

University of Dundee

RADIATION SAFETY SUB-COMMITTEE

A meeting of the Radiation Safety Sub-Committee was held at 2pm on 3rd June 2010 in room 2L3-206, JBC.

Present: Prof Mike Stark (MJRS) [Chair]
Ms Lisa Grayson (LG) [Minutes]
Mr Martin Rollo (MR)
Mr Damian Leddy (DL)
Dr Nick Helps (NRH)
Ms Allison Bridges (AB)
Dr David Sutton (DS)
Ms Shellagh Neil (SN)
Ms Karen Bollan (KB)

Apologies were received from Mr Grant Reekie (GR) [University Radiation Protection Adviser], Ms Letty Gibson (LMG), Ms Aileen McLaren (AM), Dr Sheila Sharp (SS), Dr Chris Connolly (CC).

MINUTES

MJRS introduced himself as the new Chair of the University Radiation Safety Sub-Committee before proceeding with the agenda.

1. Minutes of the meeting on 2nd December 2009

The minutes the previous meeting were approved.

2. Matters Arising

1.8a) See 3/6/10 agenda item 7b.

1.8b) MR confirmed that Dr Connolly has agreed to join the Committee but was unable to attend today's meeting and sends his apologies.

3d) All City Campus RPSs have completed the questionnaire and been issued with a certificate. The intention is for Medical School RPSs to attend an HPA course in September. MJRS asked why the City and Medical School campuses are taking a different approach. MR explained that Safety Services do not have the budget to pay for each City Campus RPS to attend the HPA course.

4a) LG has emailed all Committee members explaining how to register for the necessary Life Science Directory account but no one has responded. LG to send a reminder email.

4b) See 3/6/10 agenda item 5b.

4c) See 3/6/10 agenda item 5c.

4d) MRCPPU audit has been completed.

4e) MR confirmed that the UV equipment inventory is now up to date.

4f) MRCPPU has agreed to adhere to the submission deadline that applies to the rest of CLS.

6a) DL explained that the forum still exists but is not being used.

Action

LG

3. Committee Composition

MJRS is the new Chair and CC is the new Medical School PI representative.

4. New Agenda Items

a) Wipe Testing of Sealed Sources

MR reported that sealed sources in Physics have been regularly wipe tested for some time but he has only recently started recording the results in the Sealed Source Database. MR also informed that Committee that he had taken advice from other radiation protection professionals on wipe testing of scintillation counters and the consensus is that routine wipe testing of the sealed source inside a scintillation counter is not practicable nor is it necessary. A leaking sealed source would give rise to erroneous results during counting and, therefore, not go undetected. An engineer could then be called in to investigate the fault and check the source. MR asked how this is addressed within the Medical School and MRCPPU. NRH said he had been advised by MRC H&S that the EPA expect sealed sources in counters to be routinely wipe tested but clear guidance on how to do this has not been forthcoming. DS said it has been done in the Medical School on an ad hoc basis. LG added that scintillation counters in CLS are checked during the monthly assurance monitoring for surface contamination as a matter of course. After some discussion, the Committee agreed that the best course of action was to inform RPSs and scintillation counter users to report and investigate any spurious results or high background levels and ensure an engineer is called to thoroughly check the equipment if the problem persists. MR to issue an email to this effect.

MR

b) SEPA Inspection on City Campus, May 2010

MR explained that the official report has not been received but that he had met with the Inspector for a short debrief at the end of the inspection programme. The Inspector was generally happy with the standard in most areas but there were a few minor issues that will be fully detailed in the official report. MR summarised the issues and said he had already initiated action to address them. No further action will be taken until the official report arrives.

c) RPA Portfolio

DL informed the Committee that his portfolio will be ready for resubmission within the month and that he should be taking over from Grant Reekie as University RPA by the end of the year.

d) New User Training on the City Campus

Frequency of New Users' seminars will increase from 2 to 3 per year and they will be held at regular intervals throughout the year, starting in November.

5. City Campus

a) IMSAT

DI reported that the IMSAT X-ray unit is now fully functional. It is housed alongside an MRI scanner which is also up and running. Laser equipment is due to be installed in the near future. There were no other outstanding issues to discuss.

b) RADNUC Form Review

This is still in progress. DL has submitted some risk assessments to LG for inclusion in the Risk Assessment (RA) Database. LG explained that the plan is to link the

RADPER and RA Databases in order to demonstrate that radiation users have read the necessary risk assessments. DL to complete the generic risk assessments, forward them to LG and LG to add them to the databases before the next meeting.

DL/LG

c) Dosimetry Badges

DL and MR have conducted a review of dosimetry badge usage across the City Campus with a view to switching supplier. Merion have submitted a competitive quote and Lesley Hewitt is currently organising a meeting with the company representative. The contract will be awarded before the next RSSC meeting.

d) Audits

MR informed the Committee that a new round of internal audits will begin once the SEPA report has arrived. The audits will focus on any weaknesses highlighted in the report.

6. MRCPPU

a) SEPA Inspection

This was precipitated by the application for new certificates to accommodate future expansion of DSTT. NRH reported that the inspection went well with only a few minor issues requiring attention.

b) New Certificates

NRH confirmed that the new certificates of Authorisation and Registration are now in force.

c) Proposed WTB3 Expansion

AB informed the Committee that MRCPPU is expanding into the south side of WTB Floor 3. Two new group leaders are arriving in August and they will be located on WTB 3 along with a mass spec facility. NRH pointed out that the hot room on WTB3 will have to be decommissioned once the CDB groups vacate the area. MR to ensure decommissioning procedures are followed and SEPA is notified.

MR

7. Medical School Report

a) Report Update

A hard copy of the Medical School Report May 2010 was issued and SN talked through the key points.

b) RiMS System

DS clarified that the Medical School are not looking to adopt the RiMS system or RAPDER Database – they have their own equivalent systems that work perfectly well. MR suggested SN and/or DS might still like to visit CLS for a demonstration of the systems. LG was happy to accommodate and SN accepted the invitation. LG and SN to agree a date.

LG/SN

c) Medical Physics, New User Training

DL said that some Medical School new users had attended Safety Services' training seminar on the City Campus and asked DS if training was still being delivered locally within Medical Physics. DS confirmed that one-on-one training is still given locally in addition to new users attending Safety Services' seminar.

8. RPS Matters

a) Spill Training

MR informed the Committee that a pilot spill training session had been held and deemed to be a useful exercise by the attendees. DL explained that weekly sessions for up to 4 RPSs will start next month and Medical School RPSs will be included. MR/DL to report on progress at next meeting.

MR/DL

9. Waste Disposal, 2009 Costs

City Campus, Jan to Dec 2009: £5711 on solid LLW and sealed sources.

Medical School, for an equivalent period: £503.

DS explained that the Medical School benefits from a nationwide NHS agreement. There was some discussion about how the volume of waste compares between the two sites and differences in how the charges are calculated.

10. AOCB

NRH enquired about the new Control of Artificial Optical Radiation at Work Regulations 2010 and whether the recent UV audit was in response these coming into force in April. MR said, no, the UV audit started before these regulations were introduced. DL is dealing with the implementation of the AOR regulations separately and intends to draft the necessary risk assessments in the near future.

11. Date of Next Meeting

Thursday 9th December at 2pm. LG to book a suitable venue.

LG