# Twenty-fourth Annual Report 

## Radiation Exposures for DOE and DOE Contractor Employees - 1991

## November 1994

Special Topic:
New Dose Reporting Quantities II

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# TWENTY-FOURTH ANNUAL REPORT 

# RADIATION EXPOSURES FOR DOE AND DOE CONTRACTOR EMPLOYEES - 1991 

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## FOREWORD

This is the 24th in a series of annual radiation exposure reports published by the Department of Energy (DOE) and its predecessor agencies. This report summarizes the radiation exposures received by both employees and visitors at DOE and DOE contractor facilities during 1991. Trends in radiation exposures are evaluated by comparing the doses received in 1991 to those received in previous years. The significance of the doses is addressed by comparing them to the DOE limits and by correlating the doses to health risks based on risk estimates from expert groups.

This report is the fourth that is based on detailed exposure data for each individual monitored at a DOE facility. Prior to 1988 , only summarized data from each facility were available. This report contains information on different types of radiation doses, including total effective, internal, penetrating, shallow, neutron, and extremity doses. It also contains analysis of exposures by age, sex, and occupation of the exposed individuals. This report also continues the precedent established in the Twenty-First (1988) Annual Report by conducting a detailed, one-time review and analysis of a particular topic of interest. The special topic for this report is a comparison of occupational radiation exposure health risks for various groups of the DOE workforce to health risks for the general U.S. population and workers in other occupations.

We believe this report will provide useful data to organizations or individuals involved in radiation protection activities. National and international organizations such as the National Council on Radiation Protection and Measurements, the International Commission on Radiological Protection, and the United Nations Scientific Committee on the Effects of Atomic Radiation have used DOE radiation exposure data in the past in formulating their recommendations and analyses. The information in these reports is also used by the DOE to identify areas of needed improvement to ensure continued commitment to the as low as reasonably achievable (ALARA) philosophy of radiation protection.


Tara O'Toole, M.D., M.P.H. Assistant Secretary Environment, Safety and Health


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## PREFACE

This report is one of a series of annual reports provided by the U.S. Department of Energy (DOE) summarizing occupational radiation exposures received by DOE and DOE contractor employees. These reports provide an overview of radiation exposures received each year and identify trends in exposures being experienced over the years.

Beginning with this report, Appendix D, "Exposure Data by Dose Range, Exposure Type, Facility Type, Age, Sex, and Occupation for DOE and DOE Contractor Employees and Visitors," is no longer included. Due to additional radiation dose reporting categories required by DOE order 5484.1, and the data comparisons provided in Appendix D, the resultant size of the annual report and associated publication costs necessitated this change. A copy of Appendix D is, however, available upon request.

In January 1975, with the separation of the AEC into the Energy Research and Development Administration (ERDA) and the U.S. Nuclear Regulatory Commission (NRC), each agency assumed responsibility for collecting and maintaining occupational radiation exposure information reported by the facilities under its jurisdiction. Former AEC licensees reported to the NRC while contractors reported to ERDA. At the same time, a contract was established with Union Carbide Corporation at Oak Ridge, Tennessee, to computerize the reporting and processing of both the ERDA and NRC radiation exposure reporting systems. On October 1, 1977, DOE was formed and assumed the responsibilities of ERDA. Processing and programming of exposure information continued at Oak Ridge until October 1978, when management and further development of the DOE radiation exposure reporting system was assigned to the System Safety Development Center, EG\&G Idaho, Inc.; the NRC system remained at Oak Ridge.

Radiation exposure data for ERDA and ERDA contractor employees and visitors for 1974 through 1976 were reported in ERDA 76/119, ERDA 77-29, and DOE/EV-0011/9. The DOE and DOE contractor radiation exposure data for 1977-1979 were presented in DOE/EV-0066/10, 11, and 12, respectively. A revised version of the 1979 report was issued as DOE/EP-0039. The data for 1980-1982 were presented in DOE/EP-0040, DOE/EP-0040/1, and DOE/EP-0040/2. The data for 1983-1990 were presented in DOE/PE-0072, DOE/EH-0011, DOE/EH-0036, DOE/EH-0069,

DOE/EH-0128, DOE/EH-0171P, DOE/EH-0286P, and DOE/EH-0287P, respectively. This report contains 1991 radiation exposure data for DOE and DOE contractor employees and visitors.

Previous reports for AEC/ERDA/DOE government and contractor employees and visitors may be obtained from the DOE Office of Scientific and Technical Information, P.O. Box 62, Oak Ridge, TN 37830.

## SUMMARY

All U.S. Department of Energy and DOE contractors are required by DOE Order 5484.1, Chapter IV, to submit occupational radiation exposure records to a central depository. For 1991, data were required to be submitted for all employees who were required to be monitored in accordance with DOE Order 5480.11 and for all visitors who received a measurable dose. The data required included the total effective dose equivalent, external penetrating whole-body dose equivalent, internal dose equivalent, the shallow dose equivalent, neutron dose equivalent, and extremity dose equivalent. Data regarding the exposed individuals included the individual's age, sex, and occupation category. This report is a summary of data reported by DOE and DOE contractors for the calendar year 1991.

A total of 112,875 DOE and DOE contractor employees were reported to have been monitored for whole-body ionizing radiation exposure in 1991. This represents $61.5 \%$ of all DOE and DOE contractor employees and is an increase ( $13.5 \%$ ) from the number of monitored employees for 1990. In addition to employees, 11,827 visitors were monitored. (For more information, see Table 4.1.)

Of all monitored employees reported, $72.9 \%$ received a total effective dose equivalent that was less than measurable, $26.9 \%$ received a dose equivalent between measurable and $1 \mathrm{rem}(10 \mathrm{mSv})$, and $0.2 \%$ received a dose equivalent greater than $1 \mathrm{rem}(10 \mathrm{mSv})$. Although no employee received a penetrating dose equivalent greater than $2 \mathrm{rem}(20 \mathrm{mSv}), 45$ did receive a total effective dose equivalent greater than $2 \mathrm{rem}(20 \mathrm{mSv})$. The total effective dose equivalent received by $62.4 \%$ of the visitors to DOE facilities was less than measurable, $36.8 \%$ received a dose equivalent between measurable and $1 \mathrm{rem}(10 \mathrm{mSv})$, and $0.8 \%$ received a dose equivalent greater than $1 \mathrm{rem}(10 \mathrm{mSv})$. There were eight visitors who received a total effective dose equivalent greater than 2 rem ( 20 mSv ). (These data are detailed in Table 4.1.)

The collective dose equivalent for DOE and DOE contractor employees in 1991 was 2,491 personrem ( 24.91 person-Sv), which represents a decrease of $12.7 \%$ from 1990. The collective dose equivalent for visitors was 453 person-rem ( 4.53 person-Sv), which represents a decrease of $45 \%$. The average total effective dose equivalent for all monitored employees reported was 22 mrem ( 0.22 mSv ), and the average dose equivalent for all employees reported who received a measurable exposure was $82 \mathrm{mrem}(0.82 \mathrm{mSv})$. The average dose equivalent for all monitored individuals
(employees and visitors) reported was $24 \mathrm{mrem}(0.24 \mathrm{mSv})$, and the average dose equivalent for all individuals reported who received a measurable exposure was $84 \mathrm{mrem}(0.84 \mathrm{mSv})$. Activities at weapons fabrication and testing facilities resulted in the highest average dose equivalent of 50 mrem $(0.50 \mathrm{mSv})$ for all monitored DOE and DOE contractor employees. The lowest average dose equivalent ( $1 \mathrm{mrem}(0.01 \mathrm{mSv})$ ) was received at DOE offices. These averages are significantly less than the DOE $5 \mathrm{rem} / \mathrm{yr}(50 \mathrm{mSv} / \mathrm{yr}$ ) radiation protection standard for whole-body exposures.

Of the ten occupation categories reported (not including those classified as "unknown"), production workers received both the highest collective dose equivalent ( 537 person-rem ( 5.37 person-Sv)) and the highest average dose equivalent per individual who received a measurable exposure ( 115 mrem $(1.15 \mathrm{mSv})$ ). Agricultural workers received both the lowest collective dose ( $<1$ person-rem ( 0.01 person-Sv)) and the lowest average dose equivalent ( $<1 \mathrm{mrem}$ ( $<0.01 \mathrm{mSv}$ )) per individual who received a measurable exposure.

The 5-year age group receiving the highest collective dose equivalent ( 450 person-rem ( 4.50 person-Sv)) was the 35 -to- 39 age group. The $\geq 65$ age group had the highest average dose equivalent of $288 \mathrm{mrem}(2.88 \mathrm{mSv})$ per individual who received a measurable exposure. The group receiving the lowest collective dose equivalent and average dose equivalent per individual who received a measurable exposure was the $\leq 19$ age group.

The average dose for all males who received a measurable exposure was $89 \mathrm{mrem}(0.89 \mathrm{mSv})$; for females, the average was $57 \mathrm{mrem}(0.57 \mathrm{mSv})$. Males received a total of 2,634 person-rem ( 26.34 person-Sv), while females received 269 person-rem ( 2.69 person-Sv). A total of 41 person-rem ( 0.41 person-Sv) was received by individuals for whom sex was not specified on the report forms.

Of the 2,944 person-rem ( 29.44 person-Sv) received by DOE and DOE contractor employees and visitors at DOE facilities, 1,737 person-rem ( 17.37 person-Sv ( $59 \%$ )) was attributable to beta-gamma exposures, 343 person-rem ( 3.43 person-Sv ( $12 \%$ )) was attributable to neutron exposures and 839 person-rem ( 8.39 person-Sv ( $\sim 29 \%$ )) was attributable to internal exposures. In addition to the penetrating dose equivalent (beta-gamma and neutron), DOE and DOE contractor employees and visitors received a collective shallow dose of 2,643 person-rem ( 26.43 person-Sv).

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### 1.0 INTRODUCTION

The purpose of this report is to disseminate information regarding radiation exposures received at U.S. Department of Energy (DOE) and DOE contractor facilities. At these facilities, dose equivalents received by both workers and visitors are carefully monitored and recorded. The primary purpose of this practice is to ensure that the DOE occupational dose limits are not exceeded and that as low as reasonably achievable (ALARA) goals are met. A secondary purpose, however, is to provide information that can be used by other organizations and individuals who wish to collect and analyze such information. This information may be useful for estimating the effect of changing dose limits on operations at DOE facilities, determining the progress of DOE with respect to the ALARA principle, or, in combination with other epidemiological data, assisting researchers in assessing the health-effect risks of low doses of ionizing radiation.

This report contains seven main sections and four appendices. Section 2.0 presents relevant DOE operating requirements including dose limits, ALARA, and reporting requirements. Section 3.0 presents brief descriptions of the various categories of DOE facilities and the sources of radiation exposure at each facility category.

Section 4.0 presents a summary of the radiation doses received at DOE and DOE contractor facilities in 1990. The data are presented according to dose-equivalent interval, facility type, field organization, occupation category, age, sex, and type of exposure (external penetrating, shallow, internal, etc.). The section concludes with an evaluation of recent exposure trends at DOE and DOE contractor facilities.

Section 5.0 presents a comparison of the doses received at DOE and DOE contractor facilities and the consequent risks relative to other risks that occur both in the workplace and as a part of everyday life. Section 6.0 presents reporting requirements for radiation exposure incidents at DOE and DOE contractor facilities. The magnitude of the postulated health effects from radiation doses received at DOE facilities is discussed in Section 7.0 of this report. Section 8.0 lists the references cited in this report.

Three appendices are included in the report, all of which contain detailed exposure data for DOE and DOE contractor employees and visitors. Appendix A presents the 1991 distribution of total effective dose equivalents by facility type for each DOE field organization. Appendix B presents the 1991 distribution of total effective dose equivalents by contractor for each DOE field organization.
Appendix C presents the 1991 distribution of total effective dose equivalents by DOE field organization for DOE government employees and visitors.

Comments or suggestions that would improve the report or make it more useful should be sent to the U.S. Department of Energy, Assistant Secretary for Environment, Safety, and Health, Washington, D.C. 20585.

### 2.0 OPERATING REQUIREMENTS

One of the primary objectives of the DOE is to ensure that all its operations and those of DOE contractors are conducted safely. To help achieve this objective, the DOE has established radiation protection standards and program requirements to protect workers from ionizing radiation. The basic DOE standards are radiation dose limits, which establish maximum permissible doses to workers. In addition to the requirement that radiation doses to workers be maintained below the limits, it is the Department's policy that doses be maintained as far below the limits as is reasonably achievable.

### 2.1 DOSE LIMITS

In order to ensure that workers at DOE facilities are adequately protected from ionizing radiation, the DOE promulgates radiation protection standards for occupational workers. These standards include radiation dose limits to protect workers from both external radiation and internally deposited radionuclides. Radiation dose limits in effect for 1991 were promulgated January 1, 1989, in DOE Order 5480.11. This order included limits on annual dose equivalents to the whole-body and to individual organs (Table 2.1). Personnel monitoring in 1991 was required by DOE Order 5480.11 when the potential existed for an individual to receive an annual effective dose equivalent above $100 \mathrm{mrem}(1 \mathrm{mSv})$, or an annual dose equivalent to an individual organ greater than $10 \%$ of the occupational radiation exposure limits shown in Table 2.1. Depending on the administrative policy of the field organization or contractor, monitoring may also have been provided to some or all individuals, such as clerical workers, for whom the exposure potential is extremely low.

The DOE radiation protection standards are based on the Environmental Protection Agency's (EPA's) revised guidance to federal agencies for protection against occupational radiation exposure (EPA 1987). This guidance was a result of a review by EPA of the 1976 recommendations of the International Commission on Radiological Protection (ICRP) and the National Council on Radiation Protection and Measurements (NCRP). The primary new feature of the guidance is that weighted internal doses are added to external doses to determine total effective dose equivalent. In the past, these were limited separately. The DOE became the first federal agency to implement the revised guidance when it promulgated its revised radiation protection standards (DOE Order 5480.11) for occupational workers on January 1, 1989.

TABLE 2.1. DOE Limiting Values for Assessed Dose from Exposure of Occupational Workers to Radiation (effective January 1, 1989)

| Exposure Category |
| :--- |
| Total effective dose equivalent |
| Lens of eye |
| Extremity |
| Skin of the whole body |
| Other organ or tissue |
| Unborn child |

## Limit

$5 \mathrm{rem} / \mathrm{yr}$ (effective dose equivalent)
$15 \mathrm{rem} / \mathrm{yr}$ (dose equivalent)
$50 \mathrm{rem} / \mathrm{yr}$ (dose equivalent)
$50 \mathrm{rem} / \mathrm{yr}$ (dose equivalent)
$50 \mathrm{rem} / \mathrm{yr}$ (dose equivalent)
$0.5 \mathrm{rem} /$ gestation period (dose equivalent)

### 2.2 ALARA PRINCIPLE

It has long been DOE's policy that radiation exposures should be maintained as far below the dose limits as is reasonably achievable. This policy, known as the ALARA principle of radiation protection, maintains that radiation exposures should be maintained as low as reasonably achievable, economic and social factors being taken into account (ICRP 1977).

The ALARA principle is based on the hypothesis that even very low radiation doses carry some risk. As a result, it is not enough to maintain doses at or slightly below the limits; the lower the doses, the lower the risks. Because it is not possible to reduce all doses at DOE facilities to zero, economic and social factors must be considered to determine the optimal level of radiation doses. According to the ALARA principle, if doses are too high, resources should be well spent to reduce them. At some point, the resources being spent to maintain low doses are exactly balanced by the risks avoided. Reducing doses below this point results in a misallocation of resources; the resources could be spent elsewhere and have a greater impact on health and safety.

To ensure that doses are maintained ALARA at DOE facilities, the DOE has mandated that ALARA plans and procedures be implemented and documented. To help ensure that facilities meet this requirement, the DOE has developed a manual of good practices for reducing exposures to ALARA levels (Munson et al. 1988). These include guidelines for administration of ALARA programs, techniques for performing ALARA calculations based on cost-benefit principles, guidelines for setting
and evaluating ALARA goals, and methods for incorporating ALARA criteria into both radiological design and operations. The establishment of ALARA as a required practice at DOE facilities demonstrates DOE's commitment to ensure minimum risk to workers from the operation of its facilities.

### 2.3 REPORTING REQUIREMENTS

In 1987, the DOE promulgated revised reporting requirements in DOE Order 5484.1 (DOE 1987). Formerly, contractors were required to report only the number of individuals who received an occupational whole-body exposure in one of 16 dose-equivalent ranges. However, contractors are required by the revised Order to report exposure data for individual employees and visitors. Data required include total effective dose equivalent, external penetrating dose equivalent (including neutron), internal effective dose equivalent, shallow dose equivalent, and extremity dose equivalent. Other data required include the individual's age, sex, employment status, and occupation, as well as the relevant organization and facility type.

### 3.0 FACILITY DESCRIPTIONS

DOE Order 5484.1 requires contractors to indicate for each reported individual the facility contributing the predominant portion of individual's effective dose equivalent. In cases when this cannot be distinguished, the facility indicated should represent the facility wherein the greatest portion of work service was performed.

The facility indicated must be one of eleven general facility categories: accelerator, fuel/uranium enrichment, fuel fabrication, fuel processing, maintenance and support (site-wide), reactor, general research, fusion research, waste processing/management, weapons fabrication and testing, and other. Because it is not always a straightforward procedure to determine the appropriate facility type for each individual, the assignment of an individual to a particular facility type is a policy decision of each contractor.

The facility descriptions that follow indicate the types of facilities included in each category. Also included are the types of work performed at the facilities and the sources of the majority of the radiation exposures.

### 3.1 ACCELERATOR

The DOE administers approximately a dozen laboratories that perform significant accelerator-based research. The accelerators range in size from small single-room electrostatic devices to a four-mile circumference synchrotron, and their energies range from keV to TeV .

The differences in accelerator types, sizes, and energies result in differences in the radiation types and dose rates associated with the accelerator facilities. In general, radiation doses to employees at the facilities are attributable to neutrons and x-rays, as well as muons at some larger facilities. Dose rates inside the primary shielding can range up to $200 \mathrm{mrem} / \mathrm{h}$ as a result of x -ray production near some machine components. Outside the shielding, however, $x$-ray exposure rates are very low, and neutron dose rates are generally less than $5 \mathrm{mrem} / \mathrm{h}(0.05 \mathrm{mSv} / \mathrm{h})$. Average annual doses at these facilities are slightly higher than the overall average for DOE; however, the collective dose is lower than the collective dose for most other DOE facility categories because of the relatively small number
of employees at accelerator facilities. Regarding internal exposures, tritium and short-lived airborne activation products exist at some accelerator facilities, although annual internal doses are generally quite low.

### 3.2 FUEL/URANIUM ENRICHMENT

The DOE involvement in the nuclear fuel cycle generally begins with uranium enrichment operations and facilities (Rich et al. 1988). The current method of enrichment is isotopic separation using the gaseous diffusion process, which involves diffusing uranium through a porous membrane and using the different molecular weights of the uranium isotopes to achieve separation.

Although current facility designs and physical controls result in low doses from internally deposited uranium, the primary radiological hazard is the potential for inhalation of airborne uranium (Rich et al. 1988). Because of the low specific activity of uranium, external dose rates are usually a few millirem per hour or less. Most of the external doses that are received are attributable to gamma exposures, although neutron exposures can occur, especially when work is performed near highly enriched uranium. Both the average and collective external doses at these facilities are among the lowest of any DOE facility category.

### 3.3 FUEL FABRICATION

Activities at fuel fabrication facilities involve the physical conversion of uranium compounds to usable forms, usually rod-shaped metal. Radiation exposures to personnel at these facilities are attributable almost entirely to gamma and beta radiation. However, beta radiation is considered the primary external radiation hazard because of high beta dose rates (up to several hundred mrad per hour) at the surface of uranium rods (Rich et al. 1988). For example, physical modification of uranium metal by various metalworking operations, such as machining and lathing operations, requires protection against beta radiation exposures to the skin, eyes, and extremities. Average external doses at fuel fabrication facilities are generally higher than at other types of DOE facilities; however, collective doses are relatively low because the number of employees is low. Internal doses from inhalation of uranium are kept very low.

### 3.4 FUEL PROCESSING

The DOE administers several facilities that reprocess spent reactor fuel. These facilities separate the plutonium produced in reactors for use in defense programs. They also separate the fission products and uranium; the fission products are normally designated as radioactive waste products, while the uranium can be refabricated for further use as fuel.

The very high radioactivity of fission products in spent nuclear fuel results in employees at fuel processing facilities consistently having among the highest average doses of any DOE facility type. However, the collective dose at these facilities is less significant because of the small total number of employees. Penetrating doses are attributable primarily to gamma photons, although some neutron exposures do occur. Skin and extremity doses from handling of samples are also significant, although only a few employees typically receive skin doses greater than 5 rem ( 50 mSv ) per year. Strict controls are in place at fuel reprocessing facilities to prevent internal depositions; however, several measurable intakes typically occur per year. Plutonium isotopes represent the majority of the internal depositions, and annual effective dose equivalents from the depositions are typically less than $500 \mathrm{mrem}(5 \mathrm{mSv})$.

### 3.5 MAINTENANCE AND SUPPORT

Most DOE sites have facilities dedicated to maintaining and supporting the site. In addition, some employees may be classified under this facility type if their main function is to provide site maintenance and support, even though they may not be located at a single facility dedicated to that purpose.

Because many maintenance and support activities at DOE sites do not involve work near sources of ionizing radiation, the average dose equivalent per monitored employee is typically among the lowest of any facility type. However, those employees who do perform work near radiation sources receive relatively high average annual doses, as is indicated by the relatively high average annual dose per employee who receives a measurable exposure. Also, collective doses are relatively high because there is a large number of these employees relative to the number classified under other facility types. The sources of ionizing radiation exposure are primarily gamma photons. However, variations in the
types of work performed and work locations result in exposures of all types, including exposures to beta particles, x-rays, neutrons, and airborne radioactivity.

### 3.6 REACTOR

The DOE and its predecessors have built and operated dozens of nuclear reactors since the mid-1940s. These facilities have included plutonium and tritium production reactors, prototype reactors for energy production, research reactors, reactors designed for special purposes such as production of medical radioisotopes, and reactors designed for the propulsion of naval vessels.

In 1989, many of the DOE reactors were not operating. As a result, personnel exposures at DOE reactor facilities were attributable primarily to gamma photons and beta particles from contaminated equipment and plant areas, spent reactor fuel, activated reactor components, and other areas containing fission or activation products encountered during plant maintenance and decommissioning operations. Neutron exposures do occur at operating reactors, although the resultant doses are a very small fraction of the collective penetrating doses. Gamma dose rates in some plant areas can be very high (up to several rems per hour), requiring extensive protective measures. The average and collective external doses relative to other facility types are highly dependent on the status of reactor operations. Inhalation of airborne radioactive material is a concern in some plant areas. However, protective measures, such as area ventilation or use of respiratory-protection equipment, result in low internal doses.

### 3.7 RESEARCH, GENERAL

The DOE contractors perform research at many DOE facilities, including all of the national laboratories. Research is performed in general areas including biology, biochemistry, health physics, materials science, environmental science, epidemiology, and many others. Research is also performed in more specific areas such as global warming, hazardous waste disposal, energy conservation, and energy production, just to name a few.

The wide variety of research being performed at DOE facilities results in a wide variety of radiological conditions at those facilities where ionizing radiation or radioactive materials are an
important part of the research. Depending on the research performed, personnel may be exposed to virtually any type of external radiation, including beta particles, gamma photons, x-rays, and neutrons, as well as the potential for inhalation of radioactive material. Area dose rates and individual annual doses are also highly variable. Relative to other facility types, average annual individual doses are slightly above average at general research facilities. The collective dose equivalent is higher than at most other facility types because of the many individuals employed at general research facilities.

### 3.8 RESEARCH, FUSION

The DOE currently operates on major and several smaller facilities that participate in research on fusion energy. In general, both penetrating and shallow radiation doses are minimal at these facilities because the dose rates near the equipment are both low and intermittent. The external doses that do occur are attributable primarily to x-rays from energized equipment. Relative to other DOE facility types, average individual doses and collective doses are typically the lowest at fusion research facilities. Regarding internal exposures, airborne tritium is a concern at some fusion research facilities, although the current level of operation results in minimal doses.

### 3.9 WASTE PROCESSING/MANAGEMENT

Most DOE sites have facilities dedicated to the processing and disposal of radioactive waste. In general, the dose rates to employees when handling waste are very low because of the low specific activities or the effectiveness of shielding materials. As a result, very few employees at these facilities receive annual doses greater than $100 \mathrm{mrem}(1 \mathrm{mSv})$. At two DOE sites, however, largescale waste processing facilities exist in order to properly dispose of radioactive waste products generated during the nuclear fuel cycle. At these facilities, radiation doses to some employees can be relatively high, sometimes exceeding $1 \mathrm{rem} / \mathrm{yr}(10 \mathrm{mSv} / \mathrm{yr})$. Penetrating doses at waste processing facilities are mostly attributable to gamma photons; however, neutron exposures are significant at the large-scale facilities. Skin doses are generally not a significant problem. Overall average annual doses at waste processing/management facilities are among the highest of any DOE facility type, which is attributable primarily to the two large-scale facilities and the shift in DOE mission from national defense production to waste management and environmental restoration. The annual
collective doses are closer to the average of all facility types, however, because of the relatively small number of employees at this type of facility.

### 3.10 WEAPONS FABRICATION AND TESTING

The primary function of a facility in this category is to fabricate weapons-grade material for the production or testing of nuclear weapons. At the testing facilities, radiation doses received by personnel are generally minimal because of the strict controls over personnel access to testing areas, although extremity doses can be relatively high from handling neutron-activated materials. Radiation doses are a greater concern at facilities where weapons and weapons-grade nuclear material are handled. At these facilities, neutron radiation dose rates can be significant when processing relatively small quantities of ${ }^{238} \mathrm{Pu}$ or larger quantities of mixed plutonium isotopes (Faust et al. 1988). Penetrating doses from gamma photons and plutonium x-rays can also be significant in some situations, as can skin and extremity doses from plutonium x-rays. Overall, average individual annual doses at these facilities are slightly higher than the DOE average. The collective doses received by employees at these facilities are generally higher than the collective doses at other facility types because of the large number of individuals employed.

Also of significant concern at these facilities is inhalation of plutonium, where inhalation of very small amounts could result in doses exceeding limits. To prevent plutonium intakes, strict controls are in place including process containment, contamination control procedures, and air monitoring and bioassay programs (Faust et al. 1988). As a result, significant internal exposures are very rare at these facilities.

### 3.11 OTHER

Individuals placed in this facility type can be generally classified under three categories: 1) those who worked in a facility that did not match one of the ten facility types described above; 2) those who did not work for any appreciable time at any specific facility, such as transient workers; or 3) those for whom facility type was not indicated on the report forms. Examples of a facility type not included in the ten described above include construction and irradiation facilities. In general, employees classified under this facility type receive annual doses significantly less than the annual doses averaged
over all DOE facilities. However, the wide variation in the type of work performed by these individuals results in a wide variation in the types and levels of exposures. Although exposures to gamma photons are predominant, some individuals may be exposed to beta particles, x-rays, neutrons, or airborne radioactive material.

### 4.0 SUMMARY OF IONIZING RADIATION DOSES

Monitoring in 1991 was required by DOE Order 5480.11 when the potential existed for an individual to receive an annual effective dose equivalent above $100 \mathrm{mrem}(1 \mathrm{mSv})$, or an annual dose equivalent to individual organs above $10 \%$ of the exposure limits. Depending on the administrative policy of the contractor, monitoring may also have been provided to individuals, such as clerical workers, for whom the exposure potential is extremely low.

On November 6, 1987, DOE promulgated revised reporting requirements in DOE Order 5484.1, which affected the reporting of occupational doses received during 1987 and beyond. Before 1987, DOE contractors were required to report only the number of individuals who received an occupational whole-body exposure in one of 16 dose-equivalent intervals ranging from "less than measurable" to "greater than 10 rem." Contractors are now required, however, to submit detailed exposure data for individual employees who were monitored and for visitors who received a measurable exposure. (Contractors are also required to provide a count of the total number of visitors monitored.) Data now required to be submitted for each individual include total effective dose equivalent, external penetrating dose equivalent (including neutron), shallow dose equivalent, and extremity dose equivalent. This report is a summary of the dose equivalents received by DOE and DOE contractor employees and visitors in 1991 as reported pursuant to DOE Order 5484.1.

This report is the second to contain data on total effective dose equivalent, internal dose, and extremity dose for all DOE sites. In reports previous to 1990, the primary radiation quantity analyzed was whole-body penetrating dose. In this report, the primary quantity to be analyzed will be total effective dose equivalent. Caution should be used when comparing these data to those of past annual reports since the total effective dose quantity represent the total of the penetrating and internal dose components for employees and visitors. Data shown in tables and graphs for years previous to 1990 represent only the values for whole-body penetrating dose.

### 4.1 DISTRIBUTION BY DOSE INTERVAL

The number of employees and visitors who received a total effective dose equivalent in each of 16 dose-equivalent ranges is presented in Table 4.1. A total of 112,875 DOE and DOE contractor employees were reported to have been monitored for whole-body ionizing radiation exposure in 1991. This represents $61.5 \%$ of all DOE and DOE contractor employees. In addition to the employees, 11,827 visitors were monitored at DOE facilities. Visitors may include radiation workers from another DOE facility present on a temporary basis.

TABLE 4.1. Distribution of Total Effective Dose Equivalent for DOE/DOE Contractor Employees and Visitors by Dose-Equivalent Interval, 1991 ${ }^{(\mathrm{a})}$

| Dose-Equivalent Interval (rem) | Number of Persons |  |  | Collective Person-rem |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Employees | Visitors | Total | Employees | Visitors | Total |
| < Measurable | 82,320 | 7,380 | 89,700 | 0 | 0 | 0 |
| Measurable to 0.10 | 24.558 | 3,754 | 28,312 | 650 | 79 | 729 |
| 0.10 to 0.25 | 3,798 | 286 | 4,084 | 585 | 44 | 629 |
| 0.25 to 0.50 | 1,463 | 163 | 1,626 | 501 | 56 | 557 |
| 0.50 to 0.75 | 351 | 101 | 452 | 211 | 64 | 276 |
| 0.75 to 1.00 | 173 | 52 | 225 | 150 | 45 | 195 |
| 1 to 2 | 167 | 83 | 250 | 218 | 107 | 325 |
| 2 to 3 | 23 | 2 | 25 | 56 | 5 | 61 |
| 3 to 4 | 9 | 0 | 9 | 30 | 0 | 30 |
| 4 to 5 | 8 | 0 | 8 | 37 | 0 | 37 |
| 5 to 6 | 0 | 1 | 1 | 0 | 6 | 6 |
| 6 to 7 | 2 | 0 | 2 | 13 | 0 | 13 |
| 7 to 8 | 0 | 2 | 2 | 0 | 15 | 15 |
| 8 to 9 | 1 | 1 | 2 | 8 | 8 | 16 |
| 9 to 10 | 0 | 1 | 1 | 0 | 10 | 10 |
| > 10 | 2 | 1 | 3 | 32 | 14 | 47 |
| Total | 112,875 | 11,827 | 124,702 | 2,491 | 453 | 2,944 |

(a) Minor variations in collective dose-equivalent values may be due to rounding.

No DOE or DOE contractor employee received a total effective dose equivalent greater than 5 rem $(50 \mathrm{mSv})$ due to exposures received during 1991. There are five employees and six visitors, however, who did receive a total effective dose equivalent greater than 5 rem ( 50 mSv ) because of past internal uptakes of radionuclides. Annual dose due to these past internal uptakes is calculated each year and is expressed in the values for total effective dose equivalent. No DOE or DOE contractor employee or visitor received a whole-body penetrating dose equivalent greater than 2 rem $(20 \mathrm{mSv})$, which is significantly less than the DOE radiation protection standard of $5 \mathrm{rem}(50 \mathrm{mSv})$ (See Table 4.2).

A comparison of the number of DOE and DOE contractor employees, the number of monitored employees reported, and the number of monitored employees reported who did not receive a measurable dose equivalent is presented for the years 1980-1991 in Figure 4.1. The figure also illustrates the average dose equivalent per employee who received a measurable exposure. The number of monitored employees reported for 1991 has increased from the number reported for previous years because of the greater number of DOE and DOE contractor employees involved in environmental remediation activities and because of the requirements of DOE Order 5480.11.

Of the monitored employees reported for $1991,72.9 \%$ received a total effective dose equivalent that was less than measurable; $26.9 \%$ received a dose equivalent between measurable and 1 rem ( 10 mSv ); and $0.2 \%$ received a dose equivalent greater than $1 \mathrm{rem}(10 \mathrm{mSv}$ ) (Figure 4.2). The dose equivalent received by $62.4 \%$ of the visitors to DOE facilities was less than measurable; $36.8 \%$ received a dose equivalent between measurable and $1 \mathrm{rem}(10 \mathrm{mSv})$; and $0.8 \%$ received a dose equivalent greater than $1 \mathrm{rem}(10 \mathrm{mSv})$ (Figure 4.2).
TABLE 4.2. Distribution of Whole-Body Penetrating and Total Effective Dose Equivalents for DOE/DOE Contractor Employees, 1965-1991 ${ }^{\text {(a) }}$


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The total effective collective whole-body dose equivalent was 2,491 person-rem ( 24.91 person-Sv) for all DOE and DOE contractor employees, and 453 person-rem ( 4.53 person-Sv) for visitors to DOE facilities, for a total DOE collective dose equivalent of 2,944 person-rem ( 29.44 person-Sv). The contribution of the individuals (employees and visitors) in each dose-equivalent interval to the collective dose equivalent is shown in Figure 4.3. Individuals whose exposure was between measurable and $1 \mathrm{rem}(10 \mathrm{mSv})$ contributed the greatest portion $(81.0 \%)$ of the collective dose.


2,944 person-rem
FIGURE 4.3. Contribution of Each Dose-Equivalent Interval to the Total Collective Dose Equivalent, 1991

The distribution of whole-body penetrating and total effective doses for DOE and DOE contractor employees for the years 1965-1991 is presented in Table 4.2. As indicated, the fraction of all monitored employees who received a penetrating dose equivalent greater than 1 rem ( 10 mSv ) has declined dramatically since 1965 , starting at about $5 \%$, leveling off at about $2 \%$ from 1977 to 1987, and dropping to less than $1 \%$ for the period 1988-1991. This general downward trend in occupational radiation exposures can be observed in Figure 4.4, which shows the collective dose equivalent for employees who received a dose equivalent greater than 1 rem ( 10 mSv ) from 1965 to 1991. The collective dose equivalent for employees who received an exposure less than 1 rem ( 10 mSv ) was not included because, before 1974, less-than-measurable exposures were not distinguished from measurable exposures in the reporting system. The trend reflects both changes in the nature of the work performed at DOE facilities and the required application of ALARA practices throughout all DOE operations. The most recent decrease may be attributable in part to reduced operations and mission changes at some DOE facilities.

Analysis of occupational doses is commonly performed by fitting the data to a lognormal distribution (Brodsky et al. 1976; Brooks 1988). Figure 4.5 presents the 1991 data for DOE and DOE contractor employees on a lognormal probability plot. This figure is useful for indicating the fraction of employees whose dose equivalents exceed various values as well as the fraction of the collective dose equivalent that is attributable to various ranges of individual dose equivalent. For example, the figure indicates that although less than $1 \%$ of monitored DOE and DOE contractor employees received a dose equivalent greater than $1 \mathrm{rem}(10 \mathrm{mSv})$, approximately $20 \%$ of the employee collective dose equivalent was attributable to individual dose equivalents greater than 1 rem ( 10 mSv ).


FIGURE 4.4. Total Collective Dose Equivalent for All DOE/DOE Contractor Employees Who Received a Dose Equivalent Greater Than 1 rem, 1965-1991


FIGURE 4.5. Lognormal Probability Plots of Annual Exposure for Potentially Exposed and Measurably Exposed DOE and DOE Contractor Employees, 1991

### 4.2 DISTRIBUTION BY FACILITY TYPE

The number of individuals (employees and visitors) and the distribution of the annual whole-body dose equivalents in each of 11 facility categories were reported to the central repository. The assignment of exposures to one of the 11 facility types (listed in DOE Order 5484.1) is a policy decision of each field organization. For this section of the report, the categories of "visitors" and "DOE offices" were each considered a "facility type." The contribution of each facility type to the collective dose equivalent is shown in Figure 4.6. The largest percentage of the total collective dose equivalent (28.5\%) was in the category "Weapons Fabrication and Testing." The smallest contribution ( $0.06 \%$ ) was from DOE offices. A summary of the data is presented in Table 4.3.

Collective dose increased $13 \%$, when compared with 1990 data, for the "Weapons Fabrication and Testing" category. This increase may be due to a larger penetrating dose component caused by an increased workload at weapons fabrication facilities (actually dismantling weapons). In addition,


FIGURE 4.6. Contribution of Each Facility Type to the Total Collective Effective Dose Equivalent, 1991 (numbers indicate person-rem)
TABLE 4.3. Distribution of Annual Whole-Body Radiation Doses for Monitored DOE/DOE Contractor Employees and Visitors by Facility Type, 1991 ${ }^{\text {(a) }}$





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(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
a large portion of the "Weapons Fabrication and Testing" collective dose (approximately 64\%) is due to internal dose caused by the uptake of internal emitters that occurred in previous reporting years.

Collective dose decreases of $29 \%$ and $41 \%$ were seen for the "Reactor" and "Fuel Processing" categories, respectively. These decreases were probably due to reduced activities in both of these production-related categories during 1991. Decreases in collective dose of $10 \%$ and $38 \%$ were also seen for the "General Research" and "Maintenance and Support" categories. These decreases, along with an overall decrease in total collective dose when compared with 1990, is likely due to ongoing efforts within the DOE community to follow the ALARA concept of radiation protection.

The average dose equivalent by facility type per individual monitored and per individual who received a measurable dose equivalent is shown in Table 4.4. The average dose equivalent per individual monitored for all facilities was $24 \mathrm{mrem}(0.24 \mathrm{mSv})$. The highest average dose equivalent per individual monitored ( 50 mrem ) ( 0.50 mSv ) was observed at weapons fabrication and testing facilities, and the lowest was observed at DOE offices ( 1 mrem ) ( 0.01 mSv ). The average dose equivalent per individual who received a measurable dose equivalent was $84 \mathrm{mrem}(0.84 \mathrm{mSv})$. The highest average dose equivalent per individual who received a measurable dose equivalent ( 124 mrem ) $(1.24 \mathrm{mSv})$ was observed at fuel processing facilities, and the lowest ( 13 mrem ) ( 0.13 mSv ) was observed at DOE offices.

### 4.3 DISTRIBUTION BY FIELD ORGANIZATION

For each field organization, the number of monitored individuals reported, the number of individuals who received a measurable dose equivalent, and the collective dose equivalent are shown in Table 4.5.

Differences in the collective dose equivalent at each field organization reflect differences in the number of employees at the facilities, the nature of the work performed, and the administrative policy concerning whether the dose distribution is reported for all monitored employees or only for those for whom monitoring is required. Table 4.6 provides an indication of the work performed at each field organization by showing the fraction of the collective dose equivalent attributed to each facility type
TABLE 4.4. Collective Dose-Equivalent for Monitored DOE/DOE Contractor Employees and Visitors

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(a) Throughout this report there may be minor variations in collective dose-equivalent values because
TABLE 4.5. Collective Dose-Equivalent for Monitored DOE/DOE Contractor Employees and Visitors by Field Organization, $1991^{\text {(a) }}$
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Dose-Equivalent

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95 78
(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
TABLE 4.6. Percent of Collective Dose-Equivalent for Monitored DOE/DOE Contractor Employees and

| Field Organization | Facility Type |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Fuel |  |  |  | Maint\&Support | Reactor | Research |  | Waste Weapon <br> Proc. F\&T |  | Other | Visit | $\begin{array}{r} \text { DOE } \\ \text { office } \end{array}$ |
|  | Accel | Enrich | Fab. | Proc |  |  | Genrl | Fusion |  |  |  |  |  |
| Albuquerque Operations | 10.5 |  |  |  | 8.8 | 2.3 | 46.1 | 0.1 | 1.4 | 6.7 | 2.9 | 21.2 |  |
| Chicago Operations | 45.8 |  | 0.6 |  | 6.7 | 5.9 | 14.8 | 3.1 | 0.6 |  | 0.3 | 22.1 |  |
| DOE Headquarters |  |  |  |  |  |  |  |  |  |  |  |  | 100.0 |
| Idaho Operations |  |  |  | 34.5 | 1.1 | 18.7 | 2.5 |  | 0.4 |  | 12.7 | 30.2 |  |
| Nevada Operations | 91.9 |  |  |  |  |  |  |  |  | 1.4 |  | 6.6 |  |
| Oak Ridge Operations |  | 18.5 | 15.9 | 4.6 |  |  | 22.5 |  | 0.3 | 13.6 |  | 24.5 |  |
| Pittsburgh N.R. Office |  |  |  |  |  | 22.3 | 74.3 |  |  |  | 1.2 | 2.2 |  |
| Richland Operations |  |  | 0.2 | 3.0 | 39.2 | 6.8 | 17.3 |  | 29.3 |  | 3.5 | 0.4 | 0.2 |
| Rocky Flats Operations |  |  |  |  |  |  |  |  |  | 98.2 |  | 1.8 |  |
| San Francisco Operations | 21.0 | 5.4 |  |  | 23.1 |  | 29.4 |  | 0.1 | 6.2 | 9.3 | 5.4 | 0.1 |
| Savannah River Operations |  |  |  | 27.8 | 39.5 | 4.5 | 2.2 |  | 8.2 | 1.2 | 14.8 | 1.4 | 0.3 |
| Schenectady N.R. Office |  |  |  |  |  | 8.5 | 2.7 |  |  |  | 0.1 | 88.7 |  |
| Total DOE | 4.7 | 1.2 | 1.0 | 7.0 | 12.0 | 4.4 | 13.5 | 0.2 | 4.3 | 32.1 | 4.1 | 15.4 | 0.1 |

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
at each field organization. Table 4.7 presents collective dose equivalents for each field organization from 1982 to 1991.

### 4.4 DISTRIBUTION BY OCCUPATION CATEGORY

DOE Order 5484.1 requires that for each monitored individual (employee and visitor), a three-digit occupation code be included indicating the generic occupation that best fits the individual's occupation title. The 44 three-digit codes pertain to DOE occupation codes summarizing all Standard Occupational Classification (SOC) codes from the Department of Commerce's SOC Manual of 1980. The DOE is considering a revised requirement to report occupations by the full four-digit SOC code. This would eliminate the need for an intermediate code, standardize occupational classifications, and provide research data at a greater level of detail.

For this report, the 44 DOE occupational classifications were summarized into 11 general occupations to facilitate analysis:

- Management - managers and administrators, sales, support and clerical
- Scientists
- Technicians
- Service
- Agriculture
- Construction
- Production
- Transport - truck drivers, bus drivers, pilots, equipment operators, miscellaneous transport
- Laborers - handlers/laborers/helpers
- Miscellaneous - military, miscellaneous
- Unknown - indicates that an occupation code was not specified on the form.
TABLE 4.7. Collective Dose-Equivalent (person-rem) ${ }^{(\mathrm{a})}$ for Monitored DOE/DOE Contractor Employees and

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 Visitors by Field Organization, 1982-1991 ${ }^{\text {b) }}$
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 7.879 8,422 8,158 1982 $\frac{\text { Field Organization }}{\text { Albuquerque Operations }}$ (c)
Chicago Operations Chicago Operations
Idaho Operations Nevada Operations Oak Ridge Operations Pittsburgh N.R. Office Richland Operations Rocky Flats Operations (c) San Francisco Operations Savannah River Operations Schenectady N.R. Office
Total

[^3]Table 4.8 lists the number of individuals monitored, the number of individuals monitored who received a measurable dose equivalent, and the average dose equivalents for each occupation category. The "Scientists" category accounted for both the most individuals monitored and the most individuals monitored who received a measurable exposure. Individuals in the "Production" category received the highest average dose equivalent per individual monitored ( $60 \mathrm{mrem}(0.60 \mathrm{mSv}$ ) ) and received the highest average dose equivalent per individual monitored who received a measurable exposure ( $115 \mathrm{mrem}(1.15 \mathrm{mSv})$ ). Figure 4.7 illustrates the data in Table 4.8 including an indication of the sex distribution of the individuals. Figure 4.8 illustrates the collective dose equivalent values in Table 4.8 as a pie chart. Table 4.9 lists the number of individuals monitored according to occupation and facility type.

### 4.5 DISTRIBUTION BY AGE AND SEX

The 1991 exposure data submitted per DOE Order 5484.1 included information on the age and sex of the exposed individuals (employees and visitors). Unfortunately, some records were submitted without the required information. For the analysis in this report, 12 age categories were defined: 19 and less, 65 and greater, nine 5 -year age groups beginning with the 20-24 age group and ending with the 60-64 age group, and unknown age. Regarding sex of the exposed individuals, a separate category for unspecified sex was defined. It was clear from the data that if sex was not specified on the form, other information such as age, occupation, or facility type was likely to be unspecified or unknown as well. For example, of the 1,286 individuals for whom sex was not specified on the report form, $1,114(87 \%)$ also were not identified by age. Similarly, the occupation was listed as unknown or was unspecified for 1,232 ( $96 \%$ ) of the individuals for whom sex was unspecified.
TABLE 4.8. Distribution of Total Effective Dose Equivalent for DOE/DOE Contractor Employees and
TABLE 4.8. Wistribution $1991^{(a)}$




FIGURE 4.8. Contribution of Each Occupation Category to the Total Collective Dose Equivalent, 1991 (numbers indicate person-rem)

Figure 4.9 illustrates the number of individuals by sex who received total effective dose equivalents in various dose-equivalent ranges. Figure 4.10 illustrates the number of individuals by sex and age range who were monitored for ionizing radiation in 1991.

Table 4.10 lists the number of individuals monitored, the numbers of individuals monitored who received a measurable exposure, and the collective and average dose equivalents received by age range. The age groups receiving the highest average dose equivalent per individual monitored was the 65 -and-greater age group ( 64 mrem ) $(0.64 \mathrm{mSv}$ ); the age group receiving the lowest was the 19 -or-less group ( 2 mrem ) ( 0.02 mSv ). The age group receiving the highest average dose equivalent per individual who received a measurable exposure was the 65 -and-greater age group ( 288 mrem ) $(2.88 \mathrm{mSv})$; the lowest was the 19 -or-less group ( 18 mrem ) $(0.18 \mathrm{mSv})$. Internal dose contributions

$$
\begin{aligned}
& \text { TABLE 4.9. Number of Monitored DOE/DOE Contractor Employees and Visitors by Occupation and Facility Type, 1991 }{ }^{(\mathrm{a})}
\end{aligned}
$$

$$
\begin{aligned}
& \begin{array}{l}
\text { Facility_Type } \\
\hline \text { Accelerator } \\
\text { Fuel/Uranium } \\
\text { Enrichment } \\
\text { Fuel } \\
\text { Fabrication } \\
\text { Fuel Processing } \\
\text { Maintenance and } \\
\text { Support } \\
\text { Reactor } \\
\text { Research. } \\
\text { General } \\
\text { Research. } \\
\text { Fusion } \\
\text { Waste Proc./ } \\
\text { Management } \\
\text { Weapons } \\
\text { Fabrication and } \\
\text { Testing } \\
\text { Other } \\
\text { Total Persons } \\
\text { Monitored } \\
\text { Total Person- } \\
\text { rem } \\
\hline \text { (a) Throughout this }
\end{array}
\end{aligned}
$$




TABLE 4.10. Number of Individuals Monitored and Average Total Effective Dose Equivalent by Age, $1991^{(\mathrm{a})}$ Average Dose
Equivalent
per Individual
Monitored Who
Received a Measurable
Exposure (mrem)

円 $\boldsymbol{\sim}$ | rage Dose |
| :--- |
| valent per |
| dividual |
| ored (mrem) |
| 2 |
| 13 |
| 20 |
| 24 |
| 22 |
| 21 |
| 21 |
| 26 |
| 32 |
| 33 |
| 64 |
| 17 |
| 24 | (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.

(due to past uptakes) to the total effective dose equivalent quantity are the reason the 65 -and-greater age group had the highest average dose equivalent per individual who received a measurable exposure.

Table 4.11 presents similar data by sex rather than age. Males received approximately $86 \%$ of the collective dose equivalent received by individuals for whom sex was specified. Males also received higher average dose equivalents per individual monitored than did females ( 26 mrem versus 11 mrem ) ( 0.26 mSv versus 0.11 mSv ) as well as higher average dose equivalents per individual monitored who received a measurable exposure ( $89 \mathrm{mrem}(0.89 \mathrm{mSv}$ ) versus $57 \mathrm{mrem}(0.57 \mathrm{mSv})$ ).

Because of the sensitivity of the fetus to ionizing radiation, which is greater than that of children or adults, it is important to evaluate the doses received by women of child-bearing age. Table 4.12 presents the number of women of child-bearing age (arbitrarily assumed to include women up to the age of 44) who received a measurable dose equivalent in 1991, by facility type. A total of 3,604 women of child-bearing age received a collective dose equivalent of 197 person-rem (1.97 person-Sv). The average individual dose equivalent for these women over all facilities was $55 \mathrm{mrem}(0.55 \mathrm{mSv})$.

Figure 4.11 presents the age distributions of both the number of workers and collective dose equivalents for males and females. As indicated by the ages pertaining to the $50 \%$ mark on the figure, the median ages for monitored workers at DOE facilities were approximately 38 and 42 for females and males, respectively. The median ages for collective dose equivalent were approximately 38 and 43, respectively, indicating that, in general, younger workers receive slightly higher doses than do older workers.
TABLE 4.11. Number of Individuals Monitored and Average Total Effective Dose Equivalent by Sex, $1991^{(\mathrm{a})}$


|  | ```Number of Individuals Monitored``` | Number of Individuals Who Received a Measurable Exposure | ```Collective Dose Equivalent (person-rem)``` | Average Dose Equivalent per Individual <br> Monitored (mrem) |
| :---: | :---: | :---: | :---: | :---: |
| Male | 99,491 | 29,619 | 2,634 | 26 |
| Female | 23,925 | 4,738 | 269 | 11 |
| Unspecified | 1,286 | 64512 | 411 | 32 |
| All Individuals | 124,702 | 35,002 | 2,994 | 24 |

TABLE 4.12. Total Doses Received by Female Employees and Visitors of Childbearing Age, $1991^{(a)}$

| Facility Type | Persons | Number of Females Receiving Measurable Doses in Each Age Group |  |  |  |  |  | Total <br> Person-rem |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\leq 19$ | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 |  |
| Accelerator | 91 | 2 | 16 | 21 | 21 | 19 | 12 | 5 |
| Fuel/Uran. Enrichment | 259 | 1 | 16 | 45 | 71 | 75 | 51 | 5 |
| Fuel Fabrication | 54 | 1 | 6 | 18 | 9 | 13 | 7 | 3 |
| Fuel Processing | 249 | 1 | 18 | 47 | 79 | 57 | 47 | 27 |
| Maint. and Support | 829 | 3 | 72 | 201 | 217 | 194 | 142 | 43 |
| Reactor | 170 |  | 12 | 40 | 52 | 36 | 30 | 12 |
| Research, General | 371 | 1 | 30 | 71 | 105 | 110 | 54 | 26 |
| Research, Fusion | 3 |  |  | 1 | 1 |  | 1 |  |
| Waste Proc./Management | 205 |  | 22 | 52 | 56 | 45 | 30 | 11 |
| Weapons Fab. \& Test. | 983 | 1 | 41 | 140 | 254 | 286 | 261 | 54 |
| Other | 390 | - | 60 | 113 | 81 | 83 | 53 | 13 |
| Total Persons | 3,604 | 10 | 293 | 749 | 946 | 918 | 688 |  |
| Total Person-rem |  | 0 | 10 | 36 | 56 | 57 | 38 | 198 |



FIGURE 4.11. Number of Individuals (Employees and Visitors) Monitored and Collective Dose Equivalent by Age Range and Sex, 1991

### 4.6 DISTRIBUTION BY TYPE OF EXPOSURE

For calendar year 1991, DOE Order 5484.1 required that specific information on the types of radiation doses received by each worker be reported. Specifically, these included the total effective dose equivalent, the external penetrating dose equivalent (at a depth in tissue of 1.0 cm ) including neutron exposure, the dose equivalent from neutron exposure only, the internal effective dose equivalent, the shallow dose equivalent, and the extremity dose equivalent. From these data, the external penetrating beta-gamma dose equivalent can be derived by subtracting the neutron dose equivalent from the external penetrating dose equivalent including neutron exposure. That is, the two contributors to external penetrating dose equivalent are beta-gamma radiation and neutron radiation. The Order does not require reports of dose to the eye.

Table 4.13 lists the various types of dose equivalents received by facility type. Of the total effective dose equivalent of 2,944 person-rem ( 29.44 person-Sv) received, 2,080 person-rem ( 20.80 person-Sv ( $71 \%$ )) were attributable to total penetrating radiation and 839 person-rem ( 8.39 person-Sv ( $28 \%$ )) were attributable to internally deposited radionuclides. When added, the penetrating and internal collective dose equivalent values are less than the collective dose value of total effective dose equivalent. This is due to reporting errors from some of the DOE sites. Of the total external penetrating dose equivalent of 2,080 person-rem ( 20.80 person-Sv), 1,737 person-rem ( 17.37 person-Sv ( $84 \%$ )) were attributable to beta-gamma radiation and 343 person-rem ( 3.43 person-Sv ( $16 \%$ )) were attributable to neutron radiation. Neutron radiation contributed the highest percentage $(30 \%)$ of the total penetrating dose equivalent at general research facilities. The total shallow dose reported to have been received was 2,643 person-rem ( 26.43 person-Sv). Relative to the total penetrating dose equivalent, the total shallow dose equivalent was greatest at fuel/uranium enrichment and weapons fabrication and testing facilities, where the shallow dose equivalent exceeded the penetrating dose equivalent by a factors of 2.6 and 1.7 , respectively. However, because the critical organ regarding shallow dose equivalents is the skin and because the radiation risk coefficient for induction of fatal skin cancers is low (NCRP 1987a), the penetrating dose equivalents are of the most concern regarding health effects. Collective extremity dose equivalents were 2,252 person-rem ( 22.52 person-Sv) to the hand and arm and 639 person-rem ( 6.39 person-Sv) to the foot and leg. Exposure of the hand and arm accounted for $78 \%$ of the total extremity collective dose while foot and leg exposure accounted for $22 \%$ of the overall extremity exposure. The total extremity collective dose equivalent exceeded the total penetrating collective dose equivalent by $8 \%$ ( 172 person-rem (1.72 person-Sv)).

A detailed comparison of the dose equivalent quantities by sex, age range, occupation, and facility type can be found in Section 5.0 of this report. The magnitude of the postulated health effects from radiation doses received at DOE facilities is discussed in Section 7.0 of this report.

### 4.7 EVALUATION OF TRENDS

Doses received by DOE and DOE contractor employees and visitors have decreased dramatically over the last several years (see Table 4.7). For example, in 1985 the collective dose equivalent received by employees and visitors was 8,684 person-rem ( 86.84 person-Sv); in 1991, this value was

2,944 person-rem ( 29.44 person-Sv). Some of this decrease is attributable to the fact that the 1985 value was estimated from the numbers of individuals reported to have received doses in various doseequivalent ranges. Previous to the 1987 reporting period, collective dose equivalents were calculated by multiplying the number of individuals who received dose equivalents in various dose-equivalent intervals by the midpoint of those intervals and summing the products. However, the majority of the decrease is attributable to other factors, such as the reduction of production tasks at DOE facilities and an increased emphasis on ALARA programs.

The most evident example of the recent dramatic decrease in collective doses is at the Richland Field Organization. In 1987, the collective dose equivalent to employees and visitors at Richland was 2,477 person-rem ( 24.77 person-Sv); in 1991, this value dropped by $89 \%$ to 275 person-rem ( 2.75 person-Sv). This decrease was primarily the result of both changes in the type of work performed and facility closures. Decreases also occurred from 1986 to 1991 at the Oak Ridge ( $-71 \%$ ) and Savannah River ( $-69 \%$ ) field organizations.

The 1991 data demonstrate that the significant decrease in collective dose equivalent is not attributable to fewer individuals being monitored, but to lower doses to those individuals who are monitored. Figure 4.12 illustrates the recent dramatic decrease in average annual dose equivalent per individual monitored who received a measurable exposure. Table 4.14 lists similar data for each facility type. Table 4.15 lists collective dose equivalent by facility type for the years 1980 through 1991.

One correlative effect of lower average individual dose equivalents is fewer employees who exceed various dose-equivalent levels. Figure 4.13 illustrates the number of employees who received dose equivalents greater than $0.5 \mathrm{rem}(5 \mathrm{mSv}), 1.0 \mathrm{rem}(10 \mathrm{mSv})$, or $2.0 \mathrm{rem}(20 \mathrm{mSv})$ from 1980 to 1991. As indicated in the figure, the numbers decreased significantly during the 1988-1991 time period. As a result, fewer employees are being exposed to doses that are significant fractions of the annual dose limit.


FIGURE 4.12. Average Dose Equivalent per Individual Who Received a Measurable Exposure, 1980-1991
〒淢 research.
987-1989. n the "other category for
n
TABLE 4.14. Average Dose Equivalent per Individual Who Received a Measurable Exposure
by Facility Type, ${ }^{\text {(a) }} 1980-1991$ (mem) by Facility Type, ${ }^{(a)}$ 1980-1991 (mem)

of rounding
$\square$ luoddns
$\qquad$

 | $\begin{array}{l}\text { Weapons } \\ \text { Fab. \& } \\ \text { Test. }\end{array}$ |
| :--- |
| 120 |
| 129 |
| 136 |
| 149 |
| 147 |
| 170 |
| 166 |
| 183 |
| 139 |
| 105 |
| 46 |
| 112 |
| 53 |
| 107 | 124





(a) Throughout this report there may be minor variations in | $\begin{array}{c}\text { Gen. } \\ \text { Research }\end{array}$ |
| :---: |
| 120 |
| 140 |
| 168 |
| 169 |
| 154 |
| 193 |
| 211 |
| 150 |
| 124 |
| 97 |
| 90 |
| 102 |
| 85 |
| 97 |

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| 80 |
| 63 |
| 71 |
| 37 |
| 29 |
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| 26 |
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102
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fo əsnejaq san!
TABLE 4.15. Collective Dose Equivalent ${ }^{(\text {a })}$ by Facility Type, ${ }^{(\text {b })}$ 1980-1991 (person-rem)


[^4]

FIGURE 4.13. Number of Employees Who Received Dose Equivalents Greater Than 0.5 rem, 1 rem , and $2 \mathrm{rem}, 1980-1991$

### 5.0 ADDITIONAL DOSE REPORTING QUANTITIES

As mentioned earlier, this report is the second to report the complete data for all dose reporting quantities required in DOE Order 5484.1. These dose reporting quantities include total effective dose equivalent, annual internal dose equivalent, arm and hand extremity dose equivalent, and leg and foot extremity dose equivalent. This section will highlight and compare these dose quantities to the wholebody penetrating dose equivalent quantity.

The total effective dose equivalent quantity is the sum of the whole-body penetrating dose equivalent and annual internal dose equivalent. In past annual reports previous to 1990, the whole-body penetrating dose equivalent quantity was the main one reported and analyzed. Previous to 1990, only internal depositions that exceeded $50 \%$ of the annual standard were reported.

### 5.1 COMPARISON OF TOTAL EFFECTIVE DOSE EQUIVALENT, PENETRATING DOSE EQUIVALENT, AND INTERNAL DOSE EQUIVALENT

Figures 5.1 through 5.9 highlight the total effective dose equivalent and internal dose equivalent quantities. These quantities are compared to the penetrating dose equivalent primarily reported in the past. The average value for these quantities is shown for the age, sex, occupation, and facility categories described in Section 4.0.

### 5.1.1 Comparison by Age Range and Sex

Comparisons of total effective dose equivalent, penetrating dose equivalent, and internal dose equivalent by age range and sex are shown in Figures 5.1 through 5.3. Figure 5.1 illustrates the average values for the dose equivalent quantities by age range for all DOE and DOE contractor employees and visitors. The average quantities are shown in Figures 5.2 and 5.3 for male and female employees and visitors, respectively. Average total effective dose equivalent and penetrating dose equivalent values are generally highest for employees and visitors in the age ranges 30 to 40 and 50 to 65 and greater. Older male employees have much higher average internal dose equivalent values due to past internal uptakes of radioactive material. A similar trend is seen for internal dose to female employees. The higher internal dose averages for older employees accounts for the increase in


FIGURE 5.1. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Age Range for All Employees and Visitors, 1991


FIGURE 5.2. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Age Range for Male Employees and Visitors, 1991


FIGURE 5.3. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Age Range for Female Employees and Visitors, 1991
total effective dose equivalent for older age groups. The penetrating dose equivalent average generally decreases for all employees over the age of 40.

### 5.1.2 Comparison by Occupation and Sex

Figure 5.4 illustrates the average dose equivalent quantities by occupation for all employees.
Production workers had the highest overall average total effective dose equivalent ( 60 mrem $(0.60 \mathrm{mSv})$ ) and penetrating dose equivalent ( $42 \mathrm{mrem}(0.42 \mathrm{mSv})$ ). Scientists had the highest overall average internal dose equivalent ( $108 \mathrm{mrem}(1.08 \mathrm{mSv}$ )) for known occupation categories. The Unknown category had the highest overall average internal dose equivalent for all cartegories ( $147 \mathrm{mrem}(1.47 \mathrm{mSv})$ ). Employees classified as agricultural workers had the lowest average total effective, penetrating, and internal dose equivalent values ( $<1$ mrem ( $<0.01 \mathrm{mSv}$ )). Similar data trends are shown for male and female workers in Figures 5.5 and 5.6, respectively.


| 目 | TEDE |
| :--- | :--- |
| $\square$ | Pen. Dose |
| \# | Internal Dose |

FIGURE 5.4. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Occupation for All Employees and Visitors, 1991


FIGURE 5.5. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Occupation for Male Employees and Visitors, 1991


FIGURE 5.6. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Occupation for Female Employees and Visitors, 1991

### 5.1.3 Comparison by Facility Type and Sex

Average dose equivalent values are shown for DOE facility types in Figures 5.7 through 5.9. Data shown for all employees in Figure 5.7 reveal that those working at fuel processing facilities received the highest average total effective dose equivalent ( $57 \mathrm{mrem}(0.57 \mathrm{mSv}$ ) ) and penetrating dose equivalent ( $56 \mathrm{mrem}(0.56 \mathrm{mrem})$ ). Employees at general research facilities received the highest average internal dose equivalent ( $156 \mathrm{mrem}(1.56 \mathrm{mSv})$ ). Fuel and uranium processing employees received the lowest average total effective ( $4 \mathrm{mrem}(0.04 \mathrm{mSv}$ ) ) and penetrating ( $4 \mathrm{mrem}(0.04 \mathrm{mSv}$ )) dose equivalent values. Fusion research and fuel fabrication employees had the lowest internal dose equivalent values ( $<1 \mathrm{mrem}(<0.01 \mathrm{mSv}$ )). Accelerator facility employees had the highest average internal dose ( $1636 \mathrm{mrem}(16.36 \mathrm{mSv}$ )). This high value was due to one individual (out of 11 reported) who had an internal dose equivalent exceeding $5 \mathrm{rem}(50 \mathrm{mSv})$. The individual's exposure was due to an uptake of ${ }^{238} \mathrm{Pu}$ in 1971. The other individuals had internal dose equivalent values of


TEDE

- Pen. Dose
© Internal Dose

FIGURE 5.7. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Facility Type for All Employees and Visitors, 1991
less than $100 \mathrm{mrem}(1.00 \mathrm{mSv})$. Again, similar data trends were observed for the male and female components of the DOE population (Figures 5.8 and 5.9).

### 5.2 COMPARISON OF PENETRATING DOSE EQUIVALENT, HAND AND ARM EXTREMITY DOSE EQUIVALENT, AND FOOT AND LEG EXTREMITY DOSE EQUIVALENT

Figures 5.10 through 5.18 highlight the hand and arm extremity dose equivalent and foot and leg dose equivalent quantities. These quantities are compared to the whole-body penetrating dose equivalent. Again, the average value for these quantities is shown for age, sex, occupation, and facility categories.


| 目 | TEDE |
| :--- | :--- |
| $\square$ | Pen. Dose |
| $\$$ | Internal Dose |

Facility
FIGURE 5.8. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Facility Type for Male Employees and Visitors, 1991


FIGURE 5.9. Comparison of Average Total Effective Dose Equivalent, Average Penetrating Dose Equivalent, and Average Internal Dose Equivalent by Facility Type for Female Employees and Visitors, 1991


FIGURE 5.10. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Age Range for All Employees and Visitors, 1991

### 5.2.1 Comparison by Age Range and Sex

Average hand and foot extremity dose equivalent values were highest for employees between the ages of 30 and 60. There is very little variation between the data shown for all employees in Figure 5.10 and male and female employees shown in Figures 5.11 and 5.12, respectively. Also, there is little variation in the extremity exposure of the maximally exposed age groups. The average hand extremity dose equivalent value was approximately $18 \mathrm{mrem}(0.18 \mathrm{mSv})$, and the average foot extremity dose equivalent value was approximately 5 mrem ( 0.05 mrem ).


FIGURE 5.11. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Age Range for Male Employees and Visitors, 1991


| 屋 | Pen. Dose |
| :--- | :--- |
| $\square$ | Hand Dose |
| W | Foot Dose |

FIGURE 5.12. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Age Range for Female Employees and Visitors, 1991

### 5.2.2 Comparison by Occupation and Sex

Figure 5.13 illustrates that production employees received the highest average hand extremity dose equivalent ( $66 \mathrm{mrem}(0.66 \mathrm{mSv})$ ) and foot extremity dose equivalent ( $21 \mathrm{mrem}(0.21 \mathrm{mSv})$ ). Employees in the algirulture occupation category received the lowest average hand extremity dose equivalent ( $<1 \mathrm{mrem}$ ( $<0.01 \mathrm{mSv}$ ) ) and foot extremity dose equivalent ( $<1 \mathrm{mrem}$ ( $<0.01$ $\mathrm{mSv})$ ). Figures 5.14 and 5.15 illustrate the similar trends for the male and female employees, respectively.


FIGURE 5.13. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Occupation for All Employees and Visitors, 1991


| 目 | Pen. Dose |
| :--- | :--- |
| Hand Dose |  |
| He | Foot Dose |

FIGURE 5.14. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Occupation for Male Employees and Visitors, 1991


FIGURE 5.15. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Occupation for Female Employees and Visitors, 1991

### 5.2.3 Comparison by Facility Type and Sex

As shown in Figure 5.16, individuals employed in weapons fabrication facilities received the highest average hand extremity dose equivalent ( $37 \mathrm{mrem}(0.37 \mathrm{mSv}$ )) and waste processing employees received the highest foot extremity dose equivalent ( $14 \mathrm{mrem}(0.14 \mathrm{mSv}$ ). Employees at fusion research facilities received the lowest average hand extremity dose equivalent ( $<1 \mathrm{mrem}$ ( $<0.01 \mathrm{mSv}$ )) and foot extremity dose equivalent ( $<1 \mathrm{mrem}(<0.01 \mathrm{mSv}$ )). Again, similar trends were seen for the male and female components of the population (Figures 5.17 and 5.18).


| 冒 | Pen. Dose |
| :--- | :--- |
| Hand Dose |  |
| H | Foot Dose |

FIGURE 5.16. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Facility Type for All Employees and Visitors, 1991


FIGURE 5.17. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Facility Type for Male Employees and Visitors, 1991


Facility
FIGURE 5.18. Comparison of Average Penetrating Dose Equivalent, Average Hand and Arm Extremity Dose Equivalent, and Average Foot and Leg Extremity Dose Equivalent by Facility Type for Female Employees and Visitors, 1991

### 6.0 REPORTABLE RADIATION EXPOSURE INCIDENTS

In DOE Order 5484.1, the DOE has established criteria for classifying, reporting, and investigating radiation exposure incidents. Depending on the individual doses received, incidents involving exposure to radiation are classified as either Type A, Type B, or Type C occurrences. A Type A occurrence must be reported to DOE Headquarters immediately, and an investigation of the incident is conducted by a DOE Headquarters or field organization board. A Type B occurrence must be reported to DOE Headquarters within 72 hours, and an investigation of the incident is conducted by a DOE board appointed by the head of the field organization. A Type $C$ incident is required to be reported by memo, and an investigation is conducted by DOE contractor personnel when their operations are involved, or by DOE personnel when Federal operations are involved.

Table 6.1 lists the criteria for classifying incidents involving radiation exposures at DOE facilities. Descriptions of such incidents are normally reported to the System Safety Development Center following submittal of the investigation report. No such incidents were reported to have occurred in calendar year 1991.

TABLE 6.1. Dose Criteria for Classification of Incidents Involving Occupational Radiation Exposures

| Type of Exposure | Dose Criteria for Incident Type (rem) |  |  |
| :---: | :---: | :---: | :---: |
|  | $A^{\text {(a) }}$ | $B^{\text {(b) }}$ | $c^{(b)}$ |
| Whole-body | 25 | 5 | 3 |
| Skin of the whole-body | 75 | 15 | 5 |
| Thyroid | N/A | 15 | 5 |
| Forearms | 150 | 30 | 10 |
| Hands and feet | 375 | 75 | 25 |
| Internal dose | 5 times annual standard | In excess of annual standard | N/A |

[^5]
### 7.0 COMPARISON OF DOSES TO RISKS

Crucial to assessing the safety of DOE operations with respect to occupational radiation exposure is an assessment of the risks from doses received by DOE and DOE contractor employees. Section 4.0 of this report presented summaries of the radiation doses received by DOE and DOE contractor employees. Although the average doses were much lower than the DOE limits (indicating the impact of ALARA programs and changing missions at many DOE sites), comparison of employee doses to risks is appropriate for evaluating the magnitude of health effects, if any, that may be expected to occur. This section compares the doses received by DOE and DOE contractor employees in 1991 to risks based on published radiation risk coefficients and compares the calculated risks to other risks incurred both inside and outside the workplace.

Important considerations in assessing the relative significance of the risk of radiation doses received at DOE facilities are the doses received from sources other than working at the facilities. Everyone receives radiation doses regularly from various sources, including terrestrial radiation from naturally radioactive elements in the soil, cosmic radiation from space, radon in the air, and naturally radioactive potassium in our bodies. Other sources of radiation to which many of us are exposed include radiation from medical and dental procedures, cigarette smoke, fallout from past nuclear testing, and various food and other consumer products. Typical radiation doses received from each of these sources are listed in Table 7.1. By comparison to the values in Table 7.1, the average dose equivalent received by a DOE and DOE contractor employee who received a measurable occupational exposure during 1991 ( $82 \mathrm{mrem}(0.82 \mathrm{mSv})$ ) was less than the average dose equivalent received by an individual from non-work-related sources.

Although low doses of radiation have not been demonstrated to increase the incidence of cancer or other diseases, risk estimates have been developed by extrapolating from known effects at high doses and high dose rates to hypothetical effects at low doses and low dose rates. Based primarily on data from survivors of the atomic bombings at Hiroshima and Nagasaki, risk estimates have been developed that express the risk of death from cancer per unit whole-body dose equivalent of ionizing radiation. According to several sources, data published in 1980 suggest that a population distributed over all ages and both sexes would experience approximately $1 \times 10^{-4}$ cancer deaths per person per rem (NCRP 1987a, ICRP 1977, NAS 1980, UNSCEAR 1977). However, as detailed in the BEIR III

TABLE 7.1. Radiation Doses Received by Individuals in the U.S. from Sources Other than Occupational Exposures (adapted from NCRP Publication 93 (NCRP 1987b))

| Source | Average Annual Effective <br> Dose Equivalent <br> per Member of the U.S. <br> Population (mrem) |
| :--- | :---: |
|  |  |
| Natural sources <br> Radon <br> Cosmic <br> Terrestrial <br> In vivo | 200 |
| Nuclear Fuel Cycle | 27 |
| Consumer Products |  |
| Domestic water supply <br> Building materials <br> Other | 28 |
| Medical | 29 |

report (NAS 1980), risk coefficients vary considerably depending on the age and sex of the exposed individual. Furthermore, the calculated risk to an individual exposed to low levels of ionizing radiation depends highly on the models chosen to extrapolate from the data on Hiroshima and Nagasaki, where excess deaths were observed only at relatively high doses delivered over a very short period of time.

More recently, both the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) and the Committee on the Biological Effects of Ionizing Radiations (BEIR) provided risk estimates based on a reassessment of the atomic bomb dosimetry as well as extended followups of the survivor data (UNSCEAR 1988, NAS 1990). In general, the associated risk estimates range from approximately $5 \times 10^{-4}$ per rem to $1 \times 10^{-3}$ per rem, depending on the age, sex, and risk projection model used; these estimates are based on acute exposures of at least 10 rem ( 100 mSv ). For low doses and dose rates, both UNSCEAR and BEIR recognized the need to reduce these risk estimates by applying a dose rate effectiveness factor (DREF) of at least 2 to these values.

Figure 7.1 shows the estimated incidence of fatal cancers and the total numbers of person-years of life lost based on the whole-body ionizing radiation doses received at DOE facilities in 1991. These hypothetical data are based on age- and sex-specific risk equations provided in the BEIR V report (NAS 1990) and life table calculations as described by Bunger, Cook, and Barrick (1981) and Merwin, Traub, and Faust (1990).

3 Number of Deaths (Maximum Estimate)

- Years of Life Lost (Maximum Estimate)


FIGURE 7.1. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received at DOE Facilities by Age Group in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)

The values were calculated directly from the BEIR $V$ risk equations and the doses received by employees and visitors at DOE facilities in 1989. Applying a DREF to these values would be appropriate (NAS 1990; UNSCEAR 1988) and would reduce the values by a factor of two or more. Furthermore, the BEIR V risk estimates were based on studies of individuals who received high doses. Consequently, the actual number of deaths and years of life lost from doses received at DOE
facilities may be zero. Figures 7.2 and 7.3 show the risk distribution by age range and sex. Because of their higher average dose, males in all age groups had higher risk values than females. Males between the ages of 30 and 44 had the highest estimated risk values.

Figures $7.4,7.5$, and 7.6 show risk values by facility type for all DOE/DOE employees, male emplyees, and female employees, respectively. The highest risk values were associated with weapons fabrication and testing facilities for male and female employees. The lowest risk values were obsrved at fusion research facilities. Similar risk trends were seen for male and female employees across all facility types.

Risk values are given by occupation type in Figures 7.7, 7.8, and 7.9. Again, the values for both sexes are shown followed by data for male and female employees. Technicians had the highest risk values for both sexes. Agriculture employees had the lowest values. Again, similar trends for both sex types were observed for all occupation types.

To put into perspective the calculated risks from ionizing radiation doses received at DOE facilities, it is important to review the risks associated with other activities. The primary purpose of this review is to indicate the effect of radiation doses received at DOE facilities on the health of workers relative to the effects of other hazards. Table 7.2 lists the estimated annual deaths per 100,000 persons in the U.S. population for various hazards.

As indicated in Table 7.2, reducing radiation doses at DOE facilities is only one way to improve the health of workers. Other effective methods may include anti-smoking campaigns, increased safety awareness, and the promotion of safe driving practices. Radiation doses received at DOE facilities do not significantly reduce the overall health or life expectancy of workers relative to the other risks encountered both in the workplace and as a part of everyday life.

T Number of Deaths (Maximum Estimate)
Years of Life Lost (Maximum Estimate)


FIGURE 7.2. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received at DOE Facilities by Age Group for Male Employees in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)

Q Number of Deaths (Maximum Estimate)
Years of Life Lost (Maximum Estimate)


Years of Life Lost

FIGURE 7.3. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received at DOE Facilities by Age Group for Female Employees in 1991(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)


Facility

FIGURE 7.4. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses at DOE Facilities for All Employees in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)


FIGURE 7.5. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses at DOE Facilities for Male Employees in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)
$\square$ Number of Deaths (Maximum Estimate)
Years of Life Lost (Maximum Estimate)


Years of Life Lost

Facility
FIGURE 7.6. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received at DOE Facilities for Female Employees in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)


FIGURE 7.7. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received by Occupation Group (all employees) at DOE Facilities in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)
Number of Deaths (Maximum Estimate) T Years of Life Lost (Maximum Estimate)


FIGURE 7.8. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received by Occupation Group (male employees) at DOE Facilities in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)


FIGURE 7.9. Estimated Maximum Number of Total Deaths and Years of Life Lost from Radiation Doses Received by Occupation Group (female employees) at DOE Facilities in 1991-(The values indicated are maximum estimates; the actual values may be zero. See text for explanation.)

TABLE 7.2. Estimated Annual Fatality Rates in the U.S. Attributable to Various Causes ${ }^{\left({ }^{(2)}\right.}$

Cause

## Annual Number of Deaths

per 100,000 People or Workers
General Population
All causes ..... 882
Heart disease ..... 311
Cancer, all types ..... 197
Lung cancer ..... 56
Leukemia ..... 7
Other cancer types ..... 4
Accidents, all types ..... 40
Motor vehicle accidents ..... 20
Other accidents ..... 20
Human Immunodeficiency Virus Infection ..... 7
Other causes ..... 327
Occupational
Industrial injuries and illnesses ..... $4.8^{(b)}$
Highway vehicles ..... 1.6
Industrial vehicles or equipment ..... 0.4
Falls ..... 0.4
Heart attacks ..... 0.3
Electrocutions ..... 0.3
Caught between objects other than vehicles ..... 0.3
or equipment
Assaults ..... 0.3
Aircraft crashes ..... 0.2
Struck by objects other than vehicles ..... 0.2
or equipment
Explosions ..... 0.2
Gas inhalation ..... 0.1
Fires ..... 0.1
Plant machinery operations ..... 0.1
All other (including contact with carcinogenicor toxic substances, drowning, trainaccidents, and various occupational illnesses)
Estimated cancer fatalities from radiation doses$\begin{array}{ll}\text { received at DOE facilities } & 1.9^{\text {(c) }}\end{array}$
(a) Sources: General population data for the year 1988 from National Center for Health Statistics (1992); occupational data (except cancer fatalities from DOE radiation doses) for the years 1986 and 1987 from the Department of Labor (1989).
(b) Ranges from a low of 1.9 per 100,000 in the services industry to a high of 24 per 100,000 in the mining industry.
(c) Based on age- and sex-specific risk equations provided in the BEIR V report (NAS 1990). These equations were based primarily on the Japanese atomic-bomb survivor data, which represented acute exposures. The BEIR V committee recognized the need to apply a dose rate effectiveness factor for chronic exposures, which would reduce the risk estimate provided in the table by a factor of at least two. Value indicates deaths per 100,000 DOE workers.

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## APPENDIX A

## DISTRIBUTION OF ANNUAL TOTAL EFFECTIVE DOSE EQUIVALENT BY FACILITY TYPE FOR EACH FIELD ORGANIZATION, 1991


(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
A. 1
TABLE A. 2
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(a)}$

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
A. 2
TABLE A. 3
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(\text {a) }}$

TABLE A． 4 （a）
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(\text {a })}$ Idaho Operations
Dose－Equivalent Ranges（rem）

| LLI |  | $\square \mathcal{L}$ | GI | 92 | $8 \varepsilon$ | $\varsigma \mathcal{L}$ | $0 \varepsilon$ |  | mad－uosded le7ol |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $200^{\circ} \mathrm{L}$ | 92 | LI | 26 | 90 I | 602 | $\varepsilon<8$ | 62I＇9 | suosied lefol |
|  | $\varepsilon$ |  |  |  |  |  |  | $\varepsilon$ | sas！tto 300 |
| ¢ | E6I | LI | G | 02 | 02 | 92 | โ6 | わI | S107！s！＾ |
| 22 | $899{ }^{\prime} 2$ | I | 2 |  | G | OG | $20 \varepsilon$ | $80 \varepsilon^{\prime} 2$ | 12470 |
| I | 622 |  |  |  |  | I | 12 | 202 |  |
| $\dagger$ | OGL |  | I | I |  | 6 | $\angle \square$ | 269 | ［eлauas＇youeasay |
| $\varepsilon \varepsilon$ | £86 | I | $\dagger$ | $\dagger$ | 92 | โ9 | 9bl | 切 | doforey |
| 2 | $0 \varepsilon 2$ |  |  |  |  | 2 |  | ヤLI | quoddns pue＇quew |
| 19 | ISE＇2 | L | G | LI | GS | 09 | 212 | S66＊ | Guissooodd lony |
| $\begin{aligned} & \text { wal } \\ & \text {-uosiad } \\ & \text { Leqol } \end{aligned}$ | $\begin{aligned} & \text { suosiad } O T<0 T-6 \text { 6-8 8-L L-9 9-G S-b } t-\varepsilon \varepsilon-2 \\ & \text { โełol } \\ & \text { (wəл) səbue } \end{aligned}$ | 2－I | 00 $-G L$ Le＾ | $\begin{array}{r} \mathrm{GL} \\ -0 \mathrm{~S} . \\ \mathrm{b} 3-2 \mathrm{~S} \end{array}$ | －GS | $\begin{array}{r} \mathrm{G} \\ -01 \end{array}$ | $\begin{array}{r} 0 I \\ -5 E \end{array}$ | －seaw | adk $\kappa_{1}$ |

（a）Throughout this report there may be minor variations in collective dose－equivalent values because of rounding．
TABLE A. 5
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(\text {a) }}$

TABLE A. 7
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(\text {a) }}$

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
TABLE A. 8
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(a)}$

TABLE A. 9
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(\text {a) })}$

| Facility Type | < Meas. | $\begin{aligned} & \text { Meas. } \\ & <.10 \end{aligned}$ | $\begin{aligned} & -0.10- \\ & 0.25 \end{aligned}$ | $\begin{aligned} & 0.25- \\ & 0.50 \end{aligned}$ | $\begin{aligned} & 0.50- \\ & 0.75 \end{aligned}$ | $\begin{aligned} & 0.75- \\ & 1.00 \end{aligned}$ | 1-2 | 2-3 | 3-4 | 4-5 | 5-6 | 6-7 | 7-8 | 8-9 | 9-10 | >10 | Total Persons | $\begin{aligned} & \text { Total } \\ & \text { Person- } \\ & \text { rem } \end{aligned}$ rem |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Weapons Fab. \& Test. | 615 | 4,772 | 1,309 | 480 | 115 | 60 | 68 | 16 | 8 | 6 |  | 1 |  | 1 |  | 1 | 7,452 | 885 |
| Visitors | 100 | 780 | 20 | 5 | 1 |  |  |  |  |  |  |  |  |  |  |  | 906 | 16 |
| Total Persons | 715 | 5,552 | 1,329 | 485 | 116 | 60 | 68 | 16 | 8 | 6 |  | 1 |  | 1 |  | 1 | 8,358 |  |
| Total Person-rem |  | 200 | 200 | 166 | 70 | 52 | 91 | 40 | 26 | 28 |  | 7 |  | 8 |  | 15 |  | 902 |

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
TABLE A. 10
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{\left({ }^{(a)}\right.}$

TABLE A． 11
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{\text {（a）}}$

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|  | E89＇22 | 2 | $\dagger$ | GI | 97 | IIE | IE6 | 280＇L | 26I＇カI | suosiad leqol |
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| 9 | \＆して＇し |  |  |  |  | 2 | G | $9 \angle 2$ | $0 \varepsilon 6$ | s．07！s！1 |
| 89 | $\varepsilon 18 * \triangleright$ |  |  | I | 9 | 99 | $\angle I I$ | ャ9て＇โ | $69 \varepsilon^{\prime} \varepsilon$ | 12470 |
| 9 | 269 |  |  |  |  | $\varepsilon$ | $\varepsilon \tau$ | 821 | $8 カ 7$ | －7sol 8 ＇qey suodeam |
| $8 \varepsilon$ | $99 Z^{\prime}$ I |  |  | $\tau$ | $\downarrow$ | 82 | I6 | 08\＆ | ISL | quamaбeueW／• soud afsem |
| OI | GLI＇I |  |  | โ |  | 9 | 91 | 792 | 888 | 1e」auag＇youeasay |
| I2 | 000＇I |  |  |  |  |  | $8 \varepsilon$ | $\varepsilon ¢ 9$ | 602 | 1070eay |
| 281 | L6I＇6 | 2 | 2 | 2 | 6 | S6 | $96 \varepsilon$ | $\varepsilon \varsigma \chi^{\prime} \varepsilon$ | 8\＆カ＇G | quoddns pue 7 lu （eW |
| 821 | $909^{*} 2$ |  | 2 | 6 | $\angle 2$ | III | ฤ¢ | L6L | $90 \varepsilon^{\prime}$ I |  |
| $\begin{gathered} \text { wad } \\ - \text { uosuad } \\ \text { Lełol } \end{gathered}$ |  |  |  | 00 $-G L$ |  | $\begin{array}{r} 0 S^{\circ} 0 \\ -S Z \cdot 0 \end{array}$ | $\begin{array}{r} \mathrm{S} 2 \\ -01 \end{array}$ | $\begin{gathered} \text { OI } \quad> \\ - \text { seaw } \end{gathered}$ | －seak | $\operatorname{ad} K_{\perp} \times 7!1!0 \int^{\prime}$ |

（a）Throughout this report there may be minor variations in collective dose－equivalent values because of rounding．

A． 11
TABLE A. 12
Distribution of Annual Total Effective Dose Equivalent by Facility Type ${ }^{(a)}$

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
A. 12

## APPENDIX B

# DISTRIBUTION OF ANNUAL TOTAL EFFECTIVE DOSE EQUIVALENT BY CONTRACTOR, 1991 

TABLE B. 1
Distribution of Annual Total Effective Dose Equivalent by Contractor $\left.{ }^{\left({ }^{(2)}\right.}\right)$ Albuquerque Operations

B. 1
TABLE B. 1 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{\text {(a) }}$
Albuquerque Operations
1991


> TABLE B. 1 (continued) Distribution of Annual Total Effective Dose Equiva

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
Dose－Equivalent Ranges（rem）


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|  |
|  |


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## TABLE B． 2 <br> Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{\left({ }^{(a)}\right.}$ Chicago Operations 1991

$\begin{array}{llllllllllllllllllll}\text { Meas．－} & 0.10- & 0.25- & 0.50- & 0.75- \\ <.10 & 0.25 & 0.50 & 0.75 & 1.00 & 1-2 & 2-3 & 3-4 & 4-5 & 5-6 & 6-7 & 7-8 & 8-9 & 9-10 & >10\end{array}$

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のロ：ロ －－－$-\cdots$ －－－ －－－ －－ －－ － －－－－ $\square$ －


TABLE B. 3
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$
$\stackrel{\overparen{5}}{\stackrel{1}{0}}$

| Contractor | < Meas. | $\begin{gathered} \text { Meas. } \\ <.10 \end{gathered}$ | $\begin{aligned} & 0.10- \\ & 0.25 \end{aligned}$ | $\begin{aligned} & 0.25- \\ & 0.50 \end{aligned}$ | $\begin{aligned} & 0.50- \\ & 0.75 \end{aligned}$ | $\begin{aligned} & 0.75- \\ & 1.00 \end{aligned}$ | 1-2 | 2-3 | 3-4 | 4-5 | 5-6 | 6-7 |  | 8-9 | 9-10 | >10 | Total Persons | Personrem |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DOE Office Subs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employees Visitors | 94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94 |  |
| Total | 94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94 |  |
| DOE Headquarters |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 94 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94 |  |

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.
TABLE B. 4
Distribution of Annual Total Effetive Dose Equivalent by Contractor $\left.{ }^{\left({ }^{(a)}\right.}\right)$ Idaho Operations
1991

TABLE B. 4 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(\text {a) })}$
Idaho Operations
1991

TABLE B. 5
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$ Nevada Operations
Dose-Equivalent Ranges (rem)

TABLE B. 5 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(\text {a) }}$
Nevada Operations
1991

TABLE B. 5 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{\left({ }^{(a)}\right)}$ Nevada Operations
Dose-Equivalent Ranges (rem)

| Contractor | < Meas. | $\begin{aligned} & \text { Meas.- } \\ & <.10 \end{aligned}$ | $\begin{aligned} & 0.10- \\ & 0.25 \end{aligned}$ | $\begin{aligned} & 0.25- \\ & 0.50 \end{aligned}$ | $\begin{aligned} & 0.50- \\ & 0.75 \end{aligned}$ | $\begin{aligned} & 0.75- \\ & 1.00 \end{aligned}$ | 1-2 | 2-3 | 3-4 | 4-5 | 5-6 | 6-7 | 7-8 | 8-9 | 9-10 | >10 | Total Persons | Total Personrem |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Science Applications Employees Visitors | Internt'1 $22$ | $\mathrm{Corp}_{1}^{-}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 23 |  |
| Total | 22 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 23 |  |
| Nevada Operations Total | 1,061 | 26 | 12 | 1 |  |  |  |  |  |  |  |  |  |  |  |  | 1.100 | 3 |

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.

## TABLE B. 6 (a)

Distribution of Annual Total Effective Dose Equivalent by Contractor

B. 12
TABLE B. 6 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$

TABLE B. 7
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(\mathbf{a})}$ Pittsburgh N.R. Office

TABLE B. 8
Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$ Richland Operations
1991


| Contractor | < Meas. | Meas.- $<.10$ | $\begin{aligned} & 0.10- \\ & 0.25 \end{aligned}$ | $\begin{aligned} & 0.25- \\ & 0.50 \end{aligned}$ | $\begin{aligned} & 0.50- \\ & 0.75 \end{aligned}$ | $\begin{aligned} & 0.75- \\ & 1.00 \end{aligned}$ | 1-2 | 2-3 | 3-4 |  | 5-6 | 6-7 |  |  | 9-10 |  | Total <br> Persons | Total Personrem |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Battelle Memorial Institute (PNL) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employees | 916 | 478 | 58 | 27 | 15 | 9 | 5 |  |  |  |  |  |  |  |  |  | 1,508 | 53 |
| Visitors |  | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 5 |  |
| Total | 916 | 483 | 58 | 27 | 15 | 9 | 5 |  |  |  |  |  |  |  |  |  | 1,513 | 53 |
| $\begin{array}{ccc}\text { Hanford Environmental Health Foundation } \\ \text { Employees } & 44 \\ \text { Vis }\end{array}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Visitors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 44 | 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 58 |  |
| Kaiser Engineers Hanford - Cost Const |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employees | 759 | 279 | 44 | 21 | 12 | 8 | 12 |  |  |  |  |  |  |  |  |  | 1,135 | 52 |
| Visitors |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |
| Total | 759 | 281 | 44 | 21 | 12 | 8 | 12 |  |  |  |  |  |  |  |  |  | 1,137 | 52 |
| Westinghouse Hanford Service Subs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employees |  | 23 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 151 | 1 |
| Visitors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total | 127 | 23 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 151 | 1 |
| Westinghouse Hanford Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employees | 4,294 | 1,558 | 255 | 147 | 23 | 9 | 7 | 3 |  |  |  |  |  |  |  |  | 6,296 | 168 |
| Visitors |  | 5 | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 | 1 |
| Total | 4,294 | 1,563 | 258 | 147 | 23 | 9 | 7 | 3 |  |  |  |  |  |  |  |  | 6,304 | 168 |
| Richland Operations Total | 6,140 | 2,364 | 361 | 195 | 50 | 26 | 24 | 3 |  |  |  |  |  |  |  |  | 9,163 | 274 |

(a) Throughout this report there may be minor variatibns in collective dose-equivalent values because of rounding.
TABLE B. 9 (a) Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$

(a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.

## TABLE B. 10 Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(\text {a) }}$


TABLE B. 10 (continued)
Distribution of Annual Total Effective Dose Equivalent by Contractor

 ----- ----- ----- --- --- --- Meas. ---------------------------

| Lawrence Livermore National Laboratory | 9 | 5 | 7 | 1 | 8,602 | 43 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |


|  |  |
| :---: | :---: |
|  |  |

$\stackrel{m}{ }$ --2 -------1

30 | 1 |
| :--- |
| 18 | 77 (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.

> TABLE B. 11
> Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$ Savannah River Operations

 Contractor
 $\stackrel{\bullet}{\sim}$ $\infty$
$\sim$
10 6

にூの | $\infty$ | $\sim$ |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  | $\infty$ |

 $\begin{array}{rr}20 & \\ -------- \\ 75 & 297\end{array}$ 8St ZSI‘2

[^6]
## TABLE B. 12

Distribution of Annual Total Effective Dose Equivalent by Contractor ${ }^{(a)}$ Schenectady N.R. Office
1991
Dose-Equivalent Ranges (rem) LR701 $\begin{array}{lllllll} & \text { Meas.- } & 0.10- & 0.25- & 0.50- & 0.75- \\ \text { < Meas. } & <.10 & 0.25 & 0.50 & 0.75 & 1.00\end{array}$ Person-
re----
ค Total
Persons
------
801
$\angle 99$ SLL 902 : 6
 i
ก్ల ©
 SI6
금 It n
กํㅡㅁ
 ${ }^{\circ}$ $\varepsilon \varepsilon 乙$ (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding. Schenectady N.R. Office
Total Employees Employees
Visitors Total GE-KAPL - Knolls Subs Employees
Visitors
 144
28 $\stackrel{\infty}{\sim}$ 260
> $20 L^{\circ} 2$

## APPENDIX C

DISTRIBUTION OF ANNUAL TOTAL EFFECTIVE DOSE EQUIVALENT FOR DOE EMPLOYEES AND VISITORS BY DOE ORGANIZATION, 1991
TABLE C. 1
Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)}$
C. 1
TABLE C. 1 (continued)
Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)} 1991$

C. 2
TABLE C. 1 (continued)
Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)}$

TABLE C. 1 (continued)
TABLE C. 1 (continued) $\quad$ Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)}$

TABLE C. 1 (continued)
Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)}$ 1991

TABLE C. 1 (continued)
Distribution of Annual Total Effective Dose Equivalent for DOE Employees and Visitors by DOE Organization ${ }^{(a)}$
1991

 Savannah River Field 0 ffice
$\begin{aligned} & \text { Employees }\end{aligned}$

Visitors $\quad$ 301 $\begin{aligned} & \text { Schenectady N.R. Office } \\ & \begin{array}{l}\text { Employees }\end{array} \\ & \text { Visitors }\end{aligned}$

Total

Schenectady N.R. Office
$\begin{aligned} & \text { Total }\end{aligned}$

[^7]
[^0]:    ${ }^{(a)}$ Idaho National Engineering Laboratory Idaho Falls, Idaho 83415

[^1]:    Paul J. Seligman, M.D., M.P.H. Acting Deputy Assistant Secretary for Health

[^2]:    (b) Separation of data before 1974 is unavailable. (c) Data for total effective dose equivalent.

[^3]:    (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding. (b) The data may differ slightly from previous reports due to revisions received after publication.
    (c) Effective 1/1/90, Rocky Flats Operations was designated as a separate DOE field organization. Accordingly, all current data and identified separately.

[^4]:    and (b) Beginning 1987, three facility categories were added to those listed in the table: maintenance and support, fusion research, and
    waste processing/management. For this table, these facility categories are included in the "other" category for $1987-1989$.
    (c) Total effective dose equivalent for 1990 . All other data in this table describe whole-body penetrating dose exposure. (c) Total effective dose equivalent for 1990 . All other data in this table describe whole-body penetrating dose exposure. (c) Total effective dose equivalent for 1990 . All other data in this table describe whole-body penetrating dose exposure.
    (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding
    (b) Beginning 1987, three facility categories were added to those listed in the table: maintenance and support,

[^5]:    (a) rem values pertain to a single exposure except for the value for the whole-body, which pertains to a single or annual cumulated exposure.
    (b) rem values pertain to doses accumulated in one quarter.

[^6]:    (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding.

[^7]:    (a) Throughout this report there may be minor variations in collective dose-equivalent values because of rounding

