b>2013</b> 41:10,14	<b>404</b> 92:14 93:1	<b>64E-3.003</b> 139:5	<b>absorbed</b> 123:8
<b>15</b> 32:21 34:19,20, 22 40:15 44:18 65:15,20,23 66:3, 4,5,11 128:12 180:1	<b>2014</b> 135:12	<b>404.162</b> 35:11	<b>64E-3.011</b> 24:24	<b>AC</b> 53:3
<b>15-day</b> 34:17	<b>2014-15</b> 40:25	<b>435.04</b> 28:2	<b>64E-4</b> 3:14 134:16	<b>accelerator</b> 30:24 31:1,5
<b>17</b> 52:5	<b>2015-16</b> 41:1	<b>44</b> 28:18	<b>64E-4.001</b> 136:7	<b>accept</b> 90:5 139:14
<b>178</b> 3:15	<b>2016-17</b> 41:2	<b>446</b> 85:6 90:16	<b>64E-5.101</b> 92:23	<b>accepted</b> 89:24 175:14
<b>18</b> 23:24 40:15 52:5,6,9 59:1	<b>2017</b> 32:5 106:13 134:25	<b>45</b> 66:5	<b>64E-5.101(85)</b> 31:2	
	<b>2021</b> 178:25 179:7			
	<b>21</b> 12:14			
	<b>22</b> 3:8			

<b>accepting</b> 149:15,16,19	37:25 59:25 83:18 96:25 97:8 108:1 111:19 120:25 142:13 150:15 152:19 156:12 162:20 171:17	<b>addressed</b> 15:10	<b>affects</b> 147:6	124:3,6,19,22 125:19,22 126:1, 13,22 127:7,11,21 128:1,4,7,16,20, 25 129:18,22 130:1,7 131:1,16 132:19,23,25 133:10,17
<b>access</b> 25:5 49:20 50:25	<b>acupuncture</b> 84:11 166:8	<b>adjourn</b> 3:16 181:24	<b>afford</b> 17:10	<b>Allen's</b> 104:17 139:3
<b>accident</b> 30:17	<b>acutely</b> 129:12	<b>adjourned</b> 182:3	<b>afternoon</b> 3:11 9:10,22 119:10	<b>Allergic</b> 166:12
<b>accomplished</b> 13:9 151:15	<b>Adam</b> 7:6 75:4,14 76:8 79:18 81:19 82:1,3,19 88:16, 20,23 89:5,9,14 92:21 94:5,13 96:4,8 101:22 102:5,13 103:4,19 104:3,8 106:2 109:1 123:24 124:5 126:21 128:3,14,19,23 130:5,16,20 132:15 134:18,19, 21,23 136:11 138:6,9,11,14,18 143:5,7,18 162:25 163:25 164:12,21, 24 165:3,12,16,21 166:6,12,16 168:12,15 169:11 170:6 172:14,18, 22 173:11,14,19 174:12,22 175:1, 20 176:6 177:2, 12,15	<b>adjudication</b> 49:12,15	<b>age</b> 23:24 133:20 160:22	<b>alleviated</b> 20:7
<b>accredited</b> 24:4 29:9		<b>administered</b> 30:13 31:13,15,16	<b>agencies</b> 29:6 30:1 135:15	<b>allowed</b> 137:11 145:17 147:4 153:10,12
<b>accurate</b> 78:16, 18		<b>administration</b> 12:25	<b>agency</b> 35:8	<b>allowing</b> 94:19
<b>accusations</b> 42:3		<b>administrative</b> 25:7 28:10,19 30:10,21 34:14 35:13 36:3 38:14 52:12 54:22 65:10 68:21 71:9	<b>agenda</b> 3:1 7:18 105:2	<b>alpha</b> 112:6 133:15,24
<b>accusing</b> 55:5		<b>administrator</b> 4:14 5:6,21 6:11 9:11 17:16 60:22 105:13	<b>agents</b> 121:22	<b>altogether</b> 66:5
<b>acetylene</b> 120:6		<b>administrators</b> 6:13	<b>agree</b> 52:15 68:20	<b>AM/BE</b> 108:22,24 117:22
<b>acids</b> 107:17 121:19 125:13		<b>admit</b> 55:19	<b>agreed-to</b> 161:18	<b>amateur</b> 107:3
<b>acknowledged</b> 147:4		<b>admitted</b> 51:3	<b>agreeing</b> 99:23	<b>amazed</b> 115:2
<b>ACR</b> 76:15,23		<b>admitting</b> 55:18	<b>Agreement</b> 9:17	<b>amend</b> 11:5
<b>Across-the-board</b> 163:20		<b>adopts</b> 150:21	<b>ahead</b> 19:12 67:5 70:23 82:10,22 118:17 142:21 151:2 155:6 158:18	<b>amendments</b> 134:25
<b>act</b> 42:9 46:12 47:19 61:9,11,19 63:14,21 97:9		<b>Adrian</b> 13:10 18:20	<b>air</b> 4:25 6:22 12:14,15,16 78:14 108:10 115:21 124:9	<b>americium</b> 108:22 114:18,23, 24 116:12,16,17 117:12,13 122:20 126:2 127:14,19, 22 129:2 134:5
<b>acted</b> 26:18,20 27:24		<b>adult</b> 152:3	<b>airborne</b> 133:15	<b>ammonium</b> 115:13
<b>actinides</b> 119:5		<b>adversely</b> 24:7	<b>airports</b> 71:2	<b>amount</b> 77:6 160:14 161:21 176:2
<b>action</b> 25:19 27:23 36:14 38:11 39:11 40:8 44:1, 11 46:23 47:10, 16,22 53:24 61:14 68:22	<b>adapt</b> 11:4 148:15	<b>advertise</b> 72:3	<b>Alamos</b> 111:7	<b>amounted</b> 117:16
<b>actions</b> 25:25 32:25 34:2 35:1, 16,22 38:12	<b>add</b> 43:17 47:21 60:4 65:2 84:24 87:14 92:21 137:11	<b>advertised</b> 72:7 110:21	<b>alarming</b> 115:23	<b>amounts</b> 127:4
<b>active</b> 39:9,12	<b>added</b> 52:6 180:15	<b>advice</b> 58:12	<b>alcohol</b> 27:7	<b>analysis</b> 37:21 69:16 77:17 81:5 83:21
<b>activities</b> 150:11	<b>adding</b> 87:25 93:12 128:23 159:18,22 170:25	<b>advise</b> 57:24	<b>alignment</b> 160:17	<b>analyze</b> 78:4
<b>activity</b> 27:18 40:11 48:15 63:18 113:4,5 134:3,4	<b>addition</b> 9:2 12:7	<b>advised</b> 118:8	<b>all's</b> 44:22	<b>analyzing</b> 104:2,
<b>acts</b> 25:1	<b>additional</b> 14:20 26:8,9 40:7	<b>advising</b> 155:10	<b>allegations</b> 48:14	
<b>actual</b> 25:18	<b>address</b> 163:14	<b>advocate</b> 17:4 85:21	<b>Allen</b> 9:10 52:25 67:12 98:5,10 103:9,16,21 105:8,12,17,22 106:3 109:2 119:14,22 120:8, 10,20 121:1,4,7, 10 122:11,14,16	
		<b>affect</b> 11:1 50:7, 25 164:25		
		<b>affected</b> 24:7		

3	174:11	<b>area</b> 10:25 13:10, 11 14:1,2,8 17:17, 18,20 23:23 38:16 51:24 110:14,18 111:16 120:21 121:10,11,17 163:25	<b>assume</b> 97:14 118:23 121:19 124:23	<b>authors</b> 140:22, 23
<b>anatomy</b> 154:24 155:4	<b>apparently</b> 105:23 106:3,23 107:1 119:14 125:11 126:4,8	<b>areas</b> 23:13 56:3 63:22 64:18 140:1 147:3 158:6	<b>assumed</b> 99:21	<b>auto</b> 50:12
<b>and/or</b> 29:21 48:22	<b>Applause</b> 15:23 134:11	<b>argue</b> 94:1	<b>assuming</b> 82:4 159:11 173:1	<b>automatically</b> 96:6 179:13
<b>Anderson</b> 106:16 112:10	<b>applicant</b> 24:25 25:11 57:19 142:6	<b>arguing</b> 55:17	<b>assurance</b> 3:7 9:24 12:3 37:6	<b>awake</b> 67:13
<b>Andresen</b> 5:9 22:5,6,8 36:22 43:4,17,23 51:20 52:8 56:8 59:23 65:2,22 142:15	<b>applicant's</b> 21:15	<b>Arizona</b> 138:17	<b>ASTRO</b> 29:8	<b>aware</b> 107:2 131:14 133:14 138:3
<b>Andrew</b> 58:25	<b>applicants</b> 23:19 56:25	<b>arm</b> 76:6,7	<b>Atherton</b> 7:10 73:7 75:10,15 76:13 80:19 81:9 99:5,9 103:14 127:19,24 181:25	<b>awful</b> 48:22
<b>Andrews</b> 5:16 6:17 105:3 106:1 141:4,7,9 144:12 148:23,25 178:1 180:22 181:11,15, 17,20,22 182:4	<b>application</b> 14:18 15:11 22:19 23:21,25 24:17 58:6,7 142:17	<b>arrangements</b> 20:4	<b>athletic</b> 70:2 72:2	<b>aye</b> 104:11,12
<b>aneecdotal</b> 102:11,22	<b>applications</b> 14:12 16:4 20:1,7 22:15 24:13	<b>arrow</b> 114:21 116:11	<b>atmosphere</b> 13:7	<b>B</b>
<b>ankle</b> 91:4	<b>applied</b> 79:20,21, 23 99:16	<b>ARRT</b> 16:12 22:17 25:21 26:17 27:25 39:1 40:12 42:15,17,21,23 47:12 48:14 57:3 143:13 147:13 148:11 151:18 152:5 156:4,11	<b>attention</b> 13:12 108:19	<b>Bachelor's</b> 12:22
<b>anonymous</b> 65:3	<b>apply</b> 57:6 58:13, 25 124:10 140:3 143:4 179:10	<b>arts</b> 30:3 69:11,14 79:2,17 80:7 82:6, 8 83:16 84:4,5,16, 17 85:1,12 87:2 88:1 89:19 93:1,8, 9,11,16,17,24 100:5,23 101:1 158:24	<b>attitude</b> 118:12	<b>back</b> 11:24 14:6 15:2,22 16:12 17:25 18:10 19:5, 14 20:10,17 22:22 24:6 25:25 26:10 34:16 36:19 40:25 41:1,10,14 45:19 48:1,3 53:5 56:4 59:16 62:3 64:21 67:14 69:18 74:7, 12,14 77:13 80:21 83:1,11 86:15 87:14 93:18 95:6 97:22 99:6 105:14 106:12 109:24 114:22 115:5,8 122:1,3,12 124:14 126:25 127:9 132:1,12 134:18 137:12,18 145:6, 16 147:24 149:18 152:2,4,15 158:15 178:17 180:10
<b>ANSI</b> 71:10 135:6,11,12 136:1	<b>applying</b> 58:20 80:8	<b>aspects</b> 38:7	<b>attorney</b> 63:17	<b>background</b> 12:12,22 13:14 24:16,21 109:8,19 126:11,13,14,15
<b>answering</b> 19:22 24:19 50:2	<b>appointments</b> 178:21	<b>ASRT</b> 148:12,14 149:2,23,24 157:9	<b>Attorney's</b> 54:19	<b>backgrounds</b> 24:10
<b>answers</b> 132:4	<b>approach</b> 45:16	<b>assessment</b> 112:25	<b>attorneys</b> 38:6, 10 39:23 51:7,8 52:2 136:13	<b>backside</b> 72:21
<b>Anthony</b> 6:18 12:3,4,5 15:20 16:10,21 17:4	<b>appropriately</b> 171:5	<b>assigned</b> 37:10	<b>audit</b> 80:4	<b>backyard</b> 132:11
<b>anti</b> 107:21	<b>Approval</b> 3:5	<b>assistance</b> 56:2	<b>augmenting</b> 14:23	<b>bad</b> 102:23 110:2
<b>anticipated</b> 160:11 169:1,18, 21 170:2	<b>approve</b> 7:19,20, 21 104:5	<b>assistant</b> 7:5 91:25	<b>August</b> 109:13	<b>badge</b> 132:16
<b>anticipation</b> 169:22	<b>approved</b> 57:5 153:22 178:12	<b>Associates</b> 7:5	<b>auspice</b> 153:23	
<b>anybody's</b> 173:6	<b>approves</b> 177:7		<b>auspices</b> 151:10	
<b>anymore</b> 61:12 64:13 118:14 131:6 138:20	<b>approximate</b> 23:9		<b>authority</b> 26:19 28:8 58:12 61:14, 17 88:25 91:3 94:15 102:4,23	
<b>apartment</b> 109:3, 6 121:5,8	<b>approximately</b> 28:23 39:18		<b>authorization</b> 35:10 83:19	
<b>apologize</b> 53:3 82:23 134:18	<b>April</b> 106:1,2		<b>authorizations</b> 83:18	
	<b>aqueous</b> 123:8		<b>authorized</b> 28:17 172:6 175:10	
			<b>authorizing</b> 145:17	

<b>bagged</b> 122:2	<b>Becky</b> 4:13 18:22	130:4 133:16	<b>brain</b> 61:10	17,22 6:8,9 8:5, 13,16,23 10:10 11:4 18:20 22:16 26:10,11 28:16,21 32:5 36:17 52:2 53:18 90:1 108:20
<b>bags</b> 112:12 122:3	<b>began</b> 139:6	<b>blah</b> 176:23,24	<b>brains</b> 103:7	
<b>Baker</b> 42:9	<b>begin</b> 56:6 149:15	<b>blanket</b> 166:20	<b>branch</b> 63:21	
<b>Bakersmith</b> 61:23	<b>beginning</b> 10:24 45:21 68:7 129:17,18 149:16	<b>blessing</b> 175:4	<b>brand</b> 168:24 172:7	<b>business</b> 5:14 12:17,25 32:12 133:1 171:13 176:17
<b>balance</b> 111:14 120:23 136:19	<b>believes</b> 32:16	<b>block</b> 169:17	<b>brand-new</b> 168:18	
<b>Baptist</b> 5:25	<b>bench</b> 111:10 120:2	<b>blocked</b> 169:11	<b>BRC</b> 40:2 88:22 117:16	<b>businesses</b> 17:8
<b>bar</b> 51:10	<b>beneficial</b> 20:14	<b>blow</b> 42:7 124:9	<b>break</b> 72:19	<b>button</b> 113:11 152:7,13
<b>base</b> 83:9	<b>benefit</b> 68:3,16 78:19,23 81:4 84:22	<b>blue</b> 130:19,20,21	<b>breakdown</b> 65:19	<b>buttons</b> 22:2
<b>based</b> 36:5 38:12 71:9 145:18 149:6 151:20	<b>benefiting</b> 171:20	<b>board</b> 6:5,19 7:9 9:3,19 12:10 16:2 17:21 26:18 63:12,13 64:4 99:6 178:23	<b>breast</b> 6:2	<b>buy</b> 130:24 140:15 143:24 173:14
<b>baseline</b> 65:5	<b>beryllium</b> 108:23 117:23,24 126:3 128:23 129:2,11, 15	<b>boards</b> 6:11,20 12:7,21 13:2 21:6 38:8 92:20 94:4	<b>Brenda</b> 5:16 6:17 105:3 106:1 138:25 141:4,7,9 144:10,12 148:20, 23,25 177:10,24 178:1 180:22 181:11,15,17,20, 22 182:4	<b>buying</b> 124:25
<b>bases</b> 125:13 166:19	<b>Beth's</b> 157:17	<b>Bob's</b> 175:10		<b>buys</b> 107:8
<b>basic</b> 58:14,25 67:19,20 107:18 121:19 125:12 139:11 140:3 141:15 142:7,11, 14,22 143:2	<b>big</b> 18:5,13 45:15, 19 46:18 50:19 96:24 106:3 123:13	<b>bodily</b> 77:18	<b>Brenda's</b> 136:25	
<b>basically</b> 11:11 12:20 13:18 23:5 24:17 27:9 37:1 39:20 42:24 50:22 62:5 82:6 85:10 88:12,19 106:14 107:20 108:12 109:10,15 111:7, 21 115:15 121:7 124:7 129:9 132:4 137:5 139:24 141:11 149:5 150:10 156:19 157:2 170:12 176:21	<b>biggest</b> 151:24 180:4	<b>body</b> 69:5 75:21 76:20 78:7,10 81:19 82:3 95:13 97:12	<b>Brian</b> 4:8	<hr/> <b>C</b> <hr/>
<b>basics</b> 121:20	<b>Bill</b> 7:10	<b>bone</b> 76:16 85:16	<b>bring</b> 13:2 104:22 158:3	<b>cabinet</b> 97:3
<b>basis</b> 39:16 159:11 163:20	<b>billing</b> 72:21	<b>book</b> 135:24 140:15,18 141:21 142:6 143:3	<b>bringing</b> 15:21 121:25 122:3	<b>calculate</b> 163:22
<b>bay</b> 4:23 5:2	<b>Birky</b> 4:8	<b>books</b> 108:4	<b>broad</b> 89:20 91:1, 10,14,23	<b>calculated</b> 162:16
<b>Becker</b> 6:7 8:7,10 60:6,13,18,20 61:1 102:14,25 103:5 105:11,19 120:19	<b>birth</b> 33:6 97:7	<b>boss</b> 13:10	<b>broadly</b> 91:12	<b>calculation</b> 161:6
	<b>bit</b> 22:18 23:3 37:16 53:8 54:8 67:5 83:6 98:23 105:24 106:16 107:11 108:3 111:22 112:7 115:9,14,23 118:15 122:24 123:17 132:3 134:9 136:21	<b>bother</b> 117:9	<b>brought</b> 109:24 122:1 135:10	<b>calendar</b> 180:11
	<b>bizarre</b> 106:10	<b>Botox</b> 100:24	<b>brown</b> 130:4	<b>calendars</b> 180:17
	<b>black</b> 116:21	<b>bottles</b> 123:1	<b>Bruce</b> 140:24 141:1	<b>California</b> 101:25
		<b>bottom</b> 139:9 143:9	<b>bucks</b> 73:10 86:10 99:1	<b>call</b> 32:11 54:9 96:6,11 131:22 139:11,20 145:9 146:13 164:10 173:8 176:4,17
		<b>bought</b> 119:15	<b>built</b> 14:3	<b>called</b> 31:20 108:21 129:2 130:16 135:6
		<b>bound</b> 93:17	<b>buoyant</b> 78:18	<b>calls</b> 14:18 102:12
		<b>box</b> 110:25 111:3, 13 116:20 120:5 122:10	<b>burdensome</b> 16:20	<b>cancer</b> 134:1 159:16 160:10,20, 22 161:8,20
		<b>boyscout</b> 132:8 133:8	<b>Burea</b> 5:15	
		<b>brachytherapy</b> 30:24 31:3,19	<b>bureau</b> 3:6 5:7,	

<b>candidate</b> 21:10	<b>cation</b> 107:21 130:11	144:1,7 150:24 157:24 158:10,12, 14 161:23 163:18 167:20 168:2,5 169:9 173:20 177:3,8,16,20,24 180:20 181:5,9, 12,18,21,23 182:2	<b>Chapter</b> 3:14 28:18	<b>Cindy</b> 6:7 8:5 10:18 105:9,11,19
<b>capitalism</b> 140:12	<b>caused</b> 25:18 82:13 159:11 166:3		<b>character</b> 24:1 45:24 46:1,5	<b>claims</b> 108:23
<b>captures</b> 165:23, 24	<b>causing</b> 164:7		<b>charge</b> 173:25	<b>clarification</b> 79:13
<b>car</b> 109:23 122:4	<b>caveat</b> 173:2 175:2	<b>challenging</b> 10:7	<b>charged</b> 49:21 127:3	<b>clarify</b> 66:11 67:24 93:12
<b>cardiac</b> 164:6 166:4	<b>cell</b> 52:25	<b>change</b> 8:19 11:4 18:21 21:7 34:10 59:6 145:16 149:20 169:22 171:7 179:12	<b>charges</b> 42:18 48:22 49:4	<b>Clark</b> 5:6 9:1,22 11:11 56:15,19 57:21 59:25 66:10,13,19 67:6, 8,12 69:3,8,12,17, 22 70:2,7,10,22 71:18 73:9,12,16 74:3,6,9,14,18,25 75:6,12 76:2,5,10, 15 78:6 79:9,20, 24 80:16,24 81:12,16,21 82:2, 5,10,18,22 85:20, 24 86:3,9,19,23 87:3,10,17 88:4,9, 12,18,21,24 89:6, 12,18,22 90:4,8, 13,15 91:5,10,19 92:5,7,9,15,17,23, 25 93:3,7 94:7,11, 21 95:5,20 97:10, 15 98:8,14,22,25 99:8,11,20 100:4, 11 101:8,10 102:2,8,20 104:9, 17 144:14 158:14, 15,21,23 159:1 161:11 162:12,14 163:6,11,14 164:4 165:1 166:17 167:1,6,10,14,17, 19,24 168:4 169:1,13 170:1,8 172:17,19,24 173:4,12,16,23 174:5,8,15,24 175:6,16,22 176:13,16 177:1, 6,14,19,23
<b>cardiology</b> 62:22 96:16 164:1	<b>center</b> 4:14 42:10 79:11	<b>changing</b> 10:2 16:15 124:13	<b>Charlie</b> 60:21	
<b>cardiovascular</b> 164:22	<b>centers</b> 157:22	<b>changed</b> 13:6 58:11 90:7 124:14 143:10 146:1 151:8 180:15	<b>chart</b> 73:2,23	
<b>cards</b> 146:15	<b>centimeters</b> 161:16	<b>Chantel</b> 5:3 57:12 58:1 66:22 69:15,23 70:4,9 71:12 72:12,18 73:20,24 74:5,8, 24 75:17,21 76:12 78:4 81:13,24 82:8 85:21 86:1,7 94:18 95:22 96:5, 10,14,19,23 97:5, 11,18,24 98:18 99:3,16,25 100:7, 15 101:3 104:1 119:20 123:25 126:11,17 127:1 133:5 137:7 144:24 147:20 148:7 151:16,18, 22 152:21,24 153:4,15,18 154:1,5,12,17,21 155:3,14,22 156:1,9,17 157:2, 11,14,17 162:1 163:20 165:17 167:12,15,18 169:3,8,20 170:4, 7 173:1 174:3,7, 13 175:13,19,25 176:10,15,21 181:14,16	<b>charts</b> 86:6	
<b>care</b> 14:17 19:6 21:6 30:6 37:3 38:8 49:12 51:1 68:12 72:23 79:16 88:2,4,8,9 90:21	<b>Central</b> 126:18	<b>changing</b> 10:2 16:15 124:13	<b>check</b> 58:4	
<b>career</b> 125:23	<b>centrifuge</b> 122:12	<b>Chantel's</b> 144:22	<b>checked</b> 102:1 141:8	
<b>careful</b> 114:5	<b>cents</b> 50:23		<b>checking</b> 61:24	
<b>Carla</b> 17:19,22 21:9,10	<b>certificate</b> 3:17 24:25 26:15,17 27:2,11,24		<b>cheerily</b> 127:12	
<b>carport</b> 121:11	<b>certification</b> 23:7 26:19 153:21		<b>chelating</b> 121:22	
<b>case</b> 3:10 11:7 22:23,24 31:21 32:17 33:16 37:10,14,18 41:4, 14,16,22 46:7 48:18 68:6 84:20 91:12 95:11,13 169:23,24	<b>certifications</b> 146:3		<b>chemical</b> 107:18, 22 108:2 112:25 113:3 116:14 121:17,23 130:9, 14	
<b>caseload</b> 39:24 40:16	<b>certified</b> 4:15 5:3 6:6 7:8 27:16 46:13,14 61:6,16, 20 62:2,7 64:23		<b>chemically</b> 108:11 116:1	
<b>cases</b> 22:25 38:15 39:15,18 40:9,15,21,23 41:5 45:15 47:5 52:3,5 54:16 63:19 67:23 169:4	<b>certify</b> 25:10		<b>chemicals</b> 27:8 107:17 121:18 130:18	
<b>catch-all</b> 27:3	<b>cetera</b> 40:19 92:20		<b>chemist</b> 9:11 105:12	
<b>catching</b> 137:5	<b>chair</b> 6:25 58:18		<b>chemistry</b> 124:16 125:8 129:23	
<b>categories</b> 91:11 172:4	<b>CHAIRPERSON</b> 4:1,4 5:24 7:16,23 8:1,3 10:16 11:9, 20 12:1 18:2 21:23 57:23 67:3 68:23 69:7 71:25 73:14 75:18,24 76:4 85:18 89:15 94:25 95:17 101:5 103:15 104:4,10, 13,15 105:1,7 122:9 129:20,24 134:7,12 140:20		<b>chief</b> 6:3,9 18:20 34:4	
<b>category</b> 168:19			<b>China</b> 107:11	
<b>cath</b> 164:6			<b>chiropractic</b> 6:12 7:11 90:12	
			<b>chiropractics</b> 90:13,18	
			<b>choice</b> 156:25 171:25	
			<b>Christen</b> 7:3,4	

<b>clear-cut</b> 62:21	<b>commercial</b> 17:8 107:9 117:14	36:23 65:15	<b>consensus</b> 177:6	<b>context</b> 61:18 114:6 139:13
<b>clicker</b> 158:20	<b>commercially</b> 119:16	<b>completely</b> 34:22 83:9 140:22 154:25 156:2	<b>consent</b> 167:21, 22	<b>continuation</b> 157:19 169:14
<b>clients</b> 152:9	<b>commitment</b> 179:3	<b>completing</b> 24:21	<b>consideration</b> 35:19 122:2 161:3	<b>continue</b> 39:6 104:16 105:2 108:14
<b>clinic</b> 99:4	<b>committed</b> 24:1 25:1,16 46:11,13 48:10	<b>complicated</b> 80:20 169:5	<b>considered</b> 25:13 85:23 90:20 94:10 159:5 168:23 179:18	<b>continuing</b> 5:22
<b>clinical</b> 4:19 6:12 43:15 143:20 151:14,19 152:18	<b>committee</b> 30:2 54:2	<b>comply</b> 28:2 41:21	<b>consistency</b> 16:18	<b>continuously</b> 17:14
<b>clinics</b> 100:19	<b>committing</b> 51:14	<b>complying</b> 44:8 48:2 49:2	<b>consistent</b> 18:11,17	<b>continuum</b> 88:2, 3,4
<b>clock</b> 119:8,12	<b>common</b> 157:10	<b>component</b> 85:15 142:12	<b>constantly</b> 20:2	<b>contracted</b> 54:6
<b>close</b> 92:14 93:6	<b>communicate</b> 178:17	<b>components</b> 125:3 170:25	<b>constitute</b> 30:7 31:6	<b>contrast</b> 152:11
<b>closed</b> 170:17	<b>communication</b> 178:14	<b>composition</b> 113:4	<b>constitutes</b> 29:19	<b>contributing</b> 18:13
<b>closest</b> 59:9	<b>community</b> 8:17 49:3 171:13,18	<b>compound</b> 113:1 117:3,5,8 130:3	<b>constructive</b> 132:20	<b>contributions</b> 22:11
<b>closing</b> 38:13,24	<b>company</b> 5:5 54:5,9,10 140:22	<b>compounds</b> 107:7,9 108:15 110:5,20 118:3 130:12	<b>construed</b> 91:24 94:2	<b>control</b> 5:8,15,23 6:8 28:16 29:5 53:18 64:16 90:1 98:2 108:21 115:9,16 130:8
<b>code</b> 25:7 28:19 30:21 44:18 71:9 93:3 100:4	<b>comparable</b> 112:23	<b>computer</b> 17:6 21:13 137:3,5	<b>consultant</b> 5:15 9:4	<b>controlling</b> 133:15
<b>codes</b> 30:10 78:25 82:6 84:16, 25 99:15,23	<b>compare</b> 111:8 163:22	<b>concept</b> 46:6	<b>consulting</b> 5:5	<b>controversial</b> 149:4
<b>Cognetta</b> 179:1	<b>compared</b> 101:23	<b>concert</b> 137:16	<b>consumer</b> 37:9 39:19	<b>Convene</b> 105:4
<b>Cognetta's</b> 180:14	<b>compasses</b> 83:24	<b>concluded</b> 182:5	<b>contact</b> 17:24 20:23 21:5 131:13	<b>convenience</b> 110:7
<b>colleagues</b> 54:13	<b>competencies</b> 151:14,19	<b>conclusion</b> 96:8	<b>contacted</b> 126:9 136:14	<b>convicted</b> 26:22, 25 51:5
<b>collect</b> 38:1 106:21 172:20	<b>competent</b> 21:17	<b>condition</b> 29:19	<b>contained</b> 112:12 117:23 130:21	<b>Cooke</b> 5:14 104:19
<b>collector</b> 106:21	<b>complaint</b> 37:5, 20,22,23 38:5,7, 10,14,23,25 39:12,21 40:5 41:9,16,25 62:2 64:20 76:25	<b>conduct</b> 27:4 37:21,25 40:2,11 41:8	<b>container</b> 116:23,24	<b>cooperative</b> 137:1
<b>color</b> 130:10	<b>complaints</b> 37:20 46:19 52:13 62:5,16 63:2 65:3, 5	<b>conference</b> 29:4 102:12	<b>containers</b> 114:15	<b>coordination</b> 5:18
<b>colors</b> 115:14 130:15	<b>complete</b> 23:21	<b>confirm</b> 143:21	<b>contaminating</b> 112:19	<b>coordinator</b> 4:19 5:10 6:21 22:10 112:10
<b>combination</b> 135:2 147:16	<b>completed</b> 24:4	<b>confirmed</b> 27:20	<b>contamination</b> 110:12,16,18	<b>copies</b> 83:1
<b>combine</b> 107:4		<b>confiscated</b> 106:14	<b>contents</b> 112:21, 25	<b>Corbett</b> 5:3 57:12 58:1 66:22 69:15, 23 70:4,9 71:12
<b>combining</b> 115:19		<b>Congratulations</b> 15:21		
<b>comment</b> 61:4 141:6 144:14		<b>connects</b> 111:5		
<b>comments</b> 11:10 18:3 67:4 85:19, 20 102:5,20,21 150:25 158:19 172:13 177:18				

72:12,18 73:20,24 74:5,8,24 75:17, 21 76:12 78:4 81:13,24 82:8 85:21 86:1,7 94:18 95:22 96:5, 10,14,19,23 97:5, 11,18,24 98:18 99:3,16,25 100:7, 15 101:3 104:1 119:20 123:25 126:11,17 127:1 133:5 137:7 144:24 151:18,22 152:21,24 153:4, 15,18 154:1,5,12, 17,21 155:3,14,22 156:1,9,17 157:2, 11,14,17 162:1 163:20 165:17 167:12,15,18 169:3,8,20 170:4, 7 173:1 174:3,7, 13 175:13,19,25 176:10,15,21 181:14,16	16:3 22:7,12 23:3 30:3 53:21 68:20 82:16 101:12,15 104:12 178:15 179:8 180:2,13	<b>credit</b> 110:19	8:7,10 60:6,13,18, 20 61:1 102:14,25 103:5 120:19	<b>decided</b> 13:10 18:20 67:22 77:23 131:22 137:3 147:21
<b>councils</b> 38:9	<b>councils</b> 38:9	<b>crime</b> 26:22,25 48:10,16,23 49:16	<b>damage</b> 25:18 31:7 159:4,13,23 160:2 161:15 167:5,9,10 168:22	<b>decides</b> 98:9
<b>counseling</b> 12:23	<b>counseling</b> 12:23	<b>crimes</b> 51:14	<b>D</b>	<b>deciding</b> 53:24
<b>count</b> 31:22 152:14	<b>count</b> 31:22 152:14	<b>criminal</b> 36:4 42:18 48:15 49:6 54:21 65:9 139:15	<b>danger</b> 25:14	<b>decision</b> 34:15 100:13 162:3
<b>counter</b> 84:7	<b>counter</b> 84:7	<b>criteria</b> 167:4	<b>dangerous</b> 81:10 129:14	<b>decisions</b> 179:20
<b>counterpart</b> 22:21	<b>counterpart</b> 22:21	<b>cross-sectional</b> 154:24 155:4	<b>Dash</b> 138:4,21,23	<b>declare</b> 43:8
<b>counting</b> 107:12 111:22	<b>counting</b> 107:12 111:22	<b>CSU</b> 22:16 37:9, 17,18 63:4 65:3, 20 77:2	<b>data</b> 70:5 75:5 77:17 102:9 104:3	<b>default</b> 40:13
<b>country</b> 140:14	<b>country</b> 140:14	<b>CT</b> 145:24 146:6, 22 147:9,13,15, 16,17,22 148:2 149:16,19,23,25 151:4,6 153:11 154:2,3,18,22,24 155:2,15 156:8,14 157:19 164:19 166:2,6 175:1	<b>database</b> 47:13	<b>defeats</b> 78:22
<b>county</b> 131:14	<b>county</b> 131:14	<b>CT's</b> 157:21	<b>database</b> 37:12 39:17	<b>deficient</b> 40:17
<b>couple</b> 9:4 29:1 41:4 47:1 48:1 53:9 59:15 64:10, 12 70:24 80:21 136:13 138:24 142:15 146:24 148:11	<b>couple</b> 9:4 29:1 41:4 47:1 48:1 53:9 59:15 64:10, 12 70:24 80:21 136:13 138:24 142:15 146:24 148:11	<b>cubicles</b> 14:2	<b>databases</b> 49:21	<b>define</b> 89:19
<b>court</b> 55:3	<b>court</b> 55:3	<b>cumulative</b> 165:18,19	<b>date</b> 16:24 25:16 33:5 97:6 170:18 180:25	<b>defined</b> 82:9 84:3 85:2 89:2,6 90:1,9 91:22 92:7 168:10
<b>covered</b> 92:19	<b>covered</b> 92:19	<b>curative</b> 160:6	<b>dates</b> 41:10 181:6,7	<b>definite</b> 85:14
<b>covers</b> 148:4	<b>covers</b> 148:4	<b>cure</b> 161:1	<b>daughter</b> 116:1, 17	<b>definition</b> 31:2 56:12 68:14 69:14 85:1 86:18 87:2, 25 91:20 92:22,23 93:8,25 100:8,9, 17 145:11 149:20 150:8,9 159:22 162:7 166:16,17 169:21 170:5
<b>cow</b> 114:14	<b>cow</b> 114:14	<b>curious</b> 73:7 80:17 158:4	<b>day</b> 14:9 18:17 19:23 20:5 24:15 32:12 35:14 153:9 181:2 182:3	<b>definitions</b> 30:25 84:25 92:10 137:17 145:10,11
<b>CPT</b> 66:22	<b>CPT</b> 66:22	<b>current</b> 11:14 13:2 14:1 40:12, 18 41:2 94:18 135:10 137:19 162:19 170:22 175:13	<b>days</b> 16:3 27:23 32:21 34:19,20,22 42:22 65:15,23 66:3,4,5,11 80:13 97:12 131:11 164:14,15 180:1	<b>degree</b> 12:23 125:7 134:6
<b>CR</b> 62:15,19	<b>CR</b> 62:15,19	<b>curriculum</b> 155:12	<b>deal</b> 14:16 21:13, 14 125:9 176:17	<b>delay</b> 47:21 149:14
<b>Crane-amores</b> 7:3,4	<b>Crane-amores</b> 7:3,4	<b>Curry</b> 6:10 15:22 19:13	<b>dealing</b> 53:19,23 70:15 76:20 175:24	<b>delivered</b> 31:24 41:12
<b>crank</b> 131:23	<b>crank</b> 131:23	<b>custody</b> 42:8	<b>debuted</b> 105:24	<b>density</b> 76:16 85:16
<b>CRCPD</b> 29:5,25 30:8 101:24 103:8	<b>CRCPD</b> 29:5,25 30:8 101:24 103:8	<b>cut</b> 76:6 111:2 128:19 154:13	<b>decades</b> 150:17	<b>dental</b> 171:24 174:18,19,20,22
<b>create</b> 11:4 51:22 52:1 115:24 147:22	<b>create</b> 11:4 51:22 52:1 115:24 147:22	<b>cute</b> 114:14	<b>decide</b> 46:22	<b>dentist</b> 92:4,5
<b>created</b> 23:2 24:9 118:7	<b>created</b> 23:2 24:9 118:7	<b>CYNTHIA</b> 6:7		<b>dentistry</b> 90:14, 15,17
<b>creating</b> 108:23 168:18	<b>creating</b> 108:23 168:18			<b>dentists</b> 85:7
<b>credential</b> 146:12	<b>credential</b> 146:12			

<b>deny</b> 35:12	115:5 125:12 129:7	129:21 151:24	<b>disease</b> 68:1,18 85:14,22,23 161:1	<b>double</b> 114:17 122:2
<b>department</b> 6:8, 25 12:11,17,20 13:1 17:7 21:14 25:2,4,20 26:1 27:10,12,15,22 32:11 38:3 41:17, 20 42:3 43:12 44:14 46:20 50:20 54:7,20 61:14 64:16,22 108:20 136:4 137:2,6 149:12 154:8,9	<b>detectors</b> 114:19,25 115:1,2 117:13,15,21 127:23 128:10	<b>differences</b> 37:17	<b>diseases</b> 76:21	<b>doubts</b> 116:2
<b>department's</b> 28:3	<b>determination</b> 26:4 162:9	<b>differently</b> 129:25 147:6	<b>disks</b> 114:21	<b>Doug</b> 8:18
<b>depend</b> 10:21 14:9	<b>determine</b> 37:21 42:5 95:15 113:5 175:24	<b>differs</b> 30:11,13, 15 31:13,17,24	<b>dismissed</b> 52:12	<b>Douglass</b> 5:14 104:19
<b>dependable</b> 14:14	<b>determined</b> 31:9 73:21 159:24 160:3	<b>difficult</b> 51:13 162:8,24	<b>dispersal</b> 133:22	<b>draft</b> 34:21 66:11, 17
<b>dependent</b> 95:14 163:24	<b>determining</b> 25:13 84:21	<b>difficulty</b> 113:18	<b>displacement</b> 78:15,16	<b>drafted</b> 163:12
<b>depends</b> 54:20 169:20 174:13	<b>developing</b> 9:21	<b>digestive</b> 76:21	<b>diuranate</b> 115:13	<b>driver's</b> 108:17
<b>deposit</b> 116:1 128:12	<b>development</b> 12:24 141:3 148:20,21	<b>diligence</b> 176:23	<b>diversionary</b> 48:25	<b>drop</b> 48:22
<b>depression</b> 42:7	<b>device</b> 80:15 86:4 128:6	<b>diligent</b> 19:15	<b>division</b> 8:14,16 37:5,15	<b>Drotar</b> 6:23 7:21 15:19,21,24 16:11,22 19:1 38:18 54:4 56:23 57:15,24 58:5 59:11 87:3,11 88:3,6,11 97:21, 25 100:13,16 104:7 140:19,24 151:1,3,21 152:20 153:23 154:14,20 155:1,7 156:16 158:11 168:8 182:1
<b>deputies</b> 42:6	<b>device-specific</b> 135:2	<b>direct</b> 17:19,21 50:25 54:23	<b>doc</b> 5:1	<b>drug</b> 26:8 27:19, 20 40:19 43:6,7, 22 44:9
<b>deputy</b> 13:24 131:17,19	<b>devices</b> 11:14,15 135:4 174:25	<b>directly</b> 19:1 26:23 50:6 73:4	<b>doctor</b> 63:11 68:10,25 69:3,17 71:19 72:25 73:4 79:8 84:21 86:24 95:3 96:11 98:25 100:20 165:2,6	<b>drugs</b> 27:8 40:19 48:24
<b>describe</b> 84:5 145:3	<b>Devil's</b> 85:21	<b>director</b> 4:9 6:19 8:15,18 12:6,10, 18,19	<b>doctor's</b> 62:15 79:10,12,15,19,20 86:1 87:12	<b>dual</b> 82:4 157:8
<b>describing</b> 124:11	<b>Dewar</b> 112:1	<b>Directors</b> 29:5	<b>Doctorate</b> 12:24	<b>due</b> 42:18 176:22
<b>description</b> 32:23	<b>Dexa</b> 3:10 70:21 71:15,20 73:3 81:11	<b>disassemble</b> 129:13	<b>doctors</b> 70:16 160:16	<b>DUI</b> 40:19 57:2
<b>designated</b> 87:7	<b>Dexascan</b> 69:6 71:14 81:19 91:3	<b>disbursable</b> 116:22 133:24	<b>document</b> 35:22 135:17,21,22,24	<b>dust</b> 111:18,21
<b>designed</b> 83:23	<b>diagnose</b> 161:2	<b>disciplinary</b> 24:24 25:7,19,25 39:10 46:12 53:22 63:15	<b>documentation</b> 34:9 73:19 77:14 99:19	<b>duties</b> 14:24
<b>desk</b> 58:18	<b>diagnosis</b> 68:18 69:21 85:13	<b>discipline</b> 3:8 22:19 24:2,3 25:14 26:14 36:18 46:10,16 59:17 61:3,13	<b>documents</b> 26:3 38:1	<hr/> <b>E</b> <hr/>
<b>detail</b> 111:16 174:16	<b>diagnostic</b> 68:8 79:11,15 81:1 85:6 103:15,17 157:21 160:8 166:15 168:14,21	<b>discuss</b> 9:8 67:16 83:7	<b>dose</b> 29:23 30:11, 12,13,14 31:13, 14,15,16,18,24,25 32:1,6 81:2 98:9 103:12,18 160:9, 11,17,19 162:16, 21 163:4,8,9 164:7,11 165:18, 19 169:25	<b>e-mail</b> 177:14 180:16
<b>detailed</b> 174:14 176:1	<b>die</b> 42:4 81:6	<b>discussed</b> 94:7 95:13 151:23 178:22 179:11	<b>doses</b> 50:14 98:7 159:16 165:3	<b>e-mailed</b> 19:1,2,5
<b>detect</b> 116:4	<b>died</b> 133:8	<b>discussing</b> 95:1	<b>dosimetrists</b> 34:5	<b>e-mails</b> 65:4
<b>detector</b> 110:22 111:23 112:3	<b>difference</b> 23:14 113:17,20,22	<b>discussion</b> 62:12 83:4 85:20 104:6,7,8,11 127:16 134:21	<b>earlier</b> 80:12 95:13 139:13	<b>Eagle</b> 132:10



<b>earth</b> 129:10	12,18,21,24 89:6, 12,18,22 90:4,8, 13,15 91:5,10,19 92:5,9,15,17,23 93:3,7 94:7,11,21 95:5,20 97:10,15 98:8,14,22,25 99:8,11,20 100:4, 11 101:10 102:2, 8,20 104:9,17 144:14 158:15,21, 23 159:1 161:11 162:12,14 163:6, 11,14 164:4 165:1 166:17 167:1,6, 10,14,17,19,24 168:4 169:1,13 170:1,8 172:17, 19,24 173:4,12, 16,23 174:5,8,15, 24 175:6,16,22 176:13,16 177:1, 6,14,19,23	<b>employee</b> 43:6	<b>engaging</b> 27:3 41:7	<b>establish</b> 23:5 87:18
<b>easier</b> 163:17		<b>employer</b> 24:25 61:7	<b>English</b> 75:16	<b>establishes</b> 88:13
<b>easily</b> 116:22 168:10		<b>employer- required</b> 27:20	<b>enriched</b> 113:9, 15	<b>estimate</b> 112:21, 24
<b>EBAY</b> 107:7,13 108:11 112:5 125:1 127:13 130:25 173:15,17		<b>employing</b> 27:16 43:16 61:19 62:6	<b>enrichment</b> 122:18	<b>ethnic</b> 39:2
<b>edition</b> 139:22 140:19,21,25 143:14 144:2,3,6, 7		<b>employment</b> 45:4	<b>enrolled</b> 141:19	<b>ethics</b> 57:5
<b>education</b> 5:22 23:6 41:17,21 155:5,8		<b>employs</b> 61:15	<b>entertaining</b> 114:15	<b>evaluate</b> 87:18 88:14
<b>educational</b> 24:10 140:2 153:19		<b>empty</b> 112:20,22, 23	<b>enthusiasm</b> 132:21	<b>evaluates</b> 28:21
<b>effect</b> 94:24 161:5,7,17 162:4 166:3 167:25 169:2,18	<b>electronic</b> 30:24 31:2,19 74:1 97:2 123:15 125:3	<b>EMT</b> 6:14	<b>enthusiastic</b> 118:5 124:15	<b>evaluating</b> 70:18 87:23
<b>effective</b> 137:4	<b>electronically</b> 73:3	<b>EMTS</b> 19:19	<b>entire</b> 17:17 136:23	<b>evaluation</b> 26:9
<b>effects</b> 167:23	<b>electronics</b> 124:20 125:10	<b>enables</b> 153:24	<b>entrance</b> 33:23	<b>evaluations</b> 26:2
<b>efficient</b> 133:1	<b>electronvolt</b> 113:20	<b>enabling</b> 93:1	<b>entrepreneur</b> 107:6	<b>event</b> 28:8,9 29:19 30:7 31:7 32:24 34:24 36:1, 13 37:2 41:9,12 56:12 59:21 64:2 65:13,14 97:23 159:2,5 166:1,22 168:23
<b>effort</b> 57:22	<b>element</b> 106:20	<b>enact</b> 146:2	<b>entrepreneurshi p</b> 140:12	<b>events</b> 3:9 5:12 22:20 28:14,22,25 30:3,20 32:4,9 40:10 45:18 46:21 59:18 64:1 168:19,21
<b>effortlessly</b> 17:8	<b>elementary</b> 132:14	<b>encompasses</b> 89:21,22	<b>environment</b> 29:11 152:18 153:7	<b>eventually</b> 11:1 63:12 96:5 99:6 132:17
<b>efforts</b> 25:22 136:25 148:5	<b>elements</b> 106:21 107:6,8 108:6,7, 11 119:7	<b>encore</b> 106:4	<b>environmental</b> 4:12 9:12	<b>everybody's</b> 146:18
<b>EFSTRATIOS</b> 64:25	<b>emergency</b> 8:17 38:13 39:5,13 50:21 60:25	<b>encouraged</b> 135:16	<b>envisioning</b> 93:13	<b>everyone's</b> 104:19
<b>eggs</b> 78:14	<b>Emery</b> 4:24	<b>end</b> 15:3 37:14 38:24 46:16 49:4 59:24 61:2 62:9 63:3,11,19 77:20 125:14 154:15 158:2 169:24 176:1 178:24 179:7,9,22	<b>equipment</b> 23:8 28:15 30:17 107:12,16 111:18, 22 112:6 123:15 124:24 150:14	<b>evidence</b> 38:2 50:7 51:2 80:5
<b>egregious</b> 64:14	<b>emission</b> 145:24 146:7	<b>ended</b> 98:14 127:8 136:4 137:2	<b>equivalent</b> 24:11 143:7	<b>exact</b> 135:23
<b>Eldredge</b> 5:6 11:11 56:15,19 57:21 66:10,13,19 67:8,12 69:3,8,12, 17,22 70:2,7,10, 22 71:18 73:9,12, 16 74:3,6,9,14,18, 25 75:6,12 76:2,5, 10,15 78:6 79:9, 20,24 80:16,24 81:12,16,21 82:2, 5,10,18,22 85:20, 24 86:3,9,19,23 87:10,17 88:4,9,	<b>emitters</b> 133:16	<b>ending</b> 177:10	<b>eradiated</b> 160:19	<b>exam</b> 20:10 88:7 139:6,25 143:4 153:16,17,21
	<b>emitting</b> 129:6	<b>endorsement</b> 23:19	<b>erroneously</b> 136:22	<b>examination</b> 23:7,19,20 26:8 139:10 141:13
	<b>employ</b> 61:5	<b>energies</b> 123:6	<b>error</b> 30:17	
		<b>energy</b> 81:1 82:4 113:14,16,20 116:5	<b>errors</b> 29:10 30:5	
		<b>enforcement</b> 3:9 5:9,11 22:9,14,16, 21 26:11 28:10 33:17,18 35:10,22 36:20 52:2	<b>erythema</b> 164:10	
			<b>essentially</b> 24:11 63:9	

<b>examinations</b> 139:20	151:20 153:20 154:24	<b>Facebook</b> 46:3	<b>fault</b> 165:15	147:18,20
<b>examples</b> 22:23 26:13 40:9 41:4	<b>experiences</b> 47:14	<b>facilities</b> 29:4,9, 13 40:1 43:5 79:25 80:9 102:16,17 165:9	<b>favor</b> 7:24 104:10	<b>fined</b> 40:7
<b>exams</b> 140:14 156:12	<b>experimenter</b> 107:3	<b>facility</b> 11:3 28:11 33:13 40:3 43:1,10,15 45:4 53:24 55:4 61:6, 17 62:6,17 68:7 73:4 75:8,25 79:11,13,16,19 164:17 165:13,23 173:6	<b>faxed</b> 74:6	<b>fines</b> 28:10 33:13 35:13 36:4,8,9,15
<b>exceed</b> 35:13	<b>expert</b> 38:13,17, 19 54:1,7 56:1	<b>facility's</b> 34:1 35:1 43:14,18	<b>FDA</b> 135:3	<b>finish</b> 155:25
<b>exceeds</b> 163:4	<b>expertise</b> 22:11 38:16	<b>fact</b> 11:13 14:22 35:18 44:3 78:24 79:12 81:5,21 85:12 87:19 94:1 113:10 116:3 123:11 129:9 171:6 179:13	<b>federal</b> 55:2,3	<b>finished</b> 144:19 149:24
<b>excellent</b> 21:10, 11	<b>experts</b> 53:17 55:1	<b>factor</b> 49:6	<b>fee</b> 23:21 173:23	<b>fire</b> 46:23 108:8, 10
<b>exceptions</b> 110:19,23	<b>expired</b> 39:9 42:11	<b>factors</b> 18:13 25:13 35:15 164:24	<b>feedback</b> 85:15	<b>firm</b> 61:15
<b>excuse</b> 91:14 148:12 166:21	<b>explain</b> 80:5 145:7	<b>facts</b> 62:4 87:16	<b>feel</b> 19:9 26:4 52:17 54:12 61:3 68:15 101:1,15 178:15	<b>first-time</b> 56:25
<b>executive</b> 4:9 6:19 12:6,10,18, 19	<b>explaining</b> 50:24	<b>failing</b> 27:10,22 28:2	<b>feels</b> 10:1	<b>fiscal</b> 40:22,25 41:1,2 47:1
<b>exemption</b> 62:22 80:24	<b>explicitly</b> 92:3	<b>failure</b> 29:24 30:17	<b>fewer</b> 31:12 176:3	<b>fit</b> 148:16
<b>exhaust</b> 111:3,11	<b>expose</b> 78:21 99:14	<b>fair</b> 47:6 77:6 142:10	<b>field</b> 10:1 39:7 54:15 106:15 112:16 114:9 154:21	<b>fitted</b> 111:19,20
<b>exhausts</b> 111:3	<b>exposed</b> 72:15 102:7 108:9,10	<b>fairly</b> 123:7 166:2	<b>Fiestaware</b> 130:17,23 131:1,2	<b>fitting</b> 86:17
<b>exhibits</b> 35:4	<b>exposing</b> 68:8 89:7	<b>fall</b> 103:24	<b>figure</b> 166:18 176:12 178:4,11	<b>fix</b> 15:12,13
<b>exist</b> 137:12	<b>exposure</b> 67:24 68:11,13 161:21	<b>falls</b> 93:22	<b>figured</b> 55:24	<b>fixing</b> 121:2 136:21 170:25
<b>existed</b> 107:2 112:20 155:4	<b>exposures</b> 81:1	<b>false</b> 27:1,3	<b>file</b> 76:24 97:2,3,8	<b>flag</b> 86:15
<b>existence</b> 131:15 136:4 137:11 150:16	<b>extensive</b> 108:4	<b>familiar</b> 70:14 107:18,23 158:6	<b>filing</b> 27:1	<b>flight</b> 5:1
<b>existing</b> 34:9 148:13	<b>extent</b> 150:4,5	<b>fast</b> 25:12	<b>fill</b> 9:3,20 62:2 74:4 171:11 175:16	<b>flipping</b> 76:19
<b>exists</b> 23:3 103:2 176:11	<b>extra</b> 24:9 54:8 78:20 118:18 175:19	<b>fasteners</b> 117:18	<b>filled</b> 8:25 119:4	<b>Florida</b> 4:9,10,15, 18 6:5 7:2,7,11,15 19:19 24:9 25:4 28:16,17,18,19,25 30:9,20 35:11 41:17 54:6 55:1 61:21 70:11,16 71:9 84:4 90:2,22 98:8 101:25 106:9,19 108:20 126:18 135:7 136:11,23 137:13 138:6,14 146:3 147:5,14,23 150:7,22 151:9 152:1 157:6 173:17
<b>exit</b> 34:12 49:1	<b>extractants</b> 121:21	<b>faster</b> 17:5	<b>final</b> 38:24 66:4	<b>fly</b> 161:10,11 172:15
<b>exited</b> 105:14	<b>extraction</b> 107:24	<b>fat</b> 69:5 75:21 95:13 97:12	<b>finally</b> 55:19 136:3,25 141:9	<b>focused</b> 14:13 45:18
<b>expect</b> 114:18 160:24 169:10	<b>extras</b> 118:17		<b>financial</b> 12:15 73:5	<b>foil</b> 117:25 129:10,11
<b>expected</b> 113:4 117:24 159:25 160:4 161:6 162:21 163:4 167:13,18 169:5	<b>extremely</b> 9:15 149:4		<b>find</b> 9:12 10:12 31:1 35:20,24 62:1 77:9 103:5 112:4 114:18 127:4 132:20 137:24 139:14 143:18 169:10,11 171:23 178:9	
<b>expecting</b> 164:5			<b>fine</b> 33:12 34:14 86:20 89:23 116:21,25 131:25	
<b>experience</b> 21:12 23:6 54:23	<b>face</b> 10:3			
	<b>F</b>			

<b>folks</b> 47:12 51:11 53:25 54:14,17 55:16 61:25 85:4 140:13 156:7	<b>free-standing</b> 109:3	92:6,11,16,25 93:5 105:5,9 119:12 120:6,9,25 121:2 122:13,15 124:18,21 128:5, 9,17 129:17 130:19 131:12 132:23 133:4,13 134:14,20,24 137:8 138:8,10, 13,16,19 139:2 140:21,25 141:5, 8,10,17,22,24 142:4,7,16,23 143:6,8,17,19,23 144:4,9,13,18,25 148:24 149:1 151:2,8 152:23 154:6,10 156:6 158:4,13,20,22,25	<b>generally</b> 36:8 157:10 159:7	147:21
<b>follow</b> 95:25 99:23 139:19 140:1 145:4	<b>frequency</b> 76:9	<b>fresh</b> 54:18	<b>generate</b> 66:4	<b>goal</b> 17:25 34:22 66:7 179:23
<b>food</b> 67:11 104:20 121:2	<b>Friday</b> 17:17	<b>friendly</b> 16:8	<b>generating</b> 69:20,22,23 133:11	<b>goals</b> 30:4
<b>foot</b> 91:4	<b>friends</b> 95:9	<b>frightening</b> 125:5	<b>gentleman</b> 50:4, 8 106:18 113:10	<b>gold</b> 175:18
<b>Force</b> 4:25 6:22 12:14,15,16	<b>front</b> 18:14,15 46:16 61:2 77:20 82:25 113:25 114:2 158:5	<b>fulfill</b> 64:15,16,19	<b>geometric</b> 29:22	<b>good</b> 4:1,3 6:18 7:3 8:7,9,12 12:5 13:4,5 18:21 21:8 22:5,7 23:25 45:24,25 46:5 47:3 52:1 58:19 66:21 112:24 127:17 177:17,23 180:23,24 181:1, 20
<b>forever</b> 61:22 155:4	<b>fruit</b> 18:14,15 46:16 61:2 77:20 82:25 113:25 114:2 158:5	<b>full</b> 13:15 106:9 142:13,23 145:1 147:16 150:18 154:3	<b>geometry</b> 123:12	<b>gotcha</b> 63:5
<b>forget</b> 151:11	<b>fruition</b> 65:8	<b>full-time</b> 152:2	<b>germanium</b> 110:21 111:23 112:2,15 113:9,16 125:12	<b>government</b> 90:10
<b>Forgive</b> 90:25	<b>fulfill</b> 64:15,16,19	<b>fun</b> 50:16	<b>get all</b> 51:7	<b>governor</b> 8:19
<b>forgot</b> 56:16 163:12	<b>full</b> 13:15 106:9 142:13,23 145:1 147:16 150:18 154:3	<b>function</b> 77:18	<b>Ginni</b> 5:11 9:2 22:20 23:12 28:6, 12,13 43:1 59:19, 22,25 60:8 65:23 66:2,17 67:11 69:10,20 70:6 71:17 72:3,7,16 75:20,22 79:22 103:7,17	<b>governs</b> 139:10
<b>forgotten</b> 146:25	<b>functional</b> 31:7 159:4,13,15,23 160:2,8 161:14 167:5,9	<b>functional</b> 31:7 159:4,13,15,23 160:2,8 161:14 167:5,9	<b>grad</b> 16:12	<b>graduates</b> 139:10
<b>form</b> 23:22 24:21 62:2 74:2 97:7 111:20 123:3 167:21 171:1,11 175:15,17	<b>functions</b> 140:2	<b>function</b> 77:18	<b>grads</b> 16:5 19:3	<b>graduate</b> 57:8 59:7
<b>format</b> 23:22	<b>furnace</b> 123:24	<b>future</b> 144:10	<b>graduation</b> 58:8 142:3	<b>granted</b> 57:11,16 58:15
<b>forms</b> 130:5 167:22	<b>Fusion</b> 5:4	<b>G</b>	<b>grants</b> 61:13	<b>grants</b> 61:13
<b>forward</b> 17:2 51:25 83:14 140:25	<b>Futch</b> 5:20 10:18 11:22 18:4 19:9 21:9 22:1 43:21, 25 44:17 45:12,14 46:5 48:7,13 49:11,17,23 50:4 51:18 52:6,24 54:5 55:21 56:9, 14 57:20 58:9 59:24 60:4 61:9 62:16 63:6,23 64:5,9 65:9,16,18 66:16,24 71:5,8, 15 72:6 74:12,16 76:24 79:7 80:14, 17 81:18 82:13,21 90:23 91:18,20	<b>Gail</b> 6:10 15:21 16:1 17:15,22 18:6,9 19:1,5,11, 13 23:23	<b>gray</b> 162:3	<b>great</b> 9:7 18:2 54:16 83:13 113:18 125:9 150:2 182:3
<b>forwarded</b> 36:25 37:9,12	<b>found</b> 26:22,25 28:1 32:8 48:21 49:11 63:7 98:20	<b>Gail's</b> 146:15	<b>give</b> 9:17 11:17 12:12 13:12 20:22 32:18,20 33:2 41:4 45:16 55:1 58:13 67:7 71:20 77:7 80:24 81:3 91:2 99:9 114:22 115:7 132:15 172:8,21 175:17, 23 177:17	<b>greater</b> 30:12,13, 15 31:13,15,17,24 111:16
<b>found</b> 26:22,25 28:1 32:8 48:21 49:11 63:7 98:20	<b>fraction</b> 30:14,16 31:25 41:11	<b>Gainesville</b> 4:18	<b>glad</b> 9:2 19:14	<b>green</b> 130:4,18
<b>fractionated</b> 31:11 32:1	<b>fractions</b> 31:12	<b>gamma</b> 112:3,5,7 113:13 116:3,11 123:6,12	<b>glitches</b> 178:5	<b>ground</b> 39:20 54:17
<b>frame</b> 16:7 47:21	<b>frame</b> 16:7 47:21	<b>garage</b> 109:3,6 121:7,8,10	<b>glove</b> 110:25 111:1,3,12 116:20 120:5	<b>grounds</b> 24:2 25:25 26:14
<b>fraud</b> 26:15 40:20	<b>free</b> 14:10	<b>gas</b> 115:20 120:9, 13,15 124:5	<b>gloves</b> 110:12	<b>group</b> 12:6 13:19
<b>free</b> 14:10		<b>gather</b> 101:11	<b>glow-in-the-dark</b> 113:10	
		<b>gave</b> 115:5 132:16 146:1 169:25	<b>glued</b> 114:20	
		<b>GE</b> 80:16 175:11 176:8	<b>go-between</b>	
		<b>geared</b> 112:5		
		<b>general</b> 29:16 35:20 90:3 145:22 146:21 150:3		
		<b>General's</b> 179:25		

16:16 18:5,7,10, 16 19:14 20:2 44:17 90:19 146:16 156:18 180:4	<b>gyms</b> 97:11,15	<b>harm</b> 30:19 51:16 83:16 159:1,8,10, 12,18,21,22 161:3 166:20 167:3	<b>high</b> 50:24 51:10 112:15 134:1 159:16	<b>hope</b> 120:16 121:4 156:6
<b>grouped</b> 115:11	<hr/> <b>H</b> <hr/>	<b>harmful</b> 32:17	<b>high-resolution</b> 112:3	<b>hoping</b> 105:19
<b>Groupon</b> 73:10, 11,12 98:20	<b>H-38</b> 30:4	<b>harmless</b> 131:23	<b>higher</b> 36:2 134:3 161:18	<b>hose</b> 111:2,3,13
<b>groups</b> 21:16 156:13 157:18	<b>half</b> 19:23 78:19 149:20 150:20 157:25 163:5	<b>hate</b> 8:24	<b>highly</b> 53:10 113:9,15	<b>hospital</b> 6:1,5 61:21 96:19 156:13 157:6 164:13 165:13
<b>guardian</b> 32:13	<b>hall</b> 95:10	<b>hazard</b> 108:9,10 129:8,12 131:24	<b>hill</b> 109:5 121:6	<b>hot</b> 120:21,22
<b>guess</b> 49:23 51:17 52:19 66:18 78:8 101:11 102:21 110:2,7 111:1 112:4 125:2 131:10 134:6 147:22 158:17 169:20	<b>Hamilton</b> 60:22	<b>hazardous</b> 67:21 108:7 133:22	<b>hint</b> 77:7	<b>hour</b> 20:5 157:25
<b>guidance</b> 11:3, 18 76:16,22	<b>hand</b> 22:20 65:25 82:24	<b>head</b> 42:7 81:17	<b>hire</b> 132:23 133:4 156:21	<b>hours</b> 32:14 151:20 152:17 153:7,14 156:12
<b>guide</b> 58:16 59:2 143:13 176:3	<b>handed</b> 66:7	<b>healing</b> 30:3 69:11,14 79:2,17 80:7 82:6,8 83:16 84:3,5,16,17 85:1, 12 87:2 88:1 89:19 93:1,8,9,11, 16,24 100:5,14, 23,25 158:23	<b>hired</b> 71:18 132:18	<b>house</b> 109:4,12 128:10,12 130:23
<b>guidelines</b> 24:24 25:3,8 39:2	<b>handle</b> 10:4,5 14:7 22:13 30:22 85:5	<b>health</b> 5:20 6:8 7:8 12:21 13:1 25:5 37:3 38:8 43:12 51:1 54:7, 20 68:12 72:23 73:22 79:16 84:22 105:24 106:8 108:20 118:11	<b>hiring</b> 14:7 15:3 17:17	<b>houses</b> 115:3
<b>guiding</b> 20:12	<b>handled</b> 63:9 66:6 92:20 142:8	<b>hear</b> 10:11 53:4,6 101:11	<b>historically</b> 154:23	<b>HR</b> 44:16
<b>guilt</b> 49:13	<b>handles</b> 63:17	<b>heard</b> 50:21 103:3 139:12 179:9	<b>history</b> 24:21 40:12,18 42:21 139:15	<b>HTC</b> 156:1
<b>guilty</b> 26:22,25 28:1 48:21 49:11	<b>handling</b> 5:12 18:7 110:9	<b>hearing</b> 56:5 176:5	<b>hit</b> 10:3 105:24 106:3	<b>human</b> 12:24 44:17 67:24
<b>gun</b> 42:8	<b>hands</b> 47:18 62:3 66:14 149:8,9	<b>heat</b> 115:20 124:1,10	<b>hit</b> 10:3 105:24 106:3	<b>humans</b> 79:4 99:14
<b>guy</b> 67:1 73:6 98:10 103:22 125:4 132:19	<b>hang</b> 93:6	<b>heavy</b> 15:6	<b>hobby</b> 106:20 125:17	<b>hundred</b> 152:6
<b>guys</b> 10:1 23:10, 11 24:6 25:12 28:7 42:20,25 44:1,11 51:25 55:11 65:12 66:2, 3 72:25 81:5 91:20 96:25 128:9 131:13 132:8 157:5 158:5 175:3 176:2 181:10	<b>happen</b> 45:9 63:6 165:22	<b>held</b> 49:22 113:24 117:19	<b>hold</b> 23:11,16 48:20	<b>hundreds</b> 146:24
<b>gym</b> 72:7 75:19 76:1,3 98:11,24	<b>happened</b> 44:19 45:5 50:8 62:18 63:24 64:14 137:22	<b>helping</b> 53:20	<b>holder</b> 25:1 27:2, 11	<b>hurricane</b> 24:7
<b>gymnasium</b> 78:1	<b>happening</b> 36:13 63:1 87:15	<b>helps</b> 54:25	<b>holding</b> 139:16, 22	<b>hurt</b> 67:21
	<b>happy</b> 16:22 101:20 146:18 147:18 178:23	<b>Henry</b> 174:18	<b>home</b> 6:13 128:6, 7	<b>hydride</b> 115:17 124:13
	<b>harassing</b> 42:2	<b>HEU</b> 114:3	<b>homemade</b> 107:6 110:4 115:18	<b>hydrogen</b> 115:20 120:11,12 124:8, 12
	<b>hard</b> 51:6,7,22 52:1,14 53:4 54:15 86:16 87:14 103:9 123:4,9 126:6 140:8 145:4 152:3 162:8,25 170:5,6	<b>hey</b> 136:14	<b>honest</b> 42:24 46:2 52:17 103:17 176:7	<b>hypnosis</b> 84:12, 13
	<b>harder</b> 53:7		<b>honestly</b> 62:18 72:18 154:13	<hr/> <b>I</b> <hr/>
			<b>Honor</b> 55:19	<b>I.D.</b> 116:7
			<b>hoops</b> 51:10	<b>I.d.'s</b> 110:22
				<b>idea</b> 13:15 83:13 87:1 102:23 120:14 127:8,17 177:17 178:6
				<b>ideas</b> 13:18 15:9

<b>identification</b> 113:2,13 114:1	<b>inappropriate</b> 87:24	63:15 71:23 74:3, 10 81:7	<b>inquiries</b> 17:22 48:19	101:18 134:10
<b>identifications</b> 110:11 112:14 114:9	<b>incident</b> 3:12 29:2 112:9	<b>individual's</b> 31:8 42:17 43:13	<b>inquiry</b> 42:4	<b>interests</b> 107:5
<b>identified</b> 113:8 114:3 115:12	<b>incidents</b> 9:13 29:14	<b>individualized</b> 38:21	<b>inside</b> 21:13,17 65:10 116:24 126:16 135:24	<b>interface</b> 22:15
<b>identify</b> 9:23 33:5 35:8	<b>inclined</b> 53:10	<b>individuals</b> 14:25 15:5 36:18 39:25 40:3,6 60:3 92:2	<b>inspection</b> 9:5 40:2 74:20 80:4	<b>interim</b> 8:14,18 15:3
<b>II</b> 36:9 113:11	<b>include</b> 32:22 33:4 35:2,4 37:7 38:13 56:16 91:25 163:12	<b>industrial</b> 4:9 115:2,4 117:15 128:7,14	<b>inspections</b> 26:2,9 35:25	<b>internal</b> 9:24 29:14 34:2 66:20
<b>III</b> 36:10,15	<b>included</b> 35:7 179:18 180:12	<b>inert</b> 120:15	<b>inspector</b> 26:10 33:20 60:14	<b>internationally</b> 108:16
<b>illegal</b> 127:18 131:15 173:16	<b>includes</b> 34:24 38:22 39:24 91:23 106:22 153:18 159:23 170:24 180:13	<b>inflammation</b> 164:19	<b>inspectors</b> 40:1 46:20 55:10 61:24 64:18 74:18	<b>internet</b> 131:11
<b>illness</b> 27:7	<b>including</b> 40:18 42:3 110:4 111:23 150:12 168:14	<b>influx</b> 24:8	<b>install</b> 175:20	<b>interpreting</b> 75:4,8
<b>image</b> 77:16	<b>incoming</b> 46:9	<b>inform</b> 16:2	<b>installers</b> 175:3	<b>interrupt</b> 60:15 157:24
<b>imagine</b> 50:16	<b>incorporated</b> 135:17,21 156:2	<b>information</b> 16:12 24:22 33:4, 7 36:25 37:7,10 38:11 42:16 48:18 65:19 67:25 77:25 78:1,23 87:13 114:5,10 174:9 175:8	<b>installs</b> 170:23	<b>intervention</b> 31:20
<b>imaging</b> 6:2 140:10 145:19	<b>incorporates</b> 91:6	<b>infracctions</b> 37:3	<b>Institute</b> 4:10	<b>interventional</b> 50:9 53:16 165:10 166:5 168:19 169:4
<b>impaired</b> 28:3 44:5 77:18	<b>incorporating</b> 156:7	<b>inhalation</b> 129:12	<b>instruction</b> 143:12	<b>interview</b> 33:23 34:7,8,12,25
<b>impairment</b> 27:9 40:18 41:23 43:23,24 44:2,7 47:17	<b>increase</b> 160:20 176:5	<b>inhaling</b> 129:14	<b>instructors</b> 143:21	<b>interviews</b> 34:4, 6 38:1
<b>impairments</b> 159:15	<b>increased</b> 159:16 162:23 163:8	<b>initial</b> 21:5 36:8 37:19	<b>instrument</b> 112:16	<b>intraoral</b> 174:23
<b>importance</b> 133:15	<b>increases</b> 160:10	<b>initially</b> 70:6	<b>instrument's</b> 114:12	<b>introduce</b> 83:5 105:9,11
<b>important</b> 11:16 147:2	<b>increasing</b> 104:1	<b>initials</b> 146:14	<b>instrumentation</b> 114:4 137:15	<b>introduced</b> 106:18
<b>importantly</b> 23:25	<b>independently</b> 28:14 39:4	<b>initiated</b> 40:5	<b>insurance</b> 84:7	<b>introduction</b> 52:24
<b>imported</b> 135:4	<b>index</b> 69:5	<b>initiative</b> 58:4	<b>intact</b> 115:6	<b>Introductions</b> 3:4
<b>impose</b> 25:2 36:18	<b>indicating</b> 123:13	<b>initiatives</b> 29:16	<b>intake</b> 37:19	<b>investigate</b> 40:6
<b>imposed</b> 36:8	<b>individual</b> 14:8 15:1 27:16 31:9 32:2,13,14 33:8, 13 34:6,25 36:17 41:18 42:14 43:20 61:5,7,15 62:25	<b>injectors</b> 50:12	<b>integrate</b> 14:21	<b>investigated</b> 39:22
<b>impression</b> 136:22 137:20		<b>injuries</b> 165:9	<b>intend</b> 164:10	<b>investigating</b> 95:10
<b>improper</b> 55:6		<b>inmates</b> 103:19	<b>intended</b> 159:24, 25 160:4 163:9 167:13 168:3	<b>investigation</b> 3:12 33:24 34:1,2 37:25 39:4,12 64:3 77:11
<b>improve</b> 30:5		<b>input</b> 101:8	<b>intending</b> 164:8	<b>investigations</b> 26:2,11 28:9 35:3
<b>improved</b> 16:19			<b>intent</b> 94:3	
<b>impurities</b> 130:9, 14			<b>intention</b> 15:7 126:7 166:13	
			<b>interesting</b> 4:5 9:9,13,15 10:8,12	

<b>Investigative</b> 37:13	22:1,8,13 37:2 43:17,21,25 44:17 45:12,14 46:5 48:7,13 49:11,17, 23 50:4 51:18	<b>July</b> 109:13 179:9	73:5,19 76:14 77:6 78:7,21,22 83:24 92:16 97:12 100:16 103:25 106:24 123:22 125:4 126:5 130:13 135:15 138:1 140:8 145:4 147:9 157:4 162:3 163:14 165:10 172:10 175:8 176:3	<b>language</b> 83:6 89:9 101:10 135:23 138:24 141:6,24,25 143:8 149:1,2,3 158:5 163:7,11 170:22 171:8
<b>investigators</b> 33:11,14	52:6,24 54:5 56:9, 14 57:20 58:9 59:24 60:4 61:9 62:16 63:6,23 64:5,9 65:2,9,16, 18 66:16,24 71:5, 8,15 72:6 74:12, 16 76:24 79:7 80:14,17 81:18 82:13,21 90:23 91:18,20 92:6,11, 16,25 93:5 105:5, 9 119:12 120:6,9, 25 121:2 122:13, 15 124:18,21 128:5,9,17 129:17 130:19 131:12 132:23 133:4,13 134:12,14,20,24 137:8 138:8,10, 13,16,19 139:2 140:21,25 141:5, 8,10,14,17,22,24 142:4,7,16,23 143:6,8,17,19,23 144:4,9,13,18,25 148:24 149:1 151:2,8 152:23 154:6,10 156:6 158:4,13,20,22,25	<b>jump</b> 51:10 144:23	100:16 103:25 106:24 123:22 125:4 126:5 130:13 135:15 138:1 140:8 145:4 147:9 157:4 162:3 163:14 165:10 172:10 175:8 176:3	<b>large</b> 125:7 146:19
<b>invite</b> 82:15	<b>James'</b> 66:14	<b>June</b> 148:17 179:24	130:13 135:15 138:1 140:8 145:4 147:9 157:4 162:3 163:14 165:10 172:10 175:8 176:3	<b>largely</b> 134:21
<b>involved</b> 21:2 34:5 38:25 47:23 59:25 63:1 106:12 144:5 176:14	<b>January</b> 141:4	<b>justice</b> 65:10	<b>kinds</b> 58:20 130:20 145:19,25 146:2	<b>laser</b> 7:7 134:22, 23 135:1,6,11,18 136:11,15,23,24 137:15 138:3,6
<b>involves</b> 37:2 64:2	<b>jar</b> 123:12 128:18	<b>justification</b> 32:18 33:3	<b>kitchen</b> 111:4 120:20,25 121:2	<b>lasers</b> 100:19 138:12
<b>involving</b> 48:23	<b>jaw</b> 85:8	<hr/> <b>K</b> <hr/>	<b>knowing</b> 33:7 107:14	<b>late</b> 119:9
<b>ionizing</b> 71:15 88:22 89:8,11 92:12 94:13	<b>jealous</b> 118:20	<b>Kathy</b> 6:23 7:21 15:19,21,24 16:11,22 18:22 19:1 38:18 54:2,4 56:23 57:15,24 58:5 59:11 87:3, 11 88:3,6,11 97:21,25 100:13, 16 104:7 139:13 140:19,24 151:1, 3,21 152:20 153:23 154:14,20 155:1,7 156:16 158:11 168:8 182:1	<b>knowledge</b> 64:18 125:9 150:12	<b>laterality</b> 29:21
<b>isocenter</b> 159:10 163:7	<b>Jim</b> 52:15	<b>keeping</b> 10:19	<hr/> <b>L</b> <hr/>	<b>latest</b> 94:19
<b>isotope</b> 10:6	<b>job</b> 19:3 154:25 156:21	<b>Keiser</b> 7:1 58:23	<b>lab</b> 9:11,12 109:2, 7 111:10 132:24 164:6	<b>Laughter</b> 6:16 52:23 65:1 66:15
<b>issue</b> 59:12 80:1 83:16 84:2 97:22 99:5 115:10 130:2 145:17 147:15 149:6	<b>jobs</b> 12:19 13:22 19:3 156:19	<b>Kelly</b> 20:13 24:12 73:21 106:15 112:10 113:8 131:20	<b>label</b> 116:9 117:3, 5,7,9	<b>law</b> 44:5 46:7 54:18,21,22 65:10 114:23 117:11 127:21 146:1 147:11,23
<b>issued</b> 19:4 39:6, 14 59:13 79:13	<b>John</b> 9:16 122:22	<b>kev</b> 113:14,15	<b>labeled</b> 115:17	<b>laws</b> 151:9
<b>issues</b> 14:16 18:14 19:8,10 20:25 57:14,16 60:6 65:11 102:17 125:8 146:16 178:3	<b>joy</b> 119:2	<b>key</b> 148:10	<b>labels</b> 110:6	<b>lawyer</b> 44:23 50:23 136:18
<b>issuing</b> 149:19	<b>judge</b> 55:19	<b>kickback</b> 73:5 76:14	<b>Labor</b> 181:2	<b>lawyers</b> 54:16 61:10 62:10 65:21 94:1,6 148:3
<b>ISU</b> 22:16 37:12, 17,24 39:21 65:20 77:10	<b>judgment</b> 49:8	<b>kid</b> 132:10	<b>laboratory</b> 6:12 109:6,12 112:19 120:20	<b>lead</b> 33:7
<b>items</b> 118:5		<b>kidding</b> 144:13	<b>laborious</b> 138:2	<b>LEADS</b> 37:11 39:17
<hr/> <b>J</b> <hr/>		<b>kilo</b> 113:19	<b>labs</b> 116:18	<b>leaned</b> 45:24 55:20
<b>Jacksonville</b> 7:14 50:5,9		<b>kilogram</b> 122:22	<b>Lacey</b> 122:22	<b>leap</b> 51:11
<b>jail</b> 81:6		<b>kind</b> 10:22 19:9, 10 22:23 29:18 30:8 31:21 34:16, 17 35:22 45:6,18, 19 47:18 53:4 54:22 55:20 65:23 67:17 68:13 70:25	<b>Lagoutaris</b> 7:12, 13 64:25 68:25 90:24 91:9,17 125:15,21 181:8	<b>learned</b> 30:4 114:8
<b>jails</b> 71:3 80:22			<b>laid-back</b> 13:7	<b>learning</b> 29:3,10
<b>James</b> 5:18,20 10:18 11:22 18:4 19:9 20:9,12 21:9			<b>landfills</b> 126:18	<b>leave</b> 15:1 72:13 128:17
			<b>landing</b> 136:5	<b>leaving</b> 136:22 160:7

<b>left</b> 13:24 56:21 110:11 137:20 142:9	<b>licensed</b> 48:12 51:15 62:24,25 63:10,15,16 64:23 69:19 70:10 85:2, 25 86:5 88:15 89:25 90:16,20 91:6,21 93:15 94:10 147:7	<b>listing</b> 172:5	48:23 52:18 54:23 83:25 89:21,22 95:12 96:16 109:15,21 112:4 122:6,7,25 124:22 125:9 131:9 133:12 135:16 137:4 157:8 167:3,21 169:4,12 178:10,16	170:23,24,25 171:16,17,24 173:7 175:20
<b>legal</b> 38:7 48:20 49:1 59:3 118:1 127:13 171:12 172:20	<b>licensee</b> 55:4	<b>lists</b> 18:24 85:3	<b>lots</b> 46:21 51:1	<b>made</b> 20:4 26:5 42:4 119:14,16 132:10 148:19,21 149:14
<b>legally</b> 37:22 63:7,13 77:9 171:5	<b>licenses</b> 16:5,6 23:15 53:20 58:22 88:5 99:17 145:18,19 147:3,5	<b>literally</b> 47:9,15 157:20	<b>lovely</b> 21:12	<b>magic</b> 78:12
<b>legislative</b> 90:10 93:10	<b>licensing</b> 13:21	<b>live</b> 7:14 160:24	<b>loves</b> 105:16	<b>mail</b> 65:4
<b>legit</b> 72:19	<b>licensure</b> 23:1, 10,11,18 51:24 58:3,20 61:25 71:13 139:15	<b>lived</b> 110:17	<b>low</b> 52:17 103:18 123:7 126:21	<b>mailed</b> 80:12
<b>length</b> 25:16,17	<b>life</b> 68:1 152:3 161:6	<b>load</b> 22:24 174:4	<b>low-dose</b> 166:2	<b>main</b> 129:8 157:22 178:20
<b>lengthy</b> 38:22 40:23	<b>light</b> 137:15,16	<b>loaded</b> 174:10	<b>lower</b> 129:7	<b>majority</b> 39:22 65:21
<b>Leo</b> 61:21,23	<b>lights</b> 21:22 67:1 105:6	<b>loan</b> 41:16 47:6	<b>lunch</b> 67:9,13,14 101:6 104:18,21 105:5	<b>make</b> 7:21 15:5 18:20 22:1 26:1,4 47:8 48:19 51:9 58:6,7 67:18 69:4 80:19 87:20 90:25 99:10 100:13 109:9 124:24 126:6 130:16 131:14 132:25 133:5 138:2 162:9 163:13 172:11 173:12 176:12,13, 19 179:19
<b>lesser</b> 150:5	<b>likes</b> 130:24 180:1	<b>loaned</b> 108:25	<b>lungs</b> 133:25	<b>makes</b> 54:11 128:23 149:6 163:16 168:11
<b>lesson</b> 114:7	<b>limit</b> 94:3 160:13, 16,22	<b>loans</b> 40:13,17	<b>Lynne</b> 5:9 20:13 21:25 22:5,6,8 36:19,22 43:4,17, 23 45:21 50:22 51:20 52:8 56:8 59:23,24 60:9 63:3 65:2,22 77:1 142:13,15	<b>making</b> 13:16 14:19 19:15 27:1 34:15 36:12 42:2 130:10 133:3
<b>lessons</b> 30:4 114:7	<b>limited</b> 91:8,15 94:2 108:2 139:12,20 143:13 144:20 145:21	<b>local</b> 29:6 30:1 42:9	<b>M</b>	<b>machine</b> 5:7,12 9:1 10:5 22:22 28:6 30:23,25 31:4 35:21,24 36:23 59:1 60:1 61:24 69:1,4 71:19 75:10,12 82:4 99:12,13 100:1 139:11 140:4 147:16 154:6 171:25 174:20,22 176:8
<b>letter</b> 80:3 179:18	<b>limiting</b> 167:7	<b>locally</b> 45:4 126:18	<b>machine-based</b> 59:18	<b>managed</b> 107:4
<b>letters</b> 18:24 79:12 179:22	<b>limits</b> 81:2 160:19	<b>location</b> 99:14	<b>machines</b> 33:17 53:19 79:4 82:20 83:19 88:16	<b>management</b> 5:17 12:23 33:25 34:13 45:7
<b>letting</b> 20:19	<b>Lindsey</b> 33:16	<b>logic</b> 127:24 168:18 175:11		<b>manager</b> 12:15
<b>leucite</b> 111:1	<b>lines</b> 10:18 21:9 76:25 116:5	<b>long</b> 41:21 48:4 65:7 76:17 105:13,15 127:14 140:24 141:1,10 144:5 147:9 150:7 161:7 170:18 176:21 179:5		<b>manages</b> 51:4
<b>level</b> 8:15 26:16 39:1,20 94:21 109:7,17 129:7 147:4 150:17	<b>liquid</b> 107:24 111:24,25 123:1,3	<b>long-time</b> 61:23 166:10		<b>managing</b> 12:21
<b>levels</b> 36:2,6,9	<b>list</b> 41:22 76:17, 20 90:18 91:14 92:19 97:13 151:19 170:16 172:12,16,17 174:24 175:25 177:2 180:12	<b>longer</b> 108:12,13 113:25 136:24 137:20 169:15,17		
<b>liability</b> 44:22 54:11 61:4	<b>listed</b> 143:12 171:7,9	<b>looked</b> 145:6		
<b>liable</b> 61:7		<b>Los</b> 111:7		
<b>library</b> 108:4 121:13,14		<b>lose</b> 78:12		
<b>license</b> 19:4 23:17 26:20 35:12 42:2,11,15,18 48:6 57:7,11,17 59:13 66:23 102:16 108:17 140:4 147:13,15 154:1,4 156:14		<b>lot</b> 10:11 11:13 13:9,12 14:12,15 17:5,9 22:13 24:9 26:6 30:8 35:15 40:1,6 46:16,18		

<b>mandate</b> 174:5	131:8,21 132:2	<b>mechanism</b> 56:24	<b>member</b> 3:15 6:24 81:24 178:22	<b>mind</b> 131:19 141:14
<b>mandatory</b> 28:24	<b>materials</b> 27:8 53:20 55:4 59:19, 20,22 60:7,8,18, 21 84:6 106:14 109:22 110:20 122:1 127:11 139:2	<b>mechanisms</b> 46:22	<b>members</b> 4:3 7:25 8:9 22:7 104:12 178:15 179:8 180:3,13	<b>minds</b> 59:7
<b>manually</b> 24:12	<b>Matt</b> 4:17 109:18 110:13 118:19 132:1	<b>med</b> 53:12 146:22 151:4 156:10 157:12,15	<b>membrane</b> 111:2	<b>mine</b> 158:15
<b>manufactured</b> 110:25 135:4	<b>matter</b> 63:15 100:16 118:14 133:19 181:10,11	<b>mediate</b> 41:19	<b>mention</b> 11:6	<b>mineral</b> 118:22
<b>manufacturer</b> 80:15 82:16	<b>MATTHEW</b> 4:17 70:19,23 71:22 72:2,23 73:11,17, 23 96:24 97:6 98:20,24 99:2 125:24	<b>medical</b> 3:7,9 4:14 5:5,12 6:6 12:2 15:1 22:20 26:7 28:8,9,13,22, 25 30:3,7,20 31:6 32:4,9,18 33:2 35:4 36:1,13 37:6 40:10 41:8,12 42:10 45:17 46:21 56:11 59:18,21 63:10,23,25 64:1, 3,11 65:13,14 67:25 68:9 70:8 73:2,19 80:11,23 85:4,15 86:6 87:7 88:2 90:21 91:13 95:7 96:25 97:2,9, 22 99:6 100:18,23 142:11 159:2,3,5, 20,21 160:14 166:1,21,22 167:4 168:19,20,23 170:2 171:17	<b>mentioned</b> 6:20 17:6 66:22	<b>minute</b> 124:10 148:1
<b>manufacturing</b> 108:21	<b>maybes</b> 24:18	<b>medication</b> 42:6	<b>merged</b> 147:10	<b>minutes</b> 3:5 7:19, 22 56:16
<b>March</b> 134:24 135:9 148:23,25 178:24 179:7	<b>mayhem</b> 82:13	<b>medications</b> 84:6 166:10	<b>merit</b> 132:15	<b>misconduct</b> 40:20 42:19
<b>mark</b> 6:3 56:10, 18 59:15 60:2,11, 16,23,24 61:2 62:11 63:5,20,25 64:7 65:6,12,17 66:1,9,12,14,21 81:23 88:15 89:20,25 90:6,12, 14 94:9 96:13,16, 21 100:18 117:10 157:8 161:9,12,25 162:2,13,19 163:2,10,13,16, 19,23 164:18,22 165:8,14,19,22 166:10,13,25 167:2,8 168:9,13, 17 169:6,19,24 175:2,12 176:11, 19 177:22	<b>Mcfadden</b> 4:13 43:3,5,20,22,24 44:16,25 45:13 46:3 48:5,9 49:10, 14,18,25 51:12 52:16,22 57:18 60:15,19,23 69:2 71:1,7 121:5,9 127:2,10 141:14, 18,23 142:2,5,19, 25 143:16,20,25	<b>medicine</b> 4:24 5:4 6:12 53:11 55:14,23 58:24 63:12,13 95:22 145:22 147:8,17 148:3,6,13 150:1, 6,18 151:25 152:12 154:8 155:10,15 166:7	<b>mess</b> 31:21	<b>mishap</b> 30:18
<b>market</b> 107:1 122:13,15	<b>MD</b> 77:3 79:21	<b>meeting</b> 4:6 7:19 9:17 15:8,9 70:19 97:25 105:25 106:8 179:6 180:10 181:24 182:3	<b>messed</b> 160:9	<b>mislead</b> 112:17
<b>masks</b> 111:18,19, 21	<b>means</b> 83:17 117:22 135:22 146:11 150:11 169:18	<b>meetings</b> 17:7 70:24 80:21	<b>met</b> 21:9 52:4	<b>missed</b> 163:7
<b>mass</b> 76:20 78:7, 10 103:23	<b>meant</b> 166:24		<b>metabolic</b> 76:21	<b>misses</b> 29:14
<b>Massachusetts</b> 138:17	<b>measured</b> 109:10		<b>metal</b> 114:20 115:19 116:2 118:3 122:10 124:7,15 128:13, 21	<b>mission</b> 29:9
<b>Master's</b> 12:23	<b>measurements</b> 75:2		<b>meter</b> 129:5	<b>Mm-hmm</b> 56:8 60:4 63:23 89:5
<b>matched</b> 146:3	<b>measuring</b> 69:5		<b>method</b> 107:25	<b>MMPM</b> 6:6
<b>material</b> 10:6 77:6 83:22 107:1 109:15 112:9 113:6,25 114:6 118:10,23 122:19, 20,23 128:3,4	<b>mechanical</b> 29:24		<b>Miami</b> 6:1 7:11 9:5	<b>mobile</b> 52:21
			<b>Michigan</b> 132:12	<b>modalities</b> 9:25
			<b>microbar</b> 126:12	<b>modality</b> 29:21 30:11
			<b>microbars</b> 126:14,15,19	<b>Mode</b> 31:10
			<b>microcurie</b> 116:12 117:14	<b>model</b> 176:9
			<b>microcuries</b> 115:4 128:5,11,12	<b>modified</b> 83:23
			<b>Micror</b> 109:20	<b>modify</b> 35:11 148:13
			<b>microscope</b> 111:14 120:24	<b>moment</b> 8:24
			<b>mid</b> 181:15	<b>moments</b> 61:10
			<b>middle</b> 11:23 121:11	<b>Monday</b> 181:2
			<b>military</b> 113:11	<b>money</b> 17:12 57:21
			<b>million</b> 61:22 96:14	<b>monitoring</b> 49:3 95:14 97:17,19
				<b>monitors</b> 126:19
				<b>month</b> 56:20 80:12 110:2 148:21,22 180:1, 24 181:15
				<b>months</b> 16:17



41:13 58:7 59:12 96:1 109:17 126:23 139:7 144:18 165:20 180:18	26:12 37:6,8,15 39:16,18 40:5,10 41:6 51:23 63:4, 21 64:20	<b>neuroscientist</b> 125:22	<b>notify</b> 32:12	<b>obtain</b> 147:13
<b>Moody</b> 9:10 52:25 98:5,10 103:9,16,21 105:12,17,22 106:3 109:2 119:14,22 120:8, 10,20 121:1,4,7, 10 122:11,14,16 124:3,6,19,22 125:19,22 126:1, 13,22 127:7,11,21 128:1,4,7,16,20, 25 129:18,22 130:1,7 131:1,16 132:19,25 133:10, 17	<b>multi-fraction</b> 30:16	<b>neutron</b> 108:22 128:24 129:5	<b>November</b> 109:14 127:9,12 132:2 180:18	<b>obtained</b> 35:3
<b>moot</b> 46:8	<b>multiple</b> 63:2 112:12 151:24 157:4 164:19	<b>neutrons</b> 108:23 129:3,4,6	<b>NRC</b> 108:20 126:9 131:12	<b>Obtaining</b> 26:14
<b>moral</b> 24:1 45:24, 25 46:5	<b>Munroe</b> 4:14	<b>news</b> 50:20	<b>nuclear</b> 4:24 5:4 53:11,12 55:13,22 58:24 96:17 132:18 145:22 146:22 147:7,17 148:2,6,12 150:1, 5,18 151:4,25 152:12 154:8 155:10,14,19 157:11,15 166:7	<b>Ocala</b> 4:15 55:12
<b>morale</b> 13:4	<b>muscle</b> 103:23	<b>newspaper</b> 50:10	<b>Nuclears</b> 155:3	<b>occasionally</b> 46:17
<b>morning</b> 3:3 4:1, 3 6:18 7:3 8:7,9 12:5 14:6 22:5,7 141:8	<hr/> <b>N</b> <hr/>	<b>nice</b> 22:3 46:7 132:20	<b>nuclide</b> 112:14 113:5	<b>occurred</b> 12:9 32:24
<b>morphine</b> 50:11, 12,14,18	<b>names</b> 33:5 97:6 106:18	<b>Nicholas</b> 4:21,22 69:6 78:2 86:11, 21 94:14,19 100:25 101:4 103:13 119:18,21 132:5,17 133:7 139:1 153:2,13,17 154:3,7 155:16,24 156:24 157:13,15	<b>nuclides</b> 110:20 134:4	<b>occurrence</b> 30:18
<b>mother-in-law</b> 121:9	<b>narcotics</b> 27:8	<b>night</b> 8:11	<b>nuke</b> 156:10	<b>odd</b> 53:14 92:16
<b>motion</b> 7:20,21 181:24	<b>national</b> 25:20 26:16 27:25 39:1 47:11,13 139:19 141:13 142:9 145:18 146:4,12 147:4,13,19 149:7,17 150:17 158:7	<b>nitrogen</b> 111:24 112:1	<b>number</b> 23:15 25:15 37:10 40:24 52:9,10,15,16 53:14 60:24,25 86:14 118:5 123:1,5 139:6,18, 24 142:10 143:10 146:22,23,25 152:16 153:7,14 163:5 168:10,12 170:6	<b>offenders</b> 36:11
<b>motivated</b> 101:19	<b>natural</b> 118:1 122:20,23 123:6	<b>NMTCB</b> 47:12 147:19,21 148:6, 11 149:1 151:3,20 152:16 156:4	<b>numbers</b> 23:9 86:15 146:19 162:19 163:3	<b>offense</b> 24:23 28:1 48:25
<b>motive</b> 107:5	<b>nature</b> 50:6	<b>nol-prossed</b> 49:5	<b>numerical</b> 102:9	<b>offenses</b> 24:1 25:15
<b>mouthful</b> 6:17	<b>naturopaths</b> 90:19	<b>nominees</b> 179:16	<b>nurse</b> 4:19 62:14, 22 91:25 94:14	<b>offer</b> 22:22 38:19 72:9 86:4 101:20 175:7
<b>move</b> 13:10 82:14 134:8 135:16 149:5 174:2	<b>Navy</b> 7:13 132:17	<b>non-punitive</b> 29:11	<b>nursing</b> 6:13	<b>office</b> 9:16 13:3, 4,7,21,25 14:4,14, 20 15:11 17:12,25 20:21 54:19 62:15 79:10,12,15,19,21 83:2 96:1 97:3 131:13 180:1
<b>moved</b> 14:5 137:22 181:25	<b>neatly</b> 110:6 117:2,4,7	<b>normal</b> 29:23 65:14	<b>nutritionist</b> 71:23	<b>officer</b> 6:4 7:8
<b>moving</b> 13:25 158:8,18	<b>necessarily</b> 91:4 95:24 102:10	<b>note</b> 109:9 114:14	<hr/> <b>O</b> <hr/>	<b>offices</b> 71:3 96:17
<b>Mqa</b> 6:21 9:8 21:17 22:14 24:10	<b>needed</b> 16:13 110:10	<b>notes</b> 101:23	<b>obesity</b> 85:23	<b>official</b> 38:3
	<b>neighborhood</b> 132:11	<b>nothing's</b> 68:9	<b>observing</b> 154:16	<b>officially</b> 174:19
	<b>Neil</b> 55:10	<b>notice</b> 33:12 141:3 149:11		<b>older</b> 121:14
	<b>neptunium</b> 116:10,11,16	<b>noticed</b> 80:4		<b>omitted</b> 29:20
	<b>Nesmith</b> 20:13	<b>notification</b> 32:10		<b>on-the-job</b> 153:2
	<b>net</b> 112:21,24	<b>notified</b> 39:2		<b>oncologist</b> 34:7, 8
				<b>Oncology</b> 29:2
				<b>one's</b> 114:19
				<b>one-time</b> 98:19
				<b>ongoing</b> 162:6
				<b>online</b> 16:7 21:14 23:22 37:11 39:8 131:10

<b>open</b> 17:1 39:18 40:10 41:6,14 48:18 82:22 98:14 109:8 116:19 137:4	168:15	<b>package</b> 75:9 76:10	<b>participates</b> 38:18	<b>payments</b> 84:9
<b>open-ended</b> 98:12	<b>organization</b> 25:20 27:25	<b>packaged</b> 110:5	<b>particle</b> 30:23 31:1,5 83:20	<b>peculiarity</b> 129:22
<b>opened</b> 116:22, 24 179:15	<b>organizations</b> 105:21	<b>packages</b> 180:11,12	<b>partner</b> 96:13	<b>penalties</b> 25:3 36:5,17
<b>opening</b> 110:9 112:18	<b>organs</b> 31:8	<b>packet</b> 139:2	<b>parts</b> 83:3 99:11 145:14	<b>pending</b> 39:15
<b>operating</b> 62:14 71:14 99:14	<b>originally</b> 20:3 83:23 105:2 113:8	<b>PACS</b> 4:14	<b>PAS</b> 4:19	<b>Pentek</b> 117:21
<b>operation</b> 150:13	<b>originated</b> 64:17	<b>pages</b> 76:17 140:9 172:1	<b>pass</b> 43:6,16 126:20	<b>people</b> 7:17 9:19 13:7 15:6 19:5 24:8 45:22 48:11 51:14 54:17,24,25 62:25 67:21 68:8 81:3,5 84:19,22 88:5 89:23 90:4, 20 92:18 99:12,22 106:10 118:11,14 131:7 138:3 147:2,7 155:10, 14,17,18 156:18 157:4 170:16 171:18,21 172:8, 21 175:4,23 176:3,6,16,18 178:12,13 179:13
<b>operations</b> 5:17 6:11 137:14	<b>Orlando</b> 9:11	<b>paint</b> 119:19	<b>passed</b> 147:11	<b>peoples</b> 106:9
<b>operator</b> 58:14 59:1 74:21,25 75:4,6,7 139:11 140:4 141:15	<b>Ortec</b> 110:21 112:14 113:3,9, 24,25 129:4	<b>painting</b> 130:17	<b>passes</b> 8:4	<b>peoples'</b> 51:1 68:4 103:7
<b>opinion</b> 51:17 101:20	<b>orthopedics</b> 4:20	<b>palliative</b> 160:7,8	<b>Passing</b> 124:5	<b>percent</b> 28:23 30:12,14,15 31:14,15,17,25 32:1 39:19,21 40:24,25 41:1,2 46:25 48:17 65:20,22 78:17,19 152:6 160:10 161:18 162:20 163:4,9
<b>opportunity</b> 179:15	<b>osicenter</b> 162:11,15	<b>paper</b> 16:4 23:22 87:8 175:18	<b>passwords</b> 178:7	<b>percentage</b> 47:6 78:20 151:12,13 160:12
<b>opposed</b> 8:1 87:7 97:23 102:24 104:13	<b>osteopath</b> 85:4	<b>paperwork</b> 59:5 99:22	<b>past</b> 18:8 25:24 45:17 47:1 62:13 64:10 148:11 168:20	<b>percentages</b> 69:25
<b>options</b> 56:13	<b>osteopaths</b> 90:18	<b>paragraph</b> 76:19 139:9	<b>patching</b> 17:13	<b>percolated</b> 136:3
<b>optometry</b> 6:13	<b>outcome</b> 159:25 160:4 170:2	<b>paragraphs</b> 168:7	<b>pathways</b> 23:18 148:16	<b>perform</b> 155:9
<b>orange</b> 115:15 129:21 130:18	<b>outcomes</b> 51:1	<b>paramedic</b> 6:14	<b>patient</b> 29:16,20 30:5,10,19 31:20, 21 32:6,16,19 33:1,5 41:10 44:20 51:16 70:13,18 72:12, 13,24 73:9,14 74:2,3 75:24 86:10 91:3 96:22 97:1 98:9 157:22 159:1,7,9,18,21, 22 160:3 161:3,6 163:23 165:12 166:3 170:3	<b>performance</b> 106:4 150:11
<b>order</b> 20:10 38:13,14,24 39:5, 14 51:5,6 85:5 86:2 91:3 95:23 97:20 143:3 156:15,25	<b>outline</b> 83:4	<b>paramedics</b> 19:19	<b>patient's</b> 103:11	<b>performed</b> 165:24
<b>ordered</b> 74:10,17 85:25 87:5 88:7	<b>oven</b> 123:22	<b>parameters</b> 98:4 153:9	<b>patients</b> 27:7 50:7,25 83:17 101:1 102:6 164:3 167:21	
<b>ordering</b> 71:11 72:20 74:13,15 86:13 87:4 93:20 100:2	<b>overcharged</b> 162:17	<b>parenthetical</b> 109:9	<b>pay</b> 17:11 104:21 154:13 157:3	
<b>orders</b> 38:3 95:18 103:10	<b>overview</b> 160:23 34:13	<b>part</b> 4:10 16:15 18:6 23:1 24:10 27:14 29:23 45:23 46:9 61:3 63:4 64:22 65:16,17 75:8 77:8 82:14 89:14,15 92:12 95:12 97:17,19 99:12 127:8 141:23 143:1 148:2,7 152:22,24 153:5,10 154:19 159:19 160:19,25 162:24 163:7 165:1 166:23 170:1,14,21 173:25 174:12 175:7 178:1 180:9	<b>paying</b> 73:8,9,15	
<b>organ</b> 163:25	<b>owner</b> 55:4	<b>partial</b> 29:22	<b>payment</b> 41:20	
	<b>owns</b> 100:20			
	<b>oxide</b> 116:21 133:16			
	<b>oxygen</b> 124:2			
	<b>oxymoron</b> 117:4			
	<b>P</b>			
	<b>p.m.</b> 104:24,25 182:5			
	<b>PA</b> 85:4			

<b>period</b> 72:11	<b>ph</b> 17:19 122:22	31:8	<b>Playing</b> 85:21	<b>possibly</b> 48:1 49:7 60:9 62:9
<b>periodic</b> 106:22 119:3	<b>Pharmacy</b> 12:10	<b>pick</b> 22:22 103:7 158:16	<b>plenty</b> 170:16	<b>posted</b> 126:3,8 149:11
<b>periodically</b> 135:8	<b>philosophy</b> 135:14	<b>picking</b> 110:15	<b>plugs</b> 111:12	<b>postings</b> 137:14
<b>permanent</b> 16:6, 14 31:7 159:3,13, 23 161:14 167:5,9	<b>phone</b> 19:21,23, 24 20:1,4,5 52:21 129:2 173:9	<b>picture</b> 18:5 45:15,19 46:18 129:1	<b>Plutonium</b> 134:3	<b>potential</b> 36:4 37:3 128:24
<b>permitted</b> 99:13 178:2	<b>phones</b> 14:11,15 53:1	<b>pictures</b> 83:20 110:8 111:16	<b>podiatrist</b> 7:14 64:24 91:2	<b>potentially</b> 51:15 58:2 159:19 172:8
<b>person</b> 14:14 15:4 21:5 25:1 27:1,10 44:3,4,7,8 47:19 48:21 49:21 60:16 61:8 62:8, 18,19,24 64:23 68:10 69:19 70:11 71:20 73:1 74:1 75:7 86:25 96:17 97:1 106:15 118:13 131:18 137:1 148:8 151:5,9 159:13 160:25 179:4	<b>Phosphate</b> 4:10	<b>piece</b> 128:13 175:18	<b>point</b> 17:24 37:23 38:4 47:8,23 52:14 70:1,16 73:25 74:9 78:7,8 79:7 82:5,21,23 86:23 100:6 113:21 118:16 133:18 135:25 144:9 146:4,8 147:12 149:12,19 169:14	<b>pounds</b> 78:12
<b>person's</b> 25:15 106:13 165:6	<b>phosphorus</b> 108:8,9	<b>pieces</b> 19:12 114:20	<b>pointed</b> 136:11	<b>powder</b> 116:21, 25 117:23,25 129:12 133:16 134:2
<b>personal</b> 30:17 51:16 72:8 75:23	<b>photographed</b> 112:10	<b>pike</b> 10:23	<b>points</b> 53:2 55:17	<b>power</b> 82:21,23 129:11
<b>personnel</b> 6:13 19:8	<b>photographs</b> 112:11	<b>pill</b> 70:15	<b>poisoning</b> 133:9	<b>practical</b> 78:8
<b>persons</b> 53:20	<b>photos</b> 111:17 118:18,19,20	<b>Pines</b> 4:23 5:2	<b>policies</b> 34:11	<b>practice</b> 7:13 10:25 26:23,24 27:5,17 61:9,11, 19 62:7 85:1,8,25 86:5,6 88:1 90:16 91:6,8,16 92:19 93:17,18,19,22 94:3 95:6,8,16,17 97:9,22 127:15 141:13 144:21 145:12 146:17 147:4 148:1,14 149:21,22,23,25 150:7,9,10,16 152:12 158:6 170:2
<b>perspective</b> 21:15	<b>phrase</b> 84:5,17 89:3 93:1	<b>places</b> 55:24 137:16 157:20	<b>policy</b> 35:21	<b>practiced</b> 25:18
<b>pertain</b> 63:8	<b>physical</b> 30:19 94:9	<b>place</b> 16:6 18:1 30:2 55:8 64:6,7 72:1,5 109:20,22 136:16 157:17	<b>Polytechnic</b> 4:11	<b>practices</b> 29:16 70:15
<b>pertains</b> 63:10	<b>physician</b> 5:2 31:9 32:15,16 64:2,12 70:10 71:11 72:10,19 74:13,15,20 76:25 77:11 78:11 79:1 85:4 87:6 91:11, 12,24,25 93:14,19 95:18 97:16 98:8 100:2 103:10 159:25 160:3	<b>plain</b> 133:16	<b>pop</b> 114:1	<b>practicing</b> 147:2
<b>pertinent</b> 114:11	<b>physician's</b> 32:22,23 88:7 96:1 98:16	<b>plan</b> 41:20 98:2 180:9	<b>popped</b> 138:22	<b>practitioner</b> 28:4 37:4 44:5 47:13 84:14,15 85:2,25 86:5 88:15 91:21 92:1 93:15 99:7
<b>PET</b> 55:22 145:24 146:6,23 150:1 153:8 154:4 157:21	<b>physicians</b> 94:16 95:23	<b>planned</b> 162:21	<b>portable</b> 112:15	<b>practitioners</b> 4:20 89:19,25 90:5,21 91:13 94:10,15
<b>PET/CT</b> 55:13 147:10,16 152:22 153:8,25 154:6 156:15,25 157:18	<b>physicist</b> 5:20 6:4 7:9 162:8	<b>planning</b> 92:21	<b>portion</b> 153:19, 20	<b>PRC</b> 45:10
<b>PET/CT's</b> 157:10	<b>physicists</b> 6:6 34:4 63:23,25 64:11	<b>plans</b> 35:6	<b>portrayed</b> 75:22	
<b>petition</b> 80:22	<b>physics</b> 5:4,5 105:24 106:8	<b>plastic</b> 122:3	<b>ports</b> 111:1	
	<b>physiological</b>	<b>plate</b> 120:21,22 131:2	<b>position</b> 9:4 17:23	
		<b>plates</b> 130:16	<b>positioning</b> 150:13	
		<b>Plaxton</b> 4:21,22 69:6 78:2 86:11, 21 94:14,19 100:25 101:4 103:13 119:18,21 132:5,17 133:7 139:1 153:2,13,17 154:3,7 155:16,24 156:24 157:13,15 178:22 180:13	<b>positions</b> 9:20	
		<b>played</b> 120:11	<b>positive</b> 27:19 40:19 51:23	
			<b>positively</b> 116:4, 7	
			<b>positron</b> 145:24 146:6	
			<b>possibility</b> 56:23	

<b>pre-application</b> 57:4	115:1 116:11 126:21 131:21 178:2	50:17 160:1,8,12, 18 164:8,9,13,16 165:5 166:7 169:2,7,15	28:4 29:5 44:9 57:9,10,19 58:8, 15,23,24 59:8 60:8,9 140:2 141:19,20 142:9, 20 143:1 151:7,10 152:16 153:6 155:25 156:3	<b>providing</b> 88:2 89:24
<b>pre-approval</b> 56:24	<b>prevent</b> 29:10 30:5 32:25 58:2 68:1 95:3 157:3	<b>procedures</b> 10:20,21 13:14 34:10,11 39:3 100:23 160:15 164:23 165:10,24 166:5,15 168:14, 21	<b>programs</b> 19:16 29:2 57:1 82:20 142:11,14 155:15 156:7,10	<b>proving</b> 175:9
<b>pre-employment</b> 27:20	<b>prevention</b> 68:18 85:13,22	<b>proceed</b> 101:16	<b>progress</b> 78:5 97:13	<b>provision</b> 27:14
<b>prefer</b> 83:11	<b>preventive</b> 68:5	<b>proceedings</b> 104:24,25 182:5	<b>prohibited</b> 147:8	<b>PSU</b> 22:16,24 37:14,17 38:5,6, 10,20,23 39:23 52:2 65:22
<b>preference</b> 180:21 181:13	<b>previous</b> 25:19 35:17 40:12 134:21 145:6	<b>process</b> 14:3 16:4 19:7,17 20:6, 10 24:20 33:24 34:14 37:25 38:19 39:3,21 40:24 44:14 47:7 48:3 49:1 50:1 57:4 59:14 60:2,12 66:20 139:6 141:2 144:5 149:10 179:14	<b>promoted</b> 12:19	<b>public</b> 14:17 25:8,15 81:25 171:23
<b>preliminary</b> 42:4 48:19	<b>previously</b> 166:4	<b>processes</b> 14:18 15:11	<b>promulgating</b> 141:10	<b>published</b> 141:3, 6 143:11
<b>prep</b> 120:20	<b>pride</b> 119:2	<b>processing</b> 19:25 180:7	<b>promulgation</b> 146:5 149:10,11 150:21	<b>publishers</b> 139:17
<b>prepare</b> 38:2	<b>Primarily</b> 36:3	<b>processors</b> 14:10 19:18,20,22 20:6	<b>proper</b> 18:1 99:19 121:23	<b>Puerto</b> 24:7,14
<b>prepared</b> 104:20	<b>prime</b> 101:15 106:11	<b>produced</b> 140:6	<b>propose</b> 84:24	<b>pull</b> 172:12
<b>Preparedness</b> 8:17	<b>print</b> 75:11	<b>profession</b> 14:24 22:12,19 25:6 45:22,23 53:10	<b>proposed</b> 139:3, 4 145:2	<b>pulled</b> 55:11
<b>prerogative</b> 90:11	<b>printed</b> 110:6 117:2,5,7	<b>professional</b> 12:17 70:8	<b>prosecuted</b> 49:5 54:16	<b>pulling</b> 93:18
<b>prescribed</b> 30:12,14 31:14, 16,18,25 79:1 93:14 160:13	<b>printer</b> 83:1	<b>professionals</b> 51:15 91:13	<b>Prosecution</b> 37:15	<b>purchase</b> 141:21 143:3
<b>prescribing</b> 32:23 97:1	<b>printouts</b> 82:24	<b>professions</b> 47:4 53:11 90:7,8 147:6	<b>protactinium</b> 115:25 116:4,7	<b>purchased</b> 107:10,11 118:9
<b>prescription</b> 35:6 68:11 73:18 77:15 79:8 84:10 99:2	<b>prints</b> 75:13	<b>profit</b> 107:5	<b>protection</b> 45:10 54:9 150:14	<b>pure</b> 116:12 133:2
<b>prescriptive</b> 86:4	<b>prior</b> 12:14 25:22 43:8 58:7 79:25 179:2	<b>profitable</b> 133:6	<b>Prose</b> 37:15	<b>purification</b> 133:11
<b>present</b> 87:21 115:21	<b>private</b> 7:13	<b>program</b> 5:7 6:10 9:1 17:16 18:24 20:17 22:22 24:5	<b>protactinium</b> 115:25 116:4,7	<b>purity</b> 112:15 130:2
<b>presentation</b> 9:10,18 12:13 56:17 59:16 69:13 80:20 104:18 105:20 139:3 158:1	<b>PRN</b> 25:23 26:8 28:4 44:5 45:12, 13 47:17,24 48:1 57:10		<b>protection</b> 45:10 54:9 150:14	<b>purpose</b> 23:5 70:7 78:23 80:23 85:13 87:25 88:6 93:14,21 113:13 114:17 170:21
<b>presentations</b> 3:8 10:11 11:12	<b>PRN's</b> 47:20		<b>protocol</b> 87:11 152:25 153:10	<b>purposes</b> 68:9 79:2 82:7 93:15 100:5 160:7
<b>presented</b> 56:13	<b>pro-active</b> 51:23		<b>proud</b> 111:6	<b>pursue</b> 68:7,21
<b>preserve</b> 68:3	<b>probable</b> 38:12 44:12		<b>provide</b> 29:9 74:19 102:9 142:3 147:14 172:2	<b>pursuing</b> 68:19
<b>pretty</b> 13:6 46:7 64:13 89:20 108:5 110:24 111:5	<b>problem</b> 84:1 87:20,21 93:7 115:16 147:24 164:12 169:3		<b>provided</b> 41:25 68:12 160:11 166:21	<b>push</b> 152:7,13
	<b>problems</b> 13:20 15:25 20:8 178:5, 9		<b>provider</b> 44:5	<b>pushing</b> 17:11 156:14 157:6 175:1
	<b>procedure</b> 29:20,21 35:21		<b>providers</b> 175:3	<b>put</b> 17:25 21:19

34:16 37:11 48:19 49:19 51:15 56:21 59:4 67:14 70:12, 13 76:2 83:6 88:25 89:10 90:12 100:17 114:2 122:9,25 126:24 128:18,21 135:21 140:17 160:13 161:14,17 162:6 165:5 167:3 172:16 174:16 178:8	50:2 51:19 59:15 67:4 82:17 118:16 129:16,19 134:8 138:5 150:23 158:2 171:23 176:2 180:8	118:23,24 131:8 132:7 133:7,12	94:25 95:17 101:5 103:15 104:4,10, 13,15 105:1,7 122:9 129:20,24 134:7,12 140:20 144:1,7 150:24 157:24 158:10,12, 14 161:23 163:18 167:20 168:2,5 169:9 173:20 177:3,8,16,20,24 180:20 181:5,9, 12,18,21,23 182:2	<b>reappointment</b> 179:11 180:14
<b>putting</b> 50:11 146:4 166:16,17	<b>quick</b> 56:23 114:2 179:24	<b>radiochemistry</b> 108:5 121:15	<b>range</b> 102:20	<b>reappointments</b> 178:21 180:5
<b>Q</b>	<b>quicker</b> 14:12	<b>radiograph</b> 83:21	<b>ranged</b> 102:21	<b>reason</b> 23:2 27:7 36:13 45:1,3 93:12 110:7 120:16 164:9
	<b>quickly</b> 8:25	<b>radiographer</b> 59:8 139:15	<b>rare</b> 65:21 110:19	<b>reasonable</b> 27:6
	<b>quiet</b> 53:5	<b>radiographers</b> 53:15 146:21 150:3	<b>rate</b> 106:5	<b>reasons</b> 18:19
	<b>quote</b> 100:19 103:10 111:12	<b>radiography</b> 58:23 139:12,21 145:22 150:17,18	<b>reach</b> 10:14 153:13	<b>REBECCA</b> 4:13 43:3,5,20,22,24 44:16,25 45:13 46:3 48:5,9 49:10, 14,18,25 51:12 52:16,22 57:18 60:15,19,23 69:2 71:1,7 121:5,9 127:2,10 141:14, 18,23 142:2,5,19, 25 143:16,20,25
	<b>quotes</b> 72:13	<b>radiologic</b> 4:16 5:10 6:14,24,25 7:2 22:9 24:5 26:23 27:5,17 36:20 37:1,4 39:24 62:7 145:12 149:21 150:9,10	<b>reached</b> 45:6	<b>recalibrated</b> 148:19
	<b>R</b>	<b>radiologist</b> 5:25 7:4,11 55:5 62:20 179:4	<b>reaching</b> 52:25	<b>recall</b> 134:20
<b>quaint</b> 46:6	<b>Rabey</b> 17:19	<b>radiology</b> 7:5 29:2 142:24,25 143:1 154:7	<b>reacting</b> 124:7	<b>receive</b> 29:12 38:15 42:12
<b>qualifications</b> 139:5 175:9 176:23	<b>rack</b> 123:15	<b>radionuclide</b> 107:20	<b>reactions</b> 166:12	<b>received</b> 37:8 41:9,11,25 42:15, 16 98:7 112:8
<b>qualified</b> 152:1 175:5 176:7	<b>rad</b> 6:21 13:11 14:1 18:7 19:19 53:19 61:18,19 91:22 94:11,23	<b>radionuclides</b> 108:1	<b>reactor</b> 132:10	<b>receives</b> 28:21 29:15 73:1
<b>qualify</b> 146:10 163:1	<b>radar</b> 125:25 126:1	<b>radiotherapy</b> 103:11	<b>read</b> 23:3,10 24:17 82:25 96:4, 20 116:11 117:19 129:3 132:7 141:25 163:21	<b>recent</b> 154:22
<b>qualitative</b> 110:10,22 113:2	<b>radiation</b> 5:7,8, 15,22 6:4,8 7:7 22:21 23:8 28:6, 15,16 29:5 30:3 31:4 35:21 36:22 41:11 53:12,13,18 64:16 67:20 68:2, 8,12,24 71:2,16 76:12 78:13,21,24 79:4 80:22 81:2,8, 14 88:19,22 89:8, 11,24 90:1 92:12 94:13 97:23 98:2, 4 108:21 109:7, 17,19 133:8 145:23 150:4,13, 14,19 159:14,17 160:14 161:7 173:7	<b>radium</b> 113:12, 14,21 114:1 119:20,21,23,24 133:16	<b>reading</b> 75:15 87:8 96:13 126:25	<b>recently</b> 12:9 18:7
<b>quality</b> 3:7 9:24 12:2 37:6 115:9, 16 130:8	<b>radiation-</b> <b>emitting</b> 23:8	<b>radon</b> 110:13,18 122:6,7	<b>readings</b> 109:19	<b>receptionist</b> 14:7
<b>quantify</b> 161:12 162:25 163:17	<b>radioactive</b> 10:6 60:21 106:23 107:7 109:21	<b>raining</b> 8:12	<b>reads</b> 96:2,17	<b>recessed</b> 104:24
<b>quantities</b> 122:23		<b>Randy</b> 4:1,4 5:24 7:16,23 8:1,3 10:16 11:9,20 12:1 18:2 21:23 45:24 57:23 67:3 68:23 69:7 71:25 73:14 75:18,24 76:4 85:18 89:15	<b>ready</b> 57:8 101:6, 15	<b>recognize</b> 112:2 123:23 146:11 147:23 149:22
<b>quantity</b> 118:1			<b>real</b> 10:9 81:23 88:6 116:20 170:14	<b>recognized</b> 85:5 148:15 151:3
<b>question</b> 24:19 43:3 48:4 51:4,21 56:10,23 57:12 67:17 78:8 85:11 90:24 98:5 100:6 101:12,22 117:10 141:15 151:1 155:16 171:15			<b>realistically</b> 161:13	<b>recognizing</b> 80:1
<b>questionnaire</b> 74:4 86:13 97:7			<b>realized</b> 56:15	<b>recommend</b> 38:11 173:4,5
<b>questions</b> 10:13 15:9,17 17:21 18:3 24:16 42:25			<b>reappoint</b> 179:13	
			<b>reappointed</b> 179:1,3,10	

<b>recommendations</b> 28:3	<b>registrant</b> 170:14	51:23 52:1	5,6,17 69:20,22, 24 71:23 96:4 159:5	100:4 108:17 135:3 170:10
<b>recommended</b> 25:3 34:9 127:15	<b>registration</b> 35:12 79:14 83:17 170:10,13,20 171:14,19 173:22	<b>relative</b> 32:13	<b>reported</b> 32:4 35:18 41:13 48:14 52:19	<b>requiring</b> 150:12
<b>recommending</b> 173:3	<b>registrations</b> 99:17	<b>relevant</b> 37:7	<b>Reporter</b> 3:17	<b>research</b> 4:10 83:11
<b>record</b> 27:2 96:25 97:2 165:6	<b>registries</b> 47:11 145:18 146:4	<b>relieves</b> 20:6	<b>reporting</b> 28:8,24 29:1 30:1 32:7 42:20 43:11 49:14,15 60:25 166:14 167:5	<b>researched</b> 162:4
<b>recorded</b> 72:20	<b>registry</b> 25:20 146:12 147:13,19, 20,22 149:7,17	<b>relying</b> 176:6	<b>reports</b> 28:21 32:9 38:2 44:18 47:12 159:2,6 166:22	<b>reserve</b> 7:13
<b>records</b> 34:12 35:3,5	<b>registry's</b> 139:19	<b>remember</b> 24:6 40:22 42:20 64:12 109:21 115:10 116:14 126:2,22 130:7 132:8 138:20 142:13 144:4 146:20,25 148:8 151:23 158:22	<b>represent</b> 23:13 174:21	<b>residence</b> 109:5
<b>red</b> 115:15 129:21	<b>regs</b> 102:3 122:21 138:3 149:22	<b>remind</b> 172:11	<b>representing</b> 6:5,6	<b>residency</b> 4:24
<b>redacted</b> 35:5	<b>regular</b> 95:22	<b>reminds</b> 132:6	<b>repurpose</b> 114:24 127:22	<b>resides</b> 131:14 135:24
<b>reddening</b> 164:2, 14,16 166:9	<b>regulate</b> 38:8 102:23 138:12	<b>removed</b> 117:13	<b>repurposed</b> 114:19 115:7 117:12	<b>resins</b> 107:22 121:21
<b>redoing</b> 176:4	<b>regulated</b> 137:13	<b>rendered</b> 46:7	<b>request</b> 38:17 172:24	<b>resolution</b> 113:18
<b>reduce</b> 176:1	<b>regulating</b> 28:15	<b>renew</b> 42:1 49:16	<b>requested</b> 80:2	<b>resolutions</b> 22:25
<b>Reducing</b> 103:23	<b>regulation</b> 12:18 71:8 135:7,25 137:19,23,24 139:7,23 140:17 162:7	<b>renewal</b> 50:1 51:24	<b>requesting</b> 79:13,14	<b>resource</b> 12:24 172:3
<b>refer</b> 93:9 139:12	<b>regulations</b> 11:5 28:24 134:22 135:1,17,20 136:15,17,24 138:7 145:15	<b>renewals</b> 3:15 22:15 49:17	<b>require</b> 23:7 26:1,3,7 152:18	<b>resources</b> 44:17
<b>reference</b> 135:18,22 136:1	<b>regulatory</b> 28:8 135:15	<b>renewing</b> 26:14	<b>required</b> 23:20 24:22 103:11 141:21 142:2 151:14	<b>respirators</b> 111:20
<b>referred</b> 84:4	<b>rehab</b> 25:23	<b>reoccurrence</b> 32:25	<b>request</b> 38:17 172:24	<b>respond</b> 171:1
<b>referring</b> 32:15, 16,22 92:8,9 141:15	<b>rehabilitation</b> 25:22 43:9	<b>reorganize</b> 149:5	<b>requested</b> 80:2	<b>responded</b> 140:12
<b>refers</b> 137:18	<b>reimbursed</b> 84:7	<b>repair</b> 107:15	<b>requesting</b> 79:13,14	<b>response</b> 8:2 42:1 104:14 112:9 177:5
<b>reflect</b> 102:4	<b>reiterate</b> 20:18	<b>repay</b> 173:22	<b>require</b> 23:7 26:1,3,7 152:18	<b>responsibilities</b> 28:20
<b>refusal</b> 25:10	<b>relate</b> 28:10	<b>repeal</b> 136:14	<b>required</b> 23:20 24:22 103:11 141:21 142:2 151:14	<b>responsibility</b> 43:13,14 64:17,19
<b>reg</b> 128:2	<b>related</b> 43:1,2 47:17 68:12 76:13 79:11 145:13	<b>repealed</b> 136:9, 10,20 137:18,21	<b>requirement</b> 42:20 43:10,25 47:25 71:13 79:3 98:6 175:14	<b>responsible</b> 28:14,16 32:13 37:19,24 38:7
<b>regard</b> 58:11,13 102:6	<b>relates</b> 26:23	<b>repeat</b> 36:11	<b>requirements</b> 3:8 22:19 28:24 29:18 30:2 32:7, 10 43:20 44:9 47:18 57:11 98:1 135:3,5 137:19	<b>rest</b> 44:10 46:15 48:24 49:4 53:16 59:3,8 136:9,19 150:22 158:17 162:16
<b>region</b> 10:24 11:2	<b>relating</b> 42:19	<b>repeatedly</b> 89:3	<b>requires</b> 84:9	<b>restrict</b> 108:18
<b>Regional</b> 4:14	<b>relationship</b>	<b>replacing</b> 159:19		<b>restriction</b> 95:12
<b>register</b> 102:16 104:21 129:25 170:10,11,23 173:24 174:10		<b>reply</b> 80:13		
<b>registered</b> 39:1 79:25 80:2,3 99:18,20 100:1 170:18,19 171:7,9 173:7,9 175:17 179:4		<b>report</b> 27:1,10,22 29:4,7 32:20,21 33:9,10 34:17,21, 24 35:2,7 36:24 42:22,23 43:13 44:8 46:22 47:9, 13 64:3,5,8 66:3,		

<b>resubmit</b> 171:10	<b>rings</b> 20:1 52:21	<b>S</b>	94:25 95:17 101:5	17 6:21 13:11
<b>result</b> 62:4,5 93:22 96:11 168:22	<b>risk</b> 68:2 78:24 81:7 102:6 134:1 159:16 160:10,20, 22 161:8 162:23 163:18,19,23 169:16		103:15 104:4,10, 13,15 105:1,7 122:9 129:20,24 134:7,12 140:20 144:1,7 150:24 157:24 158:10,12, 14 161:23 163:18 167:20 168:2,5 169:9 173:20 177:3,8,16,20,24 180:20 181:5,9, 12,18,21,23 182:2	14:2,3 21:3 22:9 28:6,11 30:23 35:11 36:23,25 37:1 60:21 61:13 90:17 94:12,23 95:1 139:7,10,23 145:9,12 146:7
<b>results</b> 31:5 34:1 74:12 95:19,24 96:2 97:5 159:3, 20,21	<b>risks</b> 161:20		<b>sad</b> 47:3	<b>sections</b> 84:13 85:3 89:1,16,18 92:24 101:11 145:8
<b>resumed</b> 104:25	<b>road</b> 105:23 106:5		<b>safe</b> 137:14 150:13	<b>secure</b> 29:11
<b>resurrect</b> 19:11	<b>Rogers</b> 18:20		<b>safety</b> 6:4 7:7 27:6 29:16 30:6 98:2 111:18 118:9 122:2 124:16 133:14 135:6,11 136:11 159:14	<b>security</b> 71:6 102:18
<b>retained</b> 117:16, 22	<b>ROILS</b> 29:3,8		<b>sales</b> 81:22 108:18 110:1	<b>Seddon</b> 6:3 56:10,18 59:15 60:2,11,24 61:2 62:11 63:5,20,25 64:7 65:6,12,17 66:1,9,12,21 81:23 88:15 89:20,25 90:6,12, 14 94:9 96:13,16, 21 100:18 157:8 161:9,12,25 162:2,13,19 163:2,10,13,16, 19,23 164:18,22 165:8,14,19,22 166:10,13,25 167:2,8 168:9,13, 17 169:6,19,24 175:2,12 176:11, 19 177:22
<b>rethought</b> 171:3	<b>rolling</b> 65:24		<b>saline</b> 50:11,17	<b>self-attest</b> 58:16 59:2
<b>retired</b> 5:25 12:15 54:14 125:16,17 132:21 144:10	<b>room</b> 11:23 50:13 51:3 53:4		<b>sample</b> 112:12	<b>self-certify</b> 142:17
<b>retiree</b> 106:19 110:3	<b>rooms</b> 121:12		<b>samples</b> 109:8, 11 112:9 117:17 131:3	<b>self-referral</b> 84:18,23
<b>return</b> 109:24 132:2	<b>roughly</b> 53:13		<b>sanction</b> 40:12 42:15,21	<b>self-report</b> 44:4
<b>returned</b> 109:14 117:21 118:3 127:11	<b>routed</b> 66:19		<b>sanctioned</b> 25:21	<b>self-reporting</b> 44:3
<b>returning</b> 109:10	<b>routine</b> 39:16		<b>save</b> 68:1	<b>self-reports</b> 44:4 126:5 172:5 173:8,17
<b>review</b> 24:9 25:5 37:1 38:10,13,17, 19 56:1 57:5,6 58:16 59:13 66:18,20 86:15 95:19 142:6 180:2	<b>RTS</b> 157:9		<b>scan</b> 3:10 70:21 73:3,8 76:6 81:11 82:1,2 97:1 152:6 166:2	<b>selling</b> 50:15
<b>reviewed</b> 24:13 52:4 59:2 69:19 142:17 143:3	<b>rule</b> 3:13 24:24 25:6 27:14 83:15 88:25 89:2 134:25 136:6,18 137:10 141:3,6 145:2,8, 10 146:2,5,8,9 148:20,21 149:10, 11 150:20 170:22		<b>scanners</b> 71:6 102:18	
<b>reviewing</b> 24:14 86:4,6	<b>rule's</b> 144:14		<b>scanning</b> 152:20,21	
<b>reviews</b> 25:14 75:1	<b>rules</b> 9:21 27:12 84:3 89:1,4,12 99:23 135:2,18,19 136:9 139:4 141:10		<b>scans</b> 81:14 155:9 164:19	
<b>revising</b> 9:21	<b>run</b> 19:16 40:3 71:19 143:23 156:15,25 157:16 169:17		<b>scary</b> 106:24	
<b>revoke</b> 35:12	<b>running</b> 11:12 17:25 18:1 20:10 62:19 157:9		<b>scavenging</b> 125:2	
<b>revoked</b> 26:17	<b>runs</b> 17:16		<b>scenario</b> 3:10 68:19	
<b>rewarding</b> 10:7			<b>Schenkman</b> 4:1, 4 5:24 7:16,23 8:1,3 10:16 11:9, 20 12:1 18:2 21:23 57:23 67:3 68:23 69:7 71:25 73:14 75:18,24 76:4 85:18 89:15	
<b>Rico</b> 24:8,14			<b>school</b> 18:24 54:18 132:13,14 152:2,4,15 153:5 154:18 155:1 156:5	
<b>rights</b> 153:1			<b>schooling</b> 152:19	
<b>ring</b> 114:17			<b>schools</b> 155:19	
			<b>schoolteacher</b> 125:17	
			<b>scope</b> 89:7 139:12,20 143:13 144:21 145:21 148:14 152:11	
			<b>Scout</b> 132:10	
			<b>scrape</b> 128:18	
			<b>screen</b> 22:2 40:19 125:25 126:1	
			<b>screening</b> 26:8 27:21 43:22	
			<b>screenings</b> 43:7	
			<b>screws</b> 117:19	
			<b>screwtop</b> 110:5	
			<b>script</b> 69:18 71:19 73:3 74:16, 21 98:18,19	
			<b>scripts</b> 70:9,17	
			<b>search</b> 84:2 93:11	
			<b>seated</b> 104:22	
			<b>secondary</b> 162:4	
			<b>section</b> 5:10,12,	

107:6 108:6,14 118:14 127:12 133:2 171:16	<b>setting</b> 164:2	121:12,13 135:11 149:25 167:22,25 169:2 174:3,16	<b>slack</b> 15:4	<b>sounds</b> 70:14 81:10 132:9 177:23
<b>sells</b> 108:6 110:1, 4 174:18	<b>severe</b> 50:6	<b>sideways</b> 47:18	<b>sleep</b> 67:15	<b>source</b> 128:24
<b>send</b> 9:6 77:10 177:13 180:16	<b>severity</b> 35:9,16 36:2,5,6,9,10	<b>sign</b> 167:21	<b>slide</b> 118:25 119:11 120:1,4 121:16,24 123:14, 19 146:20 174:1	<b>sources</b> 108:22, 23,24 117:22 126:3 129:3
<b>sending</b> 179:21	<b>sexual</b> 40:19 42:19	<b>significant</b> 30:19 52:10 110:11 154:13	<b>slides</b> 67:17 107:12 113:6	<b>south</b> 7:6 70:15
<b>senior</b> 54:24	<b>share</b> 38:18	<b>significantly</b> 160:20	<b>slip</b> 19:10	<b>speak</b> 53:7
<b>sense</b> 90:25 149:6 163:13,16 168:11	<b>shared</b> 29:10 30:4	<b>signing</b> 72:14	<b>slits</b> 111:2	<b>speaking</b> 11:22 17:15 102:22
<b>sensitive</b> 128:15	<b>Shaw</b> 5:11 22:21 28:6,13 59:22 65:23 66:2,17 67:11 69:10,20 70:6 71:17 72:3,7, 16 75:20,22 79:22 103:7,17	<b>silly</b> 57:12	<b>slot</b> 119:22,23,25	<b>spec</b> 112:6 155:4
<b>sensitivity</b> 166:11	<b>she'll</b> 17:23	<b>similar</b> 28:2 30:9 100:22 143:11	<b>slow</b> 19:7	<b>special</b> 63:17 80:22 127:20 150:12
<b>separate</b> 72:22 108:1 135:19 157:21	<b>shelf</b> 118:22	<b>simple</b> 107:17 174:15	<b>small</b> 81:21,23 110:5 112:12	<b>specialty</b> 6:1 26:18 145:9 150:2
<b>separation</b> 107:19 108:2 121:23	<b>sheriff's</b> 42:6 71:3 131:13	<b>single</b> 30:15 31:25	<b>smaller</b> 116:24	<b>specific</b> 76:21 87:12 113:4 134:3 150:15 151:19 176:17
<b>separations</b> 107:22 108:2 116:15 121:23	<b>shifting</b> 19:22	<b>Sinison</b> 109:18 132:1	<b>smoke</b> 114:19,25 115:1,2 117:13,14 127:22 128:10	<b>smuggle</b> 81:7
<b>September</b> 24:6 180:17,23,25 181:4,17,19	<b>Shine</b> 174:18	<b>sit</b> 53:21 81:4 104:21 134:14 156:4	<b>smuggled</b> 55:7	<b>snared</b> 55:7
<b>septum</b> 110:7	<b>shocked</b> 111:23	<b>site</b> 29:20 30:11 31:11 32:3 33:10, 14 34:15,20 41:12 56:11 72:4,16 131:5	<b>snuff</b> 141:12	<b>soaked</b> 8:10
<b>serve</b> 38:2 46:11	<b>shoot</b> 164:9	<b>sites</b> 32:5	<b>soaked</b> 8:10	<b>societies</b> 179:15, 19
<b>service</b> 38:20 49:3 170:24 171:19 172:5 174:12,20 175:3	<b>shopping</b> 131:9	<b>sits</b> 71:20 109:5	<b>society</b> 7:2 105:24 148:6,12 150:1 179:21	<b>sodium</b> 108:8
<b>services</b> 37:9,13, 15 39:19 68:8 171:24 172:2,9 174:18	<b>short</b> 18:10 58:10 105:14 110:17	<b>sitting</b> 19:24 58:18 83:1 109:23 156:11	<b>software</b> 75:9,10, 12	<b>sold</b> 108:24
<b>servicing</b> 170:24 171:16	<b>shortages</b> 18:15	<b>situation</b> 10:4 44:25 48:10,11 57:18 86:12 87:23 163:15	<b>solution</b> 123:4,8	<b>somebody's</b> 97:3 125:1
<b>SESSION</b> 3:3,11	<b>shorter</b> 16:6	<b>size</b> 112:23	<b>somebody's</b> 97:3 125:1	<b>someone's</b> 161:16
<b>sessions</b> 151:24	<b>show</b> 33:6 34:9, 11 77:15 111:4 112:17 137:16 161:7	<b>skill</b> 27:6	<b>sort</b> 25:23 26:7 29:10 30:4,6 35:25 36:19 44:12,19 46:23 77:17 79:16 101:18 114:7 120:15 172:8	<b>speed</b> 17:23 135:10
<b>set</b> 25:2 33:10 50:13 62:4 76:9 126:19 146:6,7 152:25 153:10 170:18	<b>shown</b> 94:5,8	<b>skills</b> 150:12	<b>Spent</b> 12:14	<b>spend</b> 17:12 57:20,21
	<b>shows</b> 77:19,21 137:15	<b>skin</b> 164:2,14,25 165:9 166:9,11 168:22	<b>Spivey</b> 6:18,19 12:3,4,5 15:20 16:10,21 17:4 18:6,8 19:11,15 20:3,16 21:4 146:15	<b>Spivey's</b> 18:19 23:23
	<b>shut</b> 127:5	<b>skip</b> 67:5	<b>splash</b> 50:19	<b>sponsored</b> 29:8



<b>St</b> 58:25	<b>state's</b> 136:5 149:12 172:15	<b>stopped</b> 79:22	136:8 140:1 143:12	<b>supplemental</b> 111:17
<b>stable</b> 14:15 107:6 108:6,7	<b>state-of-the-art</b> 112:16	<b>stops</b> 44:8	<b>subject's</b> 42:5	<b>suppliers</b> 107:9
<b>staff</b> 10:11 13:25 14:1,21,22 18:14, 15 21:18,19 45:1 55:5	<b>stated</b> 42:5 95:2	<b>storage</b> 121:17	<b>subjects</b> 137:12	<b>supply</b> 54:7 111:25 120:14
<b>standalone</b> 153:11	<b>statement</b> 35:20 61:4 91:1 95:3 159:8 167:3 176:22	<b>stories</b> 118:4	<b>submission</b> 26:3 38:23	<b>Support</b> 8:17
<b>standard</b> 71:10 87:18,22 88:13 90:19 135:6,11 148:1 150:7 162:1,2 166:23 178:8	<b>statements</b> 26:3 34:25 42:2 80:6 166:20	<b>stove</b> 111:4,11,12 120:19,20	<b>submissions</b> 180:6	<b>supported</b> 171:5
<b>standardization</b> 9:24	<b>states</b> 28:23 30:1 47:13 101:23 102:1,2,15 103:1 138:9,11,15 139:25	<b>straighten</b> 16:23	<b>submit</b> 33:10 175:14	<b>supposed</b> 84:19 94:2 103:25 115:13 137:25 170:23 177:9
<b>standards</b> 5:21 23:6 24:3 61:24 84:8 91:8,15 92:19 93:18,19,23 94:4 95:6,8,16,18 139:10 141:1,2 144:20 146:17 149:23,24 150:1, 16 158:6,7 170:15	<b>States/nrc</b> 9:17	<b>Strangely</b> 141:5	<b>submitted</b> 37:5 64:10,20 99:19	<b>supposedly</b> 131:3
<b>standing</b> 21:21	<b>statute</b> 23:1,4 25:2 28:2 35:11 41:16 46:9,10 49:12 61:18 89:2, 3 90:2,9 92:7,13, 25 93:1,5,8,12 145:17 147:24 170:9 172:21 173:24 176:20	<b>streamline</b> 178:4	<b>submitting</b> 24:21	<b>surface</b> 110:16
<b>start</b> 4:6,7 37:18 65:3,4 67:8,13 77:2 82:11 134:16 144:11 152:13 158:24 169:7 180:24	<b>statutes</b> 25:5 28:18 46:16 77:3 84:2,4 91:22 93:9 170:15	<b>stress</b> 13:8 96:17	<b>subpoenaed</b> 55:9	<b>Surgeon</b> 179:25
<b>started</b> 12:16 13:5 45:4,21 101:25 102:19 121:25 144:5	<b>statutory</b> 58:12 92:10	<b>strictly</b> 61:18 94:24	<b>subpoenas</b> 38:2	<b>surgery</b> 50:17
<b>state</b> 8:15 10:25 11:2 19:18 26:16, 19,21 28:14,15 29:6 33:11,14 42:18 49:20 54:6, 19 55:1 57:6 70:11 71:12 79:1 90:21 131:19 135:1 136:23 137:2,6,13 142:14 153:22 165:4 170:11 171:21 174:4 176:2	<b>stay</b> 20:22 163:2	<b>strip</b> 116:2	<b>substance</b> 136:7	<b>surplus</b> 107:14 125:1
	<b>stays</b> 127:14	<b>strips</b> 128:21	<b>substantial</b> 143:11	<b>surprising</b> 51:13
	<b>stealing</b> 50:12	<b>strongly</b> 123:7	<b>substantive</b> 149:13	<b>surprisingly</b> 31:10
	<b>stem</b> 135:5	<b>structured</b> 122:21	<b>subtracting</b> 112:22	<b>surrounding</b> 162:22
	<b>step</b> 45:19	<b>student</b> 40:13,17 47:6 141:18 154:22	<b>successful</b> 178:6	<b>survey</b> 131:18
	<b>stepped</b> 20:3	<b>students</b> 16:16 18:23,24 56:25 57:24 155:11	<b>successfully</b> 24:4	<b>surveys</b> 137:14
	<b>stirrer</b> 120:22,23	<b>studies</b> 107:20	<b>suddenly</b> 125:16 168:17	<b>suspend</b> 35:12
	<b>stochastic</b> 161:17	<b>study</b> 58:16 59:2 95:19 140:15 142:5 143:13	<b>sufficient</b> 25:10 37:22 63:7,13 77:9	<b>suspended</b> 26:18 42:17
	<b>stoichiometry</b> 113:3	<b>stuff</b> 35:7 44:2 56:1 58:21 59:3 84:8 102:11 109:11,25 110:23 111:23 112:7,19 116:22 122:7,8,25 123:16 124:21,22, 23 125:7,13 126:24 127:9,13 129:9 130:10,24 133:2,22 149:5	<b>subtracting</b> 112:22	<b>suspension</b> 42:16 50:21 51:6
	<b>stop</b> 47:24 48:2 79:7 173:18 174:1	<b>subject</b> 41:25 42:5,8 45:16	<b>successful</b> 24:4	<b>swap</b> 50:14
			<b>suddenly</b> 125:16 168:17	<b>swipes</b> 110:14
			<b>sufficient</b> 25:10 37:22 63:7,13 77:9	<b>switch</b> 156:22
			<b>suggestions</b> 17:2 101:16	<b>switched</b> 156:10
			<b>suite</b> 121:9	<b>switching</b> 50:11
			<b>summary</b> 96:8	<b>synopsis</b> 34:24
			<b>summer</b> 106:13	<b>system</b> 6:5 16:9 21:13,14 29:3 31:8 48:20 49:1 65:10 168:16 178:7,12 179:12
			<b>supervise</b> 21:19	<b>systems</b> 17:10
			<b>supervision</b> 18:12,16 92:2	
			<b>supervisor</b> 17:18,20 21:3,4, 11,18	

83:22 113:19	49:23 53:10 152:5,7 157:1	178:24 179:5,6	22:3 29:11 30:6 34:17 35:25 48:20 55:12,14,18 56:6 58:19 61:12 64:1 67:16 68:21 69:13 70:25 73:22 76:17 78:6,10,18 87:17 91:6,18 96:10,24 97:12 98:12,19 102:24 122:19 123:23 127:6 130:2 133:10,18, 23,24 137:21 148:10 157:4 158:4 159:4 164:9 172:7 174:2 178:20 180:11	<b>tide</b> 13:6 <b>tie</b> 92:4 165:25 <b>tied</b> 47:18 92:11 <b>ties</b> 45:20 46:10, 15 <b>time</b> 4:25 8:13,21 10:14 15:18 16:6, 16 17:13 18:10,12 20:22 22:3,11 23:24 24:25 25:9, 16,17 28:5 38:19, 20 47:21 48:4,17, 23 52:14 56:12 57:23 65:7 66:25 95:23 98:21 101:16 102:22 105:13,14,15,20 109:9,23 135:13 141:10 146:5,8 147:9 149:18 150:7 158:17 160:9,22 169:12, 13 171:10 178:2, 10,11,19 179:25 180:23 <b>timeframe</b> 38:21, 22 <b>timeline</b> 45:15 <b>times</b> 17:9 26:6 40:1,7 46:17 64:12 109:8 127:17 128:11 151:13 157:9 167:3 169:4 178:16 <b>tin</b> 114:20 <b>tips</b> 29:12,15 <b>tissue</b> 29:24 161:21 162:22 <b>tissues</b> 162:17, 18 <b>titles</b> 146:14 <b>today</b> 8:11 15:8 22:10 175:17 179:2 <b>told</b> 33:1 108:12 115:18 118:4 156:20 174:19
<b>T</b>	<b>techniques</b> 150:13 <b>technologies</b> 10:20 147:10 <b>technologist</b> 4:16 5:4 6:24 38:25 39:6,8,11 100:1 153:8 155:19 <b>technologists</b> 6:15 7:2 23:15,16 37:4 39:25 40:16 47:5 53:23 54:14 63:8,21 71:17,18 145:9 150:3,6,22 152:10 <b>technology</b> 5:10, 21 7:1 11:14,22, 23 17:5,9 22:9 24:5 26:24 27:6, 17 33:18 36:20 37:1 43:2,19 60:10 62:7 78:20 83:24 140:10 145:12 149:21 150:9,11 <b>techs</b> 18:7 19:19 53:13 146:22 147:8 151:25 152:12 154:17 156:14 157:15 <b>teeth</b> 85:9 <b>telephone</b> 32:11 65:4 <b>telling</b> 16:1 151:17 <b>temperature</b> 124:12,14 <b>temporarily</b> 106:14 <b>temporary</b> 15:4 19:4 159:15 160:2,7 164:18 168:22 <b>ten</b> 161:16 <b>term</b> 91:12	<b>terminate</b> 43:8 <b>terms</b> 40:21 44:22 49:2 60:25 114:8 115:11,16 131:24 179:8 <b>terribly</b> 16:8 <b>terrorism</b> 125:6 <b>terrorists</b> 125:5 <b>test</b> 43:6 44:13 95:23 96:18 100:3 131:5 155:24 161:5 <b>testified</b> 55:2 <b>testify</b> 55:12 56:4 <b>testimony</b> 77:14, 20 <b>testing</b> 27:19 44:10,14 <b>tests</b> 26:2 85:6 140:16 <b>Texas</b> 138:16 <b>text</b> 143:9,18 145:2 <b>textbook</b> 139:16, 17 140:5,8 142:18 143:24 <b>texts</b> 121:15 <b>thankfully</b> 140:4 <b>theme</b> 11:11 <b>theoretically</b> 135:3 <b>therapeutic</b> 30:23,25 31:4 103:25 <b>therapists</b> 34:5 35:1 94:9 150:5 <b>therapy</b> 6:24 53:12,13 83:18, 19,20 103:13,14 145:20,23 150:19 160:6 166:21 <b>thing</b> 7:18 11:16 12:20 21:1,11	<b>things</b> 10:19 11:13,19 13:9,13, 22 15:14,16 17:6, 8 18:11 20:11 22:13 28:7,11 29:15 35:19,23 36:21 44:19 50:6 52:18 53:9 55:6 72:8,22 83:8 84:9 92:6 94:16,20 98:3 99:22 101:13 106:10 107:14 112:4 114:4 126:5 127:17 129:14 134:5 137:14 138:2 145:13,23, 25 146:10,18 151:23 158:16,18 159:14 167:15 169:10 178:18 <b>thinking</b> 10:9 11:7 86:25 103:21,22 154:15 160:5 <b>thorium</b> 107:8,10 108:14 118:2,3 130:22 <b>thought</b> 67:11 106:25 116:23 <b>thousand</b> 147:1 <b>three-year</b> 178:24 <b>throw</b> 125:2 167:2	

<b>tool</b> 67:21	91:4		<b>unmodified</b> 150:8	<b>vacancy</b> 9:3
<b>tools</b> 29:12,15 107:19 111:15 175:23	<b>treatment</b> 30:10, 11,16 31:10,11, 12,22 32:2 35:6 41:11 68:17 74:10 76:22 77:16 80:11 85:13,14 87:5,7, 10 95:8 160:1 162:5,11 170:3	<hr/> <b>U</b> <hr/>	<b>unprofessional</b> 27:4 40:11 41:8	<b>vague</b> 166:23
<b>top</b> 81:16 111:10 136:7 137:22,23 145:1	<b>trends</b> 9:25 30:5	<b>U.S.</b> 107:10 135:4	<b>unquote</b> 103:10 111:12	<b>vaguely</b> 70:14
<b>topics</b> 83:5	<b>trinitite</b> 131:3	<b>ugly</b> 83:3	<b>unusual</b> 30:18	<b>valid</b> 171:4,8
<b>total</b> 23:15 29:22 30:13,14 31:13, 14,16,17,24,25 40:15,24 52:6,9, 15,16 81:2	<b>Trinity's</b> 131:5	<b>ultimately</b> 37:14	<b>upcoming</b> 70:25 180:10	<b>values</b> 162:20
<b>totally</b> 176:7 177:1	<b>troubled</b> 45:6	<b>ultrasound</b> 88:20	<b>update</b> 3:6,13 8:6,14 56:11 144:16 170:20 171:11	<b>variable</b> 115:14
<b>touch</b> 60:16 173:6	<b>true</b> 41:24 73:25 74:24 81:9 134:3, 4 154:20	<b>unable</b> 27:5	<b>updated</b> 94:21, 22,23 135:8,9 136:1 141:1 180:12	<b>variation</b> 63:20
<b>toxic</b> 108:11 117:23 129:12	<b>truthfully</b> 50:3	<b>unanimously</b> 8:4	<b>updating</b> 141:2	<b>varicose</b> 101:3
<b>track</b> 29:13 39:16 98:6 103:11 158:8 165:3,4	<b>tumor</b> 29:23	<b>underground</b> 19:10	<b>upload</b> 16:13	<b>varied</b> 124:11
<b>tracking</b> 41:5 165:8,9	<b>turn</b> 21:22 95:5 105:6 144:25 153:21 177:25 178:1	<b>underneath</b> 92:1 151:10	<b>uranium</b> 107:8 108:14 113:14,15, 21 115:17,19 116:1,21 118:2 122:13,15 123:2,6 124:7,13,15 130:6,12,17 134:6	<b>vast</b> 65:20
<b>train</b> 151:5	<b>turnaround</b> 179:25	<b>understand</b> 58:10 81:11 126:6	<b>uranium's</b> 123:6	<b>veins</b> 100:19 101:3
<b>trained</b> 154:25 175:10	<b>turned</b> 11:24 114:21 124:13	<b>understanding</b> 19:7 41:18 67:20	<b>uranyl</b> 130:11	<b>vendor</b> 83:17 172:6
<b>trainer</b> 70:2 72:2 75:23	<b>turning</b> 67:1	<b>understands</b> 125:11	<b>usage</b> 11:14 103:25	<b>vendors</b> 170:9, 11,19 172:16 174:2
<b>trainers</b> 72:8 76:1 97:16	<b>turns</b> 75:1	<b>understood</b> 115:22	<b>user</b> 16:8 135:11	<b>ventilation</b> 120:17
<b>training</b> 4:23 23:6 33:19 34:10 54:17 153:3	<b>two-year</b> 24:4 58:15 142:20 152:4	<b>unexpected</b> 168:3	<b>user-specific</b> 135:5	<b>verbiage</b> 163:10
<b>transform</b> 16:14	<b>type</b> 11:15 13:19 76:17 78:9 80:9 81:1 84:8 85:15 100:22 102:24 162:4,23 164:22 166:14 168:22 172:7 174:22	<b>uniforms</b> 113:11	<b>users</b> 23:8 136:23	<b>verification</b> 142:3
<b>transition</b> 8:21 28:5 38:4	<b>typical</b> 115:3	<b>unintended</b> 31:7 159:3	<b>usual</b> 65:11	<b>verified</b> 177:2
<b>translate</b> 143:22	<b>types</b> 11:18 29:14 35:23 84:6 145:18	<b>unique</b> 101:24	<b>utilized</b> 71:2	<b>verses</b> 81:7
<b>transported</b> 42:9	<b>typically</b> 33:21, 25 48:17 113:19	<b>unit</b> 37:9,13,15 39:19 53:3	<b>utilizing</b> 71:4	<b>version</b> 135:10 145:6 150:8
<b>transuranic</b> 128:3,4		<b>units</b> 115:3 128:6,7,14	<b>university</b> 4:11, 18 6:25 7:1,6	<b>versus</b> 43:19 76:6 78:20,24 83:21 94:1 130:10 161:6 166:20
<b>travel</b> 178:3		<b>universities</b> 107:13	<b>unknown</b> 117:3, 5,8	<b>vetted</b> 179:23
<b>treat</b> 68:1 77:18		<b>university</b> 4:11, 18 6:25 7:1,6	<b>unlicensed</b> 27:18 39:25 40:4, 11 62:8,19 63:18	<b>vetting</b> 179:14
<b>treating</b> 73:17		<b>unmodified</b> 150:8		<b>vials</b> 110:5,7,9 112:12,18,20,22, 23
		<hr/> <b>V</b> <hr/>	<b>VA</b> 4:23	<b>vice-president</b> 7:1
			<b>vacancies</b> 8:23, 25 9:4,5	<b>vicinity</b> 140:7
				<b>video</b> 51:2
				<b>view</b> 119:1 120:5 124:19 133:18

<b>viewpoints</b> 135:15	53:9 55:3,13 67:16 111:8 122:23 174:14 178:2,20	<b>weighed</b> 112:17	78:2 80:10 101:17 110:14 111:16 120:2 124:23,24 125:12 132:24 154:7 168:12,13 170:8 174:4 175:11,19 176:5,8	159:7,9 160:19
<b>Violating</b> 27:14	<b>War</b> 113:11	<b>weight</b> 112:21,22		<b>wrote</b> 117:9
<b>violation</b> 5:13 25:17,19 26:5 27:11 33:12 35:14,16,17 36:6, 12 41:23,24 46:12 58:2 95:16	<b>waste</b> 133:12	<b>weights</b> 110:10 112:24		<hr/> <b>X</b> <hr/>
<b>violations</b> 25:10 35:8,17,23,24 36:1,9	<b>watch</b> 15:8	<b>weird</b> 117:24	<b>worked</b> 5:25 21:16 111:7 116:2	<b>x-ray</b> 5:12 9:1 30:23,25 31:4 33:17 60:8 69:11 79:18 84:20 88:16 93:20 99:17 139:11 140:3 142:11 154:17 155:1 157:12 174:20 175:20
<b>violence</b> 131:24	<b>watching</b> 13:14	<b>weirdly</b> 117:18	<b>working</b> 9:21 12:16 13:2 17:1,2 19:18 20:9 51:25 52:11,13 54:10 62:1 69:14 84:14, 15 86:9 92:1 95:15,21 100:1 119:6 137:3 155:18	<b>x-rays</b> 40:4 72:15 83:21 85:8 173:14
<b>visibility</b> 50:24	<b>water</b> 78:15 108:9 123:8	<b>welfare</b> 42:5	<b>works</b> 47:20 123:17 179:12	<hr/> <b>Y</b> <hr/>
<b>visit</b> 33:11,14 34:15,20	<b>ways</b> 9:23 11:15 46:19 71:2 96:15	<b>whatsoever</b> 80:23	<b>world</b> 113:11 149:25 168:20	<b>Yay</b> 9:2
<b>visited</b> 119:10	<b>Weaver</b> 7:6 75:4, 14 76:8 79:18 81:19 82:1,3,19 88:16,20,23 89:5, 9,14 92:21 94:5, 13 96:4,8 101:22 102:5,13 103:4,19 104:3,8 106:2 109:1 123:24 124:5 126:21 128:3,14,19,23 130:5,16,20 132:15 134:19,23 138:6,9,11,14,18 143:5,7,18 162:25 163:25 164:12,21, 24 165:3,12,16,21 166:6,12,16 168:12,15 169:11 170:6 172:14,18, 22 173:11,14,19 174:12,22 175:1, 20 176:6 177:2, 12,15	<b>Who</b> 52:22	<b>worried</b> 154:14 155:7	<b>year</b> 40:22,25 41:1,3 47:1 49:2,6 76:10 81:15 98:19 135:9 142:21 143:2
<b>vital</b> 11:3	<b>webinars</b> 29:12	<b>wide</b> 168:15	<b>worry</b> 83:10 160:25	<b>years</b> 4:20 5:1 12:11,14 13:1 18:8,9 23:24 47:2, 9,15 48:1 55:3 57:20 59:7 61:22 102:19 133:8 139:18,24 145:16 148:9,11,15 156:19 160:24 171:9 172:11 173:21 176:4
<b>volumetric</b> 162:16	<b>website</b> 25:4 42:1 55:8 60:19, 20 72:4 75:19 93:11 136:16 149:12 172:22	<b>widely</b> 27:13	<b>worst</b> 36:7 133:23,24	<b>yellow</b> 115:15 129:21 130:11,13, 18 172:1
<b>voluntary</b> 29:1 135:6 170:13	<b>week</b> 52:4 103:6, 8 179:22,23,24 180:7,8	<b>wife</b> 109:4 130:24	<b>wow</b> 49:10 140:13	<b>yellowish</b> 123:1, 2
<b>vote</b> 83:13	<b>weekly</b> 30:11 31:14,16 76:5,8	<b>wild</b> 42:2	<b>wrap</b> 61:10	<b>yes-or-no</b> 24:18
<hr/> <b>W</b> <hr/>	<b>weeks</b> 45:3	<b>WILLIAM</b> 7:10 73:7 75:10,15 76:13 80:19 81:9 99:5,9 103:14 127:19,24 181:25	<b>write</b> 73:2 82:19 99:2 140:8,15 144:15	<b>yesterday</b> 13:25 14:5 16:12 141:5
<b>wait</b> 48:17,20,21 147:25 178:10,19		<b>wind</b> 126:9	<b>writes</b> 79:8	<b>York</b> 138:16
<b>waiting</b> 21:22 144:23 148:10		<b>windows</b> 122:4	<b>writing</b> 56:4 69:17 70:9,17 73:18 77:15 98:11	<b>younger</b> 118:15 160:25
<b>walk</b> 73:15,16 104:20 109:18 173:6,8		<b>wise</b> 155:5	<b>written</b> 32:20 35:2 56:20 68:10 69:24 71:19 74:16,21 89:16 97:20 128:2 139:19 151:9	<b>Youtube</b> 126:3,6,
<b>walk-in</b> 99:4		<b>withheld</b> 49:13, 15	<b>wrong</b> 29:20,21, 23 30:10 31:9,10, 11 32:2,5,6 41:12 56:11 119:8 127:3	
<b>walked</b> 14:4		<b>witnesses</b> 54:1,7		
<b>walking</b> 131:8		<b>women's</b> 6:1		
<b>Walser</b> 4:17 70:19,23 71:22 72:2,23 73:11,17, 23 96:24 97:6 98:20,24 99:2 125:24		<b>wondered</b> 45:8		
<b>wanted</b> 11:6 13:18 18:4 42:3,7 45:16,18 51:20		<b>wonderful</b> 93:10		
		<b>wondering</b> 49:25 102:15 155:8 160:4 177:12		
		<b>Woodliffe</b> 8:18		
		<b>word</b> 29:22 69:9 84:12 113:1 114:12 135:22		
		<b>work</b> 4:17,22 5:18 7:14 13:8 14:11, 17 15:5 16:23 20:25 22:8,15 39:6,14 44:13 51:22,25 52:3,14 54:18,19 59:3		

8

---

**Z**

---

**Z136** 135:6

**zzz** 65:4