

From: Stephen Lawrence [<mailto:Stephen.Lawrence@albertahealthservices.ca>]
Sent: Thursday, February 27, 2014 2:49 PM
To: Consultation
Subject: Feedback on DIS-13-01

To whomever,

I would like to give some feedback on BC Cancer Agency's comments on Section 21.

I agree wholeheartedly about their request to have clarification on some points, particularly in relation to Instantaneous Dose Rate and Time Averaged Dose Rate. Formally defining these phrases will not only help with planning and design but will also help with monitoring.

By defining Instantaneous Dose Rate if one, for instance, uses a Victoreen 451 to monitor and it "kicks" (which this model is prone to doing) one will not be required to record the falsely elevated "blip" – the dose rate observed in an "instant" – but one will be able to record a more realistic dose rate averaged over a finite period of, say, 1 minute.

By defining a Time Averaged Dose Rate, say the dose rate averaged over an eight hour period, when designing one can look at the overall potential dose uptake (the aspect most RS professionals are concerned about) at any one location and use that, in combination with the recognised occupancy factors, to come up with more realistic design criteria.

Similarly, by defining the aforementioned dose rates the NEED for posting of radiation warning signs could be related to where there is a true risk – assuming one could post for either instantaneous or time averaged. This, in turn, may help minimise the frivolous posting of the trefoil.

Regards,

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