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3 **ADVISORY**  
4 **COUNCIL ON**  
5 **RADIATION**  
6 **PROTECTION**  
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12 Bureau of Radiation Control  
13 Hyatt Regency International Airport Hotel  
14 Marisel Conference Room  
15 Orlando, Florida  
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18  
19 Tuesday, October 6, 2015

20 10 a.m. - 3:15 p.m  
21

22  
23 Reported by

24 Rita G. Meyer, RDR, CRR, CBC, CCP  
25 Realtime Reporter and Notary Public  
State of Florida at Large

1 ADVISORY COUNCIL MEMBERS PRESENT:

2 Mark S. Seddon, Vice-Chairman, MP, DABR, DABMP

3 Armand Cognaetta, M.D.

4 Patricia M. Dycus, BS, RRA(R) (M), RDMS

5 Kathleen Drotar, M.Ed., RT. (R) (N) (T)

6 Chantel Corbett, AS, CNMT, RT(N), RSO

7 Efstratios D. Lagoutaris, D.P.M.

8 Rebecca Coffey McFadden, RT(R)

9 Brian Kent Birky, Ph.D.

10 Mary Bridget Hart, M.D., ABIM, ABNM

11 Paul Burress, CHP

12 William W. Atherton, DC, DACBR, CCSP

13 Timothy R. Williams, M.D.

14 Matthew Walser, PA-C, ATC

15 DEPARTMENT OF HEALTH STAFF

16 Cindy Becker, Bureau of Radiation Control

17 James Futch, Bureau of Radiation Control

18 Brenda Andrews, Bureau of Radiation Control

19 Yvette Forrest, Bureau of Radiation Control

20 John Williamson, Bureau of Radiation Control

21 Jerry Bai, Bureau of Radiation Control

22 Charles Hamilton, Bureau of Radiation Control

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22  
23  
24  
25

A G E N D A

PAGE

Welcome and Introductions .....4

Approval of May 12, 2015 Minutes .....5

New Member Introductions .....6

Bureau Presentations: Bureau/Division Update .....15

Bureau Presentations: Inspections .....25

Bureau Presentations: Environmental .....43

Bureau Presentations: X-ray Machines .....65

Bureau Presentations: Radioactive Materials .....83

Bureau Presentations: Technologist & CE Program ...114

MQA Update .....118

Old Business .....149

Next Meeting .....149

Adjourn .....160

Certificate of Reporter .....162

1           MARK SEDDON (Vice-Chairman): I guess we'll go  
2 ahead and get started.

3           Welcome to Orlando. This is the Advisory  
4 Council on Radiation Protection. We're still  
5 waiting on Dr. Hart and Patty. I believe they are  
6 on their way.

7           So we'll go ahead and go around the room and  
8 make introductions.

9           I guess we'll start down -- Dr. Williams?

10          DR. TIMOTHY WILLIAMS: Tim Williams, radiation  
11 oncologist, Boca Raton.

12          DR. WILLIAM ATHERTON: Bill Atherton,  
13 chiropractor, Miami.

14          JERRY BAI: Jerry Bai, Bureau of Radiation  
15 Control, Field Operations.

16          DR. ARMAND COGNETTA: Armand Cagnetta,  
17 dermatologist, Tallahassee.

18          REBECCA McFADDEN: I'm Becky McFadden, PACS  
19 administrator, radiology technologist from Ocala,  
20 Florida.

21          PAUL BURRESS: Paul Burress, health physicist,  
22 Tallahassee.

23          MATTHEW WALSER: Matt Walser. I'm a physician  
24 assistant, orthopedics, Gainesville, Florida at  
25 the University of Florida.

1           BRENDA ANDREWS: Brenda Andrews, Radiation  
2 Control.

3           JAMES FUTCH: James Futch, Bureau of Radiation  
4 Control.

5           MARK SEDDON (Vice-Chairman): Mark Seddon,  
6 medical physicist from Orlando, Florida Hospital.

7           CINDY BECKER: Cindy Becker, Bureau of  
8 Radiation Control.

9           CHARLES HAMILTON: Charlie Hamilton, Bureau of  
10 Radiation Control, Radioactive Materials Section.

11          GAIL CURRY: Gail Curry, Department of Health,  
12 Medical Quality Assurance, Tallahassee.

13          CHANTEL CORBETT: Chantel Corbett, Fusion  
14 Physics, nuclear medicine technologist out of Tampa.

15          YVETTE FORREST: Yvette Forrest, Bureau of  
16 Radiation Control, Radiation Machine Section.

17          KATHLEEN DROTAR: Kathy Drotar, radiology,  
18 therapy member and I'm from Keiser University in  
19 Sarasota.

20          DR. BRIAN BIRKY: Brian Birky, Florida  
21 Industrial and Phosphate Research Institute out of  
22 Bartow.

23          DR. EFSTRATIOS LAGOUTARIS: Efstratios  
24 Lagoutaris, podiatrist, Jax Beach, Florida.

25          MARK SEDDON (Vice-Chairman): Thank you. I

1           guess we'll go ahead and do the approval of the  
2           minutes from the last meeting from May 12th. I  
3           believe Brenda e-mailed those out to everyone over  
4           the summer.

5           BRENDA ANDREWS: Yes.

6           MARK SEDDON (Vice-Chairman): And everyone  
7           received a copy? Do we have any comments on the  
8           minutes from the previous meeting?

9           (No Response)

10          MARK SEDDON (Vice-Chairman): I'd like a motion  
11          to approve the minutes.

12          DR. TIMOTHY WILLIAMS: Move to approve.

13          CINDY BECKER: Second.

14          MARK SEDDON (Vice-Chairman): All in favor?

15          ALL: Aye.

16          MARK SEDDON (Vice-Chairman): Any nays?

17          (No Response)

18          MARK SEDDON (Vice-Chairman): No nays. All  
19          right. The minutes are approved.

20                 I believe we have four -- three currently  
21                 here -- four new members. James will go ahead and  
22                 introduce them.

23                 JAMES FUTCH: I wanted to thank all of you, the  
24                 new folks, for being here and making it through our  
25                 extended process.

1 (Dr. Hart enters the conference room)

2 JAMES FUTCH: As you know, the Surgeon General,  
3 in the last appointment period, changed the  
4 guidelines somewhat and it became a little more  
5 in-depth a process for every term, not just the  
6 initial terms. So we do what we usually do, went to  
7 the societies and associations; asked for  
8 nominations and very happy, we've got great  
9 cooperation from the societies and associations.  
10 And I think we have some really wonderful candidates  
11 this time. And again, I just wanted to thank you.

12 I'll let Dr. Hart settle in.

13 That was the second test, was trying to figure  
14 out how to get into the building from the  
15 superhighway that circles the airport terminal.

16 DR. MARY HART: Yeah.

17 JAMES FUTCH: So we've just gone around the  
18 room and done introductions and if you're ready, if  
19 you'd like --

20 DR. MARY HART: I'm settled, yes. So I'm Mary  
21 Hart. Dr. Hart. I've been in nuclear medicine for  
22 twenty-six years. I'm an internist as well.

23 I'm currently the Chief of Nuclear Medicine at  
24 the Bay Pines VA and I've been there two years. I  
25 have ten years military service.

1 I've practiced at MD Anderson and a few other  
2 places and I've always been the Chairman of the  
3 Radiation Protection, the Radiation Safety Committee  
4 for many years. And I've always been a real  
5 champion for lowering radiation doses. I've worked  
6 with pediatrics a lot in the past. Obviously, I'm  
7 on the other spectrum of life now with veterans,  
8 but -- so I'm very happy to be here and I've worked  
9 with quality for a long time, since I was in the  
10 military, actually, so I'm thrilled to be a part of  
11 this. Interesting. Thank you.

12 JAMES FUTCH: Glad to have you. I would just  
13 spend a few moments for the newest folks.

14 Becky McFadden -- I will fill in a little bit.  
15 If I get it wrong, jump right in. You're with  
16 Monroe?

17 REBECCA McFADDEN: Monroe Regional Medical  
18 Center.

19 JAMES FUTCH: That's in Ocala, right?

20 REBECCA McFADDEN: Yes.

21 JAMES FUTCH: And as I remember from the phone  
22 calls, you're a PACS administrator at this point,  
23 which is --

24 REBECCA McFADDEN: That is correct.

25 JAMES FUTCH: -- that was very interesting,

1 finding out all the information you have at your  
2 disposal --

3 REBECCA McFADDEN: Right.

4 JAMES FUTCH: -- from all the stuff that comes  
5 through.

6 For Dr. Birky, you mentioned FIPR. I'm not  
7 sure if everyone understands what FIPR is or your  
8 international dealings. If you'd take a moment  
9 to --

10 DR. BRIAN BIRKY: I'm not sure I understand  
11 what FIPR is, either.

12 (Laughter)

13 DR. BRIAN BIRKY: We were an independent state  
14 agency and we were established thirty-seven years  
15 ago. And in 2010, we were moved from being attached  
16 to the University of South Florida to being within  
17 the University of South Florida, which is a totally  
18 different thing.

19 And then when the whole rearrangements took  
20 place to form Florida Polytechnic University, we  
21 were moved within that university. So now we're an  
22 institute within a very small and new university in  
23 the state system. That's a huge difference for us.

24 Mainly, what we have been doing in the past is  
25 phosphate industry research and the research that

1 affects all the stakeholders, not just the  
2 technology for the industry, but the environmental  
3 people, public health. That's why I came in to the  
4 public environmental health.

5 JAMES FUTCH: Thank you. Chantal is a part of  
6 the newest group, but actually has one whole  
7 meeting, right, under your belt?

8 MS. CORBETT: Yep.

9 JAMES FUTCH: And Chantel and I think actually  
10 met several years back. Probably at a Florida  
11 nuclear medicine technologist meeting in Orlando or  
12 Kissimmee I guess.

13 MS. CORBETT: Yes.

14 JAMES FUTCH: I was actually very impressed.  
15 They invited me to talk. I'm like, okay. We'll see  
16 how you like this. We were talking about the new  
17 types of technologists that you had approved a few  
18 years back. And that's a very active group.

19 MS. CORBETT: Yes.

20 JAMES FUTCH: Your vendors, I see a lot of the  
21 societies, HPS, AAPN around the state and FNMT is a  
22 very robust, very active group.

23 MS. CORBETT: Yes. FNMT, we usually have an  
24 average of 350 members attend at the annual meeting.  
25 So the Southeastern Chapter Society of the nuclear

1 med usually attends about 125. So they are usually  
2 very impressed with the Florida chapter because  
3 we're a very active chapter.

4 JAMES FUTCH: Yeah. Speaking of a number of  
5 Florida Health Physics Society for a number of  
6 years, we'd kill to have 350 members, not just 350  
7 people attend an actual meeting. That would be  
8 pretty good.

9 And one more person was Matthew? And I just  
10 wanted to say -- we've got a spot over here, John.

11 (Mr. Williamson enters the conference room)

12 JAMES FUTCH: Matthew, we've saved the best for  
13 last. You kind of glossed over the important part  
14 of your resume.

15 Would you like to tell them what you do for the  
16 University of Florida on the athletic side?

17 MATTHEW WALSER: Yes. So I'm a physician  
18 assistant. I work in the orthopedics department at  
19 UF. I've been there for almost nine-and-a-half  
20 years now.

21 Before I did that, my former life I was an  
22 athletic trainer. I was an associate head football  
23 athletic trainer for the University of Florida. I  
24 decided that -- I was just telling Paul earlier that  
25 I decided fifteen years ago or so, twelve years ago

1 that I didn't want to get on to a bus on Friday  
2 nights before football games with a bunch of 18 to  
3 22-year-old thugs when I was 60, so I decided go  
4 back to PA school. And so since that time, I still  
5 work with all our athletic teams at UF, just in a  
6 broader sense. I'm no longer there day-to-day, but  
7 I do cover many different athletic events. I'm  
8 there for all the home football games on the  
9 sidelines.

10 I work more as a medical operations guy for  
11 football on the Saturdays in Gainesville. If  
12 somebody needs an x-ray or MRI or any other medical  
13 service, home - home team - or away, you know, I'm  
14 kind of the go-to guy. So that's what I do on  
15 Saturdays. Don't look for me because I'm one of  
16 90,000 people there. But you may see me, if  
17 somebody does go down on the field, I walk out on to  
18 the field out to the numbers on the visitor's side.  
19 So that's my role there.

20 I also teach an Intro to Radiation class for  
21 our PT school at UF. It's my own class. From May  
22 until December. It's usually about fifteen lectures  
23 and I just give them kind of the introductions to  
24 radiology. And it's a very broad-based foundation  
25 for them to gain knowledge in radiographs. They

1 have direct access, once they graduate as DPTs, any  
2 patient, apparently, can go in and see them like a  
3 physician, and they can order an x-ray or an MRI.  
4 So, you know, they need to make sure it's part of  
5 their curriculum to get some basic knowledge. I've  
6 been doing that for about six years now.

7 JAMES FUTCH: And you'll notice that we sat the  
8 University of Florida employee right next to the  
9 Florida State University employee.

10 MATTHEW WALSER: We've already agreed to  
11 disagree.

12 JAMES FUTCH: And at half time, I mean  
13 lunchtime, we're going to bring the balls in, set  
14 them in the middle of the room. Just kidding.

15 By the way, way to go on Saturday. Not that  
16 you personally did anything with it, but I think  
17 Mississippi left the state with a tail between their  
18 legs. Hopefully there's no Old Miss grads in here.

19 Back to Becky --

20 REBECCA McFADDEN: Yes.

21 JAMES FUTCH: -- Monroe. Tell us a little bit  
22 more about what's going on because you're right down  
23 the road from Matthew, basically.

24 REBECCA McFADDEN: Right. Well, basically, I  
25 serve at Monroe as the PACS administrator. I'm also

1 one of the managers in radiology.

2 I've been serving on the advisory board for the  
3 CTAE radiology program for the past ten years. And  
4 I also serve on our Radiation Safety Committee for  
5 the hospital.

6 So I'm one of those PACS administrators who's  
7 engaged in the radiology department rather than in  
8 the IT side of it. So it opens me up to a lot of  
9 different areas within the department, as well as  
10 the radiation safety and keeping the school and  
11 everything intertwined with our facility.

12 So by doing that, I, you know, I do get to get  
13 out of the office quite a bit because I'm also doing  
14 Leadership Ocala, and I think that's what you're  
15 really interested in. I'm part of that. I think  
16 they have Leadership Gainesville as well.

17 But that group of people, it's from various  
18 different types of businesses. So in my profession,  
19 I know a lot of health care workers, but by being in  
20 part of the Leadership Ocala in Monroe supporting  
21 that, it gives me an opportunity to get out in the  
22 community with local businesses and other  
23 professionals who aren't necessarily in the health  
24 field, and kind of engage in conversation there and  
25 see where we fit in in the community as far as the

1 facility.

2 Monroe was owned by the county for many years  
3 and just this past year, we were acquired by  
4 Community Health System, which is now the largest  
5 health care system. So we're going through a little  
6 bit of a transition this past year. But things are  
7 looking really good. So it's a little bit about  
8 what I do there.

9 JAMES FUTCH: Thank you. We appreciate it.

10 REBECCA McFADDEN: Mm-hmm.

11 JAMES FUTCH: And John, since you're the only  
12 person in the room that hasn't introduced  
13 themselves.

14 JOHN WILLIAMSON: I don't know anyone else.

15 JAMES FUTCH: You've got to get here on time,  
16 man..

17 JOHN WILLIAMSON: John Williamson. I'm the  
18 administrator of the environmental group of the  
19 Bureau of Radiation Control.

20 JAMES FUTCH: And you'll be hearing a little  
21 bit from each of our administrators in just a little  
22 bit.

23 MARK SEDDON (Vice-Chairman): All right. I  
24 guess move on to the Bureau presentations.

25 All right. I believe Cindy is up first.

1 CINDY BECKER: Yep, I am up first.

2 Welcome. I'm glad we all get the chance to get  
3 together and I am really--I'm awed by everybody's  
4 -- the new members, the variety of things  
5 that you've done and you've accomplished that  
6 you're involved in. I think that's really going to  
7 contribute to the group and I'm glad we're here.

8 And since we do have the new members here, I  
9 know some of you have been here many, many years and  
10 have heard what we do and know what we do, but I  
11 thought it would be a good time for each of us to  
12 kind of go over a little bit of what we do in each  
13 section of the Bureau. So I'm starting kind of with  
14 an overview and we'll try to be as quick as possible  
15 so we won't take up the whole meeting, but -- so I  
16 will start.

17 Let's see. As an overview, our division is  
18 made up of four bureaus, and we're one of those  
19 bureaus. The other three are the Emergency Medical  
20 Oversight, the Bureau of Preparedness and Response  
21 and Public Health Pharmacy. And we were put into  
22 this group about three years ago. Many of you might  
23 remember we started in the Division of Environmental  
24 Health. That division, during a re-org, got  
25 downsized to a bureau.

1           So there is a Bureau of Environmental Health,  
2 but that left us without a place to go. So this  
3 division is fairly new. It was made, like I said,  
4 about three years ago and it pulled these different  
5 bureaus together.

6           I kind of like the funny stuff of Godzilla, but  
7 in kind of little bit about the history of how we  
8 came about, of course, in 1954, Congress passed the  
9 Atomic Energy Act. And then the first Godzilla  
10 movie was also released.

11           JAMES FUTCH: No connection at all.

12           (Laughter)

13           CINDY BECKER: And we actually started over in  
14 Jacksonville in 1960. So there's a picture way back  
15 of the building, Board of Health.

16           And in 1964, then we had the first A bomb by  
17 China. Florida became the seventh agreement state  
18 with a formal signing ceremony.

19           We had the Statewide Emergency Network was  
20 established and the registration of x-ray machines  
21 began. Way to go, Yvette. You were around for  
22 that.

23           YVETTE FORREST: And we're still doing it now.

24           CINDY BECKER: I love this picture. Especially  
25 the clothes and the hairdo. But this is actually

1 some staff that we had back in the day, 1968, doing  
2 some sample testing at our environmental lab. And  
3 that building is still there.

4 JOHN WILLIAMSON: No, that's Jacksonville.

5 CINDY BECKER: Okay. This is 1971. This is  
6 one of our HPs monitoring our radiation levels. And  
7 this is near Cape Kennedy during one of the Apollo  
8 rocket launches. Love the hat. We don't wear hats  
9 anymore.

10 The section. We're now called Bureau Sections.  
11 We used to be called programs, but they decided to  
12 rearrange our titles, too so we now have five  
13 regulatory sections. We have Environmental  
14 Radiation Section, which John Williamson leads. We  
15 have the Technology Standards and Continuing  
16 Education. That would be James Futch. We have the  
17 Radioactive Materials section, which is Charlie  
18 Hamilton. The X-ray Machine section, that's Yvette,  
19 and the Non-ionizing Radiation is again James. And  
20 that's probably our smallest program. I don't talk  
21 too much about that. We try not to anyway.

22 The Bureau sections. We also administer eight  
23 operational programs within those sections, and that  
24 is emergency response, power plant surveillance, pre  
25 and post mining -- down in the Bartow area; low

1 level waste transportation.

2 We do radiochemistry; surveillance. We have,  
3 of course, our inspection program, which Jerry leads  
4 over there, and our training and quality assurance,  
5 which Jerry also is the administrator for that  
6 section.

7 And they are all going to talk a little bit  
8 more on these in depth. I'm trying to give a real  
9 brief overview.

10 JAMES FUTCH: Not the best choice of  
11 background.

12 CINDY BECKER: Color schemes there. Okay. You  
13 can't read all that, but the stars represent where  
14 we're located around the state; where our staff are  
15 located. And Jerry will talk a bit more about the  
16 telework situation that we have going on with staff,  
17 our inspection staff. So some of the stars  
18 represent those staff and others.

19 Our main offices are still, of course,  
20 Tallahassee has our administration and our  
21 radioactive material section and James and his  
22 staff.

23 And then over in Orange Park, which is a suburb  
24 of Jacksonville, is our x-ray machine registration  
25 program. And Orlando has our environmental section

1 there. And then the rest is a bit scattered as far  
2 as where our telework inspection staff are located.

3 We still have one county that works with us,  
4 and that's Polk County, imperial Polk County as they  
5 say. We have Tom McNally, who will be retiring in  
6 February. So it's kind of the last county holding  
7 out as a county program.

8 Broward County is still listed there saying  
9 Broward. It actually became a part of Miami, which  
10 Jerry may talk briefly about. That county gave up  
11 their program to us just a few months ago.

12 This is -- they will have org charts when they  
13 go into their sections, but this is how we're  
14 layered there. And of course, we're in the  
15 Emergency Preparedness Community Support Division,  
16 but it's under the department, the Deputy Secretary  
17 for Health under Department of Health.

18 And then it shows the field operations. It  
19 shows our five programs there.

20 And that already starts with Jerry's program.

21 Does anybody have any overall concerns or  
22 questions?

23 I did want to briefly mention that we did have  
24 an NRC, Nuclear Regulatory Commission Impact it's  
25 called. It was an audit of our program and that was

1 a few months back. They audit all the agreements of  
2 the programs. We're in agreement because NRC  
3 actually gives us all the reg materials to take care  
4 of all the licensees. So we do that for the NRC.  
5 There's thirty-seven states that do that instead of  
6 the NRC and we came out with flying colors on that.  
7 Every indicator that they looked at came out the  
8 highest rating, which was satisfactory. So we had  
9 that audit.

10 We also had internal audit for the first time  
11 of our x-ray program. And that's still in draft.  
12 We haven't seen the final report or I could've  
13 passed that out, but it's still in draft. So they  
14 looked at things like are you past due on x-ray  
15 inspections and, of course, yes, we are because  
16 we're down some staff.

17 One of the things I wanted to mention, which  
18 they will mention as well, is recently, July 1st  
19 actually, we had to downsize once again, as happens,  
20 across the state and, of course, the Department of  
21 Health did downsize quite a bit and we lost -- we  
22 used to have 100 FTE positions. We now have 92.5.  
23 So we've lost some inspection staff, some  
24 evaluators; some support staff. So we've had to  
25 kind of rearrange what we do and try to make up as

1 much as we can.

2 And that's all the changes I know right now.  
3 It's a bit quiet in Tallahassee. I'm hoping it  
4 stays that way.

5 JAMES FUTCH: The session is coming earlier  
6 this year.

7 CINDY BECKER: That's true. That is true.

8 JAMES FUTCH: Starts in January instead of two  
9 months later like they normally do. And also, we've  
10 got the Tallahassee activity, because  
11 reapportionment is still going on. Not that it  
12 affects us at all, but it does affect the town and  
13 the Legislature. So there, I think they are in  
14 session next week.

15 REBECCA McFADDEN: Can I ask a question with  
16 regards to audits?

17 CINDY BECKER: Sure.

18 REBECCA McFADDEN: You mentioned an internal  
19 audit and I may have missed this, but the other  
20 audit that you had, was that an internal audit or  
21 who would audit you as far as your registrations and  
22 different programs?

23 CINDY BECKER: Okay. The Nuclear Regulatory  
24 Commission is mainly concerned about radioactive  
25 materials, so they are going to be the auditor of

1 our reg materials and anything we do with them,  
2 which means our emergency response activities,  
3 somewhat with the lab functions, but mainly with how  
4 we evaluate our reg material licensees and how we  
5 inspect them and how we train our own staff; the  
6 competency of our staff and our licensing actions.  
7 That's done by the Nuclear Regulatory Commission  
8 every five years.

9 REBECCA McFADDEN: Okay.

10 CINDY BECKER: And that's a requirement with  
11 all states that have an agreement with NRC.

12 REBECCA McFADDEN: Okay.

13 CINDY BECKER: And the internal audit, we have  
14 an investigator with the General Counsel's office  
15 within the state government. They pick a program  
16 and every year or maybe two or three times a year,  
17 depending on how extensive the program is, and  
18 they audit the program. So that's the internal  
19 audit I was talking about.

20 They decided to focus only on the x-ray machine  
21 program since we had just had our audit of our  
22 radioactive materials program. And they had never  
23 audited our bureau at all. Ever. So it was our  
24 turn.

25 REBECCA McFADDEN: Okay. Thank you for

1 clarifying. I'm just -- you were saying you were  
2 audited. I wasn't sure who was actually doing the  
3 auditing.

4 CINDY BECKER: Right.

5 MARK SEDDON (Vice-Chairman): Does the CRCPD  
6 have any recommended standards for programs as far  
7 as staffing and things like that?

8 CINDY BECKER: The CRCBD won't get too much  
9 into that. The NRC does. Now, the NRC dictates,  
10 you know, how many staff you have to have for a  
11 competent reg materials program, but as far as the  
12 CRCBD, no, they're more of a guidance organization,  
13 not a regulatory. They do have committees that will  
14 suggest regulations, state regulations, and they  
15 will put out those suggested state regulations.

16 MARK SEDDON (Vice-Chairman): I've seen those.  
17 I was curious if they have any recommendations on  
18 this much equipment they will recommend this many  
19 inspectors, this much inspection team.

20 CINDY BECKER: No, I think it's because states  
21 are so unique. I mean, we do similar things, but we  
22 are unique and the type of medical community and  
23 industrial and academic communities that we have,  
24 so --

25 MARK SEDDON (Vice-Chairman): I guess Jerry?

1           JERRY BAI: Okay. Before I jump into this  
2 first slide, just a general how the Bureau is  
3 organized.

4           You notice she said we had 92 employees and you  
5 noticed that inspections is not even a section  
6 underneath that Bureau, right? We've got more than  
7 one third of the staff in the inspection business  
8 and we're not even a section.

9           What it is is inspections is sort of like the  
10 field staff for all the sections. We are part of  
11 the x-ray, we are part of the materials, we're part  
12 of the environmental.

13          So what you have is the programs out of  
14 Tallahassee, Orlando and Orange Park, they do all  
15 the paperwork and registrations, licensing;  
16 everything else. And the people that do the  
17 footwork are all the inspectors and investigators  
18 located all over the state. And that's what we are.

19          So we're not really a section. We're part of  
20 all the sections, and that's how it's organized.  
21 Just the state of Florida is just so geographically  
22 huge. And that's how we manage it and we find it  
23 more efficient that way.

24          Which means that we are sort of like a tie in  
25 to everything. You know, x-ray specializes in

1 x-ray. They know all about the x-ray. Materials  
2 knows all about the materials. Environmental knows  
3 all about incident response and the phosphate  
4 industry and all this other stuff and the power  
5 plants. And then we work with them. So we're a  
6 jack-of-all-trades.

7 The core mission. The inspection staff are, of  
8 course, charged with inspections, materials  
9 inspections and x-ray inspections mostly. But any  
10 time there's an allegation, we're in charge of those  
11 investigations mostly.

12 We also work with a lot of other agencies.  
13 When the Feds, federal agency, FDA inspections, if  
14 the FBI has an incident, the Port Authority, anybody  
15 else, we're usually the ones that go out there.  
16 Environmental session, for instance, has a 24/7 and  
17 they can't travel quickly from Orlando to, let's say  
18 Miami, but we have personnel in Miami that can  
19 respond.

20 We also do the practice exercises. CR -- CDC  
21 and what are those, MR, MRCs?

22 CINDY BECKER: MRCs, Medical Reserve Corps.

23 JERRY BAI: RVCs. Don't ask me what those  
24 acronyms stand for. But we also do the practice  
25 exercises for the power plant. We pretend like

1 everything is going wrong and we run around in the  
2 vans and we work with environmental setting up our  
3 command posts and everything. So that's basically  
4 what we do.

5 There's generally five inspection areas that  
6 make up the Bureau, which means there's five  
7 managers out there. But we don't necessarily have  
8 offices. We don't have offices. I don't have an  
9 office. My inspectors don't have an office.  
10 There's one little office where we share with X-ray,  
11 but they all work from home. So there's no state  
12 office space that we can walk into. Their office is  
13 inside their -- whatever room they set up with their  
14 computers and they operate out of there. They park  
15 their state vehicles there. They go out and do the  
16 inspection or the investigation, they come back to  
17 the home and do their computer paperwork and that's  
18 basically how it runs.

19 TQA, based out of Tallahassee, that's our  
20 quality, all the other stuff except inspections.  
21 They do the QA, the number crunching, that kind of  
22 stuff, with the help of other Tallahassee personnel.

23 And let's see. Yeah. They monitor for the  
24 training needs. Develop, facilitate and track  
25 Bureau staffing. Develop and maintain the SOPs and

1 they provide the QA numbers.

2 How many inspections? The inspectors -- each  
3 individual has performed, we have an SOP, written  
4 SOP. It's huge. And it spells out exactly what an  
5 inspector does. So the inspector shouldn't be going  
6 off on their own.

7 A lot of you guys have encountered inspectors  
8 at facilities. If you've been at an x-ray facility  
9 or a nuclear medicine facility or industrial  
10 radiography facility, you've encountered the  
11 inspectors. Usually you don't see anybody from a  
12 program office. You might talk to them on the  
13 phone, but you don't see them. We're the guys that  
14 go out and see on a routine basis at these  
15 facilities.

16 And we're the group that generally puts  
17 together the SOPs, so if there's something that we  
18 do or something that we don't do when we're at the  
19 facilities, my group would be the one you might want  
20 to communicate that to and we'll work with the  
21 programs to modify that.

22 Inspectors: Primary point of physical  
23 interaction with the public. We perform, what,  
24 17,000 inspections annually? If you count up all  
25 the RAM, mammography, investigations, MQSA

1 inspections, it comes out to about 17,000 pieces of  
2 paper we generate at 5,000 different facilities  
3 annually. So a lot of people see the inspectors.  
4 So we're usually the ones that they grieve to about  
5 regulatory issues and stuff.

6 We're the eyes and ears. We -- our job is to  
7 go out there. We see it, we hear it, and we  
8 communicate it back to the programs and they make  
9 decisions on where to go from there. And as I said,  
10 we train across all sections.

11 Just to tell you what that picture is, that's  
12 an industrial radiography x-ray unit, in case you  
13 were curious.

14 I'll just describe the pictures here first.

15 That's a cargo ship. A port authority, I  
16 believe, called us out there. So the break guys  
17 went out on the boat and went over to the ship and  
18 waved their meters around.

19 That's a train. And I believe -- I'm not sure  
20 what that last picture is. Discussing certification  
21 requirements with a nuclear medicine technologist.

22 We're also usually between the programs and  
23 inspection staff, if there's a question by the  
24 facilities about requirements, we're usually the  
25 ones they often call up. Because when we go to the

1 facilities, we leave a card there. And when they're  
2 looking for a number to call, nuclear medicine  
3 always has that posting, right? All right. So it's  
4 usually either us or environmental that they call  
5 because that's the number that they find first.

6 So we field a lot of calls and usually I just  
7 brush it off on to the program so they can answer it  
8 for me.

9 Field operations represents the Bureau's front  
10 line. They interact with the regulated communities  
11 and the public on a daily basis and respond to a  
12 multitude of radiological health issues that become  
13 increasingly complex.

14 Increasingly complex. You know, every year  
15 there's a couple of new things that pop up on the  
16 radar. They just keep inventing new ways to use  
17 radiation. Whether it's an x-ray machine, whether  
18 it's materials use, medical and industrial.  
19 Constantly. And we have to constantly generate new  
20 types of codes for what it is that we're seeing once  
21 we figure out what it is.

22 Let's see. And the scope of radiation use is  
23 huge. This is just -- this isn't everything. This  
24 is just a sampling of what an inspector might deal  
25 with, you know. Everything from industrial to

1 medical, to radioactive materials versus x-ray  
2 generated, therapy, diagnostic, nondestructive  
3 testing, investigations; technology certification.

4 All right. Like I said before, every inspector  
5 works out of their home. They're teleworked. And  
6 they are all equipped with a vehicle. Inside the  
7 vehicle is a fully equipped emergency response kit.  
8 They got their little box of meters, they got their  
9 duffle bag with all kinds of swipes and the rubber  
10 suits and boots and masks and that kind of stuff.

11 So if there's an event, the idea is that they  
12 can all respond. All it takes is a phone call.  
13 We're all equipped with communications equipment;  
14 cellular phones, and we jump inside the car and we  
15 can be on our way.

16 As you can see, they are grouped to population  
17 densities. You can see where, like, nobody lives in  
18 some of those areas.

19 JAMES FUTCH: There's a complete wasteland  
20 between Pensacola and Tallahassee. There's nothing  
21 there. Absolutely nothing.

22 JERRY BAI: As you can see, it's got one star.  
23 It's sort of like the Capitol, right?

24 But, yeah, each inspector is a fully equipped  
25 office unto themselves and a response point.

1           And for emergency response and as well as  
2           logistics for performing inspections, this is the  
3           most efficient method that we can come up with.

4           Yeah. Supposedly, we can respond within thirty  
5           minutes. So far, that's proven true. Inspections  
6           to and from home. I'm not sure what -- yeah, he's  
7           surveying him. They are all state inspectors. So  
8           that's not real, so --

9           These are just images. By far, the most work  
10          we do is actual inspection of x-ray units.

11          Cindy mentioned that we were short on staff.  
12          Here's the thing: When NRC came in to audit us, the  
13          state, we have a priority list. Our priority list  
14          puts certain types of activities on top. So when  
15          NRC comes in and they wanted to scope us out, we  
16          came out roses. Really, really well. In fact,  
17          we're one of the finest states as far as the results  
18          go. Stuff that they can't actually say on their  
19          reports but they can say off to the side.

20          So because of that priority list, materials is  
21          always up there. And the majority of the work that  
22          is not on the top priority list happens to be for  
23          x-ray inspections. So x-ray inspections gets hit  
24          because they're not up on the priority list.

25          When we have a shortage of staff, it's x-ray

1 that has to pay that. So, unfortunately, when they  
2 cut the number of inspectors, we've had shortages of  
3 thousands of assignments, literally, at this point.  
4 It always shows up on x-ray. And it's just an  
5 outright number crunching statistic is what it is.  
6 And once we get backed up, it hard to catch up,  
7 because not only do you have still have to deal with  
8 the incoming, you have all these delayed  
9 inspections, overdue inspections sitting there, you  
10 know. We don't even have enough for the incoming  
11 assignments.

12 So our audit was fantastic with NRC. And then  
13 with the Attorney General, not so hot, because all  
14 they looked at was x-ray. They didn't look at all  
15 the other stuff that we do, right? And that's  
16 simply because inspections could not do it.

17 But anyway, this is the last image. This is me  
18 about fifteen years ago. You can tell. I had a  
19 full, dense set on top.

20 (Laughter)

21 JERRY BAI: But, yeah, radioactive materials  
22 inspections surveying a portable gauge.

23 Is there any questions about what we do?

24 REBECCA McFADDEN: What are the credentials of  
25 the inspectors?

1           JERRY BAI: Oh, jack-of-all-trades. When we  
2 hire, we look at -- you know, those stars on the  
3 map. We look at where there's a gap. The biggest  
4 gap that we need to fill. And then we hire based on  
5 where the person lives, you know. You can't just  
6 drive to work, grab the car and go. You have to  
7 literally leave from your home. So that's the first  
8 requirement. Location, location, location. Right?

9           The other one is, well, what credentials?  
10 Okay. All kinds of credentials. What we have is,  
11 we've got people with a background in emergency  
12 response. We've got people with engineering  
13 backgrounds, health physics background, medical  
14 physics background. We've got nuclear  
15 technologists, x-ray technologists, all kinds of  
16 backgrounds out there. What do you call those nukes  
17 on the sub left the military? We got a bunch of  
18 those. We've got guys who used to blow up bombs in  
19 Nevada. We've had all kinds of credentials.

20           It's whoever is best qualified at the time.  
21 But nobody -- I'd be happy if they had one or two of  
22 those credentials. But the other five, six, seven,  
23 eight credentials are going to have to be trained  
24 anyways.

25           REBECCA McFADDEN: Okay.

1           MARK SEDDON (Vice-Chairman): Is there a  
2           minimum frequency that you're required to do your  
3           inspections?

4           JERRY BAI: For x-ray or RAM?

5           MARK SEDDON (Vice-Chairman): For x-ray.

6           JERRY BAI: Every state is going to be  
7           different. For the state of Florida, yeah. I  
8           believe those are inside the rules for the  
9           inspections.

10          JAMES FUTCH: It's actually in the statute.

11          JERRY BAI: Yeah.

12          DR. ARMAND COGNETTA: Once a year.

13          JERRY BAI: So medical would be, standard is  
14          about two years for most diagnostic medicals therapy  
15          would be one. And there's a bunch of other  
16          categories.

17          MS. CORBETT: What kind of penalties do you  
18          have when you don't meet those criteria?

19          JERRY BAI: This one is better served with the  
20          x-ray program, but in my experience, remember, we're  
21          the eyes and ears. All we do is just do a report  
22          and give it to the program. The program, they  
23          administrated all the nasty notes and stuff like that  
24          over to you if you get cited. Same thing with  
25          materials. But in my experience, unless you do

1 something that is willful or that actually harms  
2 somebody, usually not too much.

3 Same thing with materials, historically. What  
4 materials has done versus what you might encounter  
5 if an NRC inspector comes in there. NRC, the Feds  
6 don't do anything small. When they cite you, man,  
7 they cite you and you're going to feel it. Us,  
8 we've been very, very nice. Our fees are really,  
9 really low. And our citations don't bankrupt  
10 anybody.

11 CHARLES HAMILTON: More for the RAM inspections  
12 is based on health and safety and hazard of the use  
13 that goes anywhere from at least six months for,  
14 like, large radiators, four million curies, up to  
15 ten years for general licenses. Outpatient nuclear  
16 medicine is three years. Hospital's, two years.  
17 And that's based on -- NRC has a guidance of what  
18 they require, but our frequency is a little more  
19 restrictive, but in the ballpark what they do.

20 Also, we always do a pre-license visit for  
21 inspections. We do an initial inspection at six  
22 months to make sure you're on the right track before  
23 we wait two or three years to go back. And also, if  
24 they've had, like, a number of violations or a fine,  
25 we'll escalate the inspection frequency for a cycle

1 or two until they get back.

2 DR. MARY HART: If you have either a piece of  
3 equipment or a personnel who aren't following  
4 regulations, do they give a period of time for  
5 mediation to come back? Is that the --

6 JERRY BAI: For x-ray, we usually give about  
7 ninety days, unless it's a serious event. I mean,  
8 somebody's got a dial x-ray unit with a hand dial  
9 timer and the thing just doesn't turn off on its  
10 own, we would ask them to cease and desist at that  
11 point. We will call up the x-ray program, let them  
12 know what we're -- and the x-ray program might ask  
13 them to stop operations at that point. But if it's  
14 not a serious health issue, ninety days to have it  
15 fixed.

16 Materials, they are required to send out a  
17 letter thirty days from the date of last contact  
18 with the facility by the inspector. They have to  
19 send out a letter. And then as far as the  
20 response --

21 CHARLES HAMILTON: I mean the regulatory  
22 frequency is ninety days, but we have internal  
23 policies where notice of violations for a  
24 radioactive materials license, due to the electronic  
25 paperless system, we're able to get, usually get the

1 notice of violation letter out within about seven  
2 days of the inspection. Per our guides, we have to  
3 get it out within thirty days, but we try to get it  
4 out as quickly as possible. That's usually about  
5 seven days.

6 Then we give them thirty days to respond to the  
7 letter. What are your corrective actions, what are  
8 you going to do to make sure it doesn't happen again  
9 and give us the approximate date when you're in  
10 compliance.

11 And then if we don't get a response from them,  
12 we will send a twenty-day letter, a ten-day letter  
13 and then we start calling them and e-mail. So we  
14 attempt to get everything corrected as quickly as  
15 possible.

16 MARK SEDDON (Vice-Chairman): All right. I  
17 believe we have Dr. Schenkman is actually on the  
18 phone, who is our normal chair. I think she wanted  
19 to say something.

20 (Dr. Schenkman appearing by phone)

21 DR. RANDY SCHENKMAN: Hello?

22 MARK SEDDON (Vice-Chairman): Hey.

23 DR. RANDY SCHENKMAN: Hi everybody. How are  
24 you?

25 ALL: Good.

1 DR. RANDY SCHENKMAN: I apologize for not being  
2 able to be at this meeting. I had to go to Denver  
3 for something else, but I hope you have a very, very  
4 good meeting and I will definitely be at the next  
5 meeting. And I miss you all. I'm sorry I'm not  
6 there.

7 BRENDA ANDREWS: We miss you too.

8 CINDY BECKER: We miss you too.

9 BRENDA ANDREWS: Can you hear them?

10 DR. RANDY SCHENKMAN: Have a wonderful day  
11 everybody. And safe travels on your way home.

12 ALL: Thank you.

13 BRENDA ANDREWS: Thank you, Dr. Schenkman.

14 DR. RANDY SCHENKMAN: I'm thinking of you.  
15 Bye.

16 (Phone hangs up)

17 JAMES FUTCH: I think she felt a little guilty  
18 for not being here. Just a little.

19 (Laughter)

20 MARK SEDDON (Vice-Chairman): All right.  
21 Anymore questions for Jerry?

22 PAUL BURRESS: I have a question, of course,  
23 for Jerry.

24 MARK SEDDON (Vice-Chairman): Paul?

25 PAUL BURRESS: You guys don't really do

1 commissioning inspections, right? We leave that to  
2 the vendors; is that right?

3 JERRY BAI: Commissioning?

4 PAUL BURRESS: When a machine -- what I found  
5 out at the university is a lot of the equipment that  
6 we bring in has to be inspected before it's ever  
7 used, but medical x-ray devices and stuff, it seems  
8 like we leave training, initial testing, everything  
9 to the vendors. Is that correct?

10 JERRY BAI: Yeah. For x-ray, immediately after  
11 they receive the paperwork, that is thrown in for a  
12 due date within a three-month period. One quarter.  
13 But we don't make the facilities wait.

14 PAUL BURRESS: They can start using the  
15 equipment right away.

16 JERRY BAI: But materials does.

17 PAUL BURRESS: Yeah.

18 JERRY BAI: If you have a materials license, we  
19 have to do a previsit to make sure that all the  
20 safety stuff is in place, shielding, badging, all  
21 that kind of good stuff. And we'll do a previsit to  
22 make sure, you know. We don't want you to start  
23 operating without a licensed technologist in place.

24 PAUL BURRESS: It seemed funny to me that if  
25 you're going to use something for research, you have

1 to wait, but if you're going to apply radiation to  
2 humans, we just trust the vendors. And I understand  
3 you're understaffed, you can't get out there in time  
4 to keep somebody from not being able to see  
5 patients.

6 What I wonder is, are there any states that are  
7 going to that, sort of a pre-commissioning  
8 inspection before you see a patient, or is the  
9 failure rate zero? When you guys go do the initial  
10 inspections three months after it's installed, are  
11 you finding any violations?

12 JERRY BAI: I think the last time we looked at  
13 the statistics of violations of new facilities, new  
14 installs versus existing installs, it actually was  
15 about the same statistically. So we just don't find  
16 that there's greater violations with new installs.  
17 New installs mean it might not be a new machine.  
18 Some of these units --

19 PAUL BURRESS: Right.

20 JERRY BAI: -- outlast us.

21 DR. BRIAN BIRKY: When you mentioned a  
22 30-minute response time, that was verified?

23 JERRY BAI: Thirty-minutes response time is how  
24 long it takes us to get inside the car from that  
25 phone call. Because remember, this is a 24//7

1 thing. We actually have personnel, just in case  
2 it's something at 2 a.m. in the morning, all right,  
3 on Sunday night.

4 We have personnel located around the state that  
5 are required to have their phones on and they need  
6 to answer at 2 a.m. on Sunday night, if necessary.  
7 And they might not be the most appropriate location  
8 wise, because they are in the general regions, those  
9 regions, that's how they're located.

10 But most of the stuff we can go ahead and  
11 respond to during regular office hours unless it's,  
12 you know, you have a plane crash that was delivering  
13 pharmaceuticals, we might want to send somebody out  
14 there right now because there's people, you don't --  
15 we don't want the highway being shut down because  
16 emergency response doesn't know what to do.

17 CHARLES HAMILTON: We do that.

18 JERRY BAI: Yeah. Within thirty minutes. If  
19 I'm in the middle of an inspection, they call me  
20 because I'm the closest person there, I will pack my  
21 stuff up, throw it in the trunk and be inside that  
22 car in thirty minutes, on my way to the location.

23 DR. BRIAN BIRKY: Do you do some kind of  
24 periodic drill on that to make sure people do  
25 respond?

1           JERRY BAI: What they do is periodic phone  
2 calls. They do a call down to see if we respond to  
3 that phone call.

4           MARK SEDDON (Vice-Chairman): Any other  
5 questions? No? All right. We'll move on to John?  
6 I believe you're up next.

7           JOHN WILLIAMSON: Thank you, Mark. Hopefully  
8 we have the whole 250-slide deck loaded. That will  
9 stand between us and lunch.

10           I'm the administrator of the Environmental  
11 Radiation Section located in Orlando. There's a  
12 number of core missions that we have. I could read  
13 the slides, but you can read them also, plus I'm  
14 going to talk about - Cindy earlier showed  
15 that there were a number of core missions, six of  
16 those eight core missions belong to the laboratory,  
17 to the environmental group.

18           We do a lot of things beyond the core  
19 mission-helping out with training throughout the  
20 state. By training the Medical Reserve Corps  
21 throughout the state for population monitoring we  
22 provide a lot of technological expertise. When a  
23 government agency calls and asks, I want to do this,  
24 what type of instruments should I buy, we can  
25 provide guidance on that as well.

1           Yes, they do pay our staff to go out and fish.  
2           Part of our environmental monitoring for nuclear  
3           power plants is we have to collect fish, either on a  
4           quarterly or semiannual basis, depending on which  
5           plants, depending on their off-site calculation  
6           manual, which is their environmental guidance  
7           document that they have to file with the Nuclear  
8           Regulatory Commission for how they are protecting  
9           the environment. But we also have to collect a  
10          variety of other environmental samples: Soil, beach  
11          sand, sediments, crabs, aquatic grasses, vegetation,  
12          some type of a broad-leaf vegetation, some food  
13          crops, air samples and water samples. All on  
14          various basis of time.

15                 Water samples, for instance, St. Lucie we  
16                 collect a water sample every single week. The other  
17                 plants, Turkey Point, Crystal River and Crystal  
18                 River, we also collect monthly and quarterly water  
19                 samples.

20                 Air samples, there are eight air stations  
21                 around Turkey Point, eight around St. Lucie and six  
22                 around Crystal River. Those have both particulate.  
23                 They collect your betas and the iodine cartridge to  
24                 collect your radioactive iodines. Those are changed  
25                 out once a week. The samples are brought back to

1 the laboratory and we process those samples.

2 So I think I've actually got a slide in here.  
3 Over the course of the year, we do about 2,000 to  
4 3,000 samples from around the nuclear power plants.

5 We do low-level waste inspections. Every  
6 single generator in the state of Florida who  
7 generates low-level waste is being shipped off to a  
8 low-level waste disposal treatment or storage  
9 facility, it's required to have that shipment  
10 inspected before it ever leaves the premises.

11 They call us. They are supposed to give us  
12 48-hour notice. Sometimes they don't. We send an  
13 inspector to the site. We inspect it for the  
14 Department of Transportation compliance with  
15 low-level radioactive waste transportation.

16 Last year, fiscal '14-15, we did 237  
17 inspections. If you think about it, that's  
18 essentially one every single working day of the year  
19 on average.

20 Most of these go to either Clive, Utah, which  
21 is an Envirocare facility in Utah where they do  
22 burial. We just started to see a few of them going  
23 to Waste Control Specialists in Texas, which is now  
24 also a burial site. And an awful lot of it goes to  
25 one of the facilities in Tennessee where they do

1 waste processing.

2 This is pictures of some of the various types  
3 of material that we have. These are steam  
4 generators from St. Lucie. This was, I believe --  
5 this is a cask containing spent resin. These are  
6 sea land containers. This is from St. Lucie,  
7 it is the reactor heads that they shipped off  
8 from there.

9 We have a pre and post mining program which  
10 looks at the phosphate areas. There are two large  
11 phosphate areas in the state of Florida. One up  
12 near Fort White north of Gainesville; the other one  
13 is the whole Bartow area. We've been doing  
14 monitoring of this for about thirty years now.

15 This all started because back in the 1970s,  
16 there was a red book and a yellow book published  
17 respectively by the EPA and at that time, the  
18 Florida Department of Health and Rehabilitative  
19 Services, that essentially said that houses built on  
20 post phosphate mined lands had higher instances of  
21 radon inside the houses. So they started up a work  
22 group to look at whether the state should do  
23 anything about this, and the recommendation of the  
24 work group was to start up a monitoring program to  
25 look, before it was ever mined, and then to look at

1 the land after it was reclaimed and see whether  
2 there was a significant difference in the background  
3 radiation levels.

4 After thirty years, we have 170,000 plus data  
5 points. What we have found, it's kind of hard to  
6 say. So all this data, I can say generally, in  
7 post-phosphate mined land, the radiation level is  
8 higher. That's generally. On a specific basis, you  
9 can point to this one and point to this one and you  
10 can't make any predictions at all. None. We  
11 continue to monitor.

12 We have taken over 200,000 gamma survey  
13 measurements and 250,000 total analyses.  
14 Every twenty-acre plot. Every six months, the  
15 mines turn in what they're going to do to us -  
16 both mining it and reclaiming it.  
17 And we break it down to twenty-acre plots.

18 On that twenty-acre plot, we do a walking gamma  
19 survey with a meter. We go dig a hole. We have a  
20 drill rig. We take a six-foot core sample. We take  
21 samples at one, two, three, four, five and six feet.  
22 We take them back to the laboratory. We dry them.  
23 We put them in a sealed can. We let the radon  
24 ingrow for thirty days and we count the  
25 Radium-226 based on the ingrowth.

1           And we also take air samples and water samples.  
2           We do 160 water samples a year and we do alpha  
3           tracks and ambient TLDs for ambient gamma radiation  
4           around the areas.

5           One thing that we have noticed an awful lot.  
6           When we started this program thirty years ago, there  
7           was probably twenty some mining companies and now  
8           there are two. And we expect that over time, as  
9           things continue to tail off, that consolidation may  
10          even go down to one mining company.

11          This is a picture of the drill rig that we use.  
12          Our drill rig has been in business since 1989.  
13          Hopefully we're going to be getting a new one this  
14          year because we found when you run something that  
15          long, when you break it, nobody makes the part  
16          anymore. Somebody has to hand make that part. It's  
17          no longer made as part of an industrial process.

18          Nuclear Power Plant Emergency Response. Jerry  
19          talked about it a little bit; Cindy talked about it  
20          a little bit. There are now two operating reactor  
21          sites in the State of Florida. Two reactors in  
22          St. Lucie; two in Turkey Point. Turkey Point is  
23          building an additional two reactors down there.  
24          Between 2022 and 2024, they may actually be in  
25          operation. We'll see.

1           Every single year, there are nuclear power  
2           plant exercises at Crystal -- sorry, St. Lucie and  
3           Turkey Point. Every other year, one of them is  
4           graded. So this year, we had St. Lucie graded.  
5           Next year would be Turkey Point is graded. For  
6           the plant, the Nuclear Regulatory Commission  
7           grades them. For our response, FEMA,  
8           Federal Management Agency grades us on our response.  
9           How well we can send field teams out. Whether they  
10          can take the samples appropriately. Whether they  
11          know what they're doing when they take the samples.  
12          The radio communications that they report them back  
13          to the Emergency Operations Facility. Whether the  
14          people in the Emergency Operations Facility can do  
15          the dose assessment and make predictions on whether  
16          they need to evacuate or shelter in place or  
17          administer KI to the members of the general public.

18          Whether the operations officer can keep a  
19          handle on all the dose -- all the emergency dose  
20          stuff as well as what the field team are seeing in  
21          the field. Whether that changes what your  
22          protective actions are to the members of the public  
23          and then what the long-term consequences are. How  
24          you're going to be working with your teams. All  
25          that is graded by FEMA for us.

1           We have a couple different vehicles that we use  
2           on that. We have a sample prep vehicle. Converted  
3           3500 Chevy cargo van. What we did is this is a  
4           miniature laboratory. It's where we take samples  
5           from the field. We take them into this van and then  
6           we put them into the appropriate containers to be  
7           counted in the mobile lab. Because those of you who  
8           have anything to do with the counting room, know you  
9           don't take open samples into your counting room  
10          because if you do that, soon your entire counting  
11          room background tends to be getting higher and  
12          higher. So this is our means of making sure that  
13          the laboratory, the mobile lab, doesn't have open  
14          samples that they can spread contamination.

15          We have a field team trailer. We carry all of  
16          our instruments, all the equipment to outfit the  
17          field teams in this trailer. It's 16 by 8 foot,  
18          seven-foot interior ceiling. Actually got a bench  
19          inside. When the field teams are dressing out and  
20          you can imagine how lovely it is to dress out,  
21          preparing to go out in 90 degree or 95-degree  
22          temperatures. It's bad enough having to go out  
23          there to do the sampling, but when we make them  
24          dress out, put on all the rubber booties and stand  
25          out in the sun, they really get upset. So we take

1           them inside an air-conditioned trailer so you can  
2           sit down on the bench and get dressed out, then you  
3           go outside.

4           Some of the power plant drills and exercises  
5           we've done just the past six months really. Turkey  
6           Point, FEMA evaluated exercise in February. We had  
7           a St. Lucie off-year exercise where we actually had  
8           an opportunity to take our teams, and FEMA has put  
9           together a program where you can transmit all of  
10          your data instead of having to do it by radio. You  
11          open up the laptop with an air card and you simply  
12          type your data in that you did for your field  
13          measurements, and then it goes into a database  
14          maintained by FEMA. So the people in the EOF can  
15          open up and look at the same database. They can see  
16          realtime as you're collecting your data.

17          So it eliminates all those transcription errors  
18          that you can have over the radio, plus it frees up  
19          the field teams not to have to worry about the radio  
20          as much to transmit fourteen different data points  
21          for every sample collection, especially if you're  
22          talking about GPS measurements, you have lots and  
23          lots of room for error.

24          The one thing that we found on this program is  
25          that you have to use the negative for the longitude

1 here because if you don't, you end up plotting all  
2 your points in China. And that is a learning point.  
3 And we've done national exercises with this program.  
4 And if you see a lot of data points out in China  
5 somewhere, you know exactly what they did. And it's  
6 one of those learning things, but once you learn to  
7 use it, it's much, much, faster to be able to  
8 collect your data and report it.

9 We also did a Black Pearl population monitoring  
10 exercise the day after the St. Lucie exercise.  
11 We've done three population monitoring exercises in  
12 the state of Florida now. This is essentially  
13 looking at -- members of the general public, if they  
14 think that there's a possibility they were  
15 contaminated, they're probably going to want to go  
16 somewhere. And if you don't provide somewhere for  
17 them to be screened, they're going to go to your  
18 health care facilities and they're going to say, I'm  
19 contaminated with radiation. You need to take care  
20 of me. And those who work in health care facilities  
21 know that you don't really have the resources to do  
22 this. Most of your plans are to build things in  
23 your parking lots and push them all out there  
24 because radioactive contamination is not, by itself,  
25 a life-threatening problem. It's not even a medical

1 emergency really in any sense, unless they have  
2 embedded radioactive material or they have internal  
3 contamination.

4 So the state has been working with the Medical  
5 Reserve Corps. to set up population monitoring  
6 centers in, say, a high school gyms or community  
7 centers where we can set up equipment and have  
8 trained personnel to screen people for radioactive  
9 contamination. Hopefully by doing this, we will  
10 relieve the burden on all the medical facilities and  
11 leave them to do what actually is necessary, which  
12 is treating people with real injuries.

13 We also did a national-level exercise in South  
14 Carolina in July. It was 105 degrees on some of the  
15 days. I don't know who would possibly schedule an  
16 exercise in the field teams in South Carolina in  
17 July, but they did it. And as part of that same  
18 exercise, we also had a Wings aerial measurement  
19 system.

20 The Department of Energy has a group called  
21 AMS, the Aerial Measurement System, where they can  
22 send helicopters and airplanes with radiation  
23 detection flying over the land to determine whether  
24 there's deposition. We've also done exercises where  
25 we look for elicited radioactive sources, i.e.,

1 somebody steals a source like happened down in New  
2 Mexico with that Cobalt-60 source and whether they  
3 are taking it somewhere to use it for a nefarious  
4 purpose. You can actually fly over them with an  
5 aircraft and if you're close enough, you can  
6 actually see the source from the aircraft and then  
7 you can radio in. We've done a lot of work with  
8 that. That was also part of the Wings exercise that  
9 we did in Sumpter.

10 They also have the joy of having pilots flying  
11 in like a Cessna 182 at about a thousand feet. A  
12 thousand feet is very, very high. There's no air  
13 conditioning in the plane. So the pilots just love  
14 doing that particular exercise.

15 We do a lot of training for first responders.  
16 We provide training free of charge to first  
17 responders. If you think about the number of people  
18 that we train, which is a thousand to two thousand a  
19 year, and typically we do, most of those are eight  
20 hours of training. Typically, a training provider  
21 will charge you about 400 to \$500 per hour for  
22 training. So if you do the math, we're saving our  
23 first responder agency somewhere between \$300 and  
24 \$600,000 a year in training costs.

25 Here's a list of some of the organizations

1 trained in fiscal year '14-15. You see we go all  
2 over the state. Most of it is fire rescue. We also  
3 do a lot of training for emergency management and  
4 some police agencies as well.

5 When there's a lost, stolen or abandoned  
6 source, sometimes these sources end up places they  
7 shouldn't be. Like melted down in a steel recycling  
8 mill. And when that happens, we run the response  
9 out of our Orlando office. We can actually deploy  
10 our mobile laboratory.

11 The airplane crash that Jerry talked about,  
12 that's this one. The FedEx crash in Tallahassee in  
13 2001, I believe. This was the Ameristeel up in  
14 Baldwin, just west of Jacksonville. They melted  
15 down a Cesium source. We respond to about 120  
16 incidents a year involving radioactive materials.

17 Essentially, if there's any allegation of  
18 radioactive materials being involved in it, we will  
19 do a response. And this can be to the extent the  
20 space aliens are bombarding me with cosmic rays and  
21 you need to come out and figure out why they're  
22 doing it.

23 And, yes, I am not kidding about that. We have  
24 people who call with that and they're we spend  
25 usually two inspectors out, not just one, but two to

1 investigate and make sure. We've had people  
2 impregnated by space aliens. We've got people who  
3 are being irradiated. We've had cases where the  
4 neighbors were shining laser beams into their house.  
5 James can tell you all about that one.

6 People who got free fly ash from a power plant  
7 to coat their property with and afterwards, the  
8 radiation was causing all types of ill effects, so  
9 they want us to come survey it and figure out what  
10 to do.

11 Laboratory services for identification and  
12 analysis of radioactive material, fiscal year  
13 '14-15, 4700 samples received; almost 6,000  
14 analyses. That incorporates power plant  
15 surveillance, pre and post mining, inspection and  
16 radioactive instance.

17 Population monitoring. We talked a little bit  
18 about this with our population monitoring exercises.  
19 For about, since 2008 was our first training and we  
20 started really full time in, like, 2010, we've been  
21 doing somewhere between six and twelve, maybe  
22 fourteen trainings a year around counties in the  
23 State of Florida.

24 The Medical Reserve Corp., which is part of the  
25 County Health Department, it's a group of

1 volunteers. The coordinators call us. They ask for  
2 a training to be presented in their area. We go out  
3 typically on a Saturday. We provide eight hours --  
4 actually, seven-and-a-half hours of radiation  
5 training. The first four hours of it is didactic  
6 training in the morning. It's essentially awareness  
7 level for radiation preparedness. What this meter  
8 is, what basic radiation units, dose versus  
9 exposure, contamination. Everything that they need  
10 to meet the OSHA requirements for hazard awareness.

11 Then in the afternoon, we bring them back and  
12 we have a series of practical exercises that we've  
13 set up where we actually let them go and survey a  
14 bullet dummy for radioactive contamination to look  
15 at a variety of different types of dosimetry. Know  
16 how to read that dosimetry for their dose; to look  
17 at various types of equipment to be able to measure  
18 contamination versus exposure. Just to become  
19 familiar with how you would actually use these  
20 instruments to measure radioactive contamination on  
21 members of the public.

22 We also talk about the CDC's model for  
23 radioactive -- how to monitor the public for  
24 contamination, which is the CRC, Community Reception  
25 Center.

1           If you're interested, if you Google Community  
2 Reception Center, you can actually download a free  
3 program from the CDC and it actually walks you  
4 through a simulation of what a Community Reception  
5 Center looks like. And the nice thing about their  
6 model is that it has a whole bunch of very short  
7 videos, probably none more than about twenty-five  
8 seconds. It talks about how to quickly do  
9 something. How do you take a shower and remove  
10 contamination? How do you use a survey meter  
11 quickly? What happens if somebody is surveyed twice  
12 and they still show that they're hot. You assume  
13 it's internal contamination.

14           And then it also has a series of fact sheets  
15 and guides and other things attached to it. So it's  
16 essentially an all-in-one package that the CDC put  
17 together for how you can have a community set up a  
18 Community Reception Center and be able to monitor  
19 the public for contamination.

20           And once again, the whole emphasis of this is  
21 to make sure that your resources and your medical  
22 facilities are treating people who are truly injured  
23 and not people who think they are injured because  
24 they have radioactive contamination.

25           We do NASA space launch support. Ulysses,

1 Galileo, Cassini, the Mars Science Laboratory, Pluto  
2 New Horizons, which we got a lot of press about  
3 recently because it finally made it out there. I  
4 was on the launch team for Pluto New Horizons  
5 January 2006, and this year it finally made it out  
6 there. The Mars Science Laboratory. The big rover,  
7 the Curiosity rover, a number of us were doing that.

8 And the reason for that is that each one of  
9 those launches has an RTG, a radioisotopic thermal  
10 generator on board that provides power to the actual  
11 probe. That RTG is powered by Plutonium-238. So in  
12 case there's an anomaly, and that Plutonium-238 is  
13 dispersed, we actually have field teams out who can  
14 go out and do monitoring, make sure it's not going  
15 to cause effects upon the public. We also make  
16 recommendations for protective action if necessary.

17 PRND training and exercises, this is preventive  
18 radiological nuclear detection. The idea of this is  
19 if you can detect the source before somebody  
20 explodes it, you saved an awful lot of money. You  
21 saved an awful lot of public panic. So we actually  
22 have teams with specialized equipment that we send  
23 out before special events and in some cases, an  
24 intelligence-driven event where the police may have  
25 intelligence that says somebody is intending to set

1 off an RDD or an improvised nuclear device. We will  
2 actually send these teams out, either on ground or  
3 we can also do it from the air with our mobile  
4 radiation detection system, looking for these  
5 radioactive sources. And we do a lot of training  
6 with the Florida Highway Patrol and Fish and  
7 Wildlife Commission, to work with them so that they  
8 understand the basics of doing this. We also work  
9 with the Department of Energy to make sure we can go  
10 out and do this.

11 And then there's a couple of events every  
12 single year, that we actually go out and do special  
13 event monitoring. The Coke Zero 400 races in  
14 Daytona. The Daytona 500 series of races;  
15 oftentimes of Blue Angels air shows. Monitoring  
16 also done at Sebring.

17 If, for instance, one of the sports teams in  
18 Florida makes it to the finals, there's been  
19 monitoring the NBA finals, there's been monitoring  
20 at the Super Bowls, there's been monitoring at the  
21 World Series. If there's a special event that's  
22 large enough, that it would possibly have a threat  
23 against it of a RDD or an RND, there's going to be  
24 monitoring. We had teams monitoring at the Republic  
25 and National convention twenty-four hours a day for

1 about five days straight.

2 Some of the events we've done, December 2014,  
3 Department of Energy training with FWC and FHP.  
4 There was a very, very large aerial exercise in the  
5 Tallahassee area. We had the U.S Army involved with  
6 it. Fish and Wildlife Commission. The Department  
7 of Energy. Oakridge National Labs. The Bureau of  
8 Radiation Control. That all took place in January.  
9 We had about forty-five separate missions planned  
10 involving a variety of red teams with radioactive  
11 sources, either in fixed locations or in buildings,  
12 moving on the roads.

13 We also did PRND monitoring at Daytona 500. We  
14 did a display at the Capitol for the lawmakers and  
15 we did monitoring at the Coke Zero 400.

16 Radiological source support for other agencies.  
17 We have a license. We have a lot of different  
18 radioactive material; different sources that we've  
19 collected from a variety of ways. Most agencies  
20 that do PRND missions or training, don't have a  
21 license for sources, which means the only thing they  
22 can typically have are your little button sources.

23 Button sources don't typically work more than  
24 about five to ten feet away. So if they're trying  
25 to train their first responders to know how to react

1 when their meter suddenly goes to the red zone, you  
2 know, 15, 20 mR per hour or higher, you really can't  
3 do that with button sources. So they contact us and  
4 we will send out trained source handlers to go take  
5 our sources out there, deploy them properly, provide  
6 the training, and make sure that no one has anymore  
7 exposure than necessary for the use of those  
8 sources.

9 Thank you. Are there any questions?

10 MARK SEDDON (Vice-Chairman): No? I guess not.

11 DR. BRIAN BIRKY: Comment, not a question. But  
12 I just wanted to say for disclosure, that the pre  
13 and post-mining team is based out of our institute  
14 in Bartow. And it's a very important mission that  
15 they have.

16 A few years ago, the Army Corp. of Engineers  
17 conducted an area-wide environmental impact study  
18 for the whole phosphate mining region in Central  
19 Florida, which is a big region, and they used the  
20 information from the pre and post-mining program.  
21 It was very important that they had that baseline to  
22 tell what the real effect, radiologically was, so  
23 thank you for having the program in the first place.

24 And also I want to thank John, his laboratory,  
25 we send samples to his laboratory periodically, and

1 they take care of us and give us good results. So  
2 thank you for that.

3 JOHN WILLIAMSON: And one thing about that  
4 particular program. Until recently, there were  
5 approximately 330 square miles of formerly  
6 post-mining phosphate land in the state of Florida  
7 that were on the EPA superfund list for surveying  
8 and possible remediation, and within the last two  
9 years, the Department of Health and the Department  
10 of Environmental Protection have signed an agreement  
11 with the EPA, turning all of those lands over to the  
12 state rather than having EPA do it.

13 And you might say, well, is that a good thing?  
14 Well, since EPA wanted to do fly overs and wanted to  
15 use what we consider onerous restrictions on that  
16 land, there would be a number of housing  
17 subdivisions as well as other commercially developed  
18 areas that may have been marked for remediation  
19 based on a fairly restrictive guidance. To the  
20 extent that it probably would've bankrupted the  
21 United States to actually remediate all of the  
22 lands.

23 So EPA agreed to turn those lands over to the  
24 state, based on the program that we have for  
25 phosphate mining already, which essentially, we're

1 looking in using the guidance from the National  
2 Committee for Radiation Protection, which is before  
3 we do anything, it has to be greater than 100  
4 milligram a year above normal background for that  
5 area. And most lands in Florida our background is  
6 like 5 to 6 microR per hour, which is almost an  
7 order of magnitude below those that you find in  
8 areas of Colorado, for instance.

9 So the levels that we're looking at before we  
10 would ever even consider remediation are still lower  
11 than most backgrounds you would find in most of the  
12 western United States. That's something that we're  
13 real happy we managed to get done with EPA.

14 MARK SEDDON (Vice-Chairman): All right. Thank  
15 you, John.

16 I believe we're going to do a change of  
17 schedule somewhat. Do we need to talk about lunch  
18 first?

19 BRENDA ANDREWS: We can. Last time we went to  
20 the restaurant next door, McCoys, and everybody  
21 seemed to like that, so we figure we would do that  
22 again. It's quick, it's easy, it was good. Do you  
23 want to do that at 12?

24 MS. CORBETT: Yeah, sure.

25 BRENDA ANDREWS: Did you all want to talk about

1 the travel packets now since we've got a little  
2 time?

3 MARK SEDDON (Vice-Chairman): I think we're  
4 going to move on to Yvette. We're going to move on.  
5 We're going to rearrange. Yvette is going to go  
6 next instead of Gail and talk about the x-ray  
7 machine section.

8 YVETTE FORREST: Since we're going with me  
9 before lunch instead of after, if you guys fall  
10 asleep now, I know it's me, not what you guys ate.

11 We're going to talk briefly, just a few minutes  
12 about the x-ray machine section so you know a little  
13 bit about us. I'll share a little bit.

14 Some fast facts about us. We have nine  
15 full-time employees that work out of the Orange Park  
16 office. Currently, we have about 50,000 x-ray tubes  
17 in the state of Florida. And we're going to bump up  
18 that next figure. We're currently in a renewal  
19 phase for the x-ray machine programs. October 28th,  
20 all machines in the state of Florida have to be  
21 reregistered for the upcoming period and we just  
22 sent out 19,368 renewals. So that's currently how  
23 many facilities are in the state of Florida. So  
24 that figure right there is bumped up a little bit.

25 \$2.6 million in fees were collected for the

1 Fiscal Year 2014/2015.

2 DR. MARY HART: What are the fees for? Like,  
3 inspections?

4 YVETTE FORREST: Fees -- that's a good  
5 question. The fees are for the actual tubes that  
6 are in the facilities. A dental tube is \$11.  
7 Accelerated different types of machines have a  
8 different fee attached to them.

9 DR. MARY HART: To be inspected.

10 YVETTE FORREST: It's not -- we don't charge  
11 them. Your fee includes your inspection.

12 DR. MARY HART: Okay.

13 YVETTE FORREST: Yes, ma'am. Core business  
14 processes. What we do out there is register your  
15 radiation machine tubes. We create the workload  
16 Jerry was speaking at. That is handled in house.  
17 We distribute the workload distributed quarterly to  
18 the inspector field offices and they go out and  
19 inspect each facility.

20 We enforce radiation machine section program  
21 requirements; conduct investigations. Those would  
22 be medical event investigations. And we collect the  
23 fees that I just spoke of.

24 We issue registrations within ninety days.  
25 That's new facilities that have come into the state

1 or existing facilities that are adding tubes.

2 We insure that all violations are corrected  
3 within ninety days. Those would be violations that  
4 our in-the-field team inspectors have cited during  
5 an inspection. Those violations come back into the  
6 program office. And we ensure that those are  
7 corrected within ninety days that we spoke about  
8 earlier.

9 We perform medical machine investigations.  
10 Medical machines are self-reported by our facilities  
11 and we're the team that goes out from our office to  
12 investigate those.

13 We assure 90 percent of all RAD machine  
14 inspections, inspected meet safety requirements.

15 This is a nice visual aid that kind of gives a  
16 breakdown and a quick bird's eye view of what  
17 machines are in the state of Florida. As you can  
18 see, the largest portion of our machines are dental.  
19 Next is medical. And then you can see the rest of  
20 the breakdown there.

21 Our primary function is to register x-ray  
22 machines, and we do that very well -- 22,000 of them  
23 to be exact. We collect fees and we issue x-ray  
24 regulations. We coordinate with the ERCI staff;  
25 with Jerry's team.

1           And our next big function that we haven't  
2 spoken today of yet is we manage the agreement with  
3 the FDA for mammography inspections. That's  
4 coordinated out of our office as well.

5           The next big thing we do is vendor  
6 registration. All vendors that work and operate in  
7 the state of Florida have been to be registered.  
8 That's done with our office.

9           We inspect equipment calibration and  
10 distribution. All the equipment that our inspectors  
11 use that Jerry was speaking of that the field team  
12 has, that's done in our office. We make sure that  
13 all of the field teams, that they have the equipment  
14 that they need.

15           We're the source expert and point of contact  
16 for public registrants, bureau staff, machine  
17 registration and enforcement issues.

18           Back to medical events. That's a big deal for  
19 us. I'd like to spend a little bit of time for  
20 that, if we may.

21           Reportable medical events. This year alone,  
22 we've had thirteen thus far this year. Facilities  
23 delivering radiation therapy are required to report  
24 medical events to us. And what categorizes a  
25 medical event? Two things. Dose delivered by wrong

1 mode of treatment, wrong treatment or wrong  
2 treatment site. Or, dose of radiation that differs  
3 greater than a total of 30 percent of the prescribed  
4 dose in a week or 20 percent of the total prescribed  
5 dose.

6 That is what gives you a medical event. And  
7 we've investigated thirteen thus far this year. And  
8 we're hoping we don't see anymore. That's very  
9 high.

10 DR. MARY HART: It's not just treatment, it's  
11 diagnostic as well.

12 YVETTE FORREST: Yes, ma'am.

13 Instruments and equipment. We make sure the  
14 inspectors have what they need when they need it.  
15 Currently, the state has 39 Unfors units, 5  
16 Accupros; 39 complete inspection kits total. That's  
17 the list of all the things our program office makes  
18 sure the inspectors have.

19 This is a nice little picture of a kit Jerry's  
20 team, that's what they carry.

21 DR. MARY HART: What's an Unfors unit?

22 YVETTE FORREST: An Unfors unit, that's the  
23 inspection kit.

24 DR. MARY HART: Okay.

25 YVETTE FORREST: Yes, ma'am. That's just the

1 machine they use when they go out and do their  
2 inspections.

3 This is my contact information. We are in  
4 Orange Park. If you ever need us for anything,  
5 we'll be more than happy to answer any questions  
6 about the program office or what we do.

7 MARK SEDDON (Vice-Chairman): All right. Did  
8 we have any questions for Yvette?

9 DR. MARY HART: I have a question. I don't  
10 know who can answer it. There's been a lot of  
11 discussion over the past two years about using  
12 low-enriched Uranium versus highly-enriched Uranium  
13 and I think a year ago, I guess it was 2014,  
14 supposedly CMS wasn't going to pay for doses that  
15 were -- you had to have a certain percentage from  
16 LEUs, which is much more expensive. So that's why  
17 the modern generator is a target.

18 Is there -- that's sort've been dropped and I  
19 just wondered the state or who could answer that.  
20 Because it affects a lot of our contracts with the  
21 pharmaceutical vendors and some of them are pushing  
22 to use more LEUs -- well, just that it's more  
23 expensive. You know, it's better.

24 For those who don't know the transport, when  
25 they feel as though the highly enriched uranium

1 could be a target for you know, for --

2 JERRY BAI: Terrorists.

3 DR. MARY HART: Yeah, for terrorists, stealing  
4 when it's in transit. Is there anybody who can  
5 answer what's going on with that?

6 MARK SEDDON (Vice-Chairman): I know the  
7 vendors, because we asked some of our firm's  
8 vendors, they've been still meeting or moving  
9 towards meeting the requirements for the LEUs, you  
10 know, standards out there. And as you say, they are  
11 passing along some of the costs, potentially, to the  
12 customer. I'm not sure that we have any -- it's not  
13 a Florida regulatory --

14 DR. MARY HART: Yeah, there's no requirement  
15 yet. So we're -- I mean, the VA has decided that,  
16 at this point, not to purchase a large percentage of  
17 LEUs.

18 But, okay. So I think it's kind of dead in the  
19 water. It's probably a lot of push back, I'm  
20 guessing.

21 MARK SEDDON (Vice-Chairman): I think the  
22 vendors, I know Triad and Cardinal are still  
23 doing --

24 DR. MARY HART: Yeah, they all provide it.

25 MARK SEDDON (Vice-Chairman): Right.

1 DR. MARY HART: But if you don't purchase, it  
2 doesn't matter. I mean, they are pushing because I  
3 think their margin is a little higher. But, yes,  
4 they absolutely provide it.

5 Who's the other physician? I wasn't here for  
6 all the introductions.

7 MARK SEDDON (Vice-Chairman): Dr. Williams is  
8 the radio oncologist.

9 DR. MARY HART: Okay.

10 MARK SEDDON (Vice-Chairman): And Dr.  
11 Schenkman, who called in, is a radiologist.

12 DR. MARY HART: Okay.

13 MARK SEDDON (Vice-Chairman): The question I  
14 have, Yvette, you mentioned most of your facilities  
15 are dental. What type of dental inspections are  
16 performed?

17 YVETTE FORREST: Dental inspections are  
18 performed every five years.

19 MARK SEDDON (Vice-Chairman): Okay. What do  
20 they do during -- I know the dental machines from a  
21 physicist's perspective are different to task  
22 because of the way they're designed. Do you guys do  
23 any actual testing on them? Physical measurements?

24 JERRY BAI: Yeah. Mm-hmm. It's not as long as  
25 a radiographic or flora.

1 MARK SEDDON (Vice-Chairman): Right.

2 JERRY BAI: The vast majority of the  
3 inspections are medical, though, because of the  
4 frequency difference. Between five versus two  
5 years. It's not so bad. Dental are pretty easy.  
6 Simpler tests.

7 CINDY BECKER: What did you want to know what  
8 was tested?

9 MARK SEDDON (Vice-Chairman): I'm curious.

10 MS. CORBETT: What data are you testing?

11 MARK SEDDON (Vice-Chairman): What are you  
12 testing?

13 JERRY BAI: If we're talking about an oral  
14 unit, which is the vast majority of those, we would  
15 check to see, well, most of the units are fixed  
16 MAKV. The only variable is time on the technique.  
17 So basically, we test for reproducibility on the  
18 units.

19 We test that they haven't modified the minimum  
20 SSD, source-to-skin distance. Every once in a  
21 while, something breaks and they try to rig it with  
22 something.

23 We also test for minimum half-value layer is in  
24 the beam. We also test for collimation. That end  
25 of that cone, you know, it's pretty rare to find one

1 that's been modified, but it's been found. That end  
2 of the cone when that -- it's supposed to be that  
3 big. Better be that big. You don't want, you know  
4 -- that thing -- and then we also check for other  
5 safety issues.

6 They need to view of the patient when an  
7 exposure occurs, so either mirrors or whatever.  
8 Extension, remote switches are not allowed.

9 That's pretty much most of it right there. We  
10 look for other little things, you know. You can't  
11 have bare wires hanging out there kind of things.

12 MARK SEDDON (Vice-Chairman): It's sort of  
13 become the last couple years or so, an area of  
14 concern just for the public exposure to radiation of  
15 dental x-rays. The ACR and the Dental Association,  
16 ADA have been looking at some position statements on  
17 it. I was curious what the state does since it is  
18 the number one piece of equipment in the state.

19 JERRY BAI: Yeah. I think the predominant  
20 violation we might find for a dental machine would  
21 be reproducibility violation on those.

22 MARK SEDDON (Vice-Chairman): Right. I know  
23 most dentists seem to have upgraded their equipment  
24 over the last ten years to the lower-dose digital.

25 JERRY BAI: Those dental machines are very

1 hardy units.

2 MARK SEDDON (Vice-Chairman): Yeah.

3 JERRY BAI: You'll find an SS White that is  
4 older than you out there. They are all over the  
5 place. These old GE units made like military tough  
6 and weigh a ton. As much as your car maybe. Or  
7 there's tons of them out there. They don't break.  
8 No moving parts. No rotating anode.

9 MARK SEDDON (Vice-Chairman): Okay.

10 CINDY BECKER: I have not heard that before  
11 about the concern about the society, you were saying  
12 that was ACR was coming out with a position  
13 statement?

14 MARK SEDDON (Vice-Chairman): There's a  
15 position statement coming out from the ADA and the  
16 European dental, whatever their association is, just  
17 addressing public concern. Because there's been  
18 public concern about pediatric grade exposures in  
19 the last few years. Pediatric is where you get the  
20 majority of your dental x-rays for the most folks.  
21 That's why --

22 JERRY BAI: Well, since we are constantly going  
23 out with the field, you know, field staff and seeing  
24 what's out there, because I don't think there's any  
25 real source to see what the trends are -- I don't

1 know of any. But just constantly talking with the  
2 guys, the things that are moving is everybody's  
3 getting rid of film. Everybody is getting into the  
4 digital, including in medical. Radiomedical. CR  
5 screens, full-field digital. Same thing with the  
6 dental. All they have to do is purchase that little  
7 thing that plugs up to their computer and everything  
8 is digital imaging. It's really quick.

9 The other thing that is moving as far as  
10 machines is everybody wants to -- they love those  
11 SEF units and those are getting more and more  
12 complicated and the new ones are so good. The old  
13 ones, they used to rotate the patient. Sit in a  
14 chair and the patient rotates. The new ones,  
15 they're going into a linear full digital that does  
16 the scans now. Those are getting very popular. And  
17 we're seeing a lot of that.

18 Those are things that are moving in the dental.  
19 Head units, SEF and lots of digital versus film.  
20 Nobody likes chemicals anymore.

21 MARK SEDDON (Vice-Chairman): Right. No.

22 JAMES FUTCH: Jerry, I had a question.

23 Many years back, we had new technology. The  
24 hand-held dental x-rays units were introduced. We  
25 had to modify regulations to accommodate those. In

1 my doctor's office, most of my dental experience, of  
2 course, they have, I think, five or six exam rooms  
3 with fixed machines and one hand-held dental, which  
4 seems to always be experiencing battery issues and  
5 difficulty working.

6 What do you see in terms of the hand-held  
7 dental populated --

8 JERRY BAI: That's one of the new technologies  
9 now. They are getting more and more manufacturers.  
10 And x-ray program has been dealing with this issue.

11 They started off, the first units would be that  
12 they put out is a hand-held, looks like a Star Wars  
13 gun. You hold this Stormtrooper rifle looking  
14 thing. And you just stand up there and you just  
15 shoot. And it's really good if the dentist needs to  
16 do field work literally out in the field, whatever.

17 They are getting more and more popular, you can  
18 see, because of the convenience. And they had a  
19 shield. The thing is that it's a battery pack that  
20 has to charge that thing and that makes it very  
21 heavy no matter what. And the only thing that  
22 staves off gamma radiation is the thickness of an  
23 attenuator between you and whatever that gamma  
24 radiation source is, right? Whether it's scatter or  
25 most of it being scatter.

1           And then we started seeing other units. Not  
2           just for dental. I believe x-ray was, x-ray program  
3           was looking at for other -- I mean, why not shoot a  
4           chest x-ray with one of these? Why not start using  
5           it for veterinary? Why not use it for industrial?  
6           Where you have to take nondestructive test images in  
7           the field like on a pipe, at a site. But with the  
8           x-ray portable. And they are literally handheld.  
9           We're -- constantly.

10           YVETTE FORREST: It's all over.

11           JERRY BAI: Looking at this stuff. But it's  
12           getting more and more popular. As technology starts  
13           to advance, battery power, just the size of the  
14           units, they are able to make them smaller and  
15           lighter, constantly, and it's coming out and there's  
16           a demand for it out there. So updating our  
17           regulations, which is very difficult to do.

18           KATHLEEN DROTAR: Did we talk at one of the  
19           last meetings about the exposure from those  
20           handhelds and the operator being more at risk  
21           because of, because of the dose?

22           JERRY BAI: Yeah. I think we did some internal  
23           testing. They would send us -- they sent the x-ray  
24           program one of the machines to try out. And we had  
25           some of the Bureau staff try to measure it. There's

1 just a lot of variables that we found if you were  
2 the operator of that unit and how much does that  
3 unit weigh?

4 YVETTE FORREST: Depending upon the  
5 manufacturer, they weigh, it varies, but it's a few  
6 pounds.

7 JERRY BAI: Yeah. They are pretty hefty units.  
8 You're supposed to do this (indicating). I don't  
9 know if you've ever tried that. And you're supposed  
10 to do it again and again and again. Well, you know,  
11 one of the heftier guys maybe. But if you're a  
12 small person, it would probably just tilt over.

13 But there's a lot of variables. It's very  
14 dependent on if you use the units correctly. Just  
15 like a lot of the radiation stuff.

16 DR. ARMAND COGNETTA: Is there a requirement  
17 that they be locked up at night or like x-ray  
18 machines?

19 JERRY BAI: No.

20 DR. ARMAND COGNETTA: Maybe that would be --

21 JERRY BAI: Not that I'm aware of.

22 YVETTE FORREST: No, sir, there's not.

23 JERRY BAI: I believe there's, a lot of the  
24 units, I believe there is a key that you can remove.

25 YVETTE FORREST: Typically, the newer units

1 have a special code that you have to administer  
2 before.

3 DR. ARMAND COGNETTA: On each unit?

4 YVETTE FORREST: Yes, sir.

5 DR. ARMAND COGNETTA: That makes sense.

6 MARK SEDDON (Vice-Chairman): The operators are  
7 exempt from the technologist's departments?

8 JAMES FUTCH: Yeah.

9 JERRY BAI: If it's for dental use.

10 JAMES FUTCH: All the dental operators have an  
11 exemption in the dental licensing statutes.

12 DR. MARY HART: An exception of what?

13 JAMES FUTCH: From having to be certified as an  
14 x-ray tech. Some states certify dental  
15 radiographers. The dental statute in Florida has  
16 certification for dental radiographers, but for  
17 dental hygienists, there's some special categories  
18 they don't have to be fully licensed as a dental  
19 radiographer. And then, of course, the dentist,  
20 himself, is also exempt. We never see any  
21 applications. We don't handle the requirements for  
22 any of the dental personnel who take x-rays.

23 MARK SEDDON (Vice-Chairman): I think some of  
24 the new technology, I know for TMJ, it's almost like  
25 a CT of the head being performed now. I don't know

1 where that would fall in in the realm of dental  
2 versus medical.

3 JERRY BAI: There's also a transition taking  
4 place. You used to have these nickel sources that  
5 would -- pain analyzers or whatever material  
6 analyzer units and sniffers, basically chemical  
7 sniffers and stuff. And they all used a source  
8 inside of them. But those, I'm finding, are  
9 disappearing. They are switching over to x-ray  
10 source. Hand-held x-ray source.

11 So you would stick this thing to the wall and  
12 shoot and it will tell you what kind of metal and  
13 what density and all kinds -- do an analysis of it.  
14 There's a lot more of these units out there. And  
15 because they are x-ray and not with materials rules,  
16 it's just a lot more friendly as far as regulatory  
17 wise. We're -- that's happening.

18 DR. ARMAND COGNETTA: You don't regulate them?

19 JERRY BAI: They are under -- well, they are  
20 supposed to -- I'll let Yvette.

21 YVETTE FORREST: I'm sorry. I couldn't hear  
22 what he said.

23 JERRY BAI: The hand-held analytical x-ray  
24 units, paint analyzers and metal analyzers and --

25 YVETTE FORREST: I believe all of them fall

1 under the Program office.

2 JERRY BAI: They are supposed to.

3 JAMES FUTCH: And to extend the question to the  
4 operators of the x-ray devices that are used for  
5 nonmedical purposes, we wouldn't apply to those.

6 PAUL BURRESS: A lot of the x-ray fluorescent  
7 units, you're talking about holding up to the wall  
8 and shooting.

9 JERRY BAI: Exactly.

10 PAUL BURRESS: The one that had sources usually  
11 are generally licensed, so the inspection  
12 frequency --

13 CHARLES HAMILTON: Now they are. The Niton,  
14 they came out with the XL309 and it had ram and they  
15 switched it over to GL just by changing the SSSR on  
16 it. And they can come both ways. I mean, we still  
17 have a problem like, you know, I've got an XRF, is  
18 it ram or is it machine and then you've got to look  
19 at the model number and do some research on that and  
20 see what the source of the Cadmium-109, typically.

21 PAUL BURRESS: The GL stuff is hard for us to  
22 control.

23 JERRY BAI: It's hard for us to control.

24 PAUL BURRESS: So the problem there isn't the  
25 legitimate user. They will register it with the

1 state of Florida. The state of Florida is notified.  
2 You pay your \$25 fee or whatever it is and you're  
3 good to go and you have a trained operator using it.

4 But anybody can buy those. You can buy one  
5 with a Visa card and go out and start shooting  
6 things with it. And until the state of Florida  
7 finds out who bought it, the manufacturers are not  
8 going to say no, generally.

9 JERRY BAI: No. And if it's an expensive unit  
10 and they resell it off to somebody else, you know,  
11 and they don't know about the requirements, the  
12 units disappear.

13 MARK SEDDON (Vice-Chairman): Good time to  
14 break? I guess this is a good time for us to break  
15 for lunch. We're going to take a break to 1:30 to  
16 allow us time to enjoy our restaurant next door.

17 (Proceedings recessed at 11:55 a.m.)

18 (Proceedings resumed at 1:35 p.m.)

19 MARK SEDDON (Vice-Chairman): All right. So I  
20 think we will get back on track. I believe that  
21 Charlie is up next, correct?

22 Charlie, do you have your --

23 CHARLES HAMILTON: Yep. I'm ready.

24 Before we start, did anyone lose a bunch of 20s  
25 rolled up in a rubber band?

1 GAIL CURRY: That was me. Where did you find  
2 that?

3 CHARLES HAMILTON: I found the rubber band.  
4 (Laughter)

5 CHARLES HAMILTON: Dr. Octavius joke.  
6 All right. My name's Charles Hamilton. I'm  
7 the administrator of the Radioactive Materials  
8 Section in Tallahassee and we license the use of  
9 radioactive materials through the agreement stated  
10 with the NRC and we license everything except  
11 federal facilities, VAs, nuclear power plants.

12 We're supposed to have 12 full-time employees.

13 JAMES FUTCH: That was last year.

14 GAIL CURRY: When was that?

15 CHARLES HAMILTON: But we are in the top three  
16 and the largest agreement states sometimes two,  
17 sometimes three. California and Texas are up there  
18 with approximately 1650 specific licenses.

19 We process approximately 2,000 licensing  
20 actions per year. That includes new license  
21 application, renewals; amendments. And again,  
22 that's the second largest.

23 It says approve or deny radioactive materials  
24 license. It's rare that we deny anything. We just  
25 keep asking you the questions until everything is

1 complete and then we issue the license. So if we  
2 don't get everything we need to comply with the  
3 regulations and policies initially, we write  
4 deficiency letters. We give you thirty days to  
5 reply to that. Once we get all that, we issue the  
6 license, we issue the renewal or we issue the  
7 amendment.

8 Part of what we do is identify, basically, as  
9 Jerry was saying, as to section, what used to be  
10 program, we basically send out the schedule  
11 frequencies for the specific license inspections.  
12 And again, we've got 1650 licenses. Not all those  
13 are done every year.

14 Frequency, like I said before, some of the most  
15 strict frequency is six months, up to ten years for  
16 a general license. Typically, it's between one and  
17 three years for, like, everything from industrial  
18 radiography to outpatient nuclear medicine to  
19 hospitals.

20 We have probably the largest rule maybe in the  
21 entire state of Florida for the Florida  
22 Administrative Code. We do write the rules and  
23 we're continuously having to modify the rules based  
24 on NRC compatibility requirements for their CFR that  
25 they follow.

1           Part of that is increased control requirements,  
2           which is for certain levels of radioisotopes,  
3           certain quantities of concern and for those that are  
4           additional requirements for making sure that people  
5           are fingerprinted; background checked. You have  
6           security systems. And basically, increased security  
7           for, like, a vehicle that has industrial  
8           radiography, it has to have an alarm that totally  
9           disables the vehicle. And we have 60 licenses  
10          currently that have increased controls.

11          Issue licenses within thirty days. That's not  
12          the statute, but that's our internal policy. But we  
13          try to follow the AFARA concept, which is as fast as  
14          reasonably achievable. We want to, you know, as a  
15          service to our licensees, we want to get them the  
16          license as fast as we can. We want to get them the  
17          amendment as fast as we can. And sometimes we're  
18          not as fast because renewals don't typically affect  
19          your operation unless you're changing procedures.  
20          That's probably -- we still comply with the thirty  
21          days typically, but normally takes a back burner.  
22          We want get new licenses issued first and then  
23          amendments second and then renewals. We don't  
24          really have a problem with turning out stuff too  
25          late. And we try every, you know, again, every

1 reasonable method.

2 If you asked to expedite an amendment or an  
3 application, we certainly try to accommodate that  
4 and get to it. The person that is there that day,  
5 the person that's going to be there and go ahead and  
6 get that approved for you.

7 Now, Lee Thomas is the inspection manager for  
8 that side, so one side that is evaluators that does  
9 all the licensing actions. We kind of got the other  
10 side with Lee Thomas and Joe Major, who do the  
11 inspection side. So for all RAM licenses, the  
12 reports are submitted to us electronically through a  
13 document imaging system. So there have been times  
14 when we have an inspection done that day, they  
15 submit it, their manager approves it, we get it, we  
16 process it, and they send the compliance or notice  
17 of violation out the very same day. We've got --  
18 well, we've had to because we get more licenses, we  
19 got less people, and the document imaging system  
20 does a great job of helping us to expedite licensing  
21 actions and inspections. So again, about 50 percent  
22 of RAM licenses, inspections involve violations and  
23 that could range from a severity level of one  
24 violation, which is the worst, to a five.

25 We do issue fines for severe or multiple

1 violations. That's limited to a thousand dollars  
2 per day for violation, which we never do get to.  
3 Our fines aren't meant to put anybody out of  
4 business and it's certainly, you know, smaller  
5 nature, but it's basically to get the attention of  
6 management to get the corrective actions done in  
7 order to be in compliance with the regulations for  
8 the health and safety of the workers and the public.

9 We also, as of -- with the machine section,  
10 often coordinate with the inspectors to do  
11 investigations of medical events or other serious  
12 incidents, overexposures, et cetera. And we are  
13 notified of all radioactive materials licenses that  
14 have an incident and then we'll -- we basically make  
15 a determination whether we think the area office can  
16 handle it or do we need to send someone along to  
17 facilitate the investigation.

18 Again, so 1650 licenses. Of those, over 1100  
19 are medical. And that's everything from the gamma  
20 knives to mobile nuclear medicine. Hospitals in  
21 between. The next largest category is portable  
22 gauges, and that's about 300 portable gauge devices  
23 and those are used for moisture content of building  
24 materials; soils. Before they put asphalt down,  
25 they test it, the foundation and it has to meet

1 certain requirements in order to hopefully prevent  
2 potholes. But that doesn't seem to work in Florida.  
3 We don't even have snowplows.

4 We have two large irradiators and that's what  
5 400 -- 4.5 million curies of Cobalt-60 looks like in  
6 a pool of water. We have another 4 million curies  
7 large irradiator. Basically, that's for just, one  
8 is just for medical products. The other in Plant  
9 City, they don't irradiate anything. Christmas  
10 trees for export. Delay of ripening of certain  
11 fruits and vegetables, fabric goods, documents and  
12 postal items.

13 And we also license large irradiators of about  
14 26,400 curies and then blood irradiators are  
15 typically 1,000 to 3,000 curies.

16 We have nine broad scope academic licenses,  
17 five broad scope medical licenses, two broad scope  
18 research and development licenses.

19 We have numerous -- thirty pharmacists and  
20 numerous cyclotrons. And we've been meeting with a  
21 company called Iomedics, who's developed an on-site  
22 single-dose-unit cyclotron that you would actually  
23 install because of the short half-life of  
24 Fluorine-18 that they use for PET, it's difficult in  
25 some areas to be able to use it to get the

1 Fluorine-18, the isotope to the location before it  
2 decays out.

3 So this cyclotron actually will use N-13,  
4 Nitrogen-13, which has about an eight-and-a-half  
5 life, but it will be right there on site. So within  
6 ten minutes, it can produce a seventy millicurie  
7 unit dose of Nitrogen-13 and they will actually set  
8 it up so that you know how far it is from where the  
9 dose comes out to where you have to inject it to  
10 determine how much dose you need to get whatever  
11 twenty or thirty millicuries, whatever the  
12 prescribed dose is.

13 It looks like there's one broad scope in  
14 Michigan right now that they're testing. It looks  
15 like Florida will be one of the first in line to get  
16 one of these and that might be happening maybe this  
17 year. I don't know.

18 One, actually one of the fastest, we don't have  
19 very many of them, but one of the fastest growing  
20 categories of licenses we have right now are the  
21 veterinarian licenses. Using from cat iodine to  
22 technetium imaging, for small animals, dogs, and  
23 numerous ones for equine around the Ocala area.

24 One thing I want to -- 1650 licenses, 1100  
25 medical licenses. Probably one of the, for sure one

1 of the biggest number of amendments that we get, the  
2 largest numbering of licensing applications that we  
3 get or licensing amendments that we get are just  
4 adding a physician. Adding an authorized user to  
5 the license.

6 A couple things I want to say about that.  
7 Again, we try to do those as fast as we can, but  
8 sometimes you're missing a signature or you're  
9 missing a number of hours, so we may have to send  
10 you a deficiency letter. But there are also one --  
11 the visiting authorized user rule, which allows any  
12 physician to operate as an authorized user for up to  
13 60 days per year. If you have a copy of that  
14 license that he's already listed on for those  
15 procedures that he's already listed on another  
16 license with. So that's one thing that can help you  
17 out.

18 The other thing has kind of been, I guess kind  
19 of a forefront issue, is making an -- physicians  
20 make an interpretation on nuclear medicine studies.  
21 And from a rule aspect, we don't regulate the  
22 practice of medicine. So anyone can make an  
23 interpretation on a diagnostic nuclear medicine  
24 study.

25 But for each of those, at least one authorized

1 user has to make an interpretation and fulfill all  
2 the duties of the authorized user listed 64E-7,  
3 5607(3). So anyone that -- everyone in the room can  
4 make an interpretation it. They can go with any of  
5 those interpretations, but authorized User A has to  
6 fulfill everything in 607.

7 And we've also had a number of amendments  
8 recently where the doctor groups in Arizona,  
9 wherever they want to make an interpretation on a  
10 quarter license and that's -- you can do that, but  
11 the doctor does have to be licensed to practice  
12 medicine in Florida but not listed as an authorized  
13 user on that state of Florida license.

14 And the NRC, they're doing the same thing.  
15 They're doing the same thing throughout the United  
16 States. With technology now, you can make an  
17 interpretation from Florida to Washington.

18 CHANTEL CORBETT: Question just for  
19 clarification on that.

20 So you're saying they can be the final  
21 signature on a report and not be an authorized user  
22 in Florida?

23 CHARLES HAMILTON: All right. What do you mean  
24 final signature on the report?

25 CHANTEL CORBETT: When you actually get a

1 report, when your inspectors come, they look to see  
2 who signs off on your final reports. So anybody,  
3 like you said, a resident, whoever, can do an  
4 initial interpretation. But the final signature on  
5 the read is required to be the authorized user.

6 DR. MARY HART: Like you have to have co-signs.  
7 I understand the question.

8 CHARLES HAMILTON: Yeah, it doesn't matter, it  
9 doesn't matter how you do it. As long as there is  
10 one piece of paper, one document that shows that an  
11 authorized user read the interpretation.

12 CHANTEL CORBETT: Right. What I'm saying is  
13 you're saying somebody from Arizona is reading  
14 studies from Florida. You're saying like for  
15 Telluride in the middle of the night and somebody  
16 does a final overread on site.

17 CHARLES HAMILTON: Yeah.

18 CHANTEL CORBETT: Okay.

19 CHARLES HAMILTON: Okay.

20 CHANTEL CORBETT: A couple of us were going  
21 huh?

22 DR. MARY HART: Yeah, it's a little bit odd. I  
23 can see the authorized user signing what the dose  
24 was given, the appropriate patient identification  
25 and all that. But who would ever sign someone

1 else's report?

2 CHANTEL CORBETT: They overread.

3 DR. MARY HART: They need to make a change.

4 CHANTEL CORBETT: Well, most of that stuff ends  
5 up being overnight kind of things where they have  
6 to, you know, get somebody to give them like a  
7 prelim and then come in the next day.

8 MARK SEDDON (Vice-Chairman): I think A lot of  
9 cardiologists do that.

10 JERRY BAI: ER readings would also do that. ER  
11 doctors are not normally an authorized user.

12 CHANTEL CORBETT: They use stat and --

13 DR. MARY HART: Any cardiologists in here?

14 JAMES FUTCH: We're still looking for the first  
15 cardiologist one day.

16 DR. MARY HART: Huh?

17 JAMES FUTCH: One day we'll have a  
18 cardiologist, hopefully. There's not a position for  
19 a cardiologist on the group.

20 DR. MARY HART: I'm not saying there should be.

21 JAMES FUTCH: It's been suggested before once  
22 or twice.

23 CHARLES HAMILTON: Another issue, of course, is  
24 we're still having a tech shortage periodically. We  
25 did get information out on that several years ago.

1 But I've got a few calls on it recently where  
2 basically, they couldn't get enough techs to do the  
3 aerial with those calibrators, so as long as you  
4 document that, that we couldn't get the tech, we did  
5 it by another method or we're going to delay doing  
6 it until we get the tech, just document that.

7 And, again, that information notes, there's a  
8 space where it spells out what you can do if you  
9 can't get the proper amount of tech for that for  
10 quality assurance.

11 I'll go with questions first and maybe I'll  
12 think of something else.

13 CHANTEL CORBETT: Is there any plan to allow  
14 licensees to start submitting paperwork  
15 electronically?

16 CHARLES HAMILTON: Yes. We've definitely --  
17 that's kind of been a hot topic. Not only that, but  
18 lab and e-payments. So we're definitely -- that's  
19 probably one of the things at the top of our list  
20 right now.

21 CINDY BECKER: Yeah. We were starting to try  
22 to think about x-ray first because that would be  
23 easier. The thing with submitting the new  
24 applications, there's all the paperwork involved is  
25 much more simpler than paying for a --

1 CHARLES HAMILTON: Right. Right now, though,  
2 for radioactive materials, the rule itself under  
3 64-E-5.204 states we have to get an original signed  
4 signature plus a duplicate. But we have the ability  
5 to change the rule. But before we can change the  
6 rule, we'll have to get an interpretation from the  
7 attorneys to say, can we accept a non-original  
8 document signature.

9 DR. MARY HART: Yeah, electronic signatures.  
10 You know how expensive or difficult it is to get the  
11 software, but all hospitals now, we either have the  
12 pad or you can put in a code.

13 CHARLES HAMILTON: Right. And we do allow  
14 electronic records and we changed the rules on that  
15 so that you didn't need a signature on most all the  
16 records. So that was one step in the right  
17 direction. But we've been talking about that quite  
18 a bit lately about getting electronic, you know,  
19 allowing electronic amendments or allowing  
20 electronic applications or renewals.

21 When you look at other states, and basically,  
22 the few states that do allow it, basically said that  
23 it's because the legal people in that state said,  
24 well, we don't have to have an original signature.  
25 So it kind of comes down to that.

1           But the other thing we can do, and I tried to  
2 stress this to our staff is, we can initiate an  
3 action. Like if you want to -- you've got something  
4 that you want to expedite, right? Change of RSO or  
5 to add a procedure. We can initiate the action  
6 based on an e-mail with all the, you know, PDF or  
7 attached documents that are signed. And we can  
8 start the process of getting that into the system,  
9 get it into the tracking, and then begin the  
10 evaluation and then we can issue the amendment as  
11 soon as we get the hard copy in. And if you  
12 overnighted that to us, it can be the next day. So  
13 we can process it that way. We've done that  
14 numerous times and that's one way to get things done  
15 faster at this time until we can get the signature  
16 issue worked out.

17           CHANTEL CORBETT: To not bring up a hornet's  
18 nest, it may possibly, but what was the reason that  
19 the process changed for getting copies of amendments  
20 for licenses to the point where it's only people who  
21 are physically listed on the license or an owner?

22           CHARLES HAMILTON: Brenda?

23           BRENDA ANDREWS: What?

24           CHANTEL CORBETT: That just went down the line  
25 really quick.

1           BRENDA ANDREWS: Are you asking about a public  
2 record?

3           CHANTEL CORBETT: Yeah, basically. I mean, for  
4 me, for instance, and any of the consulting groups,  
5 a lot of times we end up as the middleman. So if we  
6 need to get a copy of a license or the most recent  
7 amendment to get it to a pharmacy or something else,  
8 especially in a smaller place where the doctor is  
9 the only authorized user, the RSO, et cetera, and he  
10 doesn't really want to be that accessible to e-mail  
11 or to physically call the state, it was a  
12 significant delay, basically, for all of us who used  
13 to be able to call up and just say, hey, can you  
14 send this down or whatever.

15           So it was just -- we got some interesting, very  
16 vague reasoning of the -- that there were issues and  
17 that was just the way it was.

18           BRENDA ANDREWS: So you're saying to me --

19           CHANTEL CORBETT: I wanted to know what the  
20 reason was that the policy changed.

21           BRENDA ANDREWS: There probably was not a  
22 policy change. There was probably an enforcement  
23 change.

24           CHANTEL CORBETT: Okay. Gotcha.

25           BRENDA ANDREWS: The rule -- the statute that

1 governs public records is 119 and it regulates what  
2 a public records request is. And so, at some point,  
3 maybe we weren't in compliance with that.

4 CHANTEL CORBETT: Gotcha.

5 BRENDA ANDREWS: And now we are.

6 CHANTEL CORBETT: Okay.

7 CHARLES HAMILTON: Yeah. I mean it --  
8 unfortunately, we're not allowed to give out  
9 anything to anybody else other than the licensee.

10 CHANTEL CORBETT: Right.

11 CHARLES HAMILTON: Other than what they ask for  
12 in a public records request.

13 But what I did with you would be the fastest  
14 thing. But you could also, you could get the  
15 facility to submit us a letter.

16 CHANTEL CORBETT: That's what I was going to  
17 ask you.

18 CHARLES HAMILTON: Right. Just get the  
19 president, CEO --

20 CHANTEL CORBETT: Similar to the -- yeah,  
21 right.

22 CHARLES HAMILTON: -- what we call the  
23 official, saying that, not necessarily your  
24 employee, but you have the ability to have -- to get  
25 records from my facility.

1 CHANTEL CORBETT: Similar to like an official  
2 authority letter but just for records.

3 CHARLES HAMILTON: If they can have that in  
4 writing, we put that in the catch all and we see  
5 that you're authorized to receive documentation for  
6 that licensee, we can issue it.

7 CHANTEL CORBETT: Okay. Yeah, especially for  
8 facilities with twenty sites and stuff where you're  
9 trying to run around like crazy, so, yeah. That's  
10 very helpful.

11 BRENDA ANDREWS: And this would eliminate it  
12 being a public records request for you.

13 CHANTEL CORBETT: Right. Right. That's what I  
14 was going to ask.

15 CHARLES HAMILTON: It became a process where  
16 first we had to get what you want and then we had to  
17 find out how long it's going to take, who's the  
18 minimum person that can do this.

19 CHANTEL CORBETT: Right.

20 CHARLES HAMILTON: And charge that minimum  
21 person's salary for two hours, however long it  
22 takes, and then submit that to legal. And then an  
23 invoice is sent. And then once we get the payment,  
24 we can start processing.

25 JAMES FUTCH: Welcome to Florida government.

1 CHARLES HAMILTON: Yeah.

2 REBECCA McFADDEN: That's the subpoena process  
3 right there you just mentioned. Medical release,  
4 then from the patient, anything to do with the  
5 subpoenas. Same thing.

6 DR. MARY HART: I have a question. Again, I'm  
7 not sure who would answer it.

8 There's a lot of movement, especially with the  
9 ACR, to collecting cumulative data for lifetime  
10 patient exposure with radiologic inventory. And I  
11 just wonder if the state has brought that up. It's  
12 a really important issue with, you know, the  
13 overutilization, especially like myocardial  
14 perfusion imaging and CT head imaging for  
15 non-indicated reasons in the ER and you see anybody  
16 who has a PACS system pull up a patient to look at  
17 their prior study and they've had a lot of imaging  
18 that clearly wasn't indicated.

19 So in some states, and certainly some medical  
20 centers and facilities, they do a cumulative. It's  
21 available on most of the new equipment that you can  
22 add it and put it in the PACS. But is there any  
23 discussion or early -- it's a great idea, I think.  
24 And what it could do is give more teeth to  
25 appropriate utilization of medical imaging, which

1 the ACR has guidelines. And if we can give some  
2 teeth to the ordering physicians -- they're not  
3 doing the wrong thing intentionally. But I think  
4 because one physician, an ER physician or a  
5 cardiologist in a different practice, different  
6 geographical location, orders a study, they don't  
7 realize it was done or they don't really think about  
8 radiation.

9 So I guess it's two questions. One, because it  
10 would be easier for me, as I chair the Clinical  
11 Practice Committee, which the Joint Commission is  
12 making more robust in every medical institution.  
13 What that does is make sure that clinicians follow  
14 guidelines, evidence-based practice so for imaging,  
15 that's huge and it's all the data is there.

16 The ACR has collected guidelines for when to  
17 image the brain. You know, what is the interim for  
18 cancer patients or asymptomatic cardiac patients.

19 So it would be great if we, in those positions  
20 at all the hospitals across the state, had some sort  
21 of central, even a statement of support, that we  
22 could say, it's not just the ACR, this is our state  
23 radiation --

24 MARK SEDDON (Vice-Chairman): I think the Joint  
25 Commission has a requirement of dose management. So

1 that's applicable to the majority of hospitals in  
2 the state. And I know we talked about it a couple  
3 years ago, we had Mahesh, I think came down, and  
4 some of the folks from Double PM to talk about  
5 different things we can do as an advisory council  
6 towards addressing patient dose management.

7 The only opportunities I think that we've  
8 talked about with Dawn previously and Yvette now is  
9 have like information notices going out, which we  
10 did some on that for CT, when the CT concerns came  
11 out. As far as education requirements for the  
12 operators. Education requirements or  
13 recommendations for referring physicians and for the  
14 radiologists.

15 I think the response from these folks would be  
16 that they regulate -- they don't regulate use and so  
17 it's more difficult to address that rather than --

18 DR. MARY HART: Well, I wonder you can't  
19 regulate the physician's decision, but the CT that  
20 image gently and then image wisely is per study,  
21 which is great. But what it doesn't take into  
22 account is any individual who has migraine  
23 headaches, which luckily I don't, but you see  
24 patients that come in the residents or the ER doctor  
25 who has the CT before they ever do a history. So if

1 someone has migraine headaches, they've come in five  
2 years, ten times, and they get a head CT before  
3 anyone evaluates them.

4 So my point is, yes, each individual study,  
5 certainly there's good regulation on, you know, the  
6 MA and the EVP for every study, but I guess what I  
7 wonder is, I wouldn't mind, it will take years, but  
8 I would love, because at my institution I'm trying  
9 to do this, having some sort of a -- not a statement  
10 that's like a regulation, a regulatory statement,  
11 but just a position paper on this is coming,  
12 cumulative dose will be measured at some point.

13 We all know that in terms of payment, that CMS  
14 is requiring more robust documentation that there  
15 are indications that are appropriate, but they don't  
16 really look back at when a study was done most  
17 recently. So I guess if anyone else on the  
18 committee were interested in working towards that.

19 It's just when you talk to clinicians and they  
20 have a practice pattern that's not correct anymore,  
21 there's a lot of -- it shouldn't come individual to  
22 individual. It should come as an agency  
23 recommendation and then somebody is sort of  
24 filtering that to the clinicians rather than being a  
25 shoot-the-messenger position.

1           But I guess if anybody were interested, I'm  
2           trying to do that at my institution and I would love  
3           real lifetime work to get that done before I retire,  
4           honestly, to make sure those, you know --

5           KATHLEEN DROTAR: Because it's practice related  
6           would it be more appropriate coming from the Board  
7           of Medicine?

8           CINDY BECKER: That or I don't know if you're  
9           familiar with the Conference of Radiation Control  
10          Program Directors, CRCPD, but they're a group of  
11          states radiation control programs and also, they get  
12          endorsements and help from international agencies  
13          and support. But they would be a group that we meet  
14          once a year. In May, it's going to be in  
15          Kentucky -- Lexington, Kentucky. They do the sort  
16          of thing you're talking about about doing position  
17          papers.

18          ACR comes to the meetings.

19          DR. MARY HART: Right. ACR is great.

20          CINDY BECKER: ACR is heavily involved there.  
21          Double APM. All the organizations come as well.  
22          It's been talked about a great deal. Especially  
23          with their Image Wisely and Image Gently campaigns  
24          that they have going. They supported those.

25          So that would maybe help as far as --

1 DR. MARY HART: A quorum.

2 CINDY BECKER: -- being involved with that  
3 organization, they actually have some workers that  
4 are talking about that. I can get you in touch with  
5 the people that might want to be involved.

6 DR. MARY HART: Okay. it doesn't hurt at this  
7 point to be aware.

8 It is practice related. However, the  
9 guidelines can come from -- like what is done now  
10 and what will be done more is the physicians, if  
11 they practice outside of guidelines, they're going  
12 to have to document why. And that's happening more  
13 and more with cancer care, for example. Which is  
14 fine if there are guidelines, they can use their  
15 judgment on any individual.

16 But the guidelines come from the ACR. It's not  
17 just the physician. The ACR is great, but their  
18 audience is radiologists. It's not the referring  
19 physicians and imaging specialists in general. I'm  
20 very uncomfortable pushing back and saying, well,  
21 this isn't really indicated. Because I've never  
22 interviewed the patient, how can I say that?

23 I had a patient call two days ago, because I  
24 said to their referring physician that a PET was not  
25 at all indicated for this. It was a 1.5 centimeter

1 lymph node with no history of cancer, no symptoms,  
2 nothing, an MR negative. He didn't have cancer.  
3 And it just wasn't indicated. And the patient  
4 called me as if I had somehow -- which puts the  
5 imaging physician in a difficult medical/legal  
6 position. But anyway, I --

7 MARK SEDDON (Vice-Chairman): I think some --  
8 the direction that has been, some facilities move  
9 towards is the ordering process where you're guiding  
10 the referring physicians down, like when they order  
11 procedures to go to a web based and then it tells  
12 them what is appropriate, what's the recommended  
13 procedure. I know UF was doing a bunch of work with  
14 that.

15 DR. MARY HART: That's great. I mean, people  
16 talk about that but I didn't know if they have some  
17 software or something.

18 MARK SEDDON (Vice-Chairman): Yeah, I know UF  
19 was working on that a couple years ago. Did they  
20 present here?

21 DR. MARY HART: If you find out, if anybody --  
22 that would be the best thing. We can't do a hard  
23 stop in our order system, like if you have a check  
24 off, these are the appropriate indications, but they  
25 can override everything and put it through.

1           JAMES FUTCH: So perhaps what we might do is,  
2 talk about this and see about bringing someone to do  
3 a presentation along these lines and see what other  
4 states might be doing. Cindy mentioned CRCPD. Any  
5 large hospital systems that are doing something  
6 internally --

7           DR. MARY HART: Right.

8           JAMES FUTCH: -- might would be a good place to  
9 look and see.

10           Regulatory wise, we can come at things from the  
11 standpoints of the machines and radiation safety  
12 from the operators. If it gets too close to the  
13 practice of medicine, it's a little more difficult.  
14 But the Board of Medicine is another body. We've  
15 talked to them before.

16           DR. MARY HART: I think the cumulative dose  
17 would be this group. Documenting cumulative patient  
18 dose.

19           JAMES FUTCH: You can certainly say it fits in  
20 to radiation protection. Whether or not you have  
21 regulatory statutes and rules to do anything about  
22 it, you'd have to figure that part out.

23           DR. MARY HART: Yeah.

24           JAMES FUTCH: But you have to start out with  
25 the idea and see what the consensus is. And we

1 learned from the past that sometimes the best ideas,  
2 if one has no regulatory authority, you can't do  
3 anything. Sometimes you have good ideas and you  
4 have regulatory authority and the powers that be  
5 don't want it done, so they throw roadblocks into  
6 your way on the regulatory process and stop it that  
7 way.

8 DR. MARY HART: Which the AMA would. They have  
9 very powerful lobbies. But anyways. It's a  
10 thought. I think it's important.

11 JAMES FUTCH: It's a good thing for future  
12 discussion.

13 DR. MARY HART: Okay. I'd love to have some.

14 REBECCA McFADDEN: Have you ever seen a demo of  
15 some of the software they have for cumulative dose?  
16 They basically track -- there are patient dose  
17 monitoring systems that the hospital information  
18 system feeds the demographic information and then  
19 every time the patient comes in, it tracks that and  
20 then you can build reports based on patients.

21 DR. MARY HART: Interestingly, we have that in  
22 our PACS, which is a Phillips and Talis base, but  
23 nobody really knows how to use it.

24 REBECCA McFADDEN: No, PACS doesn't usually do  
25 a cumulative dose. It's a third-party software that

1 they have that will track multi-modalities. And  
2 it's trackable by patient and it's a cumulative  
3 dose. I mean you can go in --

4 DR. MARY HART: It goes into their front  
5 demographics?

6 REBECCA McFADDEN: I was talking at lunch  
7 today, one system we talked about was Clarity. You  
8 can Google Clarity and it will tell you. It's  
9 multi-modality. It's cumulative dose by patient  
10 tracking. It's very, very expensive.

11 DR. MARY HART: That's probably -- send me an  
12 e-mail.

13 REBECCA McFADDEN: Until it becomes regulatory,  
14 you know, you don't have the budget for those type  
15 of systems, but they are out there.

16 MARK SEDDON (Vice-Chairman): The Joint  
17 Commission is pushing that as its one of the new  
18 requirements coming in effect next year and part of  
19 XR-39. It's for CT, only for CT. There's a number  
20 of systems out there, not just the one you  
21 mentioned, but there's a number of vendors that do  
22 it.

23 REBECCA McFADDEN: Yeah.

24 MARK SEDDON (Vice-Chairman): The difference is  
25 they take the data available in your PACS and use

1           it -- from analytics on it to allow it to be  
2           presentable and show you trends with specific  
3           patients with specific types of equipment, and  
4           procedures so that you can actually go back in with  
5           cumulative exposures and things like that.

6           REBECCA McFADDEN: Right.

7           MARK SEDDON (Vice-Chairman): One of the issues  
8           that we're talking about is, this is more practice  
9           of medicine is, at what point do you stop a  
10          procedure from moving forward where a physician is  
11          requesting a procedure. Where in the process at the  
12          hospital can you stop the patient moving forward  
13          because of the way they are handling it. Because  
14          you're trying to get patients in --

15          DR. MARY HART: It's tough.

16          REBECCA McFADDEN: It's really the medical  
17          profession.

18          MARK SEDDON (Vice-Chairman): You as the  
19          radiologist, you don't see the patient before.

20          DR. MARY HART: Right. But you can require a  
21          physical exam first if it doesn't get done. But  
22          anyway, it's a question. E-mail me that.

23          REBECCA McFADDEN: Like he said, he mentioned a  
24          few at lunch at well. Clarity is the only one I've  
25          physically have seen and asked them to give me some

1 numbers and when I saw the numbers, we're like,  
2 okay.

3 DR. MARY HART: They will eventually, like all  
4 software, they're going to come down.

5 REBECCA McFADDEN: Right. The XR29 is getting  
6 us to that first stage. And that is to send that  
7 information through a structure report, through the  
8 DICOM information and you can then query it from  
9 there and that's what these companies are doing.  
10 They are creating software to query that data to  
11 pull statistical data. It's not -- but you're a  
12 lifetime, a cumulative dose and tracking it by  
13 patient, they'd have to come to you for every exam  
14 in order to do that. So -- and there's many options  
15 for that.

16 DR. MARY HART: Yeah. Well, the thing, I have  
17 never seen it but I've seen the reports and  
18 descriptions in countries like Sweden, with  
19 socialized medicine, obviously, they can keep that  
20 database and they do.

21 REBECCA McFADDEN: Right, because they regulate  
22 where they go, what they have and how many times  
23 they get.

24 DR. MARY HART: All that information.

25 MARK SEDDON (Vice-Chairman): Okay. Do you

1 want to -- we're going to move forward. Are you  
2 still going?

3 CHARLES HAMILTON: Well, let's just show you  
4 pictures. XL220. Propagation device. Fix gauge  
5 device, so you can tell how much beer's in a can  
6 after it's closed.

7 Industrial radiograph, Radium 192, 500 curies.

8 That's the one -- that's one of the gamma  
9 cells. One of the gamma knives. Nuclear pharmacy.  
10 Did you change this?

11 JAMES FUTCH: Yeah.

12 CHARLES HAMILTON: We had the wrong picture.  
13 And that was from the -- when we had a radioactive  
14 source in the steel plant. I was going to show that  
15 before lunch.

16 JOHN WILLIAMSON: That's a different picture.

17 CHARLES HAMILTON: Radioactive lunch.

18 JAMES FUTCH: Yeah, if anybody is following  
19 along in the book, you want to back up for a second  
20 to Alexander?

21 CHARLES HAMILTON: Yeah. To where?

22 JAMES FUTCH: This is Alexander Litvinenko,  
23 the Russian spy who was killed with Plutonium-210.  
24 The guy whose picture you see in here was Viktor  
25 Yushchenko, who was the President, Prime Minister

1 of Hungary. I know, they sound like they are the  
2 same man. Really, they're not.

3 CHARLES HAMILTON: They had some way to bring  
4 that together in a weird sort of way.

5 DR. MARY HART: How did that picture get in  
6 there?

7 CHARLES HAMILTON: All right. Any other  
8 questions?

9 MARK SEDDON (Vice-Chairman): All right. Very  
10 good. I guess we'll -- James?

11 JAMES FUTCH: Let me go and then we'll float  
12 Gail and then --

13 GAIL CURRY: Go right ahead.

14 JAMES FUTCH: Gail is like, go right ahead.

15 So, last but not least, we've got a couple  
16 things left to talk about.

17 The section that I run, Gail's contributions  
18 from the MQA side, and then we're going to try and  
19 show you some of the pictures from the Wings  
20 exercise in South Carolina that John was talking  
21 about earlier. And we've got some of the equipment  
22 that we used in the airplane all hooked up so we can  
23 show you how it works in real life.

24 Let me start with the technology. I'm going to  
25 stand up because I can't stand to sit down and talk.

1           So in the technology area, I should start off  
2           by mentioning the council that we're part of today,  
3           is housed in the statute for the radiologic  
4           technologists. And obviously, everybody knows what  
5           a technologist is. The program, itself, as Cindy  
6           has mentioned, takes care of the certification of  
7           the people who do therapy, nuclear medicine or use  
8           x-rays for some purpose. And we do that in  
9           conjunction with a different division of the  
10          Department of Health called the Division of Medical  
11          Quality Assurance.

12          And in addition, we have some other  
13          responsibilities than are just housed in my section  
14          which has nothing to do with technology, which is  
15          nonionizing radiation and lasers. And then we also  
16          provide information technology support, computer  
17          support for the Bureau.

18          I think Gail is going to give us some updates  
19          on the numbers. This is the current pantheon of  
20          licensees that we issued in Florida. You can see  
21          the largest group of technologists are the  
22          radiographers, which in Florida they're called  
23          general radiographers. Followed by, it's kind of a,  
24          kind of goes back and forth. Nuclear medicine techs  
25          and the basic machine operators, which is a limited

1 form of radiographer that we have in Florida.

2 I know some of you have seen this over the  
3 years and do this every day. I'm trying to be  
4 complete for those who are brand new to the council  
5 and haven't seen before.

6 Followed by the radiation therapy techs. And  
7 then some of the newer categories we've established  
8 in the last few years, like the CT techs and MR  
9 techs.

10 Total licenses doesn't match total  
11 technologists because some people are certified in  
12 multiple areas, but around 27,000.

13 To give you an idea how that's changed over the  
14 years, when I took over the RAD tech program in  
15 1998, we had 17,000 total technologists certified at  
16 that time. So we have about 10,000 more than we did  
17 back in '98.

18 So let me discuss a little bit of this.  
19 Original licensure was 1978. In '84, there was some  
20 major changes which brought most of the rest of the  
21 major areas of, in addition to radiography, nuclear  
22 medicine and therapy were added.

23 The Statutes 468 part four, the Rule 64E-3 and  
24 all the other changes you see listed up there by  
25 year were 2004, we added significantly to the

1 disciplinary guidelines for the profession. We also  
2 added the CT component to the nuclear medicine  
3 technologist's license so that nuclear medicine  
4 techs could do something with CT. Since the  
5 manufacturers were so kind as to start marrying  
6 technology together that required two different  
7 people to operate the same device.

8 The other changes you see, we added radiologist  
9 assistants in 2006. These are physician extenders  
10 similar to a physician assistant, but housed in the  
11 RAD tech statute. And Patty is not here today.  
12 She's our resident radiologist assistant.

13 In 2012, we added the rest of what we call the  
14 specialist technologists, the CT, MR and mammo.

15 In 2005, the department in sourced major  
16 portions of the RAD tech relationship program which  
17 are now run by Gail's section inside Medical Quality  
18 Assurance. Medical Quality Assurance licenses all  
19 the other doctors and the nurse, all the other  
20 health care personnel in Florida.

21 So the way it works these days is, our part of  
22 the Bureau of Radiation Control sort of acts as the,  
23 if you will, the internal board for MQA who handles  
24 the day-to-day licensure of the profession. If  
25 there are questions about discipline, about whether

1 a violation has occurred, that comes to us. We  
2 determine probable cause and give it to the  
3 attorneys.

4 If one of our inspectors goes into the field  
5 and finds someone working on an expired license,  
6 Jerry's folks will refer it up to us. One of my  
7 staff, we'll show you in a second, we'll package  
8 that up and send a complaint over to the part of the  
9 department in Gail's group that prosecutes those.

10 We also handle continuing education for the  
11 profession, so we certify the courses and the  
12 providers. There's somewhere in the neighborhood of  
13 like 600 providers in any given point in the year;  
14 anywhere from a couple thousand to 10,000 or so  
15 courses that are approved.

16 Gail, do you have updates that you would like  
17 to --

18 GAIL CURRY: I do.

19 JAMES FUTCH: Go right ahead.

20 GAIL CURRY: First of all, for those of you  
21 that don't know what I do, I was hired by James in  
22 2002 and worked in his section until 2005, when Dr.  
23 Abunabaa sent us up to MQA to be in licensing. He  
24 felt like all licensing professions should be in the  
25 same place. So we went up to MQA in 2005 and still

1 remain there.

2           When we receive an application in our office,  
3 there are several ways it can come in. It can come  
4 in either by paper application through snail mail,  
5 or it can come to an online application. The online  
6 application was introduced -- I don't know what year  
7 it was, I don't remember -- but that has been an  
8 upgrade since we moved up to Medical Quality  
9 Assurance. And the applicants can actually apply  
10 online and pay their money with a credit card online  
11 and then we process it from that point.

12           If they fail the exam and have to reapply,  
13 unfortunately, they have to do it by paper. They  
14 can't go back on and apply for the second time with  
15 the online system. They are working to update that  
16 so that that will no longer be an issue. And  
17 believe me, not only do we do RAD techs in my  
18 section, we also do EMTs and paramedics. So it  
19 becomes quite a lot of paperwork once we start into  
20 graduation time. Because each application that  
21 comes in requires at least two documents for  
22 verification besides the application. So when all  
23 those things start coming in by fax, by mail, by  
24 e-mail, they all have to be documented and scanned,  
25 so that's a whole another process besides just

1 processing an application.

2 I will tell you that we do that with three  
3 processors for the whole state for three major  
4 professions. Two of my employees are what we call  
5 Regulatory Specialists IIs. They do all of the CEs  
6 that come into our office. Those all have to be put  
7 in the system. We can't just look at them and okay,  
8 they're good. So it all has to be documented in the  
9 system. And RAD techs are the only profession in  
10 the whole Medical Quality Assurance that are 100%  
11 audit at the time of renewal. So we have to verify  
12 that they are in compliance with their CE when they  
13 renew. If they're not, they get a deficiency  
14 letter. If they try to renew online, it will not  
15 allow them to do that. So that's what my RSIIIs do.

16 They also do all of our exams, because every  
17 EMT and paramedic have to take an exam. RAD techs,  
18 you know, a lot of them take exams, but thank  
19 goodness we have reciprocity in the state of  
20 Florida. So they send those exams electronically by  
21 an upload every night. They get them back and they  
22 put them in the system and license those qualified.

23 Three of my processors, which right now I'm  
24 down to two, do the initial applications and the  
25 re-exam applications. So you can imagine we stay

1 very, very busy.

2 I will tell you right now, from January 1st  
3 through today, we have processed 1,154 what we call  
4 certified radiologic technology applications. And  
5 we have done a total of five radiologic assistants  
6 since January.

7 We are working at an average number of days to  
8 process an application, once it gets into our  
9 office, is 6.61 days. We have thirty days to act on  
10 an application, whether it is sent to a deficiency  
11 status, which would then inform the applicant by  
12 letter that they are deficient and what the  
13 deficiency is, or to send them to either licensure,  
14 because they came in by endorsement, or reciprocity,  
15 or send them for an exam. So we have thirty days to  
16 do that.

17 If those applications go over thirty days, we  
18 consider them a DMR (ph), and if the applicant were  
19 to contest that, they could get a license based on  
20 the fact that we did not get those done in time.  
21 And it wouldn't matter. They could just get a  
22 license. They wouldn't have to go test, they  
23 wouldn't have to do all the things they normally  
24 would have to do. So as you can see, it's very,  
25 very important that we do get those done in a timely

1 manner.

2 And I have to tell you, I'm really proud of my  
3 team because they really work very, very hard. We  
4 just -- we work great as a team. I'll jump in there  
5 and help if I need to. And that's who we are.

6 Anybody have any questions?

7 KATHLEEN DROTAR: I do.

8 GAIL CURRY: Yes.

9 KATHLEEN DROTAR: We've got part of the  
10 application, the application, itself, is online.  
11 We've talked about it before. Any indication that  
12 program directors might be able to verify online?

13 GAIL CURRY: Thank you, Kathy. Yes.

14 KATHLEEN DROTAR: Because it would save time, I  
15 would think. It's also kind of tedious for us to do  
16 that.

17 GAIL CURRY: Yes. Thank you for bringing that  
18 up. And we did discuss that at lunch and I did tell  
19 Kathy that I have requested several times over the  
20 past several years that we go to what ARRT does.  
21 The American Register of Radiologic Technologists.  
22 They have a verification online that the educators  
23 go in and oh, yeah, they graduated, they graduated,  
24 they graduated. They have their HIV, they have  
25 their HIV. It would all be electronic. Therefore,

1 we wouldn't require any other paperwork from the  
2 technologists or the applicant and we wouldn't have  
3 tons of papers sitting waiting to be processed and  
4 tons of phone calls because they sent it in and we  
5 haven't gotten to it yet.

6 KATHLEEN DROTAR: I'm sorry, because I think  
7 the previous meeting, we were down to, like, two or  
8 three days and now you've got us at twice as long.

9 GAIL CURRY: Yes, it is.

10 KATHLEEN DROTAR: And the bad part of that is a  
11 lot of the students are graduating and now getting  
12 jobs right away. And that is a delay in them  
13 getting hired and possibility of them not getting  
14 the job because, only because you can't put it out  
15 faster.

16 GAIL CURRY: Exactly. And I would bring it to  
17 this council and say, if you're really interested in  
18 watching this process speed up and watching this  
19 process become more streamlined, I mean, we're in  
20 the age of technology. We shouldn't be still  
21 receiving papers, you know?

22 I've put it out there to our IT division. And  
23 of course, it's always either a money situation or  
24 we get bumped to the bottom again because nursing  
25 needed something. You know, compared to some of the

1 other professions, we're pretty small, but I feel  
2 that our need is just as great as a nurse or a  
3 doctor or anybody else. What we do is very, very  
4 important. Because without what we do, nobody else  
5 could do what they do.

6 I would love to streamline the process, have a  
7 verification online, where if I needed to go in and  
8 look at somebody's application, I'd say, oh, okay.  
9 Well, they've already verified everything. I can  
10 approve it. Not go in and say, let me go up here  
11 and see if we got a letter or let me look through my  
12 stacks of paper here and see if I have something.  
13 It slows down our process tremendously. And with  
14 all the cutbacks that the state has done, it's  
15 really -- it's hurting. It's hurting. And we're  
16 working really hard, we're trying to get it done,  
17 but that process would just be such an immense help  
18 to us.

19 CHANTEL CORBETT: Do the RGs have the  
20 availability of temporary licensing?

21 GAIL CURRY: They do, they do, but that's  
22 taking us longer also.

23 CHANTEL CORBETT: Right. That's something they  
24 can do while they're in school.

25 GAIL CURRY: No. No. The process to this is a

1 little bit --

2 CHANTEL CORBETT: Different.

3 GAIL CURRY: Yeah. What happens is they send  
4 in their application maybe two weeks before they  
5 graduate. So they send the application in.

6 Now, we may process that application. But  
7 guess what? The program directors cannot send us  
8 the verification letter until the day they graduate.  
9 So because now they're going to graduate today on  
10 the 6th, these kids -- this is the, you know,  
11 Millennials, they are instant gratification. I need  
12 it right now.

13 So they graduate today. Guess where they are  
14 tomorrow morning? Taking the test. So by the time  
15 we can get to their application, we're going to give  
16 them a temporary, but there's going to be a lapse in  
17 time. So they have taken their test. They have  
18 passed, they are ready to go to work, but we haven't  
19 approved their temporary yet. And believe me, we  
20 get the calls. We get the calls right away.

21 JAMES FUTCH: To the extent that the other part  
22 of the Department of Health can help you at all, you  
23 certainly have our support. And so far there hasn't  
24 been enough to actually make your IT people move  
25 faster.

1 GAIL CURRY: I know.

2 REBECCA McFADDEN: I tell our technologists if  
3 they wait that long, they get that paper for  
4 renewal. I know it's not going to help with the new  
5 ones, but they get that in plenty of time. If  
6 they -- for renewals, I mean, if they can't get that  
7 in in time, that's their fault.

8 GAIL CURRY: Right.

9 REBECCA McFADDEN: They have to give the time.

10 GAIL CURRY: The renewal process because they  
11 can do it online, snap, it's done, unless they don't  
12 have their CEs in.

13 REBECCA McFADDEN: But they always try to blame  
14 your office. I'm like, no, I renew mine every year.

15 GAIL CURRY: We send out the renewal notice two  
16 months before they expire.

17 REBECCA McFADDEN: Exactly. Yep.

18 GAIL CURRY: You would not believe how many  
19 phone calls we get the last day of the month or the  
20 first day of the next month saying, I tried to renew  
21 at midnight last night and it wouldn't let me, you  
22 know. Renewals --

23 JAMES FUTCH: That's right. It expired now..

24 REBECCA McFADDEN: Or I mailed it and I haven't  
25 gotten it back. Well, you're not working until you

1 do.

2 GAIL CURRY: Renewal is not a big issue for us.  
3 If they do their part in the timely manner, we're  
4 great. We can get it done. But if they  
5 procrastinate and sit there and wait until the very  
6 last minute to do it, and then they don't have their  
7 CEs in, it's going to hold them up. It's going to  
8 hold them up because there's applications in front  
9 of theirs, and we do everything by date order. So  
10 if I have thirty applications that came in on the  
11 25th and I got yours on the 31st, guess what, you're  
12 still on the bottom of the pile and this is the  
13 31st.

14 REBECCA McFADDEN: Yep.

15 GAIL CURRY: So you're not going to be renewed  
16 before you actually can't work.

17 CHANTEL CORBETT: I think a lot of times  
18 unfortunately, the technologists delay,  
19 procrastinate, looking even, throughout the year to  
20 look and see if their CEs are showing. Because a  
21 lot of them, they will go to meetings or whatever,  
22 and they say that they will upload them to the  
23 state, and then for whatever reason, that person  
24 doesn't do it. And then, like you said, it's like  
25 the day before it expires and they're like, oh, my

1 gosh, they're not here and it's five o'clock and  
2 nobody is there. Call.

3 GAIL CURRY: And what we would -- what we tell  
4 licensees when they call and say that, what are we  
5 supposed to be uploading? You know what? This is  
6 my license. I am not going to wait for somebody  
7 else to do it for me. And plus, they usually get a  
8 certificate or something that shows that they  
9 attended that conference or that --

10 CHANTEL CORBETT: We're supposed to type those  
11 in on RT.

12 GAIL CURRY: No, you can't.

13 CHANTEL CORBETT: We're the only one, right?

14 GAIL CURRY: No.

15 CHANTEL CORBETT: Okay. I was told some of the  
16 other licensees types could type them in.

17 GAIL CURRY: No, because ours have to be  
18 verified. I don't know.

19 CHANTEL CORBETT: They all have course numbers  
20 and they are approved and everything.

21 GAIL CURRY: Right. Right.

22 CHANTEL CORBETT: It's frustrating for us on  
23 the other end. It seems like it's adding work to  
24 you guys. We're having to send in certificates  
25 where we could just enter in.

1           GAIL CURRY: If we get rosters, they are  
2 automatically uploaded. We have a Scantron machine,  
3 we run them through and they are automatically  
4 uploaded. But if they procrastinate and they're not  
5 either with the ASRT that sends us those CEs on the  
6 15th of every month, then it's their responsibility.

7           CHANTEL CORBETT: Yeah.

8           GAIL CURRY: You've got to look to be sure that  
9 things are where they should be so you can renew in  
10 a timely manner.

11           JAMES FUTCH: Okay. I think you, the new  
12 computer system you got, the Lead system, I was  
13 talking to Daniella, and all of the existing online  
14 renewals have been replaced with the new way of  
15 doing online renewals. And she said that that new  
16 way has the capability to do uploads of documents  
17 with the renewal process. So there's the  
18 possibility.

19           GAIL CURRY: Yes. That's when we go to Versa.

20           JAMES FUTCH: Versa online. So there's the  
21 possibility in the future being able to accept  
22 uploads with the online renewals.

23           GAIL CURRY: Right.

24           JAMES FUTCH: That should help that problem.  
25 But where we seem to be at the bottom of the pile,

1 but you know, April, we'll do our best.

2 Anything else?

3 GAIL CURRY: Um, Versa I think is supposed to  
4 go live in January.

5 JAMES FUTCH: The nurses are first. Surprise,  
6 surprise.

7 GAIL CURRY: Of course. Of course they are.

8 CHANTEL CORBETT: The good thing is if it  
9 fails, they're first.

10 GAIL CURRY: Yeah, but that is going to be a  
11 big help to us. Because the documents can be  
12 uploaded by the applicant or the provider, whatever.

13 CHANTEL CORBETT: That will take some of that  
14 off of you.

15 GAIL CURRY: I'm good.

16 JAMES FUTCH: Okay. Thank you, Gail.

17 So let's see. Relationships. You've already  
18 heard about all this. This is Jerry's folks,  
19 inspecting licenses displayed at a facility.  
20 There's a requirement to display the licenses  
21 technologists in place accessible to view.

22 We do have the ability, if we find that someone  
23 is being employed who's on an expired license, the  
24 complaints that we mentioned before, that we're  
25 going to take and put together from Jerry's program

1 are going to be against not only the operator, but  
2 against the employer for employing someone who's not  
3 certified. It's a little different in our statute  
4 than most of the other professions.

5 Organizational chart. People working for me.  
6 There I am. I don't know why that picture is up  
7 there, but anyway. All the things you just heard me  
8 say I do.

9 This is Kelly Nesmith. Most people have  
10 probably talked to her more often than any of the  
11 rest of us because she's the continuing education  
12 coordinator. So if you need to get a course  
13 approved for your facility, if you're wondering why  
14 a course is no longer active, Kelly is the person to  
15 talk to. And she's usually -- the most common  
16 question Kelly gets is, I'm doing this society  
17 meeting tomorrow, can I get my courses approved?  
18 And she goes, ask me to ask you to try and give her  
19 like, you know, thirty days ahead of time or so in  
20 order to do that.

21 Giles -- Kelly is a radiographer. Giles is a  
22 radiation therapist. He came on board earlier this  
23 year. Fair amount of experience running TMH's  
24 radiation therapy program for a number of years.  
25 And if you see him at your facility in conjunction

1 with Yvette, that means one of those medical events  
2 happened. They are trying to figure out why; how to  
3 help you.

4 Our IT people, this is our programming  
5 consultant, Brad Watts. Every single system that  
6 you deal with except for MQA, the X-ray Machine  
7 Program, the Materials Licensing Program and the  
8 predecessor to the system that was licensing the  
9 technologists, was something that Brad either wrote  
10 or has been maintaining for us for a number of  
11 years.

12 This is another person on our staff. This is  
13 Nina Alexander. All of the non-programming things,  
14 computers stop working, viruses get on computers,  
15 Nina is the person who helps us fix those problems.

16 Moving away from technology for just a second,  
17 Cindy made mention of the fact that there is another  
18 program for non-ionizing radiation. There's one  
19 statute, it's about two paragraphs long. It's in  
20 501.122 Florida Statutes. It was written in 1984.  
21 Pretty much hasn't been changed ever since then.  
22 And it gives us the authority to do one thing, which  
23 is to register high-power lasers in the state of  
24 Florida. And these pictures you see here are from  
25 Governor Lawton Chiles' first inauguration,

1 something like 1993 or 1994. This is the state  
2 Capitol building; new capitol. This is the old  
3 Capitol. You can't really see it in this room.

4 There are actually some argon laser beams  
5 coming from the top of the new Capitol bouncing off  
6 of the old Capitol and going down the Appalachian  
7 Parkway.

8 This is an inspection I did back then. This is  
9 the roof of the old Capitol. This is a fellow  
10 mounting mirrors so this bounce will happen.

11 Here's the school picture. This is a couple  
12 guys, I'm not either one of these idiots, who were  
13 standing outside the windows on the top of the new  
14 Capitol building, 22 floors off the ground, mounting  
15 some bounce mirrors to the frame of the building so  
16 they can bounce them from up here all the way down  
17 to the roof.

18 REBECCA McFADDEN: They don't have belts on  
19 holding them up or nothing.

20 JAMES FUTCH: I think they're still living.  
21 I'm not sure. So some laser light guys from Miami.  
22 Really couple of really good guys.

23 So in addition to lasers, we are also asked  
24 from time to time to assist with questions regarding  
25 all the other pantheon of non-ionizing radiation

1 issues that are out there. Is your cell phone going  
2 to give you cancer, et cetera, et cetera. Is your  
3 power line safe to live next door to? All of these  
4 things. And where we can, if there are standards,  
5 we help refer folks to those for measurements to be  
6 made. Most of those are in those standards.  
7 Because most of the research says there's no  
8 problem. Enough about lasers.

9 And here is -- for those of you who have seen  
10 the joke, hold your humor for -- your laughter for a  
11 moment, but this is what we're talking about. So  
12 the researchers are looking at the maze for cell  
13 phone safety testing, and the guy says, the mice  
14 have shown no increase in cancer rate but there's  
15 been a huge up-tic in maze accidents from the  
16 texting. I think that's the joke. Anyway.

17 REBECCA McFADDEN: Sick joke.

18 JAMES FUTCH: So let's swap over to something  
19 else. Give me just a second.

20 Okay. Moving away from technology and picking  
21 up an issue that John had talked about earlier, we  
22 have this thing called preventive radiological  
23 nuclear detection. John, there's a state committee,  
24 has a whole bunch of members from different police  
25 agencies and fire and safety and it's part of the

1 domestic security superstructure of the state of  
2 Florida. And John was the co-chair of the PRND  
3 committee for eight years? And he finally twisted  
4 my arm hard enough that I decided to take over for  
5 him, which I did earlier this year. And so, all of  
6 the things that we're about to show you kind of fit  
7 underneath this umbrella.

8 And it, in contrast to emergency response, we  
9 think of Fukushima, we're involved with the power  
10 plant with monitoring, with what happens afterwards,  
11 that's all on the emergency response side.

12 This one was created after 9-11. This is  
13 trying to use detectors to stop people from using  
14 material to harm others or to cause panic, et  
15 cetera, et cetera.

16 I see it's not on the screen. Excuse me. It's  
17 always better if you can actually see what I'm  
18 talking about. There we go.

19 So when we talk about this, just to give you a  
20 little background, the three biggies -- and some of  
21 this we talked about in April. Again, because some  
22 of you weren't here, I just want to go over it  
23 again.

24 The three biggies, improvised nuclear device,  
25 dirty bomb, spread the material, no atomic explosion

1 and radiological exposure device. You take  
2 something highly radioactive and you put in the seat  
3 of the supervisor's chair on your last day of work  
4 when you're fired in hopes of hurting him.

5 This one actually happened in Florida in  
6 approximately 2006 in Collier County, Florida. It  
7 was a nuclear medicine technologist who removed a  
8 Gadolinium line source, I think it was, from the  
9 nuclear medicine camera and stuck it in the  
10 supervisor's chair. He was arrested. There was an  
11 arrest report. You can read about it. He was not  
12 prosecuted. I have no idea why.

13 So anybody have any idea what DJ Torres, who's  
14 one of our FHP pilots is holding in his hands?

15 No? I didn't think so. John knows. These are  
16 the simulated cores of two nuclear devices using  
17 actual highly enriched Uranium-235. The idea behind  
18 these, we used these in an exercise earlier this  
19 year. The idea is to show something that gives the  
20 same external gamma radiation signature from U-235,  
21 let's say a Hiroshima-sized bomb would emit and try  
22 to see if you can find it in the environment with  
23 various detectors and things like that. So  
24 naturally, when the folks from Oakridge brought this  
25 down, everybody had to take a picture of it.

1 All right. So this is the whole PRND process.  
2 I won't go into that, but obviously, you want to  
3 stop the bad guys somewhere along the process. The  
4 country has these networks of portal monitors and  
5 other things to detect, including in Florida, we use  
6 some of these. All right.

7 So this whole thing, let me just talk to you  
8 for just a second. We've done a lot of work with  
9 gamma detectors, like the one on the table, with  
10 various law enforcement folks. And we've been doing  
11 it for years with vehicles and in the past couple  
12 years, we've started doing it with aerial detection.  
13 Airplanes. We've taken detectors and put them in  
14 airplanes. And this shows you the output from the,  
15 what we call the GIS mapping view of some of the  
16 gear on the table. And what you see is these little  
17 bread crumbs, and they're color coded. So green  
18 means there's not much radiation at that moment.  
19 Yellow means there's more and red means there's  
20 something nearby.

21 In this case, there's something in this bush.  
22 And the folks who were learning how to fly are first  
23 learning how to drive with the systems on the ground  
24 because it's cheaper than trying to use them in the  
25 air and that's what this is showing.

1           We'll show you this live in a little bit, but  
2 this is the screen that shows the output from the  
3 gamma radiation detector on the table.

4           This is kind of the sciency physics view, as  
5 the cops call it, that shows natural background.  
6 Isotopes, Thorium, Uranium, Radium on a scale from  
7 0KV to 3000KV.

8           If you see a pattern here, it's probably  
9 because it's a naturally occurring isotope in the  
10 ground, but it's always going to pick up. If you  
11 see a perturbation like this, this means there's  
12 something unusual; you should go investigate it.

13          Aerial flight planning. You have to teach  
14 pilots to fly so you don't miss things on the  
15 ground. And you have to teach them how to fly in  
16 very tight parallel lines.

17          So this brings me to the Wings exercise. And I  
18 was just thinking, boy, I'm glad they didn't hold  
19 this in, say, October, because we would have had a  
20 problem. My brother, who lives in Columbia, had 12  
21 inches of rain -- was it yesterday or the day  
22 before? Whenever this whole thing -- two days ago.  
23 That was, like, the low total for the state of South  
24 Carolina. But he's good because he's got a  
25 generator. He's on high ground.

1           So Wings is the second time that the Federal  
2           Government has tried to bring together the various  
3           kind of aerial detection assets that are out there  
4           now. And it used to be all there was was the feds  
5           with the emergency-response type gear that John was  
6           talking about. The AMS, the aerometric system folks  
7           in Las Vegas or at Andrews Air Force Base. And  
8           because of the PRND mission, there are law  
9           enforcement agencies out there now flying systems  
10          like the one you see on the table doing it for  
11          propentic (ph) purposes.

12           And the feds say, hey, well, maybe we should  
13          kind of start integrating those systems into a much  
14          more robust capability. How would we do that? And  
15          FEMA decided to write a check and pay the bill for  
16          all the gas that it was going to take to figure this  
17          out.

18           So FEMA has the con ops and they wanted to us  
19          test it. They did it first in Las Vegas last year.  
20          This is the second time around. This time around  
21          there were nine different agencies -- excuse me.  
22          Nine aircraft, eleven different agencies. And we're  
23          going to show you some pictures from that exercise  
24          and how it all works or worked.

25           First of all, these are the places that we got

1 to fly. This is, for those of you not familiar,  
2 this is the Savannah River, the border between  
3 Georgia and South Carolina. Here's the border  
4 between North and South Carolina.

5 So this is Sumpter, which I think got 24 inches  
6 of rain two days ago. The airport we were based out  
7 of. And these were all the different sites where  
8 there's either physical, discreet sources placed by  
9 people on the ground so the aerial crews would have  
10 something to see. Right? Big sources like we train  
11 with. Let's just say something larger than a ten  
12 millicurie, five millicuries and we'll leave it at  
13 that.

14 The other things that you can see in this  
15 particular part of the country is Savannah River  
16 National Lab is down here. And they have part of  
17 the old nuclear weapons complex and because of that,  
18 they have contamination out in the environment on  
19 the ground that you can fly over and pick up with  
20 these aerial detection gear.

21 It's like Vegas in all the places that we set  
22 off bombs above ground. It's one of the few places  
23 in the country where you can measure actual  
24 contamination and not have to just do fake little  
25 discreet sources. It's spread over a wider area.

1           So this is our system. The FHP in Florida  
2 flies six or seven, I forget, Cessna 172, 182  
3 airplanes. And they are very experienced. They are  
4 up all the time. They are the folks who are  
5 monitoring your progress between the white lines on  
6 75 and time you on how long it takes to get from one  
7 to the other one and then write you a ticket. But  
8 we use them to fly our system.

9           So the system consists of -- I'll describe  
10 what's on the table. But this is the -- the big  
11 square thing is the sodium iodine detector. It's 4  
12 by 4 by 16 inch crystal. It's connected to the  
13 square box, which is the Mil-Spec computer.  
14 Normally when we're flying, we'll have multiple  
15 detectors in the airplane. We flew with five in  
16 South Carolina.

17           This is Matt Senison, one of John's guys,  
18 hooking up the equipment in the back seat of the  
19 Cessna. And you can't really see the pilots, but  
20 this is Mark Cendan and DJ Torres. And in the  
21 shadows leaning through the other door is one of  
22 Charlie's people, Gan Preamplume, who is our GIS  
23 expert.

24           And the other equipment on the table is just a  
25 Wi-Fi and cell router that takes the signals from

1 the table and brings them over the computers, or  
2 down to the ground if you want to send it down to  
3 the ground.

4 So this is the full crew standing in front of  
5 the FHP airplane. And then the way it works is,  
6 Gan, basically the little plan that I showed you  
7 before with the airplane and the parallel lines, Gan  
8 has just received an assignment from the crew at DOE  
9 and he's supposed to go build a flight plan and tell  
10 the plane to go fly in a certain area in South  
11 Carolina. And so he's working with one of the DOE  
12 scientists, Lance, on how to do that.

13 And what we're going to do for this is we're  
14 going to put a flight plan on a little thumb drive.  
15 We're going to go out to the navigational system in  
16 the computer and plug it into the computer so the  
17 pilot, when he's flying, can see where he's at in  
18 relation to those lines and try his best to stay on  
19 those lines.

20 So this is the beginning of the mission. The  
21 plane is taking off.

22 And this is what it looks like in flight to the  
23 operator in the airplane. You can see what we have  
24 here is a restricted area that can't fly over. This  
25 is where the Savannah River I think reactors and

1 other parts where they don't want people flying are.

2 The area that we were flying in doesn't really  
3 show you the lines. But picture a big rectangle  
4 right here with a bunch of parallel lines going back  
5 and forth. And what you see is the actual bread  
6 crumbs from the system that's it's generating in  
7 flight.

8 So you start out coming in to the plan down  
9 here, kind of run along the edge of it and then  
10 start back and forth.

11 You can't see this, but this is actually about  
12 13 miles long, each one of those lines. And it's  
13 about, I think, about the same distance, maybe not  
14 quite as far this way. So this becomes a real  
15 management issue.

16 Sumpter is, like, seventy miles away up here.  
17 And you've got a certain amount of gas in the plane.  
18 And you're going to go cover this area and it took  
19 us two hours to generate this. And at that point,  
20 you say, hmm, well, let's go see what we can see  
21 along the river. Because the river is down here on  
22 the border. You can't really tell. That's what  
23 this one is trying to fly along.

24 These colorations that you're seeing are mostly  
25 the variations in the natural background material on

1 the ground. So the Thoriums, the Radiums, et  
2 cetera.

3 However, even though you can't always pick up  
4 the fine low levels of contamination that exist  
5 approximately here, where this little pond kind of  
6 empties out, you can't really pick that up in  
7 flight. When you come back down and land and you  
8 take your data and give it to DOE, which is what  
9 we're doing here, we're giving it to the DOE GIS  
10 scientist who's going to combine it into the much  
11 larger picture produced by all the air crews, she  
12 can actually run some of the DOE algorithms to pick  
13 up very, very fine levels.

14 And then we gave a briefing on this and DJ is  
15 behind me. And you can't really see it quite as  
16 well, but this one has actually got some markers on  
17 it to show exactly where we picked up the Cesium-137  
18 on the ground.

19 And it was kind of eye opening for the pilots  
20 because we've been doing so much training with  
21 discreet sources that are like search lights to this  
22 system from several hundred to even higher feet.  
23 They're so used to seeing something say, alarm,  
24 alarm, alarm, in flight and all of rest of it, and  
25 when that didn't happen, they thought we haven't

1 seen anything. But in the processing on the ground,  
2 we did, in fact, see the Cesium-137.

3 This is just some pictures from the other air  
4 crews and I'm going to show you some pictures of  
5 airplanes because, hey, airplanes are cool, right?  
6 This is our table. And you can see, it's a little  
7 bit tight in this building.

8 This is one DOE crew whose chair is actually  
9 smack up against Matt's. And on the other side, the  
10 same thing. This is the Philadelphia Police  
11 Department crew.

12 This is Ed Baldini, who's a lieutenant with the  
13 Philadelphia Police Department, who is the other law  
14 enforcement crew in the helicopter that actually  
15 fielded an aircraft. They had some other law  
16 enforcement agencies that had sharing their  
17 experience, but they didn't actually bring their  
18 airplanes.

19 This crew in the middle of the room, this is  
20 the EPA's ground crew. And I'll show you their  
21 plane in just a second.

22 This is the runway. This is us. This is a  
23 Beechcraft King Air that DOE flies. This is  
24 essentially the same aircraft that Customs flies.  
25 They call it a C-20, I think. They fly this also

1 for the Department of Energy. These two are  
2 Department of Energy crews and on the back, there's  
3 one, two, three, four, and there's another, I think  
4 five or six helicopter systems flown by different  
5 folks.

6 This is the U.S. Army Black Hawk that we did  
7 some training with earlier this year. The same, the  
8 same UH60 carrying each of these white pods has  
9 about four of these devices inside of them. And  
10 there's two on this side, so there's about sixteen  
11 crystals or so they are flying.

12 This is the airplane that you saw before close  
13 up.

14 This is the EPA's aircraft. They are flying, I  
15 think it was fourteen, I think about fourteen  
16 crystals we said. And they have a whole bunch of  
17 other chemical detection gear and high-resolution  
18 video cameras in their system.

19 And that's the class photo. And we're done.

20 MATTHEW WALSER: So none of the data up in the  
21 airplane is realtime down to the ground?

22 JAMES FUTCH: It can be. Depends on how good  
23 your connectivity is to the ground. We flew this  
24 exact system with the little commercially available  
25 Cradle Point router over there, and depends on where

1 the plane is at in relation to the towers and what  
2 the orientation of the plane is. We're doing this  
3 over the regular cellular network. We probably had  
4 50 percent the time we could see what's going on  
5 realtime.

6 EPA's aircraft, the one with the big exhaust on  
7 the side, they're using satellite uplink over the  
8 Iridium network. They like to show off. When they  
9 did their plane, we were watching live video  
10 transmission as well as data transmission from the  
11 data system. And of course, that costs like a  
12 dollar something a minute for the -- two dollars a  
13 minute now?

14 They were really showing off. Good way to  
15 spend your federal money, right?

16 REBECCA McFADDEN: With the drone technology,  
17 would that replace some of this aircraft technology?

18 JAMES FUTCH: Well, those things over there  
19 weigh about, I think, thirty pounds.

20 JOHN WILLIAMSON: No, that one is fifty-six  
21 pounds.

22 JAMES FUTCH: When you figure out how to fly  
23 drones that can carry heavy, lift stuff, that is --

24 MATTHEW WALSER: Drones that have missiles on  
25 them.

1           JAMES FUTCH: We're not going to buy Predators.  
2           Maybe the military will give us a Predator. I'm not  
3           sure.

4           CHANTEL CORBETT: I'm guessing they only use  
5           these if they're specifically looking for something.  
6           They're not just hanging out on the planes flying  
7           around.

8           JAMES FUTCH: I would love to be able to. John  
9           and I put a proposal in for another one of these  
10          systems. These are, these are -- the crystals are  
11          \$32,000. The whole thing is couple hundred thousand  
12          dollars.

13          CHANTEL CORBETT: What I'm saying, if there's  
14          an specific incident or question, that's the only  
15          time they're actually loading them up and taking  
16          them out?

17          JAMES FUTCH: Right. If there were more of  
18          these -- FHP is up there every day over the  
19          interstates. FPH has boats patrolling them  
20          offshore.

21          I want to show you how this works with a  
22          source. And this is -- that's Sodium-22. You can  
23          see the perturbation that it makes. And that's how  
24          it works. Give it a second or two. I'll hide it.

25          It takes it a little bit of time.

1 CHANTEL CORBETT: You have to back away.

2 JAMES FUTCH: Should we see what this does?  
3 Cesium-137. And that's Cobalt-60. The Potassium-40  
4 you see every once in a while is coming from the  
5 environment.

6 Sometimes these systems, when they detect one  
7 anomaly, they kind of open the window and they see  
8 some of the natural stuff at the same time.

9 So any questions? Anybody wanted to add  
10 anything?

11 MARK SEDDON (Vice-Chairman): Okay. Thanks.  
12 Okay. So I think we need to first, I don't know if  
13 we really have much time for old business by council  
14 members. So, anything you want to come up to talk  
15 about maybe at the next meeting?

16 BRENDA ANDREWS: We probably need to go over  
17 the travel stuff. Travel packages.

18 DR. MARY HART: When is the next meeting?

19 MARK SEDDON (Vice-Chairman): Then we'll talk  
20 about the next meeting. That's the next thing.

21 KATHLEEN DROTAR: Isn't there a bunch of  
22 legislation you guys are proposing?

23 JAMES FUTCH: No.

24 KATHLEEN DROTAR: Okay.

25 JAMES FUTCH: That's the short answer.

1 CHANTEL CORBETT: Are there any, like, requests  
2 or for looking into the fact of putting anything  
3 more into the fluoroscopy guidance or regulations in  
4 place for future?

5 JAMES FUTCH: You mean like to actually license  
6 people to do fluoroscopy?

7 CHANTEL CORBETT: Any kind of training  
8 requirements or anything like that?

9 MARK SEDDON (Vice-Chairman): I spoke to Yvette  
10 before about potentially putting out an information  
11 notice, something to that effect, with some  
12 recommendations for credentialing or training for  
13 the physicians.

14 CHANTEL CORBETT: I mean, a couple of the  
15 states are doing --

16 MARK SEDDON (Vice-Chairman): States are moving  
17 in that direction.

18 CHANTEL CORBETT: That direction. I'm sure the  
19 Joint Commission will eventually here, too. I mean,  
20 we have physicians who are just being monitored on  
21 time, which is, obviously, not the best way to do  
22 it. And a lot of them are not well educated and are  
23 using cini mode and the doses are getting pretty  
24 high pretty quickly.

25 JAMES FUTCH: From a legal perspective, if we

1 wanted to do something like require physicians to  
2 meet some sort of fluoroscopy requirement, we're not  
3 going to do it through 468, the RAD tech license  
4 law, because they're exempt from it. There's  
5 some --

6 CHANTEL CORBETT: Okay.

7 JAMES FUTCH: -- tangential authority and  
8 you've got the statute that probably, and I'm not a  
9 lawyer, so just accept this with a grain of salt,  
10 but I know the climate in Florida probably would not  
11 be enough to do what you want unless the community  
12 wants it. And if the community wants it, it's  
13 probably going to come through the Board of  
14 Medicine.

15 MARK SEDDON (Vice-Chairman): I think having  
16 information would be helpful, if nothing else.

17 DR. MARY HART: A step in the right direction.

18 CHANTEL CORBETT: Any extra.

19 MARK SEDDON (Vice-Chairman): Step in the right  
20 direction. That's something we can move forward  
21 quickly, fairly quickly to publish those.

22 Then the next kind of gray area we can talk  
23 about in the past is register protection programs  
24 that are kind of undefined, what they involve. So  
25 that potentially should be another avenue, I think.

1           Again, in an x-ray regimen, especially in  
2 Orange County, it's a conglomerate of policies  
3 affect multiple things. So you could have something  
4 to that effect as well.

5           We initially did that for CT. We had the -- I  
6 know Don put together, Don Steiner initially put  
7 together a draft information notice for fluoro years  
8 and years ago, which I don't think it actually got  
9 published. So we can even reintroduce that as well.

10           YVETTE FORREST: It's definitely something to  
11 revisit.

12           MARK SEDDON (Vice-Chairman): Yeah. Any other  
13 business, old business you want to bring up? No?  
14 Okay.

15           Brenda, do you want to talk about travel  
16 vouchers and the next meeting?

17           BRENDA ANDREWS: First, does anybody have  
18 questions on the packets, the travel packets that I  
19 gave you? Have you had a chance to take a look at  
20 it?

21           REBECCA McFADDEN: This sheet with the yellow,  
22 you want us to basically copy what you have here on,  
23 you've already assigned us, but just confirm it's  
24 true?

25           BRENDA ANDREWS: That's your authorization.

1 All you do is sign that.

2 REBECCA McFADDEN: Okay.

3 BRENDA ANDREWS: The other two pieces are of  
4 signature pages for you to sign those and date them.  
5 The instructions are on the purple sheets.

6 If you have -- if you drove in and you know  
7 your mileage, you do not have any receipts, you can  
8 actually sign your documents and turn them back in  
9 to me now.

10 If you have receipts, you may want to hold on  
11 to everything and mail them back in the envelope  
12 that I provided.

13 Be sure to fill out the yellow areas, if  
14 applicable, on the worksheet, including, if you have  
15 receipts, and make sure you include the original  
16 receipts in your packets back to me.

17 Also, I have green parking discount tickets. I  
18 think if you did not stay overnight and you parked,  
19 you are eligible to have one of these to -- I think  
20 it's only four dollars for parking as opposed to, I  
21 think twelve.

22 JAMES FUTCH: Twelve, yeah.

23 BRENDA ANDREWS: So if anybody needs one of  
24 these from me, just let me know.

25 Anybody else?

1           JAMES FUTCH: So looking ahead at the calendar,  
2 we traditionally meet in the spring in the month of  
3 May, and there are a few things to think about.

4           The first Tuesday is the 3rd. It's not a  
5 requirement. We have usually met on Tuesdays. I'm  
6 not sure if Tuesdays are still good with all the  
7 newer members.

8           Do we hear a preference for staying with  
9 Tuesdays? Until somebody thinks of a reason not to?  
10 So we're looking at the 3rd or multiples of seven  
11 afterwards.

12           Now, some folks usually have meetings of  
13 associations in early May. What conflicts do you  
14 guys see?

15           CHANTEL CORBETT: FNMT is the 28th through the  
16 1st. We're good on that.

17           JAMES FUTCH: 28th.

18           CHANTEL CORBETT: April 28th through May 1st.

19           JAMES FUTCH: Okay.

20           BRENDA ANDREWS: Then there's a CRCPD meeting.

21           CINDY BECKER: That's okay.

22           JAMES FUTCH: There's a CRCPD meeting and Cindy  
23 would not dream of missing the next, our council.  
24 So probably stay away from the week of the 3rd, I  
25 guess.

1           So the 10th. Any objections to the 10th of  
2           May?

3           DR. MARY HART: My son is graduating from law  
4           school in California that week, so I'm going to be  
5           gone, but I don't think I'm the necessary --

6           JAMES FUTCH: And then we have school  
7           graduations also, to worry about.

8           MARK SEDDON (Vice-Chairman): The 17th then?

9           JAMES FUTCH: The 17th?

10          DR. MARY HART: That works.

11          KATHLEEN DROTAR: 17th.

12          JAMES FUTCH: We were just informed that's when  
13          the CRCPD meeting is.

14          YVETTE FORREST: Yeah. I'll probably try to go  
15          to the CRCPD.

16          MARK SEDDON (Vice-Chairman): The 24th?

17          JAMES FUTCH: The 24th? Any objection to the  
18          24th?

19          CHANTEL CORBETT: Going once.

20          JAMES FUTCH: Why don't we pencil in the 24th.  
21          And if everyone finds out otherwise, e-mail Brenda  
22          and we'll make another stab, but otherwise, let's do  
23          it.

24          DR. MARY HART: Is it always here?

25          JAMES FUTCH: No.

1 MARK SEDDON (Vice-Chairman): It varies.

2 BRENDA ANDREWS: Between here and Tampa.

3 JAMES FUTCH: Paris, Milan.

4 DR. MARY HART: Do we get travel? Key West?

5 JAMES FUTCH: Where would you like to meet?

6 CHANTEL CORBETT: Key West. It's a Florida  
7 city.

8 JAMES FUTCH: So is Miami, but I have to remind  
9 myself of that every once in a while.

10 Traditionally, they bounce back and forth between  
11 Tampa and Orlando for airplane and short meeting  
12 purposes for people who fly in.

13 How many folks do we have flying these days? I  
14 know Dr. Williams and Dr. Atherton.

15 MARK SEDDON (Vice-Chairman): Any preferences?

16 JAMES FUTCH: It's your group. We're paying  
17 the bills, but --

18 CHANTEL CORBETT: Are the majority closer to  
19 here?

20 MARK SEDDON (Vice-Chairman): I think we  
21 alternate. We usually Tampa then Orlando, Tampa  
22 then Orlando.

23 BRENDA ANDREWS: I think Tampa was more  
24 difficult for those who fly in. Last time we had  
25 problems.

1 DR. MARY HART: Which one is more difficult?

2 BRENDA ANDREWS: Tampa.

3 JAMES FUTCH: Flying internally in the state of  
4 Florida is not easy.

5 CHANTEL CORBETT: It's a lot more limited  
6 schedule.

7 DR. ATHERTON: It was equally difficult flying  
8 here this time --

9 JOHN WILLIAMSON: It's all bad.

10 DR. ATHERTON: -- so I wouldn't count that as a  
11 major problem.

12 MARK SEDDON (Vice-Chairman): Show of hands for  
13 Tampa?

14 (Show of Hands)

15 MARK SEDDON (Vice-Chairman): Six. Show of  
16 hands for Orlando?

17 (Show of Hands)

18 JAMES FUTCH: We're trying to just count the  
19 members, not the staff.

20 BRENDA ANDREWS: Just members.

21 MARK SEDDON (Vice-Chairman): Just members,  
22 Orlando? Just me? Three. It looks like Tampa next  
23 time.

24 All right. Do we have any other business we  
25 need to worry about?

1 I guess one comment for the new members. I  
2 know there's the whole Sunshine laws. So  
3 communication between council members. Like when  
4 Dr. Hart was mentioning getting people together. It  
5 has to be --

6 JAMES FUTCH: If you're going to talk about --  
7 119 requires certain things. When we hold this  
8 meeting, we notice it in the Florida Administrative  
9 Register ahead of time so that the public can come  
10 and know about it if they want to. When Brenda and  
11 I send anything out to anybody else via e-mail, we  
12 tend to do a blank carbon copy so you don't  
13 accidentally hit reply all and start communication  
14 between two members. Because that can be  
15 interpreted as being something that would be subject  
16 to public notification; the rest of it.

17 So it's best to hold communications between  
18 each other in a venue like this on anything that  
19 might come up or be council business. So if we need  
20 to have some communications outside of the two  
21 regular meetings, we can set up conference calls or  
22 things of that nature.

23 If there's something that you want the group to  
24 know in general, send it to us and we can take care  
25 of notifying other folks about that.

1           Now, I'm not saying don't talk to each other.  
2           I'm saying anything you do end up talking to each  
3           other, if it turns out to be something that is  
4           council business, could get us into trouble with the  
5           Sunshine Law or at the very least, require that you  
6           recuse yourself from being part of any voting if it  
7           comes up later.

8           MARK SEDDON (Vice-Chairman): I know you were  
9           talking about the initiative for, like, dose  
10          management. I don't know if that would be  
11          considered council business.

12          JAMES FUTCH: Probably. But we can't actually  
13          have -- subcommittee. Some groups formed. And we  
14          just have to manage it properly.

15          DR. MARY HART: Do a group telethon.

16          JAMES FUTCH: Right. Exactly.

17          DR. MARY HART: So I'll e-mail you, Brenda. Do  
18          you want to just show if you're interested so that  
19          she can, if we have a --

20          JAMES FUTCH: On which topic? Which topic are  
21          we on?

22          BRENDA ANDREWS: What are we talking about?

23          DR. MARY HART: About what I was talking about  
24          before --

25          MARK SEDDON (Vice-Chairman): Dose management.

1 DR. MARY HART: Dose management in patients and  
2 whether that should go to a different -- anybody --  
3 anybody interested?

4 MARK SEDDON (Vice-Chairman): So I'll be  
5 interested.

6 REBECCA McFADDEN: I'm interested in dose  
7 management for sure. It's a hot topic.

8 JAMES FUTCH: So we have three folks.

9 REBECCA McFADDEN: I think we might have a lot  
10 of conversation about that in the next year.

11 KATHLEEN DROTAR: Send an e-mail out to all of  
12 us and we'll respond back through Brenda.

13 REBECCA McFADDEN: Whoever is interested could  
14 just dial in.

15 DR. MARY HART: Yeah.

16 REBECCA McFADDEN: Discuss.

17 MARK SEDDON (Vice-Chairman): So do we make a  
18 motion to adjourn?

19 JAMES FUTCH: I think so.

20 MARK SEDDON (Vice-Chairman): All right. Do we  
21 have a motion to adjourn.

22 KATHLEEN DROTAR: I make a motion to adjourn.

23 MARK SEDDON (Vice-Chairman): Second?

24 MR. BURGESS: Second.

25 MARK SEDDON (Vice-Chairman): All in favor?

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ALL: Aye.

MARK SEDDON (Vice-Chairman): No nays. Thank  
you.

(Proceedings concluded at 3:15 p.m.)

## 1 CERTIFICATE OF REPORTER

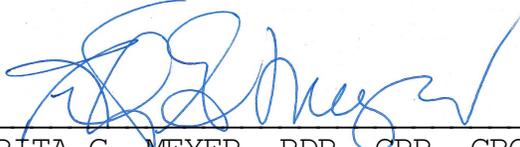
2 STATE OF FLORIDA:

3 COUNTY OF ORANGE:

4  
5 I, RITA G. MEYER, RDR, CRR, CBC, CCP, do hereby  
6 certify that I was authorized to and did stenographically  
7 report the foregoing proceedings and that the foregoing  
8 transcript is a true and correct record of my  
9 stenographic notes.

10 I FURTHER CERTIFY that I am not a relative,  
11 employee, attorney or counsel of any of the parties, nor  
12 am I a relative or employee of any of the parties,  
13 attorneys or counsel connected with the action, nor am I  
14 financially interested in the outcome of the action.

15 DATED on this 21st day of October, 2015.

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19 \_\_\_\_\_  
RITA G. MEYER, RDR, CRR, CBC, CCP

<b>\$</b>	<b>20 [3]</b> 62/2 69/4 145/25 <b>200,000 [1]</b> 47/12 <b>2001 [1]</b> 55/13 <b>2002 [1]</b> 118/22 <b>2004 [1]</b> 116/25 <b>2005 [3]</b> 117/15 118/22 118/25 <b>2006 [3]</b> 59/5 117/9 136/6 <b>2008 [1]</b> 56/19 <b>2010 [2]</b> 9/15 56/20 <b>2012 [1]</b> 117/13 <b>2014 [3]</b> 61/2 66/1 70/13 <b>2015 [3]</b> 1/19 66/1 162/15 <b>2022 [1]</b> 48/24 <b>2024 [1]</b> 48/24 <b>20s [1]</b> 83/24 <b>210 [1]</b> 113/23 <b>21st [1]</b> 162/15 <b>22 [2]</b> 133/14 148/22 <b>22,000 [1]</b> 67/22 <b>22-year-old [1]</b> 12/3 <b>226 [1]</b> 47/25 <b>235 [2]</b> 136/17 136/20 <b>237 [1]</b> 45/16 <b>238 [2]</b> 59/11 59/12 <b>24 [1]</b> 140/5 <b>24//7 [1]</b> 41/25 <b>24/7 [1]</b> 26/16 <b>24th [4]</b> 155/16 155/17 155/18 155/20 <b>250,000 [1]</b> 47/13 <b>250-slide [1]</b> 43/8 <b>25th [1]</b> 127/11 <b>26,400 [1]</b> 89/14 <b>27,000 [1]</b> 116/12 <b>28th [4]</b> 65/19 154/15 154/17 154/18	<b>64-E-5.204 [1]</b> 96/3 <b>64E-3 [1]</b> 116/23 <b>64E-7 [1]</b> 92/2 <b>6th [1]</b> 125/10
'	<b>7</b>	<b>75 [1]</b> 141/6
'14 [3] 45/16 55/1 56/13 '14-15 [3] 45/16 55/1 56/13 '84 [1] 116/19 '98 [1] 116/17	<b>9</b>	<b>9-11 [1]</b> 135/12 <b>90 [2]</b> 50/21 67/13 <b>90,000 [1]</b> 12/16 <b>92 [1]</b> 25/4 <b>92.5 [1]</b> 21/22 <b>95-degree [1]</b> 50/21
..... <b>149 [1]</b> 3/13	<b>A</b>	<b>a.m [4]</b> 1/20 42/2 42/6 83/17 <b>AAPN [1]</b> 10/21 <b>abandoned [1]</b> 55/5 <b>ability [3]</b> 96/4 99/24 130/22 <b>ABIM [1]</b> 2/10 <b>able [12]</b> 37/25 39/2 41/4 52/7 57/17 58/18 78/14 89/25 98/13 122/12 129/21 148/8 <b>ABNM [1]</b> 2/10 <b>about [135]</b> 10/16 11/1 12/22 13/6 13/22 15/7 16/22 17/4 17/7 17/8 18/21 19/15 20/10 22/24 23/19 26/1 26/2 26/3 29/1 29/4 29/24 33/18 33/23 35/14 37/6 38/1 38/4 41/15 43/14 45/3 45/17 46/14 46/23 48/19 48/19 51/19 51/22 54/11 54/17 54/21 55/11 55/15 55/23 56/5 56/18 56/19 57/22 58/5 58/7 58/8 59/2 61/1 61/9 61/24 63/3 64/17 64/25 65/6 65/12 65/13 65/14 65/16 67/7 70/6 70/11 73/13 75/11 75/11 75/18 78/19 82/7 83/11 87/21 88/22 89/13 90/4 91/6 95/22 96/17 96/18 98/1 102/7 103/2 103/4 103/8 105/16 105/16 105/22 106/4 107/16 108/2 108/2 108/21 110/7 111/8 114/16 114/21 116/16 117/25 117/25 122/11 130/18 132/19 134/8 134/11 134/21 135/6 135/18 135/19 135/21 136/11 139/6 143/11 143/13 143/13 146/9 146/10 146/15 147/19 149/15 149/20 150/10 151/23 152/15 154/3 155/7 157/25 158/6 158/10 158/25 159/9 159/22 159/23 159/23 160/10
<b>0</b>	<b>3</b>	<b>above [2]</b> 64/4 140/22 <b>absolutely [2]</b> 31/21 72/4 <b>Abunabaa [1]</b> 118/23 <b>academic [2]</b> 24/23 89/16 <b>Accelerated [1]</b> 66/7 <b>accept [3]</b> 96/7 129/21 151/9 <b>access [1]</b> 13/1 <b>accessible [2]</b> 98/10 130/21 <b>accidentally [1]</b> 158/13 <b>accidents [1]</b> 134/15 <b>accommodate [2]</b> 76/25 87/3 <b>accomplished [1]</b> 16/5 <b>account [1]</b> 103/22 <b>Accupros [1]</b> 69/16 <b>achievable [1]</b> 86/14 <b>acquired [1]</b> 15/3 <b>ACR [11]</b> 74/15 75/12 101/9 102/1 102/16 102/22 105/18 105/19 105/20 106/16 106/17 <b>acre [3]</b> 47/13 47/16 47/18 <b>acronyms [1]</b> 26/24 <b>across [3]</b> 21/20 29/10 102/20 <b>act [2]</b> 17/9 121/9 <b>action [5]</b> 59/16 97/3 97/5 162/13 162/14
<b>OKV [1]</b> 138/7	<b>4</b>	
<b>1</b>	<b>4.5 [1]</b> 89/5 <b>40 [1]</b> 149/3 <b>400 [4]</b> 54/21 60/13 61/15 89/5 <b>468 [2]</b> 116/23 151/3 <b>4700 [1]</b> 56/13 <b>48-hour [1]</b> 45/12	
<b>1,000 [1]</b> 89/15 <b>1,154 [1]</b> 121/3 <b>1.5 [1]</b> 106/25 <b>10 [1]</b> 1/20 <b>10,000 [2]</b> 116/16 118/14 <b>100 [3]</b> 21/22 64/3 120/10 <b>105 [1]</b> 53/14 <b>109 [1]</b> 82/20 <b>10th [2]</b> 155/1 155/1 <b>11 [1]</b> 135/12 <b>1100 [2]</b> 88/18 90/24 <b>119 [2]</b> 99/1 158/7 <b>11:55 [1]</b> 83/17 <b>12 [3]</b> 64/23 84/12 138/20 <b>120 [1]</b> 55/15 <b>125 [1]</b> 11/1 <b>12th [1]</b> 6/2 <b>13 [4]</b> 90/3 90/4 90/7 143/12 <b>137 [3]</b> 144/17 145/2 149/3 <b>15 [4]</b> 45/16 55/1 56/13 62/2 <b>15th [1]</b> 129/6 <b>16 [2]</b> 50/17 141/12 <b>160 [1]</b> 48/2 <b>1650 [4]</b> 84/18 85/12 88/18 90/24 <b>17,000 [3]</b> 28/24 29/1 116/15 <b>170,000 [1]</b> 47/4 <b>172 [1]</b> 141/2 <b>17th [3]</b> 155/8 155/9 155/11 <b>18 [3]</b> 12/2 89/24 90/1 <b>182 [2]</b> 54/11 141/2 <b>19,368 [1]</b> 65/22 <b>192 [1]</b> 113/7 <b>1954 [1]</b> 17/8 <b>1960 [1]</b> 17/14 <b>1964 [1]</b> 17/16 <b>1968 [1]</b> 18/1 <b>1970s [1]</b> 46/15 <b>1971 [1]</b> 18/5 <b>1978 [1]</b> 116/19 <b>1984 [1]</b> 132/20 <b>1989 [1]</b> 48/12 <b>1993 [1]</b> 133/1 <b>1994 [1]</b> 133/1 <b>1998 [1]</b> 116/15 <b>1:30 [1]</b> 83/15 <b>1:35 [1]</b> 83/18 <b>1st [4]</b> 21/18 121/2 154/16 154/18	<b>5</b>	
<b>2,000 [2]</b> 45/3 84/19	<b>5,000 [1]</b> 29/2 <b>5.204 [1]</b> 96/3 <b>50 [2]</b> 87/21 147/4 <b>50,000 [1]</b> 65/16 <b>500 [3]</b> 60/14 61/13 113/7 <b>501.122 [1]</b> 132/20 <b>5607 [1]</b> 92/3	
	<b>6</b>	
	<b>6,000 [1]</b> 56/13 <b>6.61 [1]</b> 121/9 <b>60 [6]</b> 12/3 54/2 86/9 89/5 91/13 149/3 <b>600 [1]</b> 118/13 <b>607 [1]</b> 92/6	

<p><b>A</b></p> <p><b>actions [7]</b> 23/6 38/7 49/22 84/20 87/9 87/21 88/6</p> <p><b>active [4]</b> 10/18 10/22 11/3 131/14</p> <p><b>activities [2]</b> 23/2 32/14</p> <p><b>activity [1]</b> 22/10</p> <p><b>acts [1]</b> 117/22</p> <p><b>actual [8]</b> 11/7 32/10 59/10 66/5 72/23 136/17 140/23 143/5</p> <p><b>actually [58]</b> 8/10 10/6 10/9 10/14 17/13 17/25 20/9 21/3 21/19 24/2 32/18 35/10 36/1 38/17 41/14 42/1 45/2 48/24 50/18 51/7 53/11 54/4 54/6 55/9 57/4 57/13 57/19 58/2 58/3 59/13 59/21 60/2 60/12 63/21 89/22 90/3 90/7 90/18 92/25 106/3 111/4 119/9 125/24 127/16 133/4 135/17 136/5 143/11 144/12 144/16 145/8 145/14 145/17 148/15 150/5 152/8 153/8 159/12</p> <p><b>ADA [2]</b> 74/16 75/15</p> <p><b>add [3]</b> 97/5 101/22 149/9</p> <p><b>added [5]</b> 116/22 116/25 117/2 117/8 117/13</p> <p><b>adding [4]</b> 67/1 91/4 91/4 128/23</p> <p><b>addition [3]</b> 115/12 116/21 133/23</p> <p><b>additional [2]</b> 48/23 86/4</p> <p><b>address [1]</b> 103/17</p> <p><b>addressing [2]</b> 75/17 103/6</p> <p><b>adjourn [3]</b> 160/18 160/21 160/22</p> <p><b>administer [3]</b> 18/22 49/17 80/1</p> <p><b>administrate [1]</b> 35/23</p> <p><b>administration [1]</b> 19/20</p> <p><b>Administrative [2]</b> 85/22 158/8</p> <p><b>administrator [7]</b> 4/19 8/22 13/25 15/18 19/5 43/10 84/7</p> <p><b>administrators [2]</b> 14/6 15/21</p> <p><b>advance [1]</b> 78/13</p> <p><b>advisory [5]</b> 1/3 2/1 4/3 14/2 103/5</p> <p><b>aerial [9]</b> 53/18 53/21 61/4 95/3 137/12 138/13 139/3 140/9 140/20</p> <p><b>aerometric [1]</b> 139/6</p> <p><b>AFARA [1]</b> 86/13</p> <p><b>affect [3]</b> 22/12 86/18 152/3</p> <p><b>affects [3]</b> 10/1 22/12 70/20</p> <p><b>after [8]</b> 40/10 41/10 47/1 47/4 52/10 65/9 113/6 135/12</p> <p><b>afternoon [1]</b> 57/11</p> <p><b>afterwards [3]</b> 56/7 135/10 154/11</p> <p><b>again [21]</b> 7/11 18/19 21/19 38/8 58/20 64/22 79/10 79/10 79/10 84/21 85/12 86/25 87/21 88/18 91/7 95/7 101/6 123/24 135/21 135/23 152/1</p> <p><b>against [4]</b> 60/23 131/1 131/2 145/9</p> <p><b>age [1]</b> 123/20</p> <p><b>agencies [10]</b> 26/12 55/4 61/16 61/19 105/12 134/25 139/9 139/21 139/22 145/16</p> <p><b>agency [6]</b> 9/14 26/13 43/23 49/8 54/23 104/22</p> <p><b>ago [17]</b> 9/15 11/25 11/25 16/22 17/4 20/11 33/18 48/6 62/16 70/13 94/25 103/3 106/23 107/19 138/22 140/6 152/8</p> <p><b>agreed [2]</b> 13/10 63/23</p> <p><b>agreement [7]</b> 17/17 21/2 23/11 63/10 68/2 84/9 84/16</p> <p><b>agreements [1]</b> 21/1</p> <p><b>ahead [12]</b> 4/2 4/7 6/1 6/21 42/10 87/5 114/13 114/14 118/19 131/19 154/1 158/9</p> <p><b>aid [1]</b> 67/15</p> <p><b>air [14]</b> 44/13 44/20 44/20 48/1 51/1 51/11 54/12 60/3 60/15 137/25 139/7 144/11 145/3 145/23</p>	<p><b>air-conditioned [1]</b> 51/1</p> <p><b>aircraft [8]</b> 54/5 54/6 139/22 145/15 145/24 146/14 147/6 147/17</p> <p><b>airplane [9]</b> 55/11 114/22 141/15 142/5 142/7 142/23 146/12 146/21 156/11</p> <p><b>airplanes [7]</b> 53/22 137/13 137/14 141/3 145/5 145/5 145/18</p> <p><b>airport [3]</b> 1/13 7/15 140/6</p> <p><b>alarm [4]</b> 86/8 144/23 144/24 144/24</p> <p><b>Alexander [3]</b> 113/20 113/22 132/13</p> <p><b>algorithms [1]</b> 144/12</p> <p><b>aliens [2]</b> 55/20 56/2</p> <p><b>all [171]</b></p> <p><b>all-in-one [1]</b> 58/16</p> <p><b>allegation [2]</b> 26/10 55/17</p> <p><b>allow [6]</b> 83/16 95/13 96/13 96/22 111/1 120/15</p> <p><b>allowed [2]</b> 74/8 99/8</p> <p><b>allowing [2]</b> 96/19 96/19</p> <p><b>allows [1]</b> 91/11</p> <p><b>almost [4]</b> 11/19 56/13 64/6 80/24</p> <p><b>alone [1]</b> 68/21</p> <p><b>along [8]</b> 71/11 88/16 108/3 113/19 137/3 143/9 143/21 143/23</p> <p><b>alpha [1]</b> 48/2</p> <p><b>already [8]</b> 13/10 20/20 63/25 91/14 91/15 124/9 130/17 152/23</p> <p><b>also [57]</b> 12/20 13/25 14/4 14/13 17/10 18/22 19/5 21/10 22/9 26/12 26/20 26/24 29/22 36/20 36/23 43/13 44/9 44/18 48/1 52/9 53/13 53/18 53/24 54/8 54/10 55/2 57/22 58/14 59/15 60/3 60/8 60/16 61/13 62/24 73/23 73/24 74/4 80/20 81/3 88/9 89/13 91/10 92/7 94/10 99/14 105/11 115/15 117/1 118/10 119/18 120/16 122/15 124/22 133/23 145/25 153/17 155/7</p> <p><b>alternate [1]</b> 156/21</p> <p><b>always [13]</b> 8/2 8/4 30/3 32/21 33/4 36/20 77/4 123/23 126/13 135/17 138/10 144/3 155/24</p> <p><b>am [8]</b> 16/1 16/3 55/23 128/6 131/6 162/10 162/12 162/13</p> <p><b>AMA [1]</b> 109/8</p> <p><b>ambient [2]</b> 48/3 48/3</p> <p><b>amendment [5]</b> 85/7 86/17 87/2 97/10 98/7</p> <p><b>amendments [7]</b> 84/21 86/23 91/1 91/3 92/7 96/19 97/19</p> <p><b>American [1]</b> 122/21</p> <p><b>Ameristeel [1]</b> 55/13</p> <p><b>amount [3]</b> 95/9 131/23 143/17</p> <p><b>AMS [2]</b> 53/21 139/6</p> <p><b>analyses [2]</b> 47/13 56/14</p> <p><b>analysis [2]</b> 56/12 81/13</p> <p><b>analytical [1]</b> 81/23</p> <p><b>analytics [1]</b> 111/1</p> <p><b>analyzer [1]</b> 81/6</p> <p><b>analyzers [3]</b> 81/5 81/24 81/24</p> <p><b>Anderson [1]</b> 8/1</p> <p><b>Andrews [3]</b> 2/18 5/1 139/7</p> <p><b>Angels [1]</b> 60/15</p> <p><b>animals [1]</b> 90/22</p> <p><b>annual [1]</b> 10/24</p> <p><b>annually [2]</b> 28/24 29/3</p> <p><b>anode [1]</b> 75/8</p> <p><b>anomaly [2]</b> 59/12 149/7</p> <p><b>another [12]</b> 89/6 91/15 94/23 95/5 108/14 119/25 132/12 132/17 146/3 148/9 151/25 155/22</p> <p><b>answer [8]</b> 30/7 42/6 70/5 70/10 70/19 71/5 101/7 149/25</p>	<p><b>any [53]</b> 6/7 6/16 12/12 13/1 20/21 24/6 24/17 26/9 33/23 41/6 41/11 43/4 47/10 53/1 55/17 62/9 70/5 70/8 71/12 72/23 75/24 76/1 80/20 80/22 91/11 92/4 94/13 95/13 98/4 101/22 103/22 106/15 108/4 114/7 118/13 122/6 122/11 123/1 131/10 136/13 149/9 150/1 150/7 151/18 152/12 153/7 155/1 155/17 156/15 157/24 159/6 162/11 162/12</p> <p><b>any violations [1]</b> 41/11</p> <p><b>anybody [23]</b> 20/21 26/14 28/11 36/10 71/4 83/4 88/3 93/2 99/9 101/15 105/1 107/21 113/18 122/6 124/3 136/13 149/9 152/17 153/23 153/25 158/11 160/2 160/3</p> <p><b>anymore [7]</b> 18/9 39/21 48/16 62/6 69/8 76/20 104/20</p> <p><b>anyone [6]</b> 15/14 83/24 91/22 92/3 104/3 104/17</p> <p><b>anything [22]</b> 13/16 23/1 36/6 46/23 50/8 64/3 70/4 84/24 89/9 99/9 101/4 108/21 109/3 130/2 145/1 149/10 149/14 150/2 150/8 158/11 158/18 159/2</p> <p><b>anyway [6]</b> 18/21 33/17 107/6 111/22 131/7 134/16</p> <p><b>anyways [2]</b> 34/24 109/9</p> <p><b>anywhere [2]</b> 36/13 118/14</p> <p><b>apart [1]</b> 48/15</p> <p><b>APM [1]</b> 105/21</p> <p><b>Apollo [1]</b> 18/7</p> <p><b>apologize [1]</b> 39/1</p> <p><b>Appalachian [1]</b> 133/6</p> <p><b>apparently [1]</b> 13/2</p> <p><b>appearing [1]</b> 38/20</p> <p><b>applicable [2]</b> 103/1 153/14</p> <p><b>applicant [4]</b> 121/11 121/18 123/2 130/12</p> <p><b>applicants [1]</b> 119/9</p> <p><b>application [18]</b> 84/21 87/3 119/2 119/4 119/5 119/6 119/20 119/22 120/1 121/8 121/10 122/10 122/10 124/8 125/4 125/5 125/6 125/15</p> <p><b>applications [10]</b> 80/21 91/2 95/24 96/20 120/24 120/25 121/4 121/17 127/8 127/10</p> <p><b>apply [4]</b> 41/1 82/5 119/9 119/14</p> <p><b>appointment [1]</b> 7/3</p> <p><b>appreciate [1]</b> 15/9</p> <p><b>appropriate [8]</b> 42/7 50/6 93/24 101/25 104/15 105/6 107/12 107/24</p> <p><b>appropriately [1]</b> 49/10</p> <p><b>approval [1]</b> 6/1</p> <p><b>approve [4]</b> 6/11 6/12 84/23 124/10</p> <p><b>approved [8]</b> 6/19 10/17 87/6 118/15 125/19 128/20 131/13 131/17</p> <p><b>approves [1]</b> 87/15</p> <p><b>approximate [1]</b> 38/9</p> <p><b>approximately [5]</b> 63/5 84/18 84/19 136/6 144/5</p> <p><b>April [3]</b> 130/1 135/21 154/18</p> <p><b>aquatic [1]</b> 44/11</p> <p><b>are [223]</b></p> <p><b>area [16]</b> 18/25 46/13 57/2 61/5 62/17 64/5 74/13 88/15 90/23 115/1 140/25 142/10 142/24 143/2 143/18 151/22</p> <p><b>area-wide [1]</b> 62/17</p> <p><b>areas [12]</b> 14/9 27/5 31/18 46/10 46/11 48/4 63/18 64/8 89/25 116/12 116/21 153/13</p> <p><b>aren't [3]</b> 14/23 37/3 88/3</p> <p><b>argon [1]</b> 133/4</p> <p><b>Arizona [2]</b> 92/8 93/13</p> <p><b>arm [1]</b> 135/4</p> <p><b>Armand [2]</b> 2/3 4/16</p>
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<p><b>A</b></p> <p><b>Army [3]</b> 61/5 62/16 146/6</p> <p><b>around [20]</b> 4/7 7/17 10/21 17/21 19/14 27/1 29/18 42/4 44/21 44/21 44/22 45/4 48/4 56/22 90/23 100/9 116/12 139/20 139/20 148/7</p> <p><b>arrest [1]</b> 136/11</p> <p><b>arrested [1]</b> 136/10</p> <p><b>ARRT [1]</b> 122/20</p> <p><b>as [120]</b> 2/6 7/2 7/22 8/21 12/10 13/1 13/25 14/9 14/9 14/16 14/25 14/25 16/14 16/14 16/17 20/1 20/2 20/4 20/7 21/18 21/19 21/25 22/1 22/21 22/21 24/6 24/7 24/11 24/11 29/9 31/16 31/22 32/1 32/1 32/17 32/17 37/19 37/19 38/4 38/4 38/14 38/14 43/25 48/8 48/17 49/20 49/20 51/16 51/20 53/17 55/4 63/17 63/17 67/17 68/4 69/11 70/25 71/10 72/24 72/24 75/6 75/6 76/9 76/9 78/12 80/13 80/18 81/16 81/16 85/8 85/9 86/13 86/13 86/14 86/16 86/16 86/17 86/17 86/18 88/9 91/7 91/7 91/12 92/12 93/9 93/9 95/3 95/3 97/10 97/11 98/5 102/10 103/5 103/11 103/11 104/22 105/21 105/25 105/25 107/4 110/17 111/18 115/5 117/5 117/22 121/24 122/4 123/8 124/2 124/2 138/4 143/14 144/15 147/10 147/10 152/4 152/9 153/20 157/10 158/15</p> <p><b>ash [1]</b> 56/6</p> <p><b>ask [10]</b> 22/15 26/23 37/10 37/12 57/1 99/11 99/17 100/14 131/18 131/18</p> <p><b>asked [5]</b> 7/7 71/7 87/2 111/25 133/23</p> <p><b>asking [2]</b> 84/25 98/1</p> <p><b>asks [1]</b> 43/23</p> <p><b>asleep [1]</b> 65/10</p> <p><b>aspect [1]</b> 91/21</p> <p><b>aspects [1]</b> 43/19</p> <p><b>asphalt [1]</b> 88/24</p> <p><b>ASRT [1]</b> 129/5</p> <p><b>assessment [1]</b> 49/15</p> <p><b>assets [1]</b> 139/3</p> <p><b>assigned [1]</b> 152/23</p> <p><b>assignment [1]</b> 142/8</p> <p><b>assignments [2]</b> 33/3 33/11</p> <p><b>assist [1]</b> 133/24</p> <p><b>assistant [4]</b> 4/24 11/18 117/10 117/12</p> <p><b>assistants [2]</b> 117/9 121/5</p> <p><b>associate [1]</b> 11/22</p> <p><b>association [2]</b> 74/15 75/16</p> <p><b>associations [3]</b> 7/7 7/9 154/13</p> <p><b>assume [1]</b> 58/12</p> <p><b>assurance [8]</b> 5/12 19/4 95/10 115/11 117/18 117/18 119/9 120/10</p> <p><b>assure [1]</b> 67/13</p> <p><b>asymptomatic [1]</b> 102/18</p> <p><b>ATC [1]</b> 2/14</p> <p><b>ate [1]</b> 65/10</p> <p><b>Atherton [5]</b> 2/12 4/12 156/14 157/7 157/10</p> <p><b>athletic [5]</b> 11/16 11/22 11/23 12/5 12/7</p> <p><b>atomic [2]</b> 17/9 135/25</p> <p><b>attached [4]</b> 9/15 58/15 66/8 97/7</p> <p><b>attempt [1]</b> 38/14</p> <p><b>attend [2]</b> 10/24 11/7</p> <p><b>attended [1]</b> 128/9</p> <p><b>attends [1]</b> 11/1</p> <p><b>attention [1]</b> 88/5</p> <p><b>attenuator [1]</b> 77/23</p> <p><b>attorney [2]</b> 33/13 162/11</p> <p><b>attorneys [3]</b> 96/7 118/3 162/13</p> <p><b>audience [1]</b> 106/18</p>	<p><b>audit [15]</b> 20/25 21/1 21/9 21/10 22/19 22/20 22/20 22/21 23/13 23/17 23/18 23/21 32/12 33/12 120/11</p> <p><b>audited [2]</b> 23/23 24/2</p> <p><b>auditing [1]</b> 24/3</p> <p><b>auditor [1]</b> 22/25</p> <p><b>audits [1]</b> 22/16</p> <p><b>authority [7]</b> 26/14 29/15 100/2 109/2 109/4 132/22 151/7</p> <p><b>authorization [1]</b> 152/25</p> <p><b>authorized [15]</b> 91/4 91/11 91/12 91/25 92/2 92/5 92/12 92/21 93/5 93/11 93/23 94/11 98/9 100/5 162/6</p> <p><b>automatically [2]</b> 129/2 129/3</p> <p><b>availability [1]</b> 124/20</p> <p><b>available [3]</b> 101/21 110/25 146/24</p> <p><b>avenue [1]</b> 151/25</p> <p><b>average [3]</b> 10/24 45/19 121/7</p> <p><b>aware [2]</b> 79/21 106/7</p> <p><b>awareness [2]</b> 57/6 57/10</p> <p><b>away [10]</b> 12/13 40/15 61/24 123/12 125/20 132/16 134/20 143/16 149/1 154/24</p> <p><b>awed [1]</b> 16/3</p> <p><b>awful [4]</b> 45/24 48/5 59/20 59/21</p> <p><b>Ave [2]</b> 6/15 161/1</p>	<p>48/24 49/5 49/24 50/6 50/11 52/7 52/17 55/7 55/19 57/2 57/17 58/18 60/23 63/16 64/3 65/20 66/9 66/22 67/3 67/23 68/7 70/5 71/1 74/2 74/3 74/21 77/4 77/11 79/17 79/20 80/13 80/18 85/9 87/5 88/7 89/25 90/5 90/15 90/16 92/11 92/20 92/21 93/5 94/20 95/22 97/12 98/10 98/13 99/13 102/10 102/19 103/15 104/12 105/6 105/13 105/14 106/5 106/7 106/10 107/22 108/4 108/8 108/17 109/4 111/1 116/3 118/23 118/24 119/16 119/24 120/6 120/8 122/25 123/3 123/20 124/17 125/16 127/15 128/5 128/17 129/8 129/9 129/25 130/10 130/11 131/1 134/5 139/4 146/22 148/8 151/11 151/16 151/25 153/13 155/4 158/5 158/14 158/15 158/19 159/3 159/10 160/4</p> <p><b>beach [2]</b> 5/24 44/10</p> <p><b>beam [1]</b> 73/24</p> <p><b>beams [2]</b> 56/4 133/4</p> <p><b>became [4]</b> 7/4 17/17 20/9 100/15</p> <p><b>because [86]</b> 11/2 12/15 13/22 14/13 21/2 21/15 22/10 24/20 29/25 30/5 32/20 32/24 33/7 33/13 33/16 41/25 42/8 42/14 42/15 42/20 46/15 48/14 50/7 50/10 52/1 52/24 58/23 59/3 70/20 71/7 72/2 72/22 73/3 75/17 75/24 77/18 78/21 78/21 81/15 86/18 87/18 89/23 95/22 96/23 102/4 102/9 104/8 105/5 106/21 106/23 111/13 111/13 112/21 114/25 116/11 119/20 120/16 121/14 122/3 122/14 123/4 123/6 123/14 123/14 123/24 124/4 125/9 126/10 127/8 127/20 128/17 130/11 131/11 134/7 135/21 137/24 138/9 138/19 138/24 139/8 140/17 143/21 144/20 145/5 151/4 158/14</p> <p><b>Becker [2]</b> 2/16 5/7</p> <p><b>Becky [3]</b> 4/18 8/14 13/19</p> <p><b>become [4]</b> 30/12 57/18 74/13 123/19</p> <p><b>becomes [3]</b> 110/13 119/19 143/14</p> <p><b>Beechcraft [1]</b> 145/23</p> <p><b>been [44]</b> 7/21 7/24 8/2 8/4 9/24 11/19 13/6 14/2 16/9 28/8 36/8 46/13 48/12 53/4 56/20 60/18 60/19 60/20 63/18 68/7 70/10 70/18 71/8 74/1 74/1 74/16 75/17 77/10 87/13 89/20 91/18 94/21 95/17 96/17 105/22 107/8 119/7 125/24 129/14 132/10 132/21 134/15 137/10 144/20</p> <p><b>beer's [1]</b> 113/5</p> <p><b>before [40]</b> 11/21 12/2 25/1 31/4 36/22 40/6 41/8 45/10 46/25 59/19 59/23 64/2 64/9 65/9 75/10 80/2 83/24 85/14 88/24 90/1 94/21 96/5 103/25 104/2 105/3 108/15 111/19 113/15 116/5 122/11 125/4 126/16 127/16 127/25 130/24 138/22 142/7 146/12 150/10 159/24</p> <p><b>began [1]</b> 17/21</p> <p><b>begin [1]</b> 97/9</p> <p><b>beginning [1]</b> 142/20</p> <p><b>behind [2]</b> 136/17 144/15</p> <p><b>being [23]</b> 6/24 9/15 9/16 14/19 39/1 39/18 41/4 42/15 45/7 55/18 56/3 77/25 78/20 80/25 94/5 100/12 104/24 106/2 129/21 130/23 150/20 158/15 159/6</p> <p><b>believe [20]</b> 4/5 6/3 6/20 15/25 29/16 29/19 35/8 38/17 43/6 46/4 55/13 64/16 78/2 79/23 79/24 81/25 83/20 119/17 125/19 126/18</p> <p><b>belong [1]</b> 43/16</p> <p><b>below [1]</b> 64/7</p> <p><b>belt [1]</b> 10/7</p> <p><b>belts [1]</b> 133/18</p> <p><b>bench [2]</b> 50/18 51/2</p>
<p><b>B</b></p> <p><b>back [44]</b> 10/10 10/18 12/4 13/19 17/14 18/1 21/1 27/16 29/8 36/23 37/1 37/5 44/25 46/15 47/22 49/12 57/11 67/5 68/18 71/19 76/23 83/20 86/21 104/16 106/20 111/4 113/19 115/24 116/17 119/14 120/21 126/25 133/8 141/18 143/4 143/10 144/7 146/2 149/1 153/8 153/11 153/16 156/10 160/12</p> <p><b>backed [1]</b> 33/6</p> <p><b>background [12]</b> 19/11 34/11 34/13 34/14 47/2 50/11 64/4 64/5 86/5 135/20 138/5 143/25</p> <p><b>backgrounds [3]</b> 34/13 34/16 64/11</p> <p><b>bad [5]</b> 50/22 73/5 123/10 137/3 157/9</p> <p><b>badging [1]</b> 40/20</p> <p><b>bag [1]</b> 31/9</p> <p><b>Bai [2]</b> 2/21 4/14</p> <p><b>Baldini [1]</b> 145/12</p> <p><b>Baldwin [1]</b> 55/14</p> <p><b>ballpark [1]</b> 36/19</p> <p><b>balls [1]</b> 13/13</p> <p><b>band [2]</b> 83/25 84/3</p> <p><b>bankrupt [1]</b> 36/9</p> <p><b>bankrupted [1]</b> 63/20</p> <p><b>bare [1]</b> 74/11</p> <p><b>Bartow [4]</b> 5/22 18/25 46/13 62/14</p> <p><b>base [2]</b> 109/22 139/7</p> <p><b>based [16]</b> 12/24 27/19 34/4 36/12 36/17 47/25 62/13 63/19 63/24 85/23 97/6 102/14 107/11 109/20 121/19 140/6</p> <p><b>baseline [1]</b> 62/21</p> <p><b>basic [3]</b> 13/5 57/8 115/25</p> <p><b>basically [20]</b> 13/23 13/24 27/3 27/18 73/17 81/6 85/8 85/10 86/6 88/5 88/14 89/7 95/2 96/21 96/22 98/3 98/12 109/16 142/6 152/22</p> <p><b>basics [1]</b> 60/8</p> <p><b>basis [5]</b> 28/14 30/11 44/4 44/14 47/8</p> <p><b>battery [3]</b> 77/4 77/19 78/13</p> <p><b>Bay [1]</b> 7/24</p> <p><b>be [129]</b> 8/8 8/10 11/7 15/20 16/11 16/14 18/11 18/16 20/5 22/25 28/5 28/19 31/15 32/22 34/21 34/23 35/6 35/13 35/15 39/2 39/4 40/6 41/17 42/7 42/21 46/7 48/13</p>	<p><b>back [44]</b> 10/10 10/18 12/4 13/19 17/14 18/1 21/1 27/16 29/8 36/23 37/1 37/5 44/25 46/15 47/22 49/12 57/11 67/5 68/18 71/19 76/23 83/20 86/21 104/16 106/20 111/4 113/19 115/24 116/17 119/14 120/21 126/25 133/8 141/18 143/4 143/10 144/7 146/2 149/1 153/8 153/11 153/16 156/10 160/12</p> <p><b>backed [1]</b> 33/6</p> <p><b>background [12]</b> 19/11 34/11 34/13 34/14 47/2 50/11 64/4 64/5 86/5 135/20 138/5 143/25</p> <p><b>backgrounds [3]</b> 34/13 34/16 64/11</p> <p><b>bad [5]</b> 50/22 73/5 123/10 137/3 157/9</p> <p><b>badging [1]</b> 40/20</p> <p><b>bag [1]</b> 31/9</p> <p><b>Bai [2]</b> 2/21 4/14</p> <p><b>Baldini [1]</b> 145/12</p> <p><b>Baldwin [1]</b> 55/14</p> <p><b>ballpark [1]</b> 36/19</p> <p><b>balls [1]</b> 13/13</p> <p><b>band [2]</b> 83/25 84/3</p> <p><b>bankrupt [1]</b> 36/9</p> <p><b>bankrupted [1]</b> 63/20</p> <p><b>bare [1]</b> 74/11</p> <p><b>Bartow [4]</b> 5/22 18/25 46/13 62/14</p> <p><b>base [2]</b> 109/22 139/7</p> <p><b>based [16]</b> 12/24 27/19 34/4 36/12 36/17 47/25 62/13 63/19 63/24 85/23 97/6 102/14 107/11 109/20 121/19 140/6</p> <p><b>baseline [1]</b> 62/21</p> <p><b>basic [3]</b> 13/5 57/8 115/25</p> <p><b>basically [20]</b> 13/23 13/24 27/3 27/18 73/17 81/6 85/8 85/10 86/6 88/5 88/14 89/7 95/2 96/21 96/22 98/3 98/12 109/16 142/6 152/22</p> <p><b>basics [1]</b> 60/8</p> <p><b>basis [5]</b> 28/14 30/11 44/4 44/14 47/8</p> <p><b>battery [3]</b> 77/4 77/19 78/13</p> <p><b>Bay [1]</b> 7/24</p> <p><b>be [129]</b> 8/8 8/10 11/7 15/20 16/11 16/14 18/11 18/16 20/5 22/25 28/5 28/19 31/15 32/22 34/21 34/23 35/6 35/13 35/15 39/2 39/4 40/6 41/17 42/7 42/21 46/7 48/13</p>	<p><b>back [44]</b> 10/10 10/18 12/4 13/19 17/14 18/1 21/1 27/16 29/8 36/23 37/1 37/5 44/25 46/15 47/22 49/12 57/11 67/5 68/18 71/19 76/23 83/20 86/21 104/16 106/20 111/4 113/19 115/24 116/17 119/14 120/21 126/25 133/8 141/18 143/4 143/10 144/7 146/2 149/1 153/8 153/11 153/16 156/10 160/12</p> <p><b>backed [1]</b> 33/6</p> <p><b>background [12]</b> 19/11 34/11 34/13 34/14 47/2 50/11 64/4 64/5 86/5 135/20 138/5 143/25</p> <p><b>backgrounds [3]</b> 34/13 34/16 64/11</p> <p><b>bad [5]</b> 50/22 73/5 123/10 137/3 157/9</p> <p><b>badging [1]</b> 40/20</p> <p><b>bag [1]</b> 31/9</p> <p><b>Bai [2]</b> 2/21 4/14</p> <p><b>Baldini [1]</b> 145/12</p> <p><b>Baldwin [1]</b> 55/14</p> <p><b>ballpark [1]</b> 36/19</p> <p><b>balls [1]</b> 13/13</p> <p><b>band [2]</b> 83/25 84/3</p> <p><b>bankrupt [1]</b> 36/9</p> <p><b>bankrupted [1]</b> 63/20</p> <p><b>bare [1]</b> 74/11</p> <p><b>Bartow [4]</b> 5/22 18/25 46/13 62/14</p> <p><b>base [2]</b> 109/22 139/7</p> <p><b>based [16]</b> 12/24 27/19 34/4 36/12 36/17 47/25 62/13 63/19 63/24 85/23 97/6 102/14 107/11 109/20 121/19 140/6</p> <p><b>baseline [1]</b> 62/21</p> <p><b>basic [3]</b> 13/5 57/8 115/25</p> <p><b>basically [20]</b> 13/23 13/24 27/3 27/18 73/17 81/6 85/8 85/10 86/6 88/5 88/14 89/7 95/2 96/21 96/22 98/3 98/12 109/16 142/6 152/22</p> <p><b>basics [1]</b> 60/8</p> <p><b>basis [5]</b> 28/14 30/11 44/4 44/14 47/8</p> <p><b>battery [3]</b> 77/4 77/19 78/13</p> <p><b>Bay [1]</b> 7/24</p> <p><b>be [129]</b> 8/8 8/10 11/7 15/20 16/11 16/14 18/11 18/16 20/5 22/25 28/5 28/19 31/15 32/22 34/21 34/23 35/6 35/13 35/15 39/2 39/4 40/6 41/17 42/7 42/21 46/7 48/13</p>

<p><b>B</b></p> <p><b>besides [2]</b> 119/22 119/25</p> <p><b>best [9]</b> 11/12 19/10 34/20 107/22 109/1 130/1 142/18 150/21 158/17</p> <p><b>betas [1]</b> 44/23</p> <p><b>better [4]</b> 35/19 70/23 74/3 135/17</p> <p><b>between [19]</b> 13/17 29/22 31/20 43/9 48/24 54/23 56/21 73/4 77/23 85/16 88/21 140/2 140/4 141/5 156/2 156/10 158/3 158/14 158/17</p> <p><b>beyond [1]</b> 43/18</p> <p><b>big [13]</b> 59/6 62/19 68/1 68/5 68/18 74/3 74/3 127/2 130/11 140/10 141/10 143/3 147/6</p> <p><b>biggest [2]</b> 34/3 91/1</p> <p><b>biggies [2]</b> 135/20 135/24</p> <p><b>bill [2]</b> 4/12 139/15</p> <p><b>bills [1]</b> 156/17</p> <p><b>bird's [1]</b> 67/16</p> <p><b>Birky [3]</b> 2/9 5/20 9/6</p> <p><b>bit [28]</b> 8/14 13/21 14/13 15/6 15/7 15/21 15/22 16/12 17/7 19/7 19/15 20/1 21/21 22/3 48/19 48/20 56/17 65/13 65/13 65/24 68/19 93/22 96/18 116/18 125/1 138/1 145/7 148/25</p> <p><b>Black [2]</b> 52/9 146/6</p> <p><b>blame [1]</b> 126/13</p> <p><b>blank [1]</b> 158/12</p> <p><b>blood [1]</b> 89/14</p> <p><b>blow [1]</b> 34/18</p> <p><b>Blue [1]</b> 60/15</p> <p><b>board [8]</b> 14/2 17/15 59/10 105/6 108/14 117/23 131/22 151/13</p> <p><b>boat [1]</b> 29/17</p> <p><b>boats [1]</b> 148/19</p> <p><b>Boca [1]</b> 4/11</p> <p><b>body [1]</b> 108/14</p> <p><b>bomb [3]</b> 17/16 135/25 136/21</p> <p><b>bombarding [1]</b> 55/20</p> <p><b>bombs [2]</b> 34/18 140/22</p> <p><b>book [3]</b> 46/16 46/16 113/19</p> <p><b>booties [1]</b> 50/24</p> <p><b>boots [1]</b> 31/10</p> <p><b>border [3]</b> 140/2 140/3 143/22</p> <p><b>both [3]</b> 44/22 47/15 82/16</p> <p><b>bottom [3]</b> 123/24 127/12 129/25</p> <p><b>bought [1]</b> 83/7</p> <p><b>bounce [4]</b> 133/10 133/15 133/16 156/10</p> <p><b>bouncing [1]</b> 133/5</p> <p><b>Bowls [1]</b> 60/20</p> <p><b>box [2]</b> 31/8 141/13</p> <p><b>boy [1]</b> 138/18</p> <p><b>Brad [2]</b> 132/5 132/9</p> <p><b>brain [1]</b> 102/17</p> <p><b>brand [1]</b> 116/4</p> <p><b>bread [2]</b> 137/17 143/5</p> <p><b>break [7]</b> 29/16 47/16 48/15 75/7 83/14 83/14 83/15</p> <p><b>breakdown [2]</b> 67/16 67/20</p> <p><b>breaks [1]</b> 73/21</p> <p><b>Brenda [9]</b> 2/18 5/1 6/3 97/22 152/15 155/21 158/10 159/17 160/12</p> <p><b>Brian [2]</b> 2/9 5/20</p> <p><b>Bridget [1]</b> 2/10</p> <p><b>brief [1]</b> 19/9</p> <p><b>briefing [1]</b> 144/14</p> <p><b>briefly [3]</b> 20/10 20/23 65/11</p> <p><b>bring [9]</b> 13/13 40/6 57/11 97/17 114/3 123/16 139/2 145/17 152/13</p> <p><b>bringing [2]</b> 108/2 122/17</p> <p><b>brings [2]</b> 138/17 142/1</p>	<p><b>broad [6]</b> 12/24 44/12 89/16 89/17 89/17 90/13</p> <p><b>broad-based [1]</b> 12/24</p> <p><b>broad-leaf [1]</b> 44/12</p> <p><b>broader [1]</b> 12/6</p> <p><b>brother [1]</b> 138/20</p> <p><b>brought [4]</b> 44/25 101/11 116/20 136/24</p> <p><b>Broward [2]</b> 20/8 20/9</p> <p><b>brush [1]</b> 30/7</p> <p><b>BS [1]</b> 2/4</p> <p><b>budget [1]</b> 110/14</p> <p><b>build [3]</b> 52/22 109/20 142/9</p> <p><b>building [9]</b> 7/14 17/15 18/3 48/23 88/23 133/2 133/14 133/15 145/7</p> <p><b>buildings [1]</b> 61/11</p> <p><b>built [1]</b> 46/19</p> <p><b>bullet [1]</b> 57/14</p> <p><b>bump [1]</b> 65/17</p> <p><b>bumped [2]</b> 65/24 123/24</p> <p><b>bunch [10]</b> 12/2 34/17 35/15 58/6 83/24 107/13 134/24 143/4 146/16 149/21</p> <p><b>burden [1]</b> 53/10</p> <p><b>bureau [31]</b> 1/12 2/16 2/17 2/18 2/19 2/20 2/21 2/22 4/14 5/3 5/7 5/9 5/15 15/19 15/24 16/13 16/20 16/25 17/1 18/10 18/22 23/23 25/2 25/6 27/6 27/25 61/7 68/16 78/25 115/17 117/22</p> <p><b>Bureau's [1]</b> 30/9</p> <p><b>bureaus [3]</b> 16/18 16/19 17/5</p> <p><b>burial [2]</b> 45/22 45/24</p> <p><b>burner [1]</b> 86/21</p> <p><b>Burruss [2]</b> 2/11 4/21</p> <p><b>bus [1]</b> 12/1</p> <p><b>bush [1]</b> 137/21</p> <p><b>business [12]</b> 3/13 25/7 48/12 66/13 88/4 149/13 152/13 152/13 157/24 158/19 159/4 159/11</p> <p><b>businesses [2]</b> 14/18 14/22</p> <p><b>busy [1]</b> 121/1</p> <p><b>button [3]</b> 61/22 61/23 62/3</p> <p><b>buy [4]</b> 43/24 83/4 83/4 148/1</p> <p><b>Bye [1]</b> 39/15</p> <p><b>C</b></p> <p><b>C-20 [1]</b> 145/25</p> <p><b>Cadmium [1]</b> 82/20</p> <p><b>Cadmium-109 [1]</b> 82/20</p> <p><b>calculation [1]</b> 44/5</p> <p><b>calendar [1]</b> 154/1</p> <p><b>calibration [1]</b> 68/9</p> <p><b>calibrators [1]</b> 95/3</p> <p><b>California [2]</b> 84/17 155/4</p> <p><b>call [25]</b> 29/25 30/2 30/4 31/12 34/16 37/11 41/25 42/19 43/2 43/3 45/11 55/24 57/1 98/11 98/13 99/22 106/23 117/13 120/4 121/3 128/2 128/4 137/15 138/5 145/25</p> <p><b>called [11]</b> 18/10 18/11 20/25 29/16 53/20 72/11 89/21 107/4 115/10 115/22 134/22</p> <p><b>calling [1]</b> 38/13</p> <p><b>calls [10]</b> 8/22 30/6 43/2 43/23 95/1 123/4 125/20 125/20 126/19 158/21</p> <p><b>came [12]</b> 10/3 17/8 21/6 21/7 32/12 32/16 82/14 103/3 103/10 121/14 127/10 131/22</p> <p><b>camera [1]</b> 136/9</p> <p><b>cameras [1]</b> 146/18</p> <p><b>campaigns [1]</b> 105/23</p> <p><b>can [153]</b> 13/2 13/3 22/1 22/15 26/18 27/12 30/7 31/12 31/15 31/16 31/17 31/22 32/3 32/4 32/19 33/18 39/9 40/14 42/10</p>	<p>43/13 43/24 47/6 47/9 47/23 49/9 49/10 49/14 49/18 50/14 50/20 51/1 51/9 51/14 51/15 51/18 53/7 53/21 54/4 54/5 54/7 55/9 55/19 56/5 58/2 58/17 59/13 59/19 60/3 60/9 61/22 64/19 67/17 67/19 70/10 71/4 77/17 79/24 82/16 83/4 83/4 86/16 86/17 88/15 90/6 91/7 91/16 91/22 92/3 92/4 92/10 92/16 92/20 93/3 93/23 95/8 96/5 96/7 96/12 97/1 97/2 97/5 97/7 97/10 97/12 97/13 97/15 98/13 100/3 100/6 100/18 100/24 101/21 102/1 103/5 106/4 106/9 106/14 106/22 107/25 108/10 108/19 109/20 110/3 110/8 111/4 111/12 111/20 112/8 112/19 113/5 113/5 114/22 115/20 119/3 119/3 119/5 119/9 120/25 121/24 124/9 124/24 125/15 125/22 126/11 127/4 129/9 130/11 131/17 133/16 134/4 135/17 136/11 136/22 140/14 140/19 140/23 142/17 142/23 143/20 144/12 145/6 146/22 147/23 148/22 151/20 151/22 152/9 153/7 158/9 158/14 158/21 158/24 159/19</p> <p><b>can't [28]</b> 19/13 26/17 32/18 34/5 41/3 47/10 62/2 74/10 95/9 103/18 107/22 109/2 114/25 119/14 120/7 123/14 126/6 127/16 128/12 133/3 141/19 142/24 143/11 143/22 144/3 144/6 144/15 159/12</p> <p><b>cancer [6]</b> 102/18 106/13 107/1 107/2 134/2 134/14</p> <p><b>candidates [1]</b> 7/10</p> <p><b>cannot [1]</b> 125/7</p> <p><b>capability [2]</b> 129/16 139/14</p> <p><b>Cape [1]</b> 18/7</p> <p><b>capitol [9]</b> 31/23 61/14 133/2 133/2 133/3 133/5 133/6 133/9 133/14</p> <p><b>car [5]</b> 31/14 34/6 41/24 42/22 75/6</p> <p><b>carbon [1]</b> 158/12</p> <p><b>card [4]</b> 30/1 51/11 83/5 119/10</p> <p><b>cardiac [1]</b> 102/18</p> <p><b>Cardinal [1]</b> 71/22</p> <p><b>Cardinal are [1]</b> 71/22</p> <p><b>cardiologist [4]</b> 94/15 94/18 94/19 102/5</p> <p><b>cardiologists [2]</b> 94/9 94/13</p> <p><b>care [12]</b> 14/19 15/5 21/3 45/21 52/18 52/19 52/20 63/1 106/13 115/6 117/20 158/24</p> <p><b>cargo [2]</b> 29/15 50/3</p> <p><b>Carolina [8]</b> 53/14 53/16 114/20 138/24 140/3 140/4 141/16 142/11</p> <p><b>carry [3]</b> 50/15 69/20 147/23</p> <p><b>carrying [1]</b> 146/8</p> <p><b>cartridge [1]</b> 44/23</p> <p><b>case [4]</b> 29/12 42/1 59/12 137/21</p> <p><b>cases [2]</b> 56/3 59/23</p> <p><b>Cassini [1]</b> 59/1</p> <p><b>cast [1]</b> 46/5</p> <p><b>cat [1]</b> 90/21</p> <p><b>catch [2]</b> 33/6 100/4</p> <p><b>categories [4]</b> 35/16 80/17 90/20 116/7</p> <p><b>categorizes [1]</b> 68/24</p> <p><b>category [1]</b> 88/21</p> <p><b>cause [3]</b> 59/15 118/2 135/14</p> <p><b>causing [1]</b> 56/8</p> <p><b>CBC [3]</b> 1/24 162/5 162/19</p> <p><b>CCP [3]</b> 1/24 162/5 162/19</p> <p><b>CCSP [1]</b> 2/12</p> <p><b>CDC [3]</b> 26/20 58/3 58/16</p> <p><b>CDCs [1]</b> 57/22</p> <p><b>CE [1]</b> 120/12</p> <p><b>cease [1]</b> 37/10</p> <p><b>ceiling [1]</b> 50/18</p> <p><b>cell [3]</b> 134/1 134/12 141/25</p>
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<p><b>C</b></p> <p><b>cells [1]</b> 113/9</p> <p><b>cellular [2]</b> 31/14 147/3</p> <p><b>Cendan [1]</b> 141/20</p> <p><b>Center [5]</b> 8/18 57/25 58/2 58/5 58/18</p> <p><b>centers [3]</b> 53/6 53/7 101/20</p> <p><b>centimeter [1]</b> 106/25</p> <p><b>central [2]</b> 62/18 102/21</p> <p><b>CEO [1]</b> 99/19</p> <p><b>ceremony [1]</b> 17/18</p> <p><b>certain [9]</b> 32/14 70/15 86/2 86/3 89/1 89/10 142/10 143/17 158/7</p> <p><b>certainly [6]</b> 87/3 88/4 101/19 104/5 108/19 125/23</p> <p><b>certificate [2]</b> 128/8 162/1</p> <p><b>certificates [1]</b> 128/24</p> <p><b>certification [4]</b> 29/20 31/3 80/16 115/6</p> <p><b>certified [5]</b> 80/13 116/11 116/15 121/4 131/3</p> <p><b>certify [4]</b> 80/14 118/11 162/6 162/10</p> <p><b>CEs [5]</b> 120/5 126/12 127/7 127/20 129/5</p> <p><b>Cesium [4]</b> 55/15 144/17 145/2 149/3</p> <p><b>Cesium-137 [3]</b> 144/17 145/2 149/3</p> <p><b>Cessna [3]</b> 54/11 141/2 141/19</p> <p><b>cetera [7]</b> 88/12 98/9 134/2 134/2 135/15 135/15 144/2</p> <p><b>CFR [1]</b> 85/24</p> <p><b>chair [7]</b> 38/18 76/14 102/10 135/2 136/3 136/10 145/8</p> <p><b>Chairman [2]</b> 2/2 8/2</p> <p><b>champion [1]</b> 8/5</p> <p><b>chance [2]</b> 16/2 152/19</p> <p><b>change [8]</b> 64/16 94/3 96/5 96/5 97/4 98/22 98/23 113/10</p> <p><b>changed [7]</b> 7/3 44/24 96/14 97/19 98/20 116/13 132/21</p> <p><b>changes [5]</b> 22/2 49/21 116/20 116/24 117/8</p> <p><b>changing [2]</b> 82/15 86/19</p> <p><b>Chantal [1]</b> 10/5</p> <p><b>Chantel [3]</b> 2/6 5/13 10/9</p> <p><b>chapter [3]</b> 10/25 11/2 11/3</p> <p><b>charge [6]</b> 26/10 54/16 54/21 66/10 77/20 100/20</p> <p><b>charged [1]</b> 26/8</p> <p><b>Charles [2]</b> 2/22 84/6</p> <p><b>Charley [1]</b> 18/17</p> <p><b>Charlie [3]</b> 5/9 83/21 83/22</p> <p><b>Charlie's [1]</b> 141/22</p> <p><b>chart [1]</b> 131/5</p> <p><b>charts [1]</b> 20/12</p> <p><b>cheaper [1]</b> 137/24</p> <p><b>check [4]</b> 73/15 74/4 107/23 139/15</p> <p><b>checked [1]</b> 86/5</p> <p><b>chemical [2]</b> 81/6 146/17</p> <p><b>chemicals [1]</b> 76/20</p> <p><b>chest [1]</b> 78/4</p> <p><b>Chevy [1]</b> 50/3</p> <p><b>Chief [1]</b> 7/23</p> <p><b>Chiles' [1]</b> 132/25</p> <p><b>China [3]</b> 17/17 52/2 52/4</p> <p><b>chiropractor [1]</b> 4/13</p> <p><b>choice [1]</b> 19/10</p> <p><b>CHP [1]</b> 2/11</p> <p><b>Christmas [1]</b> 89/9</p> <p><b>Cindy [10]</b> 2/16 5/7 15/25 32/11 43/14 48/19 108/4 115/5 132/17 154/22</p> <p><b>cini [1]</b> 150/23</p> <p><b>circles [1]</b> 7/15</p> <p><b>citations [1]</b> 36/9</p> <p><b>cite [2]</b> 36/6 36/7</p>	<p><b>cited [2]</b> 35/24 67/4</p> <p><b>city [2]</b> 89/9 156/7</p> <p><b>clarification [1]</b> 92/19</p> <p><b>clarifying [1]</b> 24/1</p> <p><b>Clarity [3]</b> 110/7 110/8 111/24</p> <p><b>class [3]</b> 12/20 12/21 146/19</p> <p><b>clearly [1]</b> 101/18</p> <p><b>climate [1]</b> 151/10</p> <p><b>Clinical [1]</b> 102/10</p> <p><b>clinicians [3]</b> 102/13 104/19 104/24</p> <p><b>close [3]</b> 54/5 108/12 146/12</p> <p><b>closed [1]</b> 113/6</p> <p><b>closer [1]</b> 156/18</p> <p><b>closest [1]</b> 42/20</p> <p><b>clothes [1]</b> 17/25</p> <p><b>Clyde [1]</b> 45/20</p> <p><b>CMS [2]</b> 70/14 104/13</p> <p><b>CNMT [1]</b> 2/6</p> <p><b>co [2]</b> 93/6 135/2</p> <p><b>co-chair [1]</b> 135/2</p> <p><b>co-signs [1]</b> 93/6</p> <p><b>coalition [1]</b> 43/18</p> <p><b>coat [1]</b> 56/7</p> <p><b>Cobalt [3]</b> 54/2 89/5 149/3</p> <p><b>Cobalt-60 [3]</b> 54/2 89/5 149/3</p> <p><b>code [3]</b> 80/1 85/22 96/12</p> <p><b>coded [1]</b> 137/17</p> <p><b>codes [1]</b> 30/20</p> <p><b>Coffey [1]</b> 2/8</p> <p><b>Cognetta [2]</b> 2/3 4/16</p> <p><b>Coke [2]</b> 60/13 61/15</p> <p><b>collect [9]</b> 44/3 44/9 44/16 44/18 44/23 44/24 52/8 66/22 67/23</p> <p><b>collected [3]</b> 61/19 65/25 102/16</p> <p><b>collecting [2]</b> 51/16 101/9</p> <p><b>collection [1]</b> 51/21</p> <p><b>Collier [1]</b> 136/6</p> <p><b>collimation [1]</b> 73/24</p> <p><b>color [2]</b> 19/12 137/17</p> <p><b>Colorado [1]</b> 64/8</p> <p><b>colorations [1]</b> 143/24</p> <p><b>colors [1]</b> 21/6</p> <p><b>Columbia [1]</b> 138/20</p> <p><b>combine [1]</b> 144/10</p> <p><b>come [29]</b> 27/16 32/3 37/5 55/21 56/9 66/25 67/5 82/16 93/1 94/7 103/24 104/1 104/21 104/22 105/21 106/9 106/16 108/10 112/4 112/13 119/3 119/3 119/5 120/6 144/7 149/14 151/13 158/9 158/19</p> <p><b>comes [11]</b> 9/4 29/1 32/15 36/5 90/9 96/25 105/18 109/19 118/1 119/21 159/7</p> <p><b>coming [11]</b> 22/5 75/12 75/15 78/15 104/11 105/6 110/18 119/23 133/5 143/8 149/4</p> <p><b>command [1]</b> 27/3</p> <p><b>comment [2]</b> 62/11 158/1</p> <p><b>comments [1]</b> 6/7</p> <p><b>commercially [2]</b> 63/17 146/24</p> <p><b>Commission [11]</b> 20/24 22/24 23/7 44/8 49/7 60/7 61/6 102/11 102/25 110/17 150/19</p> <p><b>commissioning [3]</b> 40/1 40/3 41/7</p> <p><b>committee [7]</b> 8/3 14/4 64/2 102/11 104/18 134/23 135/3</p> <p><b>committees [1]</b> 24/13</p> <p><b>common [1]</b> 131/15</p> <p><b>communicate [2]</b> 28/20 29/8</p> <p><b>communication [2]</b> 158/3 158/13</p> <p><b>communications [4]</b> 31/13 49/12 158/17 158/20</p> <p><b>communities [2]</b> 24/23 30/10</p> <p><b>community [13]</b> 14/22 14/25 15/4 20/15</p>	<p>24/22 53/6 57/24 58/1 58/4 58/17 58/18 151/11 151/12</p> <p><b>companies [2]</b> 48/7 112/9</p> <p><b>company [2]</b> 48/10 89/21</p> <p><b>compared [1]</b> 123/25</p> <p><b>compatibility [1]</b> 85/24</p> <p><b>competency [1]</b> 23/6</p> <p><b>competent [1]</b> 24/11</p> <p><b>complaint [1]</b> 118/8</p> <p><b>complaints [1]</b> 130/24</p> <p><b>complete [4]</b> 31/19 69/16 85/1 116/4</p> <p><b>complex [3]</b> 30/13 30/14 140/17</p> <p><b>compliance [6]</b> 38/10 45/14 87/16 88/7 99/3 120/12</p> <p><b>complicated [1]</b> 76/12</p> <p><b>comply [2]</b> 85/2 86/20</p> <p><b>component [1]</b> 117/2</p> <p><b>computer [7]</b> 27/17 76/7 115/16 129/12 141/13 142/16 142/16</p> <p><b>computers [4]</b> 27/14 132/14 132/14 142/1</p> <p><b>con [1]</b> 139/18</p> <p><b>concept [1]</b> 86/13</p> <p><b>concern [5]</b> 74/14 75/11 75/17 75/18 86/3</p> <p><b>concerned [1]</b> 22/24</p> <p><b>concerns [2]</b> 20/21 103/10</p> <p><b>concluded [1]</b> 161/4</p> <p><b>conditioned [1]</b> 51/1</p> <p><b>conditioning [1]</b> 54/13</p> <p><b>conduct [1]</b> 66/21</p> <p><b>conducted [1]</b> 62/17</p> <p><b>cone [2]</b> 73/25 74/2</p> <p><b>conference [6]</b> 1/14 7/1 11/11 105/9 128/9 158/21</p> <p><b>confirm [1]</b> 152/23</p> <p><b>conflicts [1]</b> 154/13</p> <p><b>conglomerate [1]</b> 152/2</p> <p><b>Congress [1]</b> 17/8</p> <p><b>conjunction [2]</b> 115/9 131/25</p> <p><b>connected [2]</b> 141/12 162/13</p> <p><b>connection [1]</b> 17/11</p> <p><b>connectivity [1]</b> 146/23</p> <p><b>consensus [1]</b> 108/25</p> <p><b>consent [1]</b> 88/23</p> <p><b>consequences [1]</b> 49/23</p> <p><b>consider [3]</b> 63/15 64/10 121/18</p> <p><b>considered [1]</b> 159/11</p> <p><b>consists [1]</b> 141/9</p> <p><b>consolidation [1]</b> 48/9</p> <p><b>constantly [6]</b> 30/19 30/19 75/22 76/1 78/9 78/15</p> <p><b>consultant [1]</b> 132/5</p> <p><b>consulting [1]</b> 98/4</p> <p><b>contact [4]</b> 37/17 62/3 68/15 70/3</p> <p><b>containers [2]</b> 46/6 50/6</p> <p><b>containing [1]</b> 46/5</p> <p><b>contaminated [2]</b> 52/15 52/19</p> <p><b>contamination [16]</b> 50/14 52/24 53/3 53/9 57/9 57/14 57/18 57/20 57/24 58/10 58/13 58/19 58/24 140/18 140/24 144/4</p> <p><b>contest [1]</b> 121/19</p> <p><b>continue [2]</b> 47/11 48/9</p> <p><b>continuing [3]</b> 18/15 118/10 131/11</p> <p><b>continuously [1]</b> 85/23</p> <p><b>contracts [1]</b> 70/20</p> <p><b>contrast [1]</b> 135/8</p> <p><b>contribute [1]</b> 16/7</p> <p><b>contributions [1]</b> 114/17</p> <p><b>control [23]</b> 1/12 2/16 2/17 2/18 2/19 2/20 2/21 2/22 4/15 5/2 5/4 5/8 5/10 5/16 15/19 45/23 61/8 82/22 82/23 86/1 105/9</p>
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<p><b>C</b></p> <p><b>control...</b> [2] 105/11 117/22</p> <p><b>controls</b> [1] 86/10</p> <p><b>convenience</b> [1] 77/18</p> <p><b>convention</b> [1] 60/25</p> <p><b>conversation</b> [2] 14/24 160/10</p> <p><b>Converted</b> [1] 50/2</p> <p><b>cool</b> [1] 145/5</p> <p><b>cooperation</b> [1] 7/9</p> <p><b>coordinate</b> [2] 67/24 88/10</p> <p><b>coordinated</b> [1] 68/4</p> <p><b>coordinator</b> [1] 131/12</p> <p><b>coordinators</b> [1] 57/1</p> <p><b>copies</b> [1] 97/19</p> <p><b>cops</b> [1] 138/5</p> <p><b>copy</b> [6] 6/7 91/13 97/11 98/6 152/22 158/12</p> <p><b>Corbett</b> [2] 2/6 5/13</p> <p><b>core</b> [6] 26/7 43/12 43/15 43/16 47/20 66/13</p> <p><b>cores</b> [1] 136/16</p> <p><b>Corp</b> [2] 56/24 62/16</p> <p><b>Corps</b> [3] 26/22 43/20 53/5</p> <p><b>correct</b> [5] 8/24 40/9 83/21 104/20 162/8</p> <p><b>corrected</b> [3] 38/14 67/2 67/7</p> <p><b>corrective</b> [2] 38/7 88/6</p> <p><b>correctly</b> [1] 79/14</p> <p><b>cosmic</b> [1] 55/20</p> <p><b>costs</b> [3] 54/24 71/11 147/11</p> <p><b>could</b> [19] 33/16 43/12 70/19 71/1 87/23 99/14 99/14 101/24 102/22 117/4 121/19 121/21 124/5 128/16 128/25 147/4 152/3 159/4 160/13</p> <p><b>could've</b> [1] 21/12</p> <p><b>couldn't</b> [3] 81/21 95/2 95/4</p> <p><b>council</b> [13] 1/4 2/1 4/4 103/5 115/2 116/4 123/17 149/13 154/23 158/3 158/19 159/4 159/11</p> <p><b>counsel</b> [2] 162/11 162/13</p> <p><b>count</b> [4] 28/24 47/24 157/10 157/18</p> <p><b>counted</b> [1] 50/7</p> <p><b>counties</b> [1] 56/22</p> <p><b>counting</b> [3] 50/8 50/9 50/10</p> <p><b>countries</b> [1] 112/18</p> <p><b>country</b> [3] 137/4 140/15 140/23</p> <p><b>county</b> [12] 15/2 20/3 20/4 20/4 20/6 20/7 20/8 20/10 56/25 136/6 152/2 162/3</p> <p><b>couple</b> [15] 30/15 50/1 60/11 74/13 91/6 93/20 103/2 107/19 114/15 118/14 133/11 133/22 137/11 148/11 150/14</p> <p><b>course</b> [19] 17/8 19/3 19/19 20/14 21/15 21/20 26/8 39/22 45/3 77/2 80/19 94/23 123/23 128/19 130/7 130/7 131/12 131/14 147/11</p> <p><b>courses</b> [3] 118/11 118/15 131/17</p> <p><b>cover</b> [2] 12/7 143/18</p> <p><b>CR</b> [2] 26/20 76/4</p> <p><b>crabs</b> [1] 44/11</p> <p><b>Cradle</b> [1] 146/25</p> <p><b>crash</b> [3] 42/12 55/11 55/12</p> <p><b>crazy</b> [1] 100/9</p> <p><b>CRC</b> [1] 57/24</p> <p><b>CRCBD</b> [2] 24/8 24/12</p> <p><b>CRCPD</b> [7] 24/5 105/10 108/4 154/20 154/22 155/13 155/15</p> <p><b>create</b> [1] 66/15</p> <p><b>created</b> [1] 135/12</p> <p><b>creating</b> [1] 112/10</p> <p><b>credentialing</b> [1] 150/12</p> <p><b>credentials</b> [6] 33/24 34/9 34/10 34/19 34/22 34/23</p>	<p><b>credit</b> [1] 119/10</p> <p><b>crew</b> [7] 142/4 142/8 145/8 145/11 145/14 145/19 145/20</p> <p><b>crews</b> [4] 140/9 144/11 145/4 146/2</p> <p><b>criteria</b> [1] 35/18</p> <p><b>crops</b> [1] 44/13</p> <p><b>CRR</b> [3] 1/24 162/5 162/19</p> <p><b>crumbs</b> [2] 137/17 143/6</p> <p><b>crunching</b> [2] 27/21 33/5</p> <p><b>crystal</b> [5] 44/17 44/17 44/22 49/2 141/12</p> <p><b>crystals</b> [3] 146/11 146/16 148/10</p> <p><b>CT</b> [14] 80/25 101/14 103/10 103/10 103/19 103/25 104/2 110/19 110/19 116/8 117/2 117/4 117/14 152/5</p> <p><b>CTAE</b> [1] 14/3</p> <p><b>cumulative</b> [11] 101/9 101/20 104/12 108/16 108/17 109/15 109/25 110/2 110/9 111/5 112/12</p> <p><b>curies</b> [6] 36/14 89/5 89/6 89/14 89/15 113/7</p> <p><b>Curiosity</b> [1] 59/7</p> <p><b>curious</b> [4] 24/17 29/13 73/9 74/17</p> <p><b>current</b> [1] 115/19</p> <p><b>currently</b> [7] 6/20 7/23 65/16 65/18 65/22 69/15 86/10</p> <p><b>curriculum</b> [1] 13/5</p> <p><b>Curry</b> [1] 5/11</p> <p><b>customer</b> [1] 71/12</p> <p><b>Customs</b> [1] 145/24</p> <p><b>cut</b> [1] 33/2</p> <p><b>cutbacks</b> [1] 124/14</p> <p><b>cycle</b> [1] 36/25</p> <p><b>cyclotron</b> [2] 89/22 90/3</p> <p><b>cyclotrons</b> [1] 89/20</p> <hr/> <p><b>D</b></p> <p><b>D.P.M</b> [1] 2/7</p> <p><b>DABMP</b> [1] 2/2</p> <p><b>DABR</b> [1] 2/2</p> <p><b>DACBR</b> [1] 2/12</p> <p><b>daily</b> [1] 30/11</p> <p><b>Daniella</b> [1] 129/13</p> <p><b>data</b> [19] 44/25 47/4 47/6 51/10 51/12 51/16 51/20 52/4 52/8 73/10 101/9 102/15 110/25 112/10 112/11 144/8 146/20 147/10 147/11</p> <p><b>database</b> [3] 51/13 51/15 112/20</p> <p><b>date</b> [5] 37/17 38/9 40/12 127/9 153/4</p> <p><b>DATED</b> [1] 162/15</p> <p><b>Dawn</b> [1] 103/8</p> <p><b>day</b> [28] 12/6 12/6 18/1 38/12 38/12 39/10 45/18 52/10 60/25 87/4 87/14 87/17 88/2 94/7 94/15 94/17 97/12 116/3 117/24 117/24 125/8 126/19 126/20 127/25 136/3 138/21 148/18 162/15</p> <p><b>day-to-day</b> [2] 12/6 117/24</p> <p><b>days</b> [30] 37/7 37/14 37/17 37/22 38/2 38/3 38/5 38/6 47/24 53/15 61/1 66/24 67/3 67/7 85/4 86/11 86/21 91/13 106/23 117/21 121/7 121/9 121/9 121/15 121/17 123/8 131/19 138/22 140/6 156/13</p> <p><b>Daytona</b> [3] 60/14 60/14 61/13</p> <p><b>DC</b> [1] 2/12</p> <p><b>dead</b> [1] 71/18</p> <p><b>deal</b> [5] 30/24 33/7 68/18 105/22 132/6</p> <p><b>dealing</b> [1] 77/10</p> <p><b>dealings</b> [1] 9/8</p> <p><b>decays</b> [1] 90/2</p> <p><b>December</b> [2] 12/22 61/2</p> <p><b>decided</b> [8] 11/24 11/25 12/3 18/11 23/20 71/15 135/4 139/15</p>	<p><b>decision</b> [1] 103/19</p> <p><b>decisions</b> [1] 29/9</p> <p><b>deck</b> [1] 43/8</p> <p><b>deficiency</b> [5] 85/4 91/10 120/13 121/10 121/13</p> <p><b>deficient</b> [1] 121/12</p> <p><b>definitely</b> [4] 39/4 95/16 95/18 152/10</p> <p><b>degree</b> [2] 50/21 50/21</p> <p><b>degrees</b> [1] 53/14</p> <p><b>delay</b> [5] 89/10 95/5 98/12 123/12 127/18</p> <p><b>delayed</b> [1] 33/8</p> <p><b>delivered</b> [1] 68/25</p> <p><b>delivering</b> [2] 42/12 68/23</p> <p><b>demand</b> [1] 78/16</p> <p><b>demo</b> [1] 109/14</p> <p><b>demographic</b> [1] 109/18</p> <p><b>demographics</b> [1] 110/5</p> <p><b>dense</b> [1] 33/19</p> <p><b>densities</b> [1] 31/17</p> <p><b>density</b> [1] 81/13</p> <p><b>dental</b> [30] 66/6 67/18 72/15 72/15 72/17 72/20 73/5 74/15 74/15 74/20 74/25 75/16 75/20 76/6 76/18 76/24 77/1 77/3 77/7 78/2 80/9 80/10 80/11 80/14 80/15 80/16 80/17 80/18 80/22 81/1</p> <p><b>dentist</b> [2] 77/15 80/19</p> <p><b>dentists</b> [1] 74/23</p> <p><b>Denver</b> [1] 39/2</p> <p><b>deny</b> [2] 84/23 84/24</p> <p><b>department</b> [25] 2/15 5/11 11/18 14/7 14/9 20/16 20/17 21/20 45/14 46/18 53/20 56/25 60/9 61/3 61/6 63/9 63/9 115/10 117/15 118/9 125/22 145/11 145/13 146/1 146/2</p> <p><b>departments</b> [1] 80/7</p> <p><b>dependent</b> [1] 79/14</p> <p><b>depending</b> [4] 23/16 44/4 44/5 79/4</p> <p><b>depends</b> [2] 146/22 146/25</p> <p><b>deploy</b> [2] 55/9 62/5</p> <p><b>deposition</b> [1] 53/24</p> <p><b>depth</b> [2] 7/5 19/8</p> <p><b>Deputy</b> [1] 20/16</p> <p><b>dermatologist</b> [1] 4/17</p> <p><b>describe</b> [2] 29/14 141/9</p> <p><b>descriptions</b> [1] 112/18</p> <p><b>designed</b> [1] 72/22</p> <p><b>desist</b> [1] 37/10</p> <p><b>detect</b> [3] 59/19 137/5 149/6</p> <p><b>detection</b> [8] 53/23 59/18 60/4 134/23 137/12 139/3 140/20 146/17</p> <p><b>detector</b> [2] 138/3 141/11</p> <p><b>detectors</b> [5] 135/13 136/23 137/9 137/13 141/15</p> <p><b>determination</b> [1] 88/15</p> <p><b>determine</b> [3] 53/23 90/10 118/2</p> <p><b>Develop</b> [2] 27/24 27/25</p> <p><b>developed</b> [2] 63/17 89/21</p> <p><b>development</b> [1] 89/18</p> <p><b>device</b> [6] 60/1 113/4 113/5 117/7 135/24 136/1</p> <p><b>devices</b> [5] 40/7 82/4 88/22 136/16 146/9</p> <p><b>diagnostic</b> [4] 31/2 35/14 69/11 91/23</p> <p><b>dial</b> [3] 37/8 37/8 160/14</p> <p><b>DICOM</b> [1] 112/8</p> <p><b>dictates</b> [1] 24/9</p> <p><b>did</b> [43] 11/21 13/16 20/23 20/23 21/21 45/16 50/3 51/12 52/5 52/9 53/13 53/17 54/9 61/13 61/14 61/15 64/25 70/7 73/7 78/18 78/22 83/24 84/1 94/25 95/4 99/13 103/10 107/19 113/10 114/5 116/16 121/20 122/18 122/18 133/8 135/5 139/19 145/2 146/6 147/9 152/5 153/18 162/6</p>
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<p><b>D</b></p> <p><b>didactic</b> [1] 57/5</p> <p><b>didn't</b> [9] 12/1 33/14 96/15 107/2 107/16 136/15 138/18 144/25 145/17</p> <p><b>difference</b> [4] 9/23 47/2 73/4 110/24</p> <p><b>different</b> [30] 9/18 12/7 14/9 14/18 17/4 22/22 29/2 35/7 50/1 51/20 57/15 61/17 61/18 66/7 66/8 72/21 102/5 102/5 103/5 113/16 115/9 117/6 125/2 131/3 134/24 139/21 139/22 140/7 146/4 160/2</p> <p><b>differs</b> [1] 69/2</p> <p><b>difficult</b> [9] 78/17 89/24 96/10 103/17 107/5 108/13 156/24 157/1 157/7</p> <p><b>difficulty</b> [1] 77/5</p> <p><b>dig</b> [1] 47/19</p> <p><b>digital</b> [6] 74/24 76/4 76/5 76/8 76/15 76/19</p> <p><b>direct</b> [1] 13/1</p> <p><b>direction</b> [6] 96/17 107/8 150/17 150/18 151/17 151/20</p> <p><b>directors</b> [3] 105/10 122/12 125/7</p> <p><b>dirty</b> [1] 135/25</p> <p><b>disables</b> [1] 86/9</p> <p><b>disagree</b> [1] 13/11</p> <p><b>disappear</b> [1] 83/12</p> <p><b>disappearing</b> [1] 81/9</p> <p><b>disciplinary</b> [1] 117/1</p> <p><b>discipline</b> [1] 117/25</p> <p><b>disclosure</b> [1] 62/12</p> <p><b>discount</b> [1] 153/17</p> <p><b>discreet</b> [3] 140/8 140/25 144/21</p> <p><b>discuss</b> [3] 116/18 122/18 160/16</p> <p><b>Discussing</b> [1] 29/20</p> <p><b>discussion</b> [3] 70/11 101/23 109/12</p> <p><b>dispersed</b> [1] 59/13</p> <p><b>display</b> [2] 61/14 130/20</p> <p><b>displayed</b> [1] 130/19</p> <p><b>disposal</b> [2] 9/2 45/8</p> <p><b>distance</b> [2] 73/20 143/13</p> <p><b>distribute</b> [1] 66/17</p> <p><b>distributed</b> [1] 66/17</p> <p><b>distribution</b> [1] 68/10</p> <p><b>division</b> [8] 16/17 16/23 16/24 17/3 20/15 115/9 115/10 123/22</p> <p><b>DJ</b> [3] 136/13 141/20 144/14</p> <p><b>DMR</b> [1] 121/18</p> <p><b>do</b> [232]</p> <p><b>doctor</b> [5] 92/8 92/11 98/8 103/24 124/3</p> <p><b>doctor's</b> [1] 77/1</p> <p><b>doctors</b> [2] 94/11 117/19</p> <p><b>document</b> [8] 44/7 87/13 87/19 93/10 95/4 95/6 96/8 106/12</p> <p><b>documentation</b> [2] 100/5 104/14</p> <p><b>documented</b> [2] 119/24 120/8</p> <p><b>Documenting</b> [1] 108/17</p> <p><b>documents</b> [6] 89/11 97/7 119/21 129/16 130/11 153/8</p> <p><b>DOE</b> [7] 142/8 142/11 144/8 144/9 144/12 145/8 145/23</p> <p><b>does</b> [18] 12/17 20/21 22/12 24/5 24/9 28/5 40/16 74/17 76/15 79/2 87/8 87/20 92/11 93/16 102/13 122/20 149/2 152/17</p> <p><b>doesn't</b> [16] 37/9 38/8 42/16 50/13 72/2 89/2 93/8 93/9 98/10 103/21 106/6 109/24 111/21 116/10 127/24 143/2</p> <p><b>dogs</b> [1] 90/22</p> <p><b>doing</b> [34] 9/24 13/6 14/12 14/13 17/23 18/1 24/2 46/13 49/11 53/9 54/14 55/22 56/21 59/7 60/8 71/23 92/14 92/15 95/5 102/3 105/16 107/13 108/4 108/5 112/9 129/15 131/16 137/10 137/12 139/10</p>	<p>144/9 144/20 147/2 150/15</p> <p><b>dollar</b> [2] 47/24 147/12</p> <p><b>dollars</b> [5] 47/25 88/1 147/12 148/12 153/20</p> <p><b>domestic</b> [1] 135/1</p> <p><b>Don</b> [2] 152/6 152/6</p> <p><b>don't</b> [81] 12/15 15/14 18/8 18/20 26/23 27/7 27/8 27/8 27/9 28/11 28/13 28/18 33/10 35/18 36/6 36/9 38/11 39/25 40/13 40/22 41/15 42/14 42/15 45/12 50/9 52/1 52/16 52/21 53/15 61/20 61/23 66/10 69/8 70/9 70/24 72/1 74/3 75/7 75/24 75/25 79/8 80/18 80/21 80/25 81/18 83/11 85/2 86/18 86/23 89/3 89/9 90/17 90/18 91/21 96/24 102/6 102/7 103/16 103/23 104/15 105/8 109/5 110/14 111/19 118/21 119/6 119/7 126/11 127/6 128/18 131/6 133/18 138/14 143/1 149/12 152/8 155/5 155/20 158/12 159/1 159/10</p> <p><b>done</b> [35] 7/18 16/5 23/7 36/4 51/5 52/3 52/11 53/24 54/7 60/16 61/2 64/13 68/8 68/12 85/13 87/14 88/6 97/13 97/14 102/7 104/16 105/3 106/9 106/10 109/5 111/21 121/5 121/20 121/25 124/14 124/16 126/11 127/4 137/8 146/19</p> <p><b>door</b> [4] 64/20 83/16 134/3 141/21</p> <p><b>dose</b> [32] 49/15 49/19 49/19 57/8 57/16 68/25 69/2 69/4 69/5 74/24 78/21 89/22 90/7 90/9 90/10 90/12 93/23 102/25 103/6 104/12 108/16 108/18 109/15 109/16 109/25 110/3 110/9 112/12 159/9 159/25 160/1 160/6</p> <p><b>doses</b> [3] 8/5 70/14 150/23</p> <p><b>dosimetry</b> [2] 57/15 57/16</p> <p><b>Double</b> [2] 103/4 105/21</p> <p><b>down</b> [35] 4/9 12/17 13/22 18/25 21/16 42/15 43/2 47/16 48/10 48/23 51/2 54/1 55/7 55/15 88/24 96/25 97/24 98/14 103/3 107/10 112/4 114/25 120/24 123/7 124/13 133/6 133/16 136/25 140/16 142/2 142/2 143/8 143/21 144/7 146/21</p> <p><b>download</b> [1] 58/2</p> <p><b>downsize</b> [2] 21/19 21/21</p> <p><b>downsized</b> [1] 16/25</p> <p><b>DPTs</b> [1] 13/1</p> <p><b>Dr</b> [14] 4/9 7/1 38/17 38/20 39/13 72/7 72/10 84/5 118/22 156/14 156/14 157/7 157/10 158/4</p> <p><b>Dr.</b> [4] 4/5 7/12 7/21 9/6</p> <p><b>Dr. Birky</b> [1] 9/6</p> <p><b>Dr. Hart</b> [3] 4/5 7/12 7/21</p> <p><b>draft</b> [3] 21/11 21/13 152/7</p> <p><b>dream</b> [1] 154/23</p> <p><b>dress</b> [2] 50/20 50/24</p> <p><b>dressed</b> [1] 51/2</p> <p><b>dressings</b> [1] 50/19</p> <p><b>drill</b> [4] 42/24 47/20 48/11 48/12</p> <p><b>drills</b> [1] 51/4</p> <p><b>drive</b> [3] 34/6 137/23 142/14</p> <p><b>driven</b> [1] 59/24</p> <p><b>drone</b> [1] 147/16</p> <p><b>drones</b> [2] 147/23 147/24</p> <p><b>dropped</b> [1] 70/18</p> <p><b>Droptop</b> [2] 2/5 5/17</p> <p><b>drove</b> [1] 153/6</p> <p><b>dry</b> [1] 47/22</p> <p><b>due</b> [3] 21/14 37/24 40/12</p> <p><b>duffle</b> [1] 31/9</p> <p><b>dummy</b> [1] 57/14</p> <p><b>duplicate</b> [1] 96/4</p> <p><b>during</b> [5] 16/24 18/7 42/11 67/4 72/20</p> <p><b>duties</b> [1] 92/2</p>	<p><b>Dycus</b> [1] 2/4</p> <p><b>E</b></p> <p><b>e-mail</b> [10] 38/13 97/6 98/10 110/12 111/22 119/24 155/21 158/11 159/17 160/11</p> <p><b>e-mailed</b> [1] 6/3</p> <p><b>e-payments</b> [1] 95/18</p> <p><b>each</b> [16] 15/21 16/11 16/12 28/2 31/24 59/8 66/19 80/3 91/25 104/4 119/20 143/12 146/8 158/18 159/1 159/2</p> <p><b>earlier</b> [10] 11/24 22/5 43/14 67/8 114/21 131/22 134/21 135/5 136/18 146/7</p> <p><b>early</b> [2] 101/23 154/13</p> <p><b>ears</b> [2] 29/6 35/21</p> <p><b>easier</b> [2] 95/23 102/10</p> <p><b>easy</b> [3] 64/22 73/5 157/4</p> <p><b>Ed</b> [1] 145/12</p> <p><b>edge</b> [1] 143/9</p> <p><b>educated</b> [1] 150/22</p> <p><b>education</b> [5] 18/16 103/11 103/12 118/10 131/11</p> <p><b>educators</b> [1] 122/22</p> <p><b>effect</b> [4] 62/22 110/18 150/11 152/4</p> <p><b>effects</b> [2] 56/8 59/15</p> <p><b>efficient</b> [2] 25/23 32/3</p> <p><b>Efstratios</b> [2] 2/7 5/23</p> <p><b>eight</b> [9] 18/22 34/23 43/16 44/20 44/21 54/19 57/3 90/4 135/3</p> <p><b>eight-and-a-half</b> [1] 90/4</p> <p><b>either</b> [16] 9/11 30/4 37/2 44/3 45/20 60/2 61/11 74/7 96/11 119/4 121/13 123/23 129/5 132/9 133/12 140/8</p> <p><b>electronic</b> [7] 37/24 96/9 96/14 96/18 96/19 96/20 122/25</p> <p><b>electronically</b> [3] 87/12 95/15 120/20</p> <p><b>eleven</b> [1] 139/22</p> <p><b>elicit</b> [1] 53/25</p> <p><b>eligible</b> [1] 153/19</p> <p><b>eliminate</b> [1] 100/11</p> <p><b>eliminates</b> [1] 51/17</p> <p><b>else</b> [17] 15/14 25/16 26/15 39/3 83/10 95/12 98/7 99/9 104/17 124/3 124/4 128/7 130/2 134/19 151/16 153/25 158/11</p> <p><b>else's</b> [1] 94/1</p> <p><b>embedded</b> [1] 53/2</p> <p><b>emergency</b> [18] 16/19 17/19 18/24 20/15 23/2 31/7 32/1 34/11 42/16 48/18 49/13 49/14 49/19 53/1 55/3 135/8 135/11 139/5</p> <p><b>emergency-response</b> [1] 139/5</p> <p><b>emit</b> [1] 136/21</p> <p><b>emphasis</b> [1] 58/20</p> <p><b>employed</b> [1] 130/23</p> <p><b>employee</b> [5] 13/8 13/9 99/24 162/11 162/12</p> <p><b>employees</b> [4] 25/4 65/15 84/12 120/4</p> <p><b>employer</b> [1] 131/2</p> <p><b>employing</b> [1] 131/2</p> <p><b>empties</b> [1] 144/6</p> <p><b>EMT</b> [1] 120/17</p> <p><b>EMTs</b> [1] 119/18</p> <p><b>encounter</b> [1] 36/4</p> <p><b>encountered</b> [2] 28/7 28/10</p> <p><b>end</b> [7] 52/1 55/6 73/24 74/1 98/5 128/23 159/2</p> <p><b>endorsement</b> [1] 121/14</p> <p><b>endorsements</b> [1] 105/12</p> <p><b>ends</b> [1] 94/4</p> <p><b>Energy</b> [7] 17/9 53/20 60/9 61/3 61/7 146/1 146/2</p> <p><b>enforce</b> [1] 66/20</p> <p><b>enforcement</b> [6] 68/17 98/22 137/10</p>
---	---	---

<p><b>E</b></p> <p><b>enforcement...</b> [3] 139/9 145/14 145/16</p> <p><b>engage</b> [1] 14/24</p> <p><b>engaged</b> [1] 14/7</p> <p><b>engineering</b> [1] 34/12</p> <p><b>Engineers</b> [1] 62/16</p> <p><b>enjoy</b> [1] 83/16</p> <p><b>enough</b> [9] 33/10 50/22 54/5 60/22 95/2 125/24 134/8 135/4 151/11</p> <p><b>enriched</b> [4] 70/12 70/12 70/25 136/17</p> <p><b>ensure</b> [1] 67/6</p> <p><b>enter</b> [1] 128/25</p> <p><b>enters</b> [2] 7/1 11/11</p> <p><b>entire</b> [2] 50/10 85/21</p> <p><b>envelope</b> [1] 153/11</p> <p><b>enviro</b> [1] 45/21</p> <p><b>enviro-care</b> [1] 45/21</p> <p><b>environment</b> [4] 44/9 136/22 140/18 149/5</p> <p><b>environmental</b> [20] 10/2 10/4 15/18 16/23 17/1 18/2 18/13 19/25 25/12 26/2 26/16 27/2 30/4 43/10 43/17 44/2 44/6 44/10 62/17 63/10</p> <p><b>EOF</b> [1] 51/14</p> <p><b>EPA</b> [7] 46/17 63/7 63/11 63/12 63/14 63/23 64/13</p> <p><b>EPA's</b> [3] 145/20 146/14 147/6</p> <p><b>equally</b> [1] 157/7</p> <p><b>equine</b> [1] 90/23</p> <p><b>equipment</b> [20] 24/18 31/13 37/3 40/5 40/15 50/16 53/7 57/17 59/22 68/9 68/10 68/13 69/13 74/18 74/23 101/21 111/3 114/21 141/18 141/24</p> <p><b>equipped</b> [4] 31/6 31/7 31/13 31/24</p> <p><b>ER</b> [5] 94/10 94/10 101/15 102/4 103/24</p> <p><b>eradiated</b> [1] 56/3</p> <p><b>ERCI</b> [1] 67/24</p> <p><b>error</b> [1] 51/23</p> <p><b>errors</b> [1] 51/17</p> <p><b>escalate</b> [1] 36/25</p> <p><b>especially</b> [8] 17/24 51/21 98/8 100/7 101/8 101/13 105/22 152/1</p> <p><b>essentially</b> [8] 45/18 46/19 52/12 55/17 57/6 58/16 63/25 145/24</p> <p><b>established</b> [3] 9/14 17/20 116/7</p> <p><b>et</b> [7] 88/12 98/9 134/2 134/2 135/14 135/15 144/1</p> <p><b>European</b> [1] 75/16</p> <p><b>evacuate</b> [1] 49/16</p> <p><b>evaluate</b> [1] 23/4</p> <p><b>evaluated</b> [1] 51/6</p> <p><b>evaluates</b> [1] 104/3</p> <p><b>evaluation</b> [1] 97/10</p> <p><b>evaluators</b> [2] 21/24 87/8</p> <p><b>even</b> [12] 25/5 25/8 33/10 48/10 52/25 64/10 89/3 102/21 127/19 144/3 144/22 152/9</p> <p><b>event</b> [8] 31/11 37/7 59/24 60/13 60/21 66/22 68/25 69/6</p> <p><b>events</b> [9] 12/7 59/23 60/11 61/2 68/18 68/21 68/24 88/11 132/1</p> <p><b>eventually</b> [2] 112/3 150/19</p> <p><b>ever</b> [11] 23/23 40/6 45/10 46/25 64/10 70/4 79/9 93/25 103/25 109/14 132/21</p> <p><b>every</b> [34] 7/5 21/7 23/8 23/15 30/14 31/4 35/6 44/16 45/5 45/18 47/13 47/14 49/1 49/3 51/21 60/11 72/18 73/20 85/13 86/25 86/25 102/12 104/6 109/19 112/13 116/3 120/16 120/21 126/14 129/6 132/5 148/18 149/4 156/9</p> <p><b>everybody</b> [7] 38/23 39/11 64/20 76/3</p>	<p>76/10 115/4 136/25</p> <p><b>everybody's</b> [2] 16/4 76/2</p> <p><b>everyone</b> [5] 6/3 6/6 9/7 92/3 155/21</p> <p><b>everything</b> [22] 14/11 25/16 25/25 27/1 27/3 30/23 30/25 38/14 40/8 57/9 76/7 84/10 84/25 85/2 85/17 88/19 92/6 107/25 124/9 127/9 128/20 153/11</p> <p><b>evidence</b> [1] 102/14</p> <p><b>evidence-based</b> [1] 102/14</p> <p><b>EVP</b> [1] 104/6</p> <p><b>exact</b> [2] 67/23 146/24</p> <p><b>exactly</b> [7] 28/4 52/5 82/9 123/16 126/17 144/17 159/16</p> <p><b>exam</b> [7] 77/2 111/21 112/13 119/12 120/17 120/25 121/15</p> <p><b>example</b> [1] 106/13</p> <p><b>exams</b> [3] 120/16 120/18 120/20</p> <p><b>except</b> [3] 27/20 84/10 132/6</p> <p><b>exception</b> [1] 80/12</p> <p><b>excuse</b> [2] 135/16 139/21</p> <p><b>exempt</b> [3] 80/7 80/20 151/4</p> <p><b>exemption</b> [1] 80/11</p> <p><b>exercise</b> [14] 51/6 51/7 52/10 52/10 53/13 53/16 53/18 54/8 54/14 61/4 114/20 136/18 138/17 139/23</p> <p><b>exercises</b> [10] 26/20 26/25 49/2 51/4 52/3 52/11 53/24 56/18 57/12 59/17</p> <p><b>exhaust</b> [1] 147/6</p> <p><b>exist</b> [1] 144/4</p> <p><b>existing</b> [3] 41/14 67/1 129/13</p> <p><b>expect</b> [1] 48/8</p> <p><b>expedite</b> [3] 87/2 87/20 97/4</p> <p><b>expensive</b> [5] 70/16 70/23 83/9 96/10 110/10</p> <p><b>experience</b> [5] 35/20 35/25 77/1 131/23 145/17</p> <p><b>experienced</b> [1] 141/3</p> <p><b>experiencing</b> [1] 77/4</p> <p><b>expert</b> [2] 68/15 141/23</p> <p><b>expertise</b> [1] 43/22</p> <p><b>expire</b> [1] 126/16</p> <p><b>expired</b> [3] 118/5 126/23 130/23</p> <p><b>expires</b> [1] 127/25</p> <p><b>explodes</b> [1] 59/20</p> <p><b>explosion</b> [1] 135/25</p> <p><b>export</b> [1] 89/10</p> <p><b>exposure</b> [8] 57/9 57/18 62/7 74/7 74/14 78/19 101/10 136/1</p> <p><b>exposures</b> [2] 75/18 111/5</p> <p><b>extend</b> [1] 82/3</p> <p><b>extended</b> [1] 6/25</p> <p><b>extenders</b> [1] 117/9</p> <p><b>Extension</b> [1] 74/8</p> <p><b>extensive</b> [1] 23/17</p> <p><b>extent</b> [3] 55/19 63/20 125/21</p> <p><b>external</b> [1] 136/20</p> <p><b>extra</b> [1] 151/18</p> <p><b>eye</b> [2] 67/16 144/19</p> <p><b>eyes</b> [2] 29/6 35/21</p>	<p><b>facts</b> [1] 65/14</p> <p><b>fail</b> [1] 119/12</p> <p><b>fails</b> [1] 130/9</p> <p><b>failure</b> [1] 41/9</p> <p><b>Fair</b> [1] 131/23</p> <p><b>fairly</b> [3] 17/3 63/19 151/21</p> <p><b>fake</b> [1] 140/24</p> <p><b>fall</b> [3] 65/9 81/1 81/25</p> <p><b>familiar</b> [3] 57/19 105/9 140/1</p> <p><b>fantastic</b> [1] 33/12</p> <p><b>far</b> [18] 14/25 20/1 22/21 24/6 24/11 32/5 32/9 32/17 37/19 68/22 69/7 76/9 81/16 90/8 103/11 105/25 125/23 143/14</p> <p><b>fast</b> [6] 65/14 86/13 86/16 86/17 86/18 91/7</p> <p><b>faster</b> [4] 52/7 97/15 123/15 125/25</p> <p><b>fastest</b> [3] 90/18 90/19 99/13</p> <p><b>fault</b> [1] 126/7</p> <p><b>favor</b> [2] 6/14 160/25</p> <p><b>fax</b> [1] 119/23</p> <p><b>FBI</b> [1] 26/14</p> <p><b>FDA</b> [2] 26/13 68/3</p> <p><b>fear</b> [1] 116/8</p> <p><b>February</b> [2] 20/6 51/6</p> <p><b>federal</b> [5] 26/13 49/8 84/11 139/1 147/15</p> <p><b>FedEx</b> [1] 55/12</p> <p><b>feds</b> [4] 26/13 36/5 139/4 139/12</p> <p><b>fee</b> [3] 66/8 66/11 83/2</p> <p><b>feeds</b> [1] 109/18</p> <p><b>feel</b> [3] 36/7 70/25 124/1</p> <p><b>fees</b> [7] 36/8 65/25 66/2 66/4 66/5 66/23 67/23</p> <p><b>feet</b> [5] 47/21 54/11 54/12 61/24 144/22</p> <p><b>fellow</b> [1] 133/9</p> <p><b>felt</b> [2] 39/17 118/24</p> <p><b>FEMA</b> [7] 49/7 49/25 51/6 51/8 51/14 139/15 139/18</p> <p><b>few</b> [15] 8/1 8/13 10/17 20/11 21/1 45/22 62/16 65/11 75/19 79/5 95/1 96/22 111/24 140/22 154/3</p> <p><b>FHP</b> [5] 61/3 136/14 141/1 142/5 148/18</p> <p><b>Fi</b> [1] 141/25</p> <p><b>field</b> [30] 4/15 12/17 12/18 14/24 20/18 25/10 30/6 30/9 49/9 49/20 49/21 50/5 50/15 50/17 50/19 51/12 51/19 53/16 59/13 66/18 67/4 68/11 68/13 75/23 75/23 76/5 77/16 77/16 78/7 118/4</p> <p><b>fielded</b> [1] 145/15</p> <p><b>fifteen</b> [3] 11/25 12/22 33/18</p> <p><b>fifty</b> [1] 147/20</p> <p><b>fifty-six</b> [1] 147/20</p> <p><b>figure</b> [11] 7/13 30/21 55/21 56/9 64/21 65/18 65/24 108/22 132/2 139/16 147/22</p> <p><b>file</b> [1] 44/7</p> <p><b>fill</b> [3] 8/14 34/4 153/13</p> <p><b>film</b> [2] 76/3 76/19</p> <p><b>filtering</b> [1] 104/24</p> <p><b>final</b> [6] 21/12 92/20 92/24 93/2 93/4 93/16</p> <p><b>finally</b> [3] 59/3 59/5 135/3</p> <p><b>finals</b> [2] 60/18 60/19</p> <p><b>financially</b> [1] 162/14</p> <p><b>find</b> [13] 25/22 30/5 41/15 64/7 64/11 73/25 74/20 75/3 84/1 100/17 107/21 130/22 136/22</p> <p><b>finding</b> [3] 9/1 41/11 81/8</p> <p><b>finds</b> [3] 83/7 118/5 155/21</p> <p><b>fine</b> [4] 36/24 106/14 144/4 144/13</p> <p><b>finest</b> [2] 87/25 88/3</p> <p><b>finest</b> [1] 32/17</p> <p><b>fingerprinted</b> [1] 86/5</p>
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<p><b>F</b></p> <p><b>FIPR [3]</b> 9/6 9/7 9/11</p> <p><b>fire [2]</b> 55/2 134/25</p> <p><b>fired [1]</b> 136/4</p> <p><b>firm's [1]</b> 71/7</p> <p><b>first [37]</b> 15/25 16/1 17/9 17/16 21/10 25/2 29/14 30/5 34/7 54/15 54/16 54/23 56/19 57/5 61/25 62/23 64/18 77/11 86/22 90/15 94/14 95/11 95/22 100/16 111/21 112/6 118/20 126/20 130/5 130/9 132/25 137/22 139/19 139/25 149/12 152/17 154/4</p> <p><b>fiscal [4]</b> 45/16 55/1 56/12 66/1</p> <p><b>fish [4]</b> 44/1 44/3 60/6 61/6</p> <p><b>fit [2]</b> 14/25 135/6</p> <p><b>fits [1]</b> 108/19</p> <p><b>five [22]</b> 18/12 20/19 23/8 27/5 27/6 34/22 47/21 58/7 61/1 61/9 61/24 72/18 73/4 77/2 87/24 89/17 104/1 121/5 128/1 140/12 141/15 146/4</p> <p><b>fix [2]</b> 113/4 132/15</p> <p><b>fixed [4]</b> 37/15 61/11 73/15 77/3</p> <p><b>flask [1]</b> 46/5</p> <p><b>flew [2]</b> 141/15 146/23</p> <p><b>flies [3]</b> 141/2 145/23 145/24</p> <p><b>flight [7]</b> 138/13 142/9 142/14 142/22 143/7 144/7 144/24</p> <p><b>float [1]</b> 114/11</p> <p><b>floors [1]</b> 133/14</p> <p><b>flora [1]</b> 72/25</p> <p><b>Florida [69]</b> 1/15 1/25 4/20 4/24 4/25 5/6 5/20 5/24 9/16 9/17 9/20 10/10 11/2 11/5 11/16 11/23 13/8 13/9 17/17 25/21 35/7 45/6 46/11 46/18 48/21 52/12 56/23 60/6 60/18 62/19 63/6 64/5 65/17 65/20 65/23 67/17 68/7 71/13 80/15 83/1 83/1 83/6 85/21 85/21 89/2 90/15 92/12 92/13 92/17 92/22 93/14 100/25 115/20 115/22 116/1 117/20 120/20 132/20 132/24 135/2 136/5 136/6 137/5 141/1 151/10 156/6 157/4 158/8 162/2</p> <p><b>flow [1]</b> 54/4</p> <p><b>flown [1]</b> 146/4</p> <p><b>fluorescent [1]</b> 82/6</p> <p><b>Fluorine [2]</b> 89/24 90/1</p> <p><b>Fluorine-18 [2]</b> 89/24 90/1</p> <p><b>fluoro [1]</b> 152/7</p> <p><b>fluoroscopy [3]</b> 150/3 150/6 151/2</p> <p><b>fly [15]</b> 56/6 63/14 137/22 138/14 138/15 140/1 140/19 141/8 142/10 142/24 143/23 145/25 147/22 156/12 156/24</p> <p><b>flying [14]</b> 21/6 53/23 54/10 139/9 141/14 142/17 143/1 143/2 146/11 146/14 148/6 156/13 157/3 157/7</p> <p><b>FNMT [3]</b> 10/21 10/23 154/15</p> <p><b>focus [1]</b> 23/20</p> <p><b>folks [18]</b> 6/24 8/13 75/20 103/4 103/15 118/6 130/18 134/5 136/24 137/10 137/22 139/6 141/4 146/5 154/12 156/13 158/25 160/8</p> <p><b>follow [3]</b> 85/25 86/13 102/13</p> <p><b>Followed [2]</b> 115/23 116/6</p> <p><b>following [2]</b> 37/3 113/18</p> <p><b>food [1]</b> 44/12</p> <p><b>foot [3]</b> 47/20 50/17 50/18</p> <p><b>football [4]</b> 11/22 12/2 12/8 12/11</p> <p><b>footwork [1]</b> 25/17</p> <p><b>Force [1]</b> 139/7</p> <p><b>forefront [1]</b> 91/19</p> <p><b>foregoing [2]</b> 162/7 162/7</p> <p><b>forget [1]</b> 141/2</p>	<p><b>form [2]</b> 9/20 116/1</p> <p><b>formal [1]</b> 17/18</p> <p><b>formed [1]</b> 159/13</p> <p><b>former [1]</b> 11/21</p> <p><b>formerly [1]</b> 63/5</p> <p><b>Forrest [2]</b> 2/19 5/15</p> <p><b>Fort [1]</b> 46/12</p> <p><b>forth [4]</b> 115/24 143/5 143/10 156/10</p> <p><b>forty [1]</b> 61/9</p> <p><b>forty-five [1]</b> 61/9</p> <p><b>forward [4]</b> 111/10 111/12 113/1 151/20</p> <p><b>found [8]</b> 40/4 47/4 47/5 48/14 51/24 74/1 79/1 84/3</p> <p><b>foundation [2]</b> 12/24 88/25</p> <p><b>four [11]</b> 6/20 6/21 16/18 36/14 47/21 57/5 60/25 116/23 146/3 146/9 153/20</p> <p><b>fourteen [4]</b> 51/20 56/22 146/15 146/15</p> <p><b>FPH [1]</b> 148/19</p> <p><b>frame [1]</b> 133/15</p> <p><b>free [3]</b> 54/16 56/6 58/2</p> <p><b>frees [1]</b> 51/18</p> <p><b>frequencies [1]</b> 85/11</p> <p><b>frequency [8]</b> 35/2 36/18 36/25 37/22 73/4 82/12 85/14 85/15</p> <p><b>Friday [1]</b> 12/1</p> <p><b>friendly [1]</b> 81/16</p> <p><b>front [4]</b> 30/9 110/4 127/8 142/4</p> <p><b>fruits [1]</b> 89/11</p> <p><b>frustrating [1]</b> 128/22</p> <p><b>FTE [1]</b> 21/22</p> <p><b>Fukushima [1]</b> 135/9</p> <p><b>fulfill [2]</b> 92/1 92/6</p> <p><b>full [7]</b> 33/19 56/20 65/15 76/5 76/15 84/12 142/4</p> <p><b>full-field [1]</b> 76/5</p> <p><b>full-time [2]</b> 65/15 84/12</p> <p><b>fully [3]</b> 31/7 31/24 80/18</p> <p><b>function [2]</b> 67/21 68/1</p> <p><b>functions [1]</b> 23/3</p> <p><b>funny [2]</b> 17/6 40/24</p> <p><b>FURTHER [1]</b> 162/10</p> <p><b>Fusion [1]</b> 5/13</p> <p><b>Futch [3]</b> 2/17 5/3 18/16</p> <p><b>future [3]</b> 109/11 129/21 150/4</p> <p><b>FWC [1]</b> 61/3</p>	<p><b>generated [1]</b> 31/2</p> <p><b>generates [1]</b> 45/7</p> <p><b>generating [1]</b> 143/6</p> <p><b>generator [4]</b> 45/6 59/10 70/17 138/25</p> <p><b>generators [1]</b> 46/4</p> <p><b>gently [2]</b> 103/20 105/23</p> <p><b>geographical [1]</b> 102/6</p> <p><b>geographically [1]</b> 25/21</p> <p><b>Georgia [1]</b> 140/3</p> <p><b>get [99]</b> 4/2 7/14 8/15 12/1 13/5 14/12 14/12 14/21 15/15 16/2 16/2 24/8 33/6 35/24 37/1 37/25 37/25 38/3 38/3 38/11 38/14 41/3 41/24 50/25 51/2 64/13 75/19 83/20 85/2 85/5 86/15 86/16 86/22 87/4 87/6 87/15 87/18 88/2 88/5 88/6 89/25 90/10 90/15 91/1 91/3 91/3 92/25 94/6 94/25 95/2 95/4 95/6 95/9 96/3 96/6 96/10 97/9 97/11 97/14 97/15 98/6 98/7 99/14 99/18 99/24 100/16 100/23 104/2 105/3 105/11 106/4 111/14 111/21 112/23 114/5 120/13 120/21 121/19 121/20 121/21 121/25 123/24 124/16 125/15 125/20 125/20 126/3 126/5 126/6 126/19 127/4 128/7 129/1 131/12 131/17 132/14 141/6 156/4 159/4</p> <p><b>gets [4]</b> 32/23 108/12 121/8 131/16</p> <p><b>getting [18]</b> 48/13 50/11 76/3 76/3 76/11 76/16 77/9 77/17 78/12 96/18 97/8 97/19 112/5 123/11 123/13 123/13 150/23 158/4</p> <p><b>Giles [2]</b> 131/21 131/21</p> <p><b>GIS [3]</b> 137/15 141/22 144/9</p> <p><b>give [27]</b> 12/23 19/8 35/22 37/4 37/6 38/6 38/9 45/11 63/1 85/4 94/6 99/8 101/24 102/1 111/25 115/18 116/13 118/2 125/15 126/9 131/18 134/2 134/19 135/19 144/8 148/2 148/24</p> <p><b>given [2]</b> 93/24 118/13</p> <p><b>gives [6]</b> 14/21 21/3 67/15 69/6 132/22 136/19</p> <p><b>giving [1]</b> 144/9</p> <p><b>GL [2]</b> 82/15 82/21</p> <p><b>glad [4]</b> 8/12 16/2 16/7 138/18</p> <p><b>glossed [1]</b> 11/13</p> <p><b>go [82]</b> 4/1 4/7 4/7 6/1 6/21 12/3 12/14 12/17 13/2 13/15 16/12 17/2 17/21 20/13 26/15 27/15 28/14 29/7 29/9 29/25 32/18 34/6 36/23 39/2 41/9 42/10 44/1 45/20 47/19 48/10 50/21 50/22 51/3 52/15 52/17 55/1 57/2 57/13 59/14 60/9 60/12 62/4 65/5 66/18 70/1 83/3 83/5 87/5 92/4 95/11 107/11 110/3 111/4 112/22 114/11 114/13 114/14 118/19 119/14 121/17 121/22 122/20 122/23 124/7 124/10 124/10 125/18 127/21 129/19 130/4 135/18 135/22 137/2 138/12 142/9 142/10 142/15 143/18 143/20 149/16 155/14 160/2</p> <p><b>go-to [1]</b> 12/14</p> <p><b>Godzilla [2]</b> 17/6 17/9</p> <p><b>goes [9]</b> 36/13 45/24 51/13 62/1 67/11 110/4 115/24 118/4 131/18</p> <p><b>going [88]</b> 13/13 13/22 15/5 16/6 19/7 19/16 22/11 22/25 27/1 28/5 34/23 35/6 36/7 38/8 40/25 41/1 41/7 43/14 45/22 47/15 48/13 49/24 52/15 52/17 52/18 59/14 60/23 64/16 65/4 65/4 65/5 65/5 65/8 65/11 65/17 70/14 71/5 75/22 76/15 83/8 83/15 87/5 93/20 95/5 99/16 100/14 100/17 103/9 105/14 105/24 106/11 112/4 113/1 113/2 113/14 114/18 114/24 115/18 125/9 125/15 125/16 126/4 127/7 127/7 127/15 128/6 130/10 130/25 131/1 133/6 134/1 138/10 139/16 139/23 142/13</p>
	<p><b>G</b></p> <p><b>Gadolinium [1]</b> 136/8</p> <p><b>Gail [7]</b> 5/11 65/6 114/12 114/14 115/18 118/16 130/16</p> <p><b>Gail's [3]</b> 114/17 117/17 118/9</p> <p><b>gain [1]</b> 12/25</p> <p><b>Gainesville [4]</b> 4/24 12/11 14/16 46/12</p> <p><b>Galileo [1]</b> 59/1</p> <p><b>games [2]</b> 12/2 12/8</p> <p><b>gamma [11]</b> 47/12 47/18 48/3 77/22 77/23 88/19 113/8 113/9 136/20 137/9 138/3</p> <p><b>Gan [3]</b> 141/22 142/6 142/7</p> <p><b>gap [2]</b> 34/3 34/4</p> <p><b>gas [2]</b> 139/16 143/17</p> <p><b>gauge [3]</b> 33/22 88/22 113/4</p> <p><b>gauges [1]</b> 88/22</p> <p><b>gave [3]</b> 20/10 144/14 152/19</p> <p><b>GE [1]</b> 75/5</p> <p><b>gear [4]</b> 137/16 139/5 140/20 146/17</p> <p><b>general [11]</b> 7/2 25/2 33/13 36/15 42/8 49/17 52/13 85/16 106/19 115/23 158/24</p> <p><b>General's [1]</b> 23/14</p> <p><b>generally [6]</b> 27/5 28/16 47/6 47/8 82/11 83/8</p> <p><b>generate [3]</b> 29/2 30/19 143/19</p>	

<p><b>G</b></p> <p><b>going...</b> [13] 142/14 142/15 143/4 143/18 144/10 145/4 147/4 148/1 151/3 151/13 155/4 155/19 158/6</p> <p><b>gone</b> [2] 7/17 155/5</p> <p><b>good</b> [29] 11/8 15/7 16/11 38/25 39/4 40/21 63/1 63/13 64/22 66/4 76/12 77/15 83/3 83/13 83/14 104/5 108/8 109/3 109/11 114/10 120/8 130/8 130/15 133/22 138/24 146/22 147/14 154/6 154/16</p> <p><b>goodness</b> [1] 120/19</p> <p><b>goods</b> [1] 89/11</p> <p><b>Google</b> [2] 58/1 110/8</p> <p><b>gosh</b> [1] 128/1</p> <p><b>got</b> [45] 7/8 11/10 15/15 16/24 22/10 25/6 31/8 31/8 31/22 34/11 34/12 34/14 34/17 34/18 37/8 45/2 50/18 56/2 56/6 59/2 65/1 82/17 82/18 85/12 87/9 87/17 87/19 95/1 97/3 98/15 114/15 114/21 122/9 123/8 124/11 127/11 129/8 129/12 138/24 139/25 140/5 143/17 144/16 151/8 152/8</p> <p><b>Gotcha</b> [2] 98/24 99/4</p> <p><b>gotten</b> [2] 123/5 126/25</p> <p><b>government</b> [4] 23/15 43/23 100/25 139/2</p> <p><b>Governor</b> [1] 132/25</p> <p><b>governs</b> [1] 99/1</p> <p><b>GPS</b> [1] 51/22</p> <p><b>grab</b> [1] 34/6</p> <p><b>grade</b> [1] 75/18</p> <p><b>graded</b> [5] 49/4 49/4 49/5 49/6 49/25</p> <p><b>grades</b> [2] 49/7 49/8</p> <p><b>grads</b> [1] 13/18</p> <p><b>graduate</b> [5] 13/1 125/5 125/8 125/9 125/13</p> <p><b>graduated</b> [3] 122/23 122/23 122/24</p> <p><b>graduating</b> [2] 123/11 155/3</p> <p><b>graduation</b> [1] 119/20</p> <p><b>graduations</b> [1] 155/7</p> <p><b>grain</b> [1] 151/9</p> <p><b>grasses</b> [1] 44/11</p> <p><b>gratification</b> [1] 125/11</p> <p><b>gray</b> [1] 151/22</p> <p><b>great</b> [12] 7/8 87/20 101/23 102/19 103/21 105/19 105/22 106/17 107/15 122/4 124/2 127/4</p> <p><b>greater</b> [3] 41/16 64/3 69/3</p> <p><b>green</b> [2] 137/17 153/17</p> <p><b>grieve</b> [1] 29/4</p> <p><b>ground</b> [17] 60/2 133/14 137/23 138/10 138/15 138/25 140/9 140/19 140/22 142/2 142/3 144/1 144/18 145/1 145/20 146/21 146/23</p> <p><b>group</b> [23] 10/6 10/18 10/22 14/17 15/18 16/7 16/22 28/16 28/19 43/17 46/22 46/24 53/20 56/25 94/19 105/10 105/13 108/17 115/21 118/9 156/16 158/23 159/15</p> <p><b>grouped</b> [1] 31/16</p> <p><b>groups</b> [3] 92/8 98/4 159/13</p> <p><b>grow</b> [1] 47/24</p> <p><b>growing</b> [1] 90/19</p> <p><b>guess</b> [20] 4/1 4/9 6/1 10/12 15/24 24/25 62/10 70/13 83/14 91/18 102/9 104/6 104/17 105/1 114/10 125/7 125/13 127/11 154/25 158/1</p> <p><b>guessing</b> [2] 71/20 148/4</p> <p><b>guidance</b> [7] 24/12 36/17 43/25 44/6 63/19 64/1 150/3</p> <p><b>guidelines</b> [9] 7/4 102/1 102/14 102/16 106/9 106/11 106/14 106/16 117/1</p>	<p><b>guides</b> [2] 38/2 58/15</p> <p><b>guiding</b> [1] 107/9</p> <p><b>guilty</b> [1] 39/17</p> <p><b>gun</b> [1] 77/13</p> <p><b>guy</b> [4] 12/10 12/14 113/24 134/13</p> <p><b>guys</b> [19] 28/7 28/13 29/16 34/18 39/25 41/9 65/9 65/10 72/22 76/2 79/11 128/24 133/12 133/21 133/22 137/3 141/17 149/22 154/14</p> <p><b>gyms</b> [1] 53/6</p> <p><b>H</b></p> <p><b>had</b> [62] 10/17 17/16 17/19 18/1 21/8 21/10 21/19 21/24 22/20 23/21 23/21 23/22 25/4 33/2 33/18 34/19 34/21 36/24 39/2 46/20 49/4 51/6 51/7 53/18 56/1 56/3 60/24 61/5 61/9 62/21 68/22 70/15 76/22 76/23 76/25 77/18 78/24 82/10 82/14 87/18 92/7 100/16 100/16 101/17 102/20 103/3 106/23 107/4 113/12 113/13 114/3 116/15 134/21 136/25 138/19 138/20 145/15 145/16 147/3 152/5 152/19 156/24</p> <p><b>hairdo</b> [1] 17/25</p> <p><b>half</b> [6] 11/19 13/12 57/4 73/23 89/23 90/4</p> <p><b>half-life</b> [1] 89/23</p> <p><b>half-value</b> [1] 73/23</p> <p><b>Hamilton</b> [4] 2/22 5/9 18/18 84/6</p> <p><b>hand</b> [8] 37/8 48/16 76/24 77/3 77/6 77/12 81/10 81/23</p> <p><b>hand-held</b> [6] 76/24 77/3 77/6 77/12 81/10 81/23</p> <p><b>handheld</b> [1] 78/8</p> <p><b>handhelds</b> [1] 78/20</p> <p><b>handle</b> [4] 49/19 80/21 88/16 118/10</p> <p><b>handled</b> [1] 66/16</p> <p><b>handlers</b> [1] 62/4</p> <p><b>handles</b> [1] 117/23</p> <p><b>handling</b> [1] 111/13</p> <p><b>hands</b> [5] 136/14 157/12 157/14 157/16 157/17</p> <p><b>hanging</b> [2] 74/11 148/6</p> <p><b>hangs</b> [1] 39/16</p> <p><b>happen</b> [3] 38/8 133/10 144/25</p> <p><b>happened</b> [3] 54/1 132/2 136/5</p> <p><b>happening</b> [3] 81/17 90/16 106/12</p> <p><b>happens</b> [6] 21/19 32/22 55/8 58/11 125/3 135/10</p> <p><b>happy</b> [5] 7/8 8/8 34/21 64/13 70/5</p> <p><b>hard</b> [9] 33/6 47/5 82/21 82/23 97/11 107/22 122/3 124/16 135/4</p> <p><b>hardy</b> [1] 75/1</p> <p><b>harm</b> [1] 135/14</p> <p><b>harms</b> [1] 36/1</p> <p><b>Hart</b> [7] 2/10 4/5 7/1 7/12 7/21 7/21 158/4</p> <p><b>has</b> [61] 10/6 19/20 19/25 26/14 26/16 28/3 30/3 33/1 36/4 36/17 40/6 48/12 48/16 51/8 53/4 53/20 58/6 58/14 59/9 62/6 64/3 68/12 69/15 71/15 77/10 77/20 80/15 86/7 86/8 88/25 90/4 91/18 92/1 92/5 101/11 101/16 102/1 102/16 102/25 103/22 103/25 104/1 107/8 109/2 115/6 115/14 118/1 119/7 120/8 124/14 129/16 132/10 134/24 137/4 139/2 139/18 142/8 144/16 146/8 148/19 158/5</p> <p><b>hasn't</b> [3] 15/12 125/23 132/21</p> <p><b>hat</b> [1] 18/8</p> <p><b>hats</b> [1] 18/8</p> <p><b>have</b> [287]</p> <p><b>haven't</b> [8] 21/12 68/1 73/19 116/5 123/5 125/18 126/24 144/25</p>	<p><b>having</b> [11] 50/22 51/10 54/10 62/23 63/12 80/13 85/23 94/24 104/9 128/24 151/15</p> <p><b>Hawk</b> [1] 146/6</p> <p><b>hazard</b> [2] 36/12 57/10</p> <p><b>he</b> [10] 81/22 98/9 107/2 111/23 111/23 118/23 131/22 135/3 136/10 136/11</p> <p><b>he's</b> [10] 32/6 91/14 91/15 138/24 138/24 138/25 142/9 142/11 142/17 142/17</p> <p><b>head</b> [5] 11/22 76/19 80/25 101/14 104/2</p> <p><b>headaches</b> [2] 103/23 104/1</p> <p><b>heads</b> [1] 46/8</p> <p><b>health</b> [30] 2/15 4/21 5/11 10/3 10/4 11/5 14/19 14/23 15/4 15/5 16/21 16/24 17/1 17/15 20/17 20/17 21/21 30/12 34/13 36/12 37/14 46/18 52/18 52/20 56/25 63/9 88/8 115/10 117/20 125/22</p> <p><b>hear</b> [4] 29/7 39/9 81/21 154/8</p> <p><b>heard</b> [4] 16/10 75/10 130/18 131/7</p> <p><b>hearing</b> [1] 15/20</p> <p><b>heavily</b> [1] 105/20</p> <p><b>heavy</b> [2] 77/21 147/23</p> <p><b>heftier</b> [1] 79/11</p> <p><b>hefty</b> [1] 79/7</p> <p><b>held</b> [6] 76/24 77/3 77/6 77/12 81/10 81/23</p> <p><b>helicopter</b> [2] 145/14 146/4</p> <p><b>helicopters</b> [1] 53/22</p> <p><b>Hello</b> [1] 38/21</p> <p><b>help</b> [12] 27/22 91/16 105/12 105/25 122/5 124/17 125/22 126/4 129/24 130/11 132/3 134/5</p> <p><b>helpful</b> [2] 100/10 151/16</p> <p><b>helping</b> [2] 43/19 87/20</p> <p><b>helps</b> [1] 132/15</p> <p><b>her</b> [2] 131/10 131/18</p> <p><b>here</b> [40] 6/21 6/24 8/8 11/10 13/18 15/15 16/7 16/8 16/9 29/14 39/18 45/2 52/1 72/5 94/13 107/20 113/24 117/11 124/10 124/12 128/1 132/24 133/16 134/9 135/22 138/8 140/16 142/24 143/4 143/9 143/16 143/21 144/5 144/9 150/19 152/22 155/24 156/2 156/19 157/8</p> <p><b>Here's</b> [4] 32/12 54/25 133/11 140/3</p> <p><b>hereby</b> [1] 162/5</p> <p><b>hey</b> [4] 38/22 98/13 139/12 145/5</p> <p><b>Hi</b> [1] 38/23</p> <p><b>hide</b> [1] 148/24</p> <p><b>high</b> [7] 53/6 54/12 69/9 132/23 138/25 146/17 150/24</p> <p><b>high-power</b> [1] 132/23</p> <p><b>high-resolution</b> [1] 146/17</p> <p><b>higher</b> [7] 46/20 47/8 50/11 50/12 62/2 72/3 144/22</p> <p><b>highest</b> [1] 21/8</p> <p><b>highly</b> [4] 70/12 70/25 136/2 136/17</p> <p><b>highly-enriched</b> [1] 70/12</p> <p><b>highway</b> [2] 42/15 60/6</p> <p><b>him</b> [4] 32/7 131/25 135/5 136/4</p> <p><b>himself</b> [1] 80/20</p> <p><b>hire</b> [2] 34/2 34/4</p> <p><b>hired</b> [2] 118/21 123/13</p> <p><b>Hiroshima</b> [1] 136/21</p> <p><b>Hiroshima-sized</b> [1] 136/21</p> <p><b>his</b> [6] 19/21 62/24 62/25 118/22 136/14 142/18</p> <p><b>historically</b> [1] 36/3</p> <p><b>history</b> [3] 17/7 103/25 107/1</p> <p><b>hit</b> [2] 32/23 158/13</p> <p><b>HIV</b> [2] 122/24 122/25</p> <p><b>hmm</b> [3] 15/10 72/24 143/20</p> <p><b>hold</b> [8] 77/13 127/7 127/8 134/10 138/18</p>
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<p><b>H</b></p> <p><b>hold...</b> [3] 153/10 158/7 158/17</p> <p><b>holding</b> [4] 20/6 82/7 133/19 136/14</p> <p><b>hole</b> [1] 47/19</p> <p><b>home</b> [9] 12/8 12/13 12/13 27/11 27/17 31/5 32/6 34/7 39/11</p> <p><b>honestly</b> [1] 105/4</p> <p><b>hooked</b> [1] 114/22</p> <p><b>hooking</b> [1] 141/18</p> <p><b>hope</b> [1] 39/3</p> <p><b>hopefully</b> [6] 13/18 43/7 48/13 53/9 89/1 94/18</p> <p><b>hopes</b> [1] 136/4</p> <p><b>hoping</b> [2] 22/3 69/8</p> <p><b>Horizons</b> [2] 59/2 59/4</p> <p><b>hornet's</b> [1] 97/17</p> <p><b>hospital</b> [5] 5/6 14/5 108/5 109/17 111/12</p> <p><b>Hospital's</b> [1] 36/16</p> <p><b>hospitals</b> [5] 85/19 88/20 96/11 102/20 103/1</p> <p><b>hot</b> [4] 33/13 58/12 95/17 160/7</p> <p><b>Hotel</b> [1] 1/13</p> <p><b>hour</b> [4] 45/12 54/21 62/2 64/6</p> <p><b>hours</b> [9] 42/11 54/20 57/3 57/4 57/5 60/25 91/9 100/21 143/19</p> <p><b>house</b> [2] 56/4 66/16</p> <p><b>housed</b> [3] 115/3 115/13 117/10</p> <p><b>houses</b> [2] 46/19 46/21</p> <p><b>housing</b> [1] 63/16</p> <p><b>how</b> [57] 7/14 10/16 17/7 20/13 23/3 23/4 23/5 23/16 24/10 25/2 25/20 25/22 27/18 28/2 38/23 41/23 42/9 44/8 49/9 49/23 50/20 57/16 57/19 57/23 58/8 58/9 58/10 58/17 61/25 65/22 79/2 90/8 90/10 93/9 96/10 100/17 106/22 109/23 112/22 113/5 114/5 114/23 116/13 126/18 132/2 137/22 137/23 138/15 139/14 139/24 141/6 142/12 146/22 147/22 148/21 148/23 156/13</p> <p><b>however</b> [3] 100/21 106/8 144/3</p> <p><b>HPS</b> [2] 10/21 18/6</p> <p><b>huge</b> [6] 9/23 25/22 28/4 30/23 102/15 134/15</p> <p><b>huh</b> [2] 93/21 94/16</p> <p><b>humans</b> [1] 41/2</p> <p><b>humor</b> [1] 134/10</p> <p><b>hundred</b> [2] 144/22 148/11</p> <p><b>Hungary</b> [1] 114/1</p> <p><b>hurt</b> [1] 106/6</p> <p><b>hurting</b> [3] 124/15 124/15 136/4</p> <p><b>Hyatt</b> [1] 1/13</p> <p><b>hygienists</b> [1] 80/17</p>	<p>160/6</p> <p><b>I've</b> [18] 7/21 7/24 8/1 8/2 8/4 8/5 8/8 11/19 13/5 14/2 24/16 45/2 82/17 95/1 106/21 111/24 112/17 123/22</p> <p><b>i.e</b> [1] 53/25</p> <p><b>idea</b> [9] 31/11 59/18 101/23 108/25 116/13 136/12 136/13 136/17 136/19</p> <p><b>ideas</b> [2] 109/1 109/3</p> <p><b>identification</b> [2] 56/11 93/24</p> <p><b>identify</b> [1] 85/8</p> <p><b>idiots</b> [1] 133/12</p> <p><b>IIs</b> [1] 120/5</p> <p><b>ill</b> [1] 56/8</p> <p><b>image</b> [6] 33/17 102/17 103/20 103/20 105/23 105/23</p> <p><b>images</b> [2] 32/9 78/6</p> <p><b>imagine</b> [2] 50/20 120/25</p> <p><b>imaging</b> [11] 76/8 87/13 87/19 90/22 101/14 101/14 101/17 101/25 102/14 106/19 107/5</p> <p><b>immediately</b> [1] 40/10</p> <p><b>immense</b> [1] 124/17</p> <p><b>impact</b> [2] 20/24 62/17</p> <p><b>imperial</b> [1] 20/4</p> <p><b>important</b> [7] 11/13 62/14 62/21 101/12 109/10 121/25 124/4</p> <p><b>impregnated</b> [1] 56/2</p> <p><b>impressed</b> [2] 10/14 11/2</p> <p><b>improved</b> [2] 60/1 135/24</p> <p><b>in-depth</b> [1] 7/5</p> <p><b>in-the-field</b> [1] 67/4</p> <p><b>inauguration</b> [1] 132/25</p> <p><b>inch</b> [1] 141/12</p> <p><b>inches</b> [2] 138/21 140/5</p> <p><b>incident</b> [4] 26/3 26/14 88/14 148/14</p> <p><b>incidents</b> [2] 55/16 88/12</p> <p><b>include</b> [1] 153/15</p> <p><b>includes</b> [2] 66/11 84/20</p> <p><b>including</b> [3] 76/4 137/5 153/14</p> <p><b>incoming</b> [2] 33/8 33/10</p> <p><b>incorporates</b> [1] 56/14</p> <p><b>increase</b> [1] 134/14</p> <p><b>increased</b> [3] 86/1 86/6 86/10</p> <p><b>increasingly</b> [2] 30/13 30/14</p> <p><b>independent</b> [1] 9/13</p> <p><b>indicated</b> [5] 101/15 101/18 106/21 106/25 107/3</p> <p><b>indicating</b> [1] 79/8</p> <p><b>indication</b> [1] 122/11</p> <p><b>indications</b> [2] 104/15 107/24</p> <p><b>indicator</b> [1] 21/7</p> <p><b>individual</b> [6] 28/3 103/22 104/4 104/21 104/22 106/15</p> <p><b>industrial</b> [11] 5/21 24/23 28/9 29/12 30/18 30/25 48/17 78/5 85/17 86/7 113/7</p> <p><b>industry</b> [3] 9/25 10/2 26/4</p> <p><b>inform</b> [1] 121/11</p> <p><b>information</b> [15] 9/1 62/20 70/3 94/25 95/7 103/9 109/17 109/18 112/7 112/8 112/24 115/16 150/10 151/16 152/7</p> <p><b>informed</b> [1] 155/12</p> <p><b>initial</b> [6] 7/6 36/21 40/8 41/9 93/4 120/24</p> <p><b>initially</b> [3] 85/3 152/5 152/6</p> <p><b>initiate</b> [2] 97/2 97/5</p> <p><b>initiative</b> [1] 159/9</p> <p><b>inject</b> [1] 90/9</p> <p><b>injured</b> [2] 58/22 58/23</p> <p><b>injuries</b> [1] 53/12</p> <p><b>inside</b> [12] 27/13 31/6 31/14 35/8 41/24 42/21 46/21 50/19 51/1 81/8 117/17 146/9</p> <p><b>inspect</b> [4] 23/5 45/13 66/19 68/9</p>	<p><b>inspected</b> [4] 40/6 45/10 66/9 67/14</p> <p><b>inspecting</b> [1] 130/19</p> <p><b>inspection</b> [26] 19/3 19/17 20/2 21/23 24/19 25/7 26/7 27/5 27/16 29/23 32/10 36/21 36/25 38/2 41/8 42/19 56/15 66/11 67/5 69/16 69/23 82/11 87/7 87/11 87/14 133/8</p> <p><b>inspections</b> [37] 21/15 25/5 25/9 26/8 26/9 26/9 26/13 27/20 28/2 28/24 29/1 32/2 32/5 32/23 32/23 33/9 33/9 33/16 33/22 35/3 35/9 36/11 36/21 40/1 41/10 45/5 45/17 66/3 67/14 68/3 70/2 72/15 72/17 73/3 85/11 87/21 87/22</p> <p><b>inspector</b> [9] 28/5 28/5 30/24 31/4 31/24 36/5 37/18 45/13 66/18</p> <p><b>inspectors</b> [19] 24/19 25/17 27/9 28/2 28/7 28/11 28/22 29/3 32/7 33/2 33/25 55/25 67/4 68/10 69/14 69/18 88/10 93/1 118/4</p> <p><b>install</b> [1] 89/23</p> <p><b>installed</b> [1] 41/10</p> <p><b>installs</b> [4] 41/14 41/14 41/16 41/17</p> <p><b>instance</b> [6] 26/16 44/15 56/16 60/17 64/8 98/4</p> <p><b>instances</b> [1] 46/20</p> <p><b>instant</b> [1] 125/11</p> <p><b>instead</b> [5] 21/5 22/8 51/10 65/6 65/9</p> <p><b>institute</b> [3] 5/21 9/22 62/13</p> <p><b>institution</b> [3] 102/12 104/8 105/2</p> <p><b>instructions</b> [1] 153/5</p> <p><b>instruments</b> [4] 43/24 50/16 57/20 69/13</p> <p><b>insure</b> [1] 67/2</p> <p><b>integrating</b> [1] 139/13</p> <p><b>intelligence</b> [2] 59/24 59/25</p> <p><b>intelligence-driven</b> [1] 59/24</p> <p><b>intending</b> [1] 59/25</p> <p><b>intentionally</b> [1] 102/3</p> <p><b>interact</b> [1] 30/10</p> <p><b>interaction</b> [1] 28/23</p> <p><b>interested</b> [11] 14/15 58/1 104/18 105/1 123/17 159/18 160/3 160/5 160/6 160/13 162/14</p> <p><b>interesting</b> [3] 8/11 8/25 98/15</p> <p><b>Interestingly</b> [1] 109/21</p> <p><b>interim</b> [1] 102/17</p> <p><b>interior</b> [1] 50/18</p> <p><b>internal</b> [11] 21/10 22/18 22/20 23/13 23/18 37/22 53/2 58/13 78/22 86/12 117/23</p> <p><b>internally</b> [2] 108/6 157/3</p> <p><b>international</b> [3] 1/13 9/8 105/12</p> <p><b>internist</b> [1] 7/22</p> <p><b>interpretation</b> [9] 91/20 91/23 92/1 92/4 92/9 92/17 93/4 93/11 96/6</p> <p><b>interpretations</b> [1] 92/5</p> <p><b>interpreted</b> [1] 158/15</p> <p><b>interstates</b> [1] 148/19</p> <p><b>intertwined</b> [1] 14/11</p> <p><b>interviewed</b> [1] 106/22</p> <p><b>Intro</b> [1] 12/20</p> <p><b>introduce</b> [1] 6/22</p> <p><b>introduced</b> [3] 15/12 76/24 119/6</p> <p><b>introductions</b> [4] 4/8 7/18 12/23 72/6</p> <p><b>inventing</b> [1] 30/16</p> <p><b>inventory</b> [1] 101/10</p> <p><b>investigate</b> [3] 56/1 67/12 138/12</p> <p><b>investigated</b> [1] 69/7</p> <p><b>investigation</b> [2] 27/16 88/17</p> <p><b>investigations</b> [7] 26/11 28/25 31/3 66/21 66/22 67/9 88/11</p> <p><b>Investigator</b> [1] 23/14</p> <p><b>investigators</b> [1] 25/17</p>
<p><b>I</b></p> <p><b>I'd</b> [5] 6/10 34/21 68/19 109/13 124/8</p> <p><b>I'll</b> [13] 7/12 29/14 65/13 81/20 95/11 95/11 122/4 141/9 145/20 148/24 155/14 159/17 160/4</p> <p><b>I'm</b> [78] 4/18 4/23 5/18 7/20 7/20 7/22 7/23 8/6 8/8 8/10 9/6 9/10 10/15 11/17 12/6 12/7 12/13 12/15 13/25 14/6 14/13 14/15 15/17 16/2 16/3 16/7 16/13 19/8 22/3 24/1 29/19 32/6 39/5 39/5 39/14 42/19 42/20 43/10 43/13 52/18 71/12 71/19 73/9 79/21 81/8 81/21 83/23 84/6 93/12 94/20 101/6 104/8 105/1 106/19 114/24 116/3 120/23 122/2 123/6 126/14 130/15 131/16 133/12 133/21 135/17 138/18 145/4 148/2 148/4 148/13 150/18 151/8 154/5 155/4 155/5 159/1 159/2</p>		

**I**  
**invited [1]** 10/15  
**invoice [1]** 100/23  
**involve [2]** 87/22 151/24  
**involved [8]** 16/6 55/18 61/5 95/24  
 105/20 106/2 106/5 135/9  
**involving [2]** 55/16 61/10  
**iodine [3]** 44/23 90/21 141/11  
**iodines [1]** 44/24  
**Iomedics [1]** 89/21  
**ionizing [3]** 18/19 132/18 133/25  
**Iridium [1]** 147/8  
**irradiate [1]** 89/9  
**irradiator [1]** 89/7  
**irradiators [3]** 89/4 89/13 89/14  
**is [387]**  
**isn't [4]** 30/23 82/24 106/21 149/21  
**isotope [2]** 90/1 138/9  
**Isotopes [1]** 138/6  
**issue [20]** 37/14 66/24 67/23 77/10 85/1  
 85/5 85/6 85/6 86/11 87/25 91/19 94/23  
 97/10 97/16 100/6 101/12 119/16 127/2  
 134/21 143/15  
**issued [2]** 86/22 115/20  
**issues [8]** 29/5 30/12 68/17 74/5 77/4  
 98/16 111/7 134/1  
**it [324]**  
**it's [162]** 12/21 12/22 12/24 13/4 14/17  
 15/7 20/6 20/16 20/24 21/13 22/3 24/20  
 25/20 28/4 30/3 30/17 30/18 31/22 31/23  
 32/25 33/4 34/20 35/10 37/7 37/13 40/6  
 41/10 42/2 42/11 45/9 47/5 48/16 49/5  
 50/4 50/17 50/22 52/5 52/7 52/25 56/25  
 57/6 58/13 58/15 59/14 62/14 64/22 64/22  
 65/10 66/10 69/10 69/10 70/22 70/23 71/4  
 71/12 71/18 71/19 72/24 73/5 73/25 74/1  
 74/2 74/12 76/8 77/15 77/19 77/24 78/10  
 78/11 78/15 79/5 79/13 80/9 80/24 81/16  
 82/23 83/9 84/24 85/16 88/4 88/5 89/24  
 93/22 94/21 96/23 97/20 100/17 101/11  
 101/20 101/23 102/9 102/15 102/22  
 103/17 104/19 105/5 105/14 105/22  
 106/16 106/18 108/13 109/9 109/10  
 109/11 109/25 110/2 110/2 110/8 110/9  
 110/10 110/19 111/15 111/16 111/22  
 112/11 113/6 115/23 121/24 122/15  
 123/23 124/14 124/15 124/15 126/4  
 126/11 127/7 127/7 127/24 128/1 128/22  
 128/23 129/6 131/3 132/19 132/19 134/25  
 135/16 135/16 137/24 138/8 138/9 138/10  
 140/21 140/22 140/25 141/11 141/12  
 143/6 143/12 145/6 151/12 152/2 152/10  
 152/23 153/20 154/4 156/6 156/16 157/5  
 157/9 158/17 160/7  
**items [1]** 89/12  
**its [2]** 37/9 110/17  
**itself [4]** 52/24 96/2 115/5 122/10

**J**  
**jack [2]** 26/6 34/1  
**jack-of-all-trades [2]** 26/6 34/1  
**Jacksonville [4]** 17/14 18/4 19/24 55/14  
**James [9]** 2/17 5/3 6/21 18/16 18/19  
 19/21 56/5 114/10 118/21  
**January [6]** 22/8 59/5 61/8 121/2 121/6  
 130/4  
**Jax [1]** 5/24  
**Jerry [15]** 2/21 4/14 19/3 19/5 19/15  
 20/10 24/25 39/21 39/23 48/18 55/11  
 66/16 68/11 76/22 85/9  
**Jerry's [6]** 20/20 67/25 69/19 118/6

130/18 130/25  
**job [3]** 29/6 87/20 123/14  
**jobs [1]** 123/12  
**Joe [1]** 87/10  
**John [15]** 2/20 11/10 15/11 15/17 18/14  
 43/5 62/24 64/15 114/20 134/21 134/23  
 135/2 136/15 139/5 148/8  
**John's [1]** 141/17  
**Joint [4]** 102/11 102/24 110/16 150/19  
**joke [4]** 84/5 134/10 134/16 134/17  
**joy [1]** 54/10  
**judgment [1]** 106/15  
**July [3]** 21/18 53/14 53/17  
**jump [4]** 8/15 25/1 31/14 122/4  
**just [117]** 7/5 7/11 7/17 8/12 10/1 11/6  
 11/9 11/24 12/5 12/23 13/14 15/3 15/21  
 20/11 23/21 24/1 25/2 25/21 25/21 29/11  
 29/14 30/6 30/16 30/23 30/24 32/9 33/4  
 34/5 35/21 37/9 39/18 41/2 41/15 42/1  
 45/22 46/6 51/5 54/13 55/14 55/25 57/18  
 62/12 65/11 65/21 66/23 69/10 69/25  
 70/19 70/22 74/14 75/16 76/1 77/14 77/14  
 78/2 78/13 79/1 79/12 79/14 81/16 82/15  
 84/24 89/7 89/8 91/3 92/18 95/6 97/24  
 98/13 98/15 98/17 99/18 100/2 101/3  
 101/11 102/22 104/11 104/19 106/17  
 107/3 110/20 113/3 115/13 119/25 120/7  
 121/21 122/4 124/2 124/17 128/25 131/7  
 132/16 134/19 135/19 135/22 137/7 137/8  
 138/18 140/11 140/24 141/24 142/8 145/3  
 145/21 148/6 150/20 151/9 152/23 153/24  
 155/12 157/18 157/20 157/21 157/22  
 159/14 159/18 160/14

**K**  
**Kathleen [1]** 2/5  
**Kathy [3]** 5/17 122/13 122/19  
**keep [5]** 30/16 41/4 49/18 84/25 112/19  
**keeping [1]** 14/10  
**Keiser [1]** 5/18  
**Kelly [4]** 131/9 131/14 131/16 131/21  
**Kennedy [1]** 18/7  
**Kent [1]** 2/9  
**Kentucky [2]** 105/15 105/15  
**key [3]** 79/24 156/4 156/6  
**KI [1]** 49/17  
**kidding [2]** 13/14 55/23  
**kids [1]** 125/10  
**kill [1]** 11/6  
**killed [1]** 113/23  
**kind [41]** 11/13 12/14 12/23 14/24 16/12  
 16/13 17/6 17/7 20/6 21/25 27/21 31/10  
 35/17 40/21 42/23 47/5 67/15 71/18 74/11  
 81/12 87/9 91/18 91/18 94/5 95/17 96/25  
 115/23 115/24 117/5 122/15 135/6 138/4  
 139/3 139/13 143/9 144/5 144/19 149/7  
 150/7 151/22 151/24  
**kinds [5]** 31/9 34/10 34/15 34/19 81/13  
**King [1]** 145/23  
**Kissimmee [1]** 10/12  
**kit [3]** 31/7 69/19 69/23  
**kits [1]** 69/16  
**knives [2]** 88/20 113/9  
**know [101]** 7/2 12/13 13/4 14/12 14/19  
 15/14 16/9 16/10 22/2 24/10 25/25 26/1  
 30/14 30/25 33/10 34/2 34/5 37/12 40/22  
 42/12 42/16 49/11 50/8 52/5 52/21 53/15  
 57/15 61/25 62/2 65/10 65/12 70/10 70/23  
 70/24 71/1 71/6 71/10 71/22 72/20 73/7  
 73/25 74/3 74/10 74/22 75/23 76/1 79/9  
 79/10 80/24 80/25 82/17 83/10 83/11  
 86/14 86/25 88/4 90/8 90/17 94/6 96/10

96/18 97/6 98/19 101/12 102/17 103/2  
 104/5 104/13 105/4 105/8 107/13 107/16  
 107/18 110/14 114/1 116/2 118/21 119/6  
 120/18 123/21 123/25 125/10 126/1 126/4  
 126/22 128/5 128/18 130/1 131/6 131/19  
 149/12 151/10 152/6 153/6 153/24 156/14  
 158/2 158/10 158/24 159/8 159/10  
**knowledge [2]** 12/25 13/5  
**knows [5]** 26/2 26/2 109/23 115/4 136/15

**L**  
**lab [6]** 18/2 23/3 50/7 50/13 95/18  
 140/16  
**laboratory [11]** 43/16 45/1 47/22 50/4  
 50/13 55/10 56/11 59/1 59/6 62/24 62/25  
**Labs [1]** 61/7  
**Lagoutaris [2]** 2/7 5/24  
**Lance [1]** 142/12  
**land [6]** 47/1 47/7 53/23 63/6 63/16  
 144/7  
**lands [5]** 46/20 63/11 63/22 63/23 64/5  
**lane [1]** 46/6  
**lapse [1]** 125/16  
**laptop [1]** 51/11  
**large [10]** 1/25 36/14 46/10 60/22 61/4  
 71/16 89/4 89/7 89/13 108/5  
**larger [2]** 140/11 144/11  
**largest [8]** 15/4 67/18 84/16 84/22 85/20  
 88/21 91/2 115/21  
**Las [2]** 139/7 139/19  
**laser [3]** 56/4 133/4 133/21  
**lasers [4]** 115/15 132/23 133/23 134/8  
**last [24]** 6/2 7/3 11/13 20/6 29/20 33/17  
 37/17 41/12 45/16 63/8 64/19 74/13 74/24  
 75/19 78/19 84/13 114/15 116/8 126/19  
 126/21 127/6 136/3 139/19 156/24  
**late [1]** 86/25  
**lately [1]** 96/18  
**later [2]** 22/9 159/7  
**laughter [6]** 9/12 17/12 33/20 39/19 84/4  
 134/10  
**launch [2]** 58/25 59/4  
**launches [2]** 18/8 59/9  
**law [7]** 137/10 139/8 145/13 145/15  
 151/4 155/3 159/5  
**lawmakers [1]** 61/14  
**laws [1]** 158/2  
**Lawton [1]** 132/25  
**lawyer [1]** 151/9  
**layer [1]** 73/23  
**layered [1]** 20/14  
**Lead [1]** 129/12  
**Leadership [3]** 14/14 14/16 14/20  
**leads [2]** 18/14 19/3  
**leaf [1]** 44/12  
**leaning [1]** 141/21  
**learn [1]** 52/6  
**learned [1]** 109/1  
**learning [4]** 52/2 52/6 137/22 137/23  
**least [5]** 36/13 91/25 114/15 119/21  
 159/5  
**leave [6]** 30/1 34/7 40/1 40/8 53/11  
 140/12  
**leaves [1]** 45/10  
**lectures [1]** 12/22  
**Lee [2]** 87/7 87/10  
**left [4]** 13/17 17/2 34/17 114/16  
**legal [4]** 96/23 100/22 107/5 150/25  
**legislation [1]** 149/22  
**Legislature [1]** 22/13  
**legitimate [1]** 82/25  
**legs [1]** 13/18

<p><b>L</b></p> <p><b>less [1]</b> 87/19</p> <p><b>let [13]</b> 7/12 37/11 47/23 57/13 81/20 114/11 114/24 116/18 124/10 124/11 126/21 137/7 153/24</p> <p><b>let's [11]</b> 16/17 26/17 27/23 30/22 113/3 130/17 134/18 136/21 140/11 143/20 155/22</p> <p><b>letter [13]</b> 37/17 37/19 38/1 38/7 38/12 38/12 91/10 99/15 100/2 120/14 121/12 124/11 125/8</p> <p><b>letters [1]</b> 85/4</p> <p><b>LEUs [4]</b> 70/16 70/22 71/9 71/17</p> <p><b>level [9]</b> 19/1 45/5 45/7 45/8 45/15 47/7 53/13 57/7 87/23</p> <p><b>levels [6]</b> 18/6 47/3 64/9 86/2 144/4 144/13</p> <p><b>Lexington [1]</b> 105/15</p> <p><b>license [31]</b> 36/20 37/24 40/18 61/17 61/21 84/8 84/10 84/20 84/24 85/1 85/6 85/11 85/16 86/16 89/13 91/5 91/14 91/16 92/10 92/13 97/21 98/6 117/3 118/5 120/22 121/19 121/22 128/6 130/23 150/5 151/3</p> <p><b>licensed [4]</b> 40/23 80/18 82/11 92/11</p> <p><b>licensee [2]</b> 99/9 100/6</p> <p><b>licensees [7]</b> 21/4 23/4 86/15 95/14 115/20 128/4 128/16</p> <p><b>licenses [23]</b> 36/15 84/18 85/12 86/9 86/11 86/22 87/11 87/18 87/22 88/13 88/18 89/16 89/17 89/18 90/20 90/21 90/24 90/25 97/20 116/10 117/18 130/19 130/20</p> <p><b>licensing [13]</b> 23/6 25/15 80/11 84/19 87/9 87/20 91/2 91/3 118/23 118/24 124/20 132/7 132/8</p> <p><b>licensure [3]</b> 116/19 117/24 121/13</p> <p><b>lieutenant [1]</b> 145/12</p> <p><b>life [6]</b> 8/7 11/21 52/25 89/23 90/5 114/23</p> <p><b>life-threatening [1]</b> 52/25</p> <p><b>lifetime [3]</b> 101/9 105/3 112/12</p> <p><b>lift [1]</b> 147/23</p> <p><b>light [1]</b> 133/21</p> <p><b>lighter [1]</b> 78/15</p> <p><b>lights [1]</b> 144/21</p> <p><b>like [96]</b> 6/10 7/19 10/15 10/16 11/15 13/2 17/3 17/6 21/14 22/9 24/7 25/9 25/24 26/25 31/4 31/17 31/23 35/23 36/14 36/24 40/8 54/1 54/11 55/7 56/20 58/5 64/6 64/21 66/2 68/19 75/5 77/12 78/7 79/15 79/17 80/24 82/17 85/14 85/17 86/7 89/5 90/13 90/15 93/3 93/6 93/14 94/6 97/3 100/1 100/9 101/13 103/9 104/10 106/9 107/10 107/23 111/5 111/23 112/1 112/3 112/18 114/1 114/14 116/8 118/13 118/16 118/24 123/7 126/14 127/24 127/24 127/25 128/23 131/19 133/1 136/23 137/9 138/11 138/23 139/10 140/10 140/21 142/22 143/16 144/21 147/8 147/11 150/1 150/5 150/8 151/1 156/5 157/22 158/3 158/18 159/9</p> <p><b>likes [1]</b> 76/20</p> <p><b>limited [3]</b> 88/1 115/25 157/5</p> <p><b>line [5]</b> 30/10 90/15 97/24 134/3 136/8</p> <p><b>linear [1]</b> 76/15</p> <p><b>lines [9]</b> 108/3 138/16 141/5 142/7 142/18 142/19 143/3 143/4 143/12</p> <p><b>list [9]</b> 32/13 32/13 32/20 32/22 32/24 54/25 63/7 69/17 95/19</p> <p><b>listed [7]</b> 20/8 91/14 91/15 92/2 92/12</p>	<p>97/21 116/24</p> <p><b>literally [4]</b> 33/3 34/7 77/16 78/8</p> <p><b>little [43]</b> 7/4 8/14 13/21 15/5 15/7 15/20 15/21 16/12 17/7 19/7 27/10 31/8 36/18 39/17 39/18 48/19 48/20 56/17 61/22 65/1 65/12 65/13 65/24 68/19 69/19 72/3 74/10 76/6 93/22 108/13 116/18 125/1 131/3 135/20 137/16 138/1 140/24 142/6 142/14 144/5 145/6 146/24 148/25</p> <p><b>Litvinenwho [1]</b> 113/22</p> <p><b>live [4]</b> 130/4 134/3 138/1 147/9</p> <p><b>lives [3]</b> 31/17 34/5 138/20</p> <p><b>living [1]</b> 133/20</p> <p><b>loaded [1]</b> 43/8</p> <p><b>loading [1]</b> 148/15</p> <p><b>lobbies [1]</b> 109/9</p> <p><b>local [1]</b> 14/22</p> <p><b>located [7]</b> 19/14 19/15 20/2 25/18 42/4 42/9 43/11</p> <p><b>location [7]</b> 34/8 34/8 34/8 42/7 42/22 90/1 102/6</p> <p><b>locations [1]</b> 61/11</p> <p><b>locked [1]</b> 79/17</p> <p><b>logistics [1]</b> 32/2</p> <p><b>long [14]</b> 8/9 41/24 48/15 49/23 72/24 93/9 95/3 100/17 100/21 123/8 126/3 132/19 141/6 143/12</p> <p><b>long-term [1]</b> 49/23</p> <p><b>longer [5]</b> 12/6 48/17 119/16 124/22 131/14</p> <p><b>longitude [1]</b> 51/25</p> <p><b>look [24]</b> 12/15 33/14 34/2 34/3 46/22 46/25 46/25 51/15 53/25 57/14 57/16 74/10 82/18 93/1 96/21 101/16 104/16 108/9 120/7 124/8 124/11 127/20 129/8 152/19</p> <p><b>looked [4]</b> 21/7 21/14 33/14 41/12</p> <p><b>looking [17]</b> 15/7 30/2 52/13 60/4 64/1 64/9 74/16 77/13 78/3 78/11 94/14 127/19 134/12 148/5 150/2 154/1 154/10</p> <p><b>looks [8]</b> 46/10 58/5 77/12 89/5 90/13 90/14 142/22 157/22</p> <p><b>lose [1]</b> 83/24</p> <p><b>lost [3]</b> 21/21 21/23 55/5</p> <p><b>lot [47]</b> 8/6 10/20 14/8 14/19 26/12 28/7 29/3 30/6 40/5 43/18 43/22 45/24 48/5 52/4 54/7 54/15 55/3 59/2 59/20 59/21 60/5 61/17 70/10 70/20 71/19 76/17 79/1 79/13 79/15 79/23 81/14 81/16 82/6 94/8 98/5 101/8 101/17 104/21 119/19 120/18 123/11 127/17 127/21 137/8 150/22 157/5 160/9</p> <p><b>lots [4]</b> 51/22 51/23 52/23 76/19</p> <p><b>love [9]</b> 17/24 18/8 54/13 76/10 104/8 105/2 109/13 124/6 148/8</p> <p><b>lovely [1]</b> 50/20</p> <p><b>low [9]</b> 18/25 36/9 45/5 45/7 45/8 45/15 70/12 138/23 144/4</p> <p><b>low-enriched [1]</b> 70/12</p> <p><b>low-level [4]</b> 45/5 45/7 45/8 45/15</p> <p><b>lower [2]</b> 64/10 74/24</p> <p><b>lower-dose [1]</b> 74/24</p> <p><b>lowering [1]</b> 8/5</p> <p><b>Lucie [9]</b> 44/15 44/21 46/4 46/7 48/22 49/2 49/4 51/7 52/10</p> <p><b>luckily [1]</b> 103/23</p> <p><b>lunch [9]</b> 43/9 64/17 65/9 83/15 110/6 111/24 113/15 113/17 122/18</p> <p><b>lunchtime [1]</b> 13/13</p> <p><b>lymph [1]</b> 107/1</p>	<p><b>M</b></p> <p><b>M.D [3]</b> 2/3 2/10 2/13</p> <p><b>M.Ed [1]</b> 2/5</p> <p><b>MA [1]</b> 104/6</p> <p><b>ma'am [3]</b> 66/13 69/12 69/25</p> <p><b>machine [22]</b> 5/16 18/18 19/24 23/20 30/17 40/4 41/17 65/7 65/12 65/19 66/15 66/20 67/9 67/13 68/16 70/1 74/20 82/18 88/9 115/25 129/2 132/6</p> <p><b>machines [14]</b> 17/20 65/20 66/7 67/10 67/17 67/18 67/22 72/20 74/25 76/10 77/3 78/24 79/18 108/11</p> <p><b>made [8]</b> 16/18 17/3 48/17 59/3 59/5 75/5 132/17 134/6</p> <p><b>magnitude [1]</b> 64/7</p> <p><b>Mahesh [1]</b> 103/3</p> <p><b>mail [13]</b> 38/13 97/6 98/10 110/12 111/22 119/4 119/23 119/24 153/11 155/21 158/11 159/17 160/11</p> <p><b>mailed [2]</b> 6/3 126/24</p> <p><b>main [1]</b> 19/19</p> <p><b>mainly [3]</b> 9/24 22/24 23/3</p> <p><b>maintain [1]</b> 27/25</p> <p><b>maintained [1]</b> 51/14</p> <p><b>maintaining [1]</b> 132/10</p> <p><b>major [6]</b> 87/10 116/20 116/21 117/15 120/3 157/11</p> <p><b>majority [6]</b> 32/21 73/2 73/14 75/20 103/1 156/18</p> <p><b>make [39]</b> 4/8 13/4 21/25 27/6 29/8 36/22 38/8 40/13 40/19 40/22 42/24 47/10 48/16 49/15 50/23 56/1 58/21 59/14 59/15 60/9 62/6 68/12 69/13 78/14 88/14 91/20 91/22 92/1 92/4 92/9 92/16 94/3 102/13 105/4 125/24 153/15 155/22 160/17 160/22</p> <p><b>makes [6]</b> 48/15 60/18 69/17 77/20 80/5 148/23</p> <p><b>making [5]</b> 6/24 50/12 86/4 91/19 102/12</p> <p><b>MAKV [1]</b> 73/16</p> <p><b>mammo [1]</b> 117/14</p> <p><b>mammography [2]</b> 28/25 68/3</p> <p><b>man [3]</b> 15/16 36/6 114/2</p> <p><b>manage [3]</b> 25/22 68/2 159/14</p> <p><b>managed [1]</b> 64/13</p> <p><b>management [10]</b> 49/8 55/3 88/6 102/25 103/6 143/15 159/10 159/25 160/1 160/7</p> <p><b>manager [2]</b> 87/7 87/15</p> <p><b>managers [2]</b> 14/1 27/7</p> <p><b>manner [3]</b> 122/1 127/3 129/10</p> <p><b>manual [1]</b> 44/6</p> <p><b>manufacturer [1]</b> 79/5</p> <p><b>manufacturers [3]</b> 77/9 83/7 117/5</p> <p><b>many [16]</b> 8/4 12/7 15/2 16/9 16/9 16/22 24/10 24/18 28/2 65/23 76/23 90/19 112/14 112/22 126/18 156/13</p> <p><b>map [1]</b> 34/3</p> <p><b>mapping [1]</b> 137/15</p> <p><b>margin [1]</b> 72/3</p> <p><b>Marisel [1]</b> 1/14</p> <p><b>Mark [4]</b> 2/2 5/5 43/7 141/20</p> <p><b>marked [1]</b> 63/18</p> <p><b>markers [1]</b> 144/16</p> <p><b>marrying [1]</b> 117/5</p> <p><b>Mars [2]</b> 59/1 59/6</p> <p><b>Mary [2]</b> 2/10 7/20</p> <p><b>masks [1]</b> 31/10</p> <p><b>match [1]</b> 116/10</p> <p><b>material [10]</b> 19/21 23/4 46/3 53/2 56/12 61/18 81/5 135/14 135/25 143/25</p> <p><b>materials [32]</b> 5/10 18/17 21/3 22/25</p>
---	---	--

<b>M</b>	<b>members [19]</b> 2/1 6/21 10/24 11/6 16/4 16/8 49/17 49/22 52/13 57/21 134/24 149/14 154/7 157/19 157/20 157/21 158/1 158/3 158/14	<b>modified [2]</b> 73/19 74/1
<b>materials... [28]</b> 23/1 23/22 24/11 25/11 26/1 26/2 26/8 30/18 31/1 32/20 33/21 35/25 36/3 36/4 37/16 37/24 40/16 40/18 55/16 55/18 81/15 84/7 84/9 84/23 88/13 88/24 96/2 132/7	<b>mention [4]</b> 20/23 21/17 21/18 132/17	<b>modify [3]</b> 28/21 76/25 85/23
<b>math [1]</b> 54/22	<b>mentioned [11]</b> 9/6 22/18 32/11 41/21 72/14 101/3 108/4 110/21 111/23 115/6 130/24	<b>moisture [1]</b> 88/23
<b>Matt [2]</b> 4/23 141/17	<b>mentioning [2]</b> 115/2 158/4	<b>moment [3]</b> 9/8 134/11 137/18
<b>Matt's [1]</b> 145/9	<b>messenger [1]</b> 104/25	<b>moments [1]</b> 8/13
<b>matter [5]</b> 72/2 77/21 93/8 93/9 121/21	<b>met [2]</b> 10/10 154/5	<b>money [4]</b> 59/20 119/10 123/23 147/15
<b>Matthew [4]</b> 2/14 11/9 11/12 13/23	<b>metal [2]</b> 81/12 81/24	<b>monitor [3]</b> 27/23 57/23 58/18
<b>may [19]</b> 6/2 12/16 12/21 20/10 22/19 48/9 48/24 59/24 63/18 68/20 91/9 97/18 105/14 125/6 153/10 154/3 154/13 154/18 155/2	<b>meter [4]</b> 47/19 57/7 58/10 62/1	<b>monitored [1]</b> 150/20
<b>maybe [15]</b> 23/16 56/21 75/6 79/11 79/20 85/20 90/16 95/11 99/3 105/25 125/4 139/12 143/13 148/2 149/15	<b>meters [2]</b> 29/18 31/8	<b>monitoring [23]</b> 18/6 43/21 44/2 46/14 46/24 52/9 52/11 53/5 56/17 56/18 59/14 60/13 60/15 60/19 60/19 60/20 60/24 60/24 61/13 61/15 109/17 135/10 141/5
<b>maze [2]</b> 134/12 134/15	<b>method [3]</b> 32/3 87/1 95/5	<b>monitors [1]</b> 137/4
<b>McCoys [1]</b> 64/20	<b>Mexico [1]</b> 54/2	<b>Monroe [6]</b> 8/16 8/17 13/21 13/25 14/20 15/2
<b>McFadden [3]</b> 2/8 4/18 8/14	<b>Meyer [3]</b> 1/24 162/5 162/19	<b>month [5]</b> 40/12 126/19 126/20 129/6 154/2
<b>McNally [1]</b> 20/5	<b>Miami [6]</b> 4/13 20/9 26/18 26/18 133/21 156/8	<b>monthly [1]</b> 44/18
<b>MD [1]</b> 8/1	<b>mice [1]</b> 134/13	<b>months [10]</b> 20/11 21/1 22/9 36/13 36/22 41/10 47/14 51/5 85/15 126/16
<b>me [45]</b> 10/15 12/15 12/16 14/8 14/21 26/23 30/8 33/17 40/24 42/19 52/20 55/20 65/8 65/10 84/1 98/4 98/18 102/10 107/4 110/11 111/22 111/25 114/11 114/24 116/18 119/17 124/10 124/11 125/19 126/21 128/7 131/5 131/7 131/18 134/19 135/16 137/7 138/17 139/21 144/15 153/9 153/16 153/24 153/24 157/22	<b>Michigan [1]</b> 90/14	<b>more [50]</b> 7/4 11/9 12/10 13/22 19/8 19/15 24/12 25/6 25/23 36/11 36/18 58/7 61/23 70/5 70/16 70/22 70/22 76/11 76/11 77/9 77/9 77/17 77/17 78/12 78/12 78/20 81/14 81/16 87/18 95/25 101/24 102/12 103/17 104/14 105/6 106/10 106/12 106/13 108/13 111/8 116/16 123/19 131/10 137/19 139/14 148/17 150/3 156/23 157/1 157/5
<b>mean [19]</b> 13/12 24/21 37/7 37/21 41/17 71/15 72/2 78/3 82/16 92/23 98/3 99/7 107/15 110/3 123/19 126/6 150/5 150/14 150/19	<b>middle [4]</b> 13/14 42/19 93/15 145/19	<b>morning [3]</b> 42/2 57/6 125/14
<b>means [10]</b> 23/2 25/24 27/6 50/12 61/21 132/1 137/18 137/19 137/19 138/11	<b>middleman [1]</b> 98/5	<b>most [32]</b> 32/3 32/9 35/14 42/7 42/10 45/20 52/22 54/19 55/2 61/19 64/5 64/11 64/11 72/14 73/15 74/9 74/23 75/20 77/1 77/25 85/14 94/4 96/15 98/6 101/21 104/16 116/20 131/4 131/9 131/15 134/6 134/7
<b>meant [1]</b> 88/3	<b>midnight [1]</b> 126/21	<b>mostly [3]</b> 26/9 26/11 143/24
<b>measure [4]</b> 57/17 57/20 78/25 140/23	<b>might [20]</b> 16/22 28/12 28/19 30/24 36/4 37/12 41/17 42/7 42/13 46/7 63/13 74/20 90/16 106/5 108/1 108/4 108/8 122/12 158/19 160/9	<b>motion [4]</b> 6/10 160/18 160/21 160/22
<b>measured [1]</b> 104/12	<b>migraine [2]</b> 103/22 104/1	<b>mounting [2]</b> 133/10 133/14
<b>measurement [2]</b> 53/18 53/21	<b>Mil [1]</b> 141/13	<b>move [9]</b> 6/12 15/24 43/5 65/4 65/4 107/8 113/1 125/24 151/20
<b>measurements [5]</b> 47/12 51/13 51/22 72/23 134/5	<b>Mil-Spec [1]</b> 141/13	<b>moved [3]</b> 9/15 9/21 119/8
<b>med [1]</b> 11/1	<b>Milan [1]</b> 156/3	<b>movement [1]</b> 101/8
<b>mediation [1]</b> 37/5	<b>mileage [1]</b> 153/7	<b>movie [1]</b> 17/10
<b>medical [48]</b> 5/6 5/12 8/17 12/10 12/12 16/19 24/22 26/22 30/18 31/1 34/13 35/13 40/7 43/20 52/25 53/4 53/10 56/24 58/21 66/22 67/9 67/10 67/19 68/18 68/21 68/24 68/25 69/6 73/3 76/4 81/2 88/11 88/19 89/8 89/17 90/25 101/3 101/19 101/25 102/12 107/5 111/16 115/10 117/17 117/18 119/8 120/10 132/1	<b>military [5]</b> 7/25 8/10 34/17 75/5 148/2	<b>moving [11]</b> 61/12 71/8 75/8 76/2 76/9 76/18 111/10 111/12 132/16 134/20 150/16
<b>medical/legal [1]</b> 107/5	<b>mill [1]</b> 55/8	<b>MP [1]</b> 2/2
<b>medicals [1]</b> 35/14	<b>Millennials [1]</b> 125/11	<b>MQA [5]</b> 114/18 117/23 118/23 118/25 132/6
<b>medicine [27]</b> 5/14 7/21 7/23 10/11 28/9 29/21 30/2 36/16 85/18 88/20 91/20 91/22 91/23 92/12 105/7 108/13 108/14 111/9 112/19 115/7 115/24 116/22 117/2 117/3 136/7 136/9 151/14	<b>millicurie [2]</b> 90/6 140/12	<b>MQSA [1]</b> 28/25
<b>meet [8]</b> 35/18 57/10 67/14 88/25 105/13 151/2 154/2 156/5	<b>millicurium [2]</b> 90/11 140/12	<b>mR [6]</b> 11/11 26/21 62/2 107/2 116/8 117/14
<b>meeting [24]</b> 6/2 6/8 10/7 10/11 10/24 11/7 16/15 39/2 39/4 39/5 71/8 71/9 89/20 123/7 131/17 149/15 149/18 149/20 152/16 154/20 154/22 155/13 156/11 158/8	<b>milligram [1]</b> 64/4	<b>MRCs [2]</b> 26/21 26/22
<b>meetings [5]</b> 78/19 105/18 127/21 154/12 158/21	<b>million [4]</b> 36/14 65/25 89/5 89/6	<b>MRI [2]</b> 12/12 13/3
<b>melted [2]</b> 55/7 55/14	<b>mind [1]</b> 104/7	<b>much [22]</b> 18/21 22/1 24/8 24/18 24/19 36/2 51/20 52/7 52/7 70/16 74/9 75/6 79/2 90/10 95/25 113/5 132/21 137/18 139/13 144/10 144/20 149/13
<b>member [1]</b> 5/18	<b>mine [1]</b> 126/14	<b>multi [2]</b> 110/1 110/9
	<b>mined [3]</b> 46/20 46/25 47/7	<b>multi-modalities [1]</b> 110/1
	<b>mines [2]</b> 47/14 47/14	<b>multi-modality [1]</b> 110/9
	<b>miniature [1]</b> 50/4	<b>multiple [4]</b> 87/25 116/12 141/14 152/3
	<b>minimum [5]</b> 35/2 73/19 73/23 100/18 100/20	<b>multitudes [1]</b> 154/10
	<b>mining [11]</b> 18/25 46/9 47/15 48/7 48/10 56/15 62/13 62/18 62/20 63/6 63/25	<b>multitude [1]</b> 30/12
	<b>Minister [1]</b> 113/25	<b>my [33]</b> 11/21 12/19 12/21 14/18 27/9 28/19 35/20 35/25 42/20 42/22 70/3 77/1 77/1 84/6 99/25 104/4 104/8 105/2 115/13 118/6 119/17 120/4 120/15 120/23 122/2 124/11 127/25 128/6 131/17 135/4 138/20 155/3 162/8
	<b>minute [4]</b> 41/22 127/6 147/12 147/13	<b>myocardial [1]</b> 101/13
	<b>minutes [10]</b> 6/2 6/8 6/11 6/19 32/5 41/23 42/18 42/22 65/11 90/6	
	<b>mirrors [3]</b> 74/7 133/10 133/15	
	<b>miss [5]</b> 13/18 39/5 39/7 39/8 138/14	
	<b>missed [1]</b> 22/19	
	<b>missiles [1]</b> 147/24	
	<b>missing [3]</b> 91/8 91/9 154/23	
	<b>mission [4]</b> 26/7 62/14 139/8 142/20	
	<b>missions [5]</b> 43/12 43/15 43/16 61/9 61/20	
	<b>Mississippi [1]</b> 13/17	
	<b>Mm [2]</b> 15/10 72/24	
	<b>Mm-hmm [2]</b> 15/10 72/24	
	<b>mobile [5]</b> 50/7 50/13 55/10 60/3 88/20	
	<b>modalities [1]</b> 110/1	
	<b>modality [1]</b> 110/9	
	<b>mode [2]</b> 69/1 150/23	
	<b>model [3]</b> 57/22 58/6 82/19	
	<b>modem [1]</b> 70/17	

<b>M</b>	128/12 128/14 128/17 131/14 134/7 134/14 135/25 136/12 136/15 147/20 149/23 152/13 155/25 161/2	33/2 33/5 36/24 43/12 43/15 54/17 59/7 63/16 74/18 82/19 91/1 91/9 92/7 110/19 110/21 121/7 131/24 132/10
<b>myself [1]</b> 156/9	<b>nobody [7]</b> 31/17 34/21 48/15 76/20 109/23 124/4 128/2	<b>numbering [1]</b> 91/2 <b>numbers [6]</b> 12/18 28/1 112/1 112/1 115/19 128/19 <b>numerous [4]</b> 89/19 89/20 90/23 97/14 <b>nurse [2]</b> 117/19 124/2 <b>nurses [1]</b> 130/5 <b>nursing [1]</b> 123/24
<b>N</b>	<b>node [1]</b> 107/1 <b>nominations [1]</b> 7/8 <b>non [6]</b> 18/19 96/7 101/15 132/13 132/18 133/25 <b>non-indicated [1]</b> 101/15 <b>non-ionizing [3]</b> 18/19 132/18 133/25 <b>non-original [1]</b> 96/7 <b>non-programming [1]</b> 132/13 <b>nondestructive [2]</b> 31/2 78/6 <b>none [3]</b> 47/10 58/7 146/20 <b>nonionizing [1]</b> 115/15 <b>nonmedical [1]</b> 82/5 <b>normal [2]</b> 38/18 64/4 <b>normally [5]</b> 22/9 86/21 94/11 121/23 141/14 <b>north [2]</b> 46/12 140/4 <b>not [125]</b> 7/5 9/6 9/10 10/1 11/6 13/15 18/21 19/10 22/11 24/13 25/5 25/8 25/19 29/19 32/6 32/8 32/22 32/24 33/7 33/13 33/16 36/2 37/14 39/1 39/5 39/18 41/4 41/17 42/7 51/19 52/24 52/25 55/23 55/25 58/23 59/14 62/10 62/11 65/10 66/10 69/10 71/12 71/12 71/16 72/24 73/5 74/8 75/10 78/1 78/3 78/4 78/5 79/21 79/22 81/15 83/7 85/12 86/11 86/18 92/12 92/21 94/11 94/18 94/20 95/17 97/17 98/21 99/8 99/23 101/7 102/2 102/22 104/9 104/20 106/16 106/18 106/24 108/20 110/20 112/11 114/2 114/15 117/11 119/17 120/13 120/14 121/20 123/13 124/10 126/4 126/18 126/25 127/2 127/15 128/1 128/6 129/4 131/1 131/2 133/12 133/21 135/16 136/11 137/18 140/1 140/24 143/13 148/1 148/2 148/6 150/21 150/22 151/2 151/8 151/10 153/7 153/18 154/4 154/6 154/9 154/23 157/4 157/19 159/1 162/10 <b>Notary [1]</b> 1/24 <b>notes [3]</b> 35/23 95/7 162/9 <b>nothing [6]</b> 31/20 31/21 107/2 115/14 133/19 151/16 <b>notice [10]</b> 13/7 25/4 37/23 38/1 45/12 87/16 126/15 150/11 152/7 158/8 <b>noticed [2]</b> 25/5 48/5 <b>notices [1]</b> 103/9 <b>notification [1]</b> 158/16 <b>notified [2]</b> 83/1 88/13 <b>notifying [1]</b> 158/25 <b>now [48]</b> 8/7 9/21 11/20 13/6 15/4 17/23 18/10 18/12 21/22 22/2 24/9 42/14 45/23 46/14 48/7 48/20 52/12 65/1 65/10 76/16 77/9 80/25 82/13 87/7 90/14 90/20 92/16 95/20 96/1 96/11 99/5 103/8 106/9 117/17 120/23 121/2 123/8 123/11 125/6 125/9 125/12 126/23 139/4 139/9 147/13 153/9 154/12 159/1 <b>NRC [16]</b> 20/24 21/2 21/4 21/6 23/11 24/9 24/9 32/12 32/15 33/12 36/5 36/5 36/17 84/10 85/24 92/14 <b>nuclear [38]</b> 5/14 7/21 7/23 10/11 10/25 20/24 22/23 23/7 28/9 29/21 30/2 34/14 36/15 44/2 44/7 45/4 48/18 49/1 49/6 59/18 60/1 84/11 85/18 88/20 91/20 91/23 113/9 115/7 115/24 116/21 117/2 117/3 134/23 135/24 136/7 136/9 136/16 140/17 <b>nukes [1]</b> 34/16 <b>number [23]</b> 11/4 11/5 27/21 30/2 30/5	<b>o'clock [1]</b> 128/1 <b>Oakridge [2]</b> 61/7 136/24 <b>objection [1]</b> 155/17 <b>objections [1]</b> 155/1 <b>obviously [5]</b> 8/6 112/19 115/4 137/2 150/21 <b>Ocala [5]</b> 4/19 8/19 14/14 14/20 90/23 <b>occurred [1]</b> 118/1 <b>occurring [1]</b> 138/9 <b>occurs [1]</b> 74/7 <b>Octavius [1]</b> 84/5 <b>October [4]</b> 1/19 65/19 138/19 162/15 <b>odd [1]</b> 93/22 <b>of temporary [1]</b> 124/20 <b>off [23]</b> 28/6 30/7 32/19 37/9 44/5 45/7 46/8 48/9 51/7 60/1 77/11 77/22 83/10 93/2 107/24 115/1 130/14 133/5 133/14 140/22 142/21 147/8 147/14 <b>off-site [1]</b> 44/5 <b>off-year [1]</b> 51/7 <b>office [26]</b> 14/13 23/14 27/9 27/9 27/10 27/12 27/12 28/12 31/25 42/11 55/9 65/16 67/6 67/11 68/4 68/8 68/12 69/17 70/6 77/1 82/1 88/15 119/2 120/6 121/9 126/14 <b>officer [1]</b> 49/18 <b>offices [4]</b> 19/19 27/8 27/8 66/18 <b>official [2]</b> 99/23 100/1 <b>offshore [1]</b> 148/20 <b>often [3]</b> 29/25 88/10 131/10 <b>oftentimes [1]</b> 60/15 <b>oh [4]</b> 34/1 122/23 124/8 127/25 <b>okay [40]</b> 10/15 18/5 19/12 22/23 23/9 23/12 23/25 25/1 34/10 34/25 66/12 69/24 71/18 72/9 72/12 72/19 75/9 93/18 93/19 98/24 99/6 100/7 106/6 109/13 112/2 112/25 120/7 124/8 128/15 129/11 130/16 134/20 149/11 149/12 149/24 151/6 152/14 153/2 154/19 154/21 <b>old [11]</b> 3/13 12/3 13/18 75/5 76/12 133/2 133/6 133/9 140/17 149/13 152/13 <b>older [1]</b> 75/4 <b>on-site [1]</b> 89/21 <b>once [18]</b> 13/1 21/19 30/20 33/6 35/12 44/25 52/6 58/20 73/20 85/5 94/21 100/23 105/14 119/19 121/8 149/4 155/19 156/9 <b>oncologist [2]</b> 4/11 72/8 <b>one [116]</b> 10/6 11/9 12/15 14/1 14/6 16/18 18/6 18/7 20/3 21/17 25/7 27/10 28/19 31/22 32/17 34/9 34/21 35/15 35/19 40/12 45/18 45/24 46/11 46/12 47/9 47/9 47/21 48/5 48/10 48/13 49/3 51/24 52/6 55/12 55/25 56/5 58/16 59/8 60/17 62/6 63/3 73/25 74/18 77/3 77/8 78/4 78/18 78/24 79/11 82/10 83/4 85/16 87/8 87/23 89/7 90/13 90/15 90/16 90/18 90/18 90/19 90/24 90/25 90/25 91/10 91/16 91/25 93/10 93/10 94/15 94/17 95/19 96/16 97/14 102/4 102/9 109/2 110/7 110/17 110/20 111/7 111/24 113/8 113/8 113/9 118/4 118/6 128/13 132/1 132/18 132/22
<b>N-13 [1]</b> 90/3 <b>name's [1]</b> 84/6 <b>NASA [1]</b> 58/25 <b>nasty [1]</b> 35/23 <b>national [6]</b> 52/3 53/13 60/25 61/7 64/1 140/16 <b>national-level [1]</b> 53/13 <b>natural [3]</b> 138/5 143/25 149/8 <b>naturally [2]</b> 136/24 138/9 <b>nature [2]</b> 88/5 158/22 <b>navigational [1]</b> 142/15 <b>nays [3]</b> 6/16 6/18 161/2 <b>NBA [1]</b> 60/19 <b>near [2]</b> 18/7 46/12 <b>nearby [1]</b> 137/20 <b>necessarily [3]</b> 14/23 27/7 99/23 <b>necessary [5]</b> 42/6 53/11 59/16 62/7 155/5 <b>need [27]</b> 13/4 34/4 42/5 49/16 52/19 55/21 57/9 64/17 68/14 69/14 69/14 70/4 74/6 85/2 88/16 90/10 94/3 96/15 98/6 122/5 124/2 125/11 131/12 149/12 149/16 157/25 158/19 <b>needed [2]</b> 123/25 124/7 <b>needs [4]</b> 12/12 27/24 77/15 153/23 <b>nefarious [1]</b> 54/3 <b>negative [2]</b> 51/25 107/2 <b>neighborhood [1]</b> 118/12 <b>neighbors [1]</b> 56/4 <b>Nesmith [1]</b> 131/9 <b>nest [1]</b> 97/18 <b>network [3]</b> 17/19 147/3 147/8 <b>networks [1]</b> 137/4 <b>Nevada [1]</b> 34/19 <b>never [5]</b> 23/22 80/20 88/2 106/21 112/17 <b>new [39]</b> 6/21 6/24 9/22 10/16 16/4 16/8 17/3 30/15 30/16 30/19 41/13 41/13 41/16 41/17 41/17 48/13 54/1 59/2 59/4 66/25 76/12 76/14 76/23 77/8 80/24 84/20 86/22 95/23 101/21 110/17 116/4 126/4 129/11 129/14 129/15 133/2 133/5 133/13 158/1 <b>newer [3]</b> 79/25 116/7 154/7 <b>newest [2]</b> 8/13 10/6 <b>next [28]</b> 13/8 22/14 39/4 43/6 49/5 64/20 65/6 65/18 67/19 68/1 68/5 83/16 83/21 88/21 94/7 97/12 110/18 126/20 134/3 149/15 149/18 149/20 149/20 151/22 152/16 154/23 157/22 160/10 <b>nice [4]</b> 36/8 58/5 67/15 69/19 <b>nickel [1]</b> 81/4 <b>night [6]</b> 42/3 42/6 79/17 93/15 120/21 126/21 <b>nights [1]</b> 12/2 <b>Nina [2]</b> 132/13 132/15 <b>nine [5]</b> 11/19 65/14 89/16 139/21 139/22 <b>nine-and-a-half [1]</b> 11/19 <b>ninety [6]</b> 37/7 37/14 37/22 66/24 67/3 67/7 <b>Niton [1]</b> 82/13 <b>Nitrogen [2]</b> 90/4 90/7 <b>Nitrogen-13 [2]</b> 90/4 90/7 <b>no [46]</b> 6/9 6/17 6/18 12/6 13/18 17/11 18/4 24/12 24/20 27/11 43/5 48/17 54/12 62/6 62/10 71/14 75/8 75/8 76/21 77/21 79/19 79/22 83/8 83/9 107/1 107/1 109/2 109/24 119/16 124/25 124/25 126/14		

<p><b>O</b></p> <p><b>one... [25]</b> 133/12 135/12 136/5 136/14 137/9 139/10 140/22 141/6 141/7 141/17 141/21 142/11 143/12 143/23 144/16 145/8 146/3 147/6 147/20 148/9 149/6 153/19 153/23 157/1 158/1</p> <p><b>onerous [1]</b> 63/15</p> <p><b>ones [8]</b> 26/15 29/4 29/25 76/12 76/13 76/14 90/23 126/5</p> <p><b>online [15]</b> 119/5 119/5 119/10 119/10 119/15 120/14 122/10 122/12 122/22 124/7 126/11 129/13 129/15 129/20 129/22</p> <p><b>only [20]</b> 15/11 23/20 33/7 61/21 73/16 77/21 95/17 97/20 98/9 103/7 110/19 111/24 119/17 120/9 123/14 128/13 131/1 148/4 148/14 153/20</p> <p><b>open [5]</b> 50/9 50/13 51/11 51/15 149/7</p> <p><b>opening [1]</b> 144/19</p> <p><b>opens [1]</b> 14/8</p> <p><b>operate [4]</b> 27/14 68/6 91/12 117/7</p> <p><b>operating [2]</b> 40/23 48/20</p> <p><b>operation [2]</b> 48/25 86/19</p> <p><b>operational [1]</b> 18/23</p> <p><b>operations [8]</b> 4/15 12/10 20/18 30/9 37/13 49/13 49/14 49/18</p> <p><b>operator [5]</b> 78/20 79/2 83/3 131/1 142/23</p> <p><b>operators [6]</b> 80/6 80/10 82/4 103/12 108/12 115/25</p> <p><b>opportunities [1]</b> 103/7</p> <p><b>opportunity [2]</b> 14/21 51/8</p> <p><b>opposed [1]</b> 153/20</p> <p><b>ops [1]</b> 139/18</p> <p><b>options [1]</b> 112/14</p> <p><b>oral [1]</b> 73/13</p> <p><b>Orange [6]</b> 19/23 25/14 65/15 70/4 152/2 162/3</p> <p><b>order [9]</b> 13/3 64/7 88/7 89/1 107/10 107/23 112/14 127/9 131/20</p> <p><b>ordering [2]</b> 102/2 107/9</p> <p><b>orders [1]</b> 102/6</p> <p><b>org [2]</b> 16/24 20/12</p> <p><b>organization [2]</b> 24/12 106/3</p> <p><b>Organizational [1]</b> 131/5</p> <p><b>organizations [2]</b> 54/25 105/21</p> <p><b>organized [2]</b> 25/3 25/20</p> <p><b>orientation [1]</b> 147/2</p> <p><b>original [5]</b> 96/3 96/7 96/24 116/19 153/15</p> <p><b>Orlando [14]</b> 1/15 4/3 5/6 10/11 19/25 25/14 26/17 43/11 55/9 156/11 156/21 156/22 157/16 157/22</p> <p><b>orthopedics [2]</b> 4/24 11/18</p> <p><b>OSHA [1]</b> 57/10</p> <p><b>other [68]</b> 8/1 8/7 12/12 14/22 16/19 22/19 26/4 26/12 27/20 27/22 33/15 34/9 34/22 35/15 43/4 44/10 44/16 46/12 49/3 58/15 61/16 63/17 72/5 74/4 74/10 76/9 78/1 78/3 87/9 88/11 89/8 91/18 96/21 97/1 99/9 99/11 108/3 114/7 115/12 116/24 117/8 117/19 117/19 123/1 124/1 125/21 128/16 128/23 131/4 133/25 137/5 140/14 141/7 141/21 141/24 143/1 145/3 145/9 145/13 145/15 146/17 152/12 153/3 157/24 158/18 158/25 159/1 159/3</p> <p><b>others [2]</b> 19/18 135/14</p> <p><b>otherwise [2]</b> 155/21 155/22</p> <p><b>our [108]</b> 6/24 12/5 12/21 14/4 14/11 15/21 16/17 18/2 18/6 18/6 18/12 18/20 19/3 19/4 19/14 19/17 19/19 19/20 19/20</p>	<p>19/24 19/25 20/2 20/19 20/25 21/11 23/1 23/2 23/4 23/5 23/6 23/6 23/21 23/21 23/23 23/23 27/2 27/19 29/6 31/15 32/13 33/12 36/8 36/9 36/18 38/2 38/18 44/1 44/2 48/12 49/7 49/8 50/12 50/16 51/8 54/22 55/9 55/10 56/18 56/19 60/3 62/5 62/13 64/5 67/10 67/11 67/18 67/21 68/1 68/4 68/8 68/10 68/12 69/17 70/20 71/7 78/16 83/16 86/12 86/15 88/3 95/19 97/2 102/22 107/23 109/22 117/12 117/21 118/4 119/2 120/6 120/16 121/8 123/22 124/2 124/13 125/23 126/2 130/1 131/3 132/4 132/4 132/12 136/14 141/1 141/8 141/22 145/6 154/23</p> <p><b>ours [1]</b> 128/17</p> <p><b>out [133]</b> 5/14 5/21 6/3 7/14 9/1 12/17 12/18 14/13 14/21 20/7 21/7 21/13 24/15 25/13 26/15 27/7 27/14 27/15 27/19 28/4 28/14 29/1 29/7 29/16 29/17 30/21 31/5 32/15 32/16 34/16 37/16 37/19 38/1 38/3 38/4 40/5 41/3 42/13 43/19 44/1 44/25 49/9 50/19 50/20 50/21 50/22 50/24 50/25 51/2 52/4 52/23 55/9 55/21 55/21 55/25 56/9 57/2 59/3 59/5 59/13 59/14 59/23 60/2 60/10 60/12 62/4 62/5 62/13 65/15 65/22 66/14 66/18 67/11 68/4 70/1 71/10 74/11 75/4 75/7 75/12 75/15 75/23 75/24 77/12 77/16 78/15 78/16 78/24 81/14 82/14 83/5 83/7 85/10 86/24 87/17 88/3 90/2 90/9 91/17 94/25 95/8 97/16 99/8 100/17 103/9 103/11 107/21 108/22 108/24 110/15 110/20 123/14 123/22 126/15 132/2 134/1 139/3 139/9 139/17 140/6 140/18 142/15 143/8 144/6 147/22 148/6 148/16 150/10 153/13 155/21 158/11 159/3 160/11</p> <p><b>outcome [1]</b> 162/14</p> <p><b>outfit [1]</b> 50/16</p> <p><b>outlast [1]</b> 41/20</p> <p><b>outpatient [2]</b> 36/15 85/18</p> <p><b>output [2]</b> 137/14 138/2</p> <p><b>outright [1]</b> 33/5</p> <p><b>outside [4]</b> 51/3 106/11 133/13 158/20</p> <p><b>over [46]</b> 6/3 11/10 11/13 16/12 17/13 19/4 19/23 25/18 29/17 35/24 45/3 47/12 48/8 51/18 53/23 54/4 55/2 63/11 63/23 70/11 74/24 75/4 78/10 79/12 81/9 82/15 88/18 116/2 116/13 116/14 118/8 121/17 122/19 134/18 135/4 135/22 140/19 140/25 142/1 142/24 146/25 147/3 147/7 147/18 148/18 149/16</p> <p><b>overall [1]</b> 20/21</p> <p><b>overdue [1]</b> 33/9</p> <p><b>overexposures [1]</b> 88/12</p> <p><b>overnight [2]</b> 94/5 153/18</p> <p><b>overnighted [1]</b> 97/12</p> <p><b>overread [2]</b> 93/16 94/2</p> <p><b>override [1]</b> 107/25</p> <p><b>overs [1]</b> 63/14</p> <p><b>Oversight [1]</b> 16/20</p> <p><b>overutilization [1]</b> 101/13</p> <p><b>overview [3]</b> 16/14 16/17 19/9</p> <p><b>own [4]</b> 12/21 23/5 28/6 37/10</p> <p><b>owned [1]</b> 15/2</p> <p><b>owner [1]</b> 97/21</p> <p><b>P</b></p> <p><b>p.m [3]</b> 1/20 83/18 161/4</p> <p><b>PA [2]</b> 2/14 12/4</p> <p><b>PA-C [1]</b> 2/14</p> <p><b>pack [2]</b> 42/20 77/19</p> <p><b>package [2]</b> 58/16 118/7</p>	<p><b>packages [1]</b> 149/17</p> <p><b>packets [4]</b> 65/1 152/18 152/18 153/16</p> <p><b>PACS [9]</b> 4/18 8/22 13/25 14/6 101/16 101/22 109/22 109/24 110/25</p> <p><b>pad [1]</b> 96/12</p> <p><b>PAGE [1]</b> 3/2</p> <p><b>pages [1]</b> 153/4</p> <p><b>pain [1]</b> 81/5</p> <p><b>paint [1]</b> 81/24</p> <p><b>panic [2]</b> 59/21 135/14</p> <p><b>pantheon [2]</b> 115/19 133/25</p> <p><b>paper [7]</b> 29/2 93/10 104/11 119/4 119/13 124/12 126/3</p> <p><b>paperless [1]</b> 37/25</p> <p><b>papers [3]</b> 105/17 123/3 123/21</p> <p><b>paperwork [7]</b> 25/15 27/17 40/11 95/14 95/24 119/19 123/1</p> <p><b>paragraphs [1]</b> 132/19</p> <p><b>parallel [3]</b> 138/16 142/7 143/4</p> <p><b>paramedic [1]</b> 120/17</p> <p><b>paramedics [1]</b> 119/18</p> <p><b>Paris [1]</b> 156/3</p> <p><b>park [5]</b> 19/23 25/14 27/14 65/15 70/4</p> <p><b>parked [1]</b> 153/18</p> <p><b>parking [3]</b> 52/23 153/17 153/20</p> <p><b>Parkway [1]</b> 133/7</p> <p><b>part [34]</b> 8/10 10/5 11/13 13/4 14/15 14/20 20/9 25/10 25/11 25/11 25/19 44/2 48/15 48/16 48/17 53/17 54/8 56/24 85/8 86/1 108/22 110/18 115/2 116/23 117/21 118/8 122/9 123/10 125/21 127/3 134/25 140/15 140/16 159/6</p> <p><b>particular [3]</b> 54/14 63/4 140/15</p> <p><b>particulate [1]</b> 44/22</p> <p><b>parties [2]</b> 162/11 162/12</p> <p><b>parts [2]</b> 75/8 143/1</p> <p><b>party [1]</b> 109/25</p> <p><b>passed [3]</b> 17/8 21/13 125/18</p> <p><b>passing [1]</b> 71/11</p> <p><b>past [12]</b> 8/6 9/24 14/3 15/3 15/6 21/14 51/5 70/11 109/1 122/20 137/11 151/23</p> <p><b>patient [21]</b> 13/2 41/8 74/6 76/13 76/14 93/24 101/4 101/10 101/16 103/6 106/22 106/23 107/3 108/17 109/16 109/19 110/2 110/9 111/12 111/19 112/13</p> <p><b>patients [8]</b> 41/5 102/18 102/18 103/24 109/20 111/3 111/14 160/1</p> <p><b>Patricia [1]</b> 2/4</p> <p><b>Patrol [1]</b> 60/6</p> <p><b>patrolling [1]</b> 148/19</p> <p><b>pattern [2]</b> 104/20 138/8</p> <p><b>Patty [2]</b> 4/5 117/11</p> <p><b>Paul [4]</b> 2/11 4/21 11/24 39/24</p> <p><b>pay [6]</b> 33/1 44/1 70/14 83/2 119/10 139/15</p> <p><b>paying [2]</b> 95/25 156/16</p> <p><b>payment [2]</b> 100/23 104/13</p> <p><b>payments [1]</b> 95/18</p> <p><b>PDF [1]</b> 97/6</p> <p><b>Pearl [1]</b> 52/9</p> <p><b>pediatric [2]</b> 75/18 75/19</p> <p><b>pediatrics [1]</b> 8/6</p> <p><b>penalties [1]</b> 35/17</p> <p><b>pencil [1]</b> 155/20</p> <p><b>Pensacola [1]</b> 31/20</p> <p><b>people [41]</b> 10/3 11/7 12/16 14/17 25/16 29/3 34/11 34/12 42/14 42/24 49/14 51/14 53/8 53/12 54/17 55/24 56/1 56/2 56/6 58/22 58/23 86/4 87/19 96/23 97/20 106/5 107/15 115/7 116/11 117/7 125/24 131/5 131/9 132/4 135/13 140/9 141/22 143/1 150/6 156/12 158/4</p>
---	---	---

<b>P</b>	130/21 150/4 <b>placed [1]</b> 140/8 <b>places [5]</b> 8/2 55/6 139/25 140/21 140/22 <b>plan [5]</b> 95/13 142/6 142/9 142/14 143/8 <b>plane [9]</b> 42/12 54/13 142/10 142/21 143/17 145/21 147/1 147/2 147/9 <b>planes [1]</b> 148/6 <b>planned [1]</b> 61/9 <b>planning [1]</b> 138/13 <b>plans [1]</b> 52/22 <b>plant [11]</b> 18/24 26/25 48/18 49/2 49/6 51/4 56/6 56/14 89/8 113/14 135/10 <b>plants [6]</b> 26/5 44/3 44/5 44/17 45/4 84/11 <b>plenty [1]</b> 126/5 <b>plot [2]</b> 47/13 47/18 <b>plots [1]</b> 47/17 <b>plotting [1]</b> 52/1 <b>plug [1]</b> 142/16 <b>plugs [1]</b> 76/7 <b>plus [4]</b> 43/13 51/18 96/4 128/7 <b>Pluto [2]</b> 59/1 59/4 <b>Plutonium [3]</b> 59/11 59/12 113/23 <b>Plutonium-210 [1]</b> 113/23 <b>Plutonium-238 [2]</b> 59/11 59/12 <b>PM [1]</b> 103/4 <b>podiatrist [1]</b> 5/24 <b>pods [1]</b> 146/8 <b>point [28]</b> 8/22 28/22 31/25 33/3 37/11 37/13 44/17 44/21 47/9 47/9 48/22 48/22 49/3 49/5 51/6 52/2 68/15 71/16 97/20 99/2 104/4 104/12 106/7 111/9 118/13 119/11 143/19 146/25 <b>points [4]</b> 47/5 51/20 52/2 52/4 <b>police [5]</b> 55/4 59/24 134/24 145/10 145/13 <b>policies [3]</b> 37/23 85/3 152/2 <b>policy [3]</b> 86/12 98/20 98/22 <b>Polk [2]</b> 20/4 20/4 <b>Polytechnic [1]</b> 9/20 <b>pond [1]</b> 144/5 <b>pool [1]</b> 89/6 <b>pop [1]</b> 30/15 <b>popular [3]</b> 76/16 77/17 78/12 <b>populated [1]</b> 77/7 <b>population [7]</b> 31/16 43/21 52/9 52/11 53/5 56/17 56/18 <b>port [2]</b> 26/14 29/15 <b>portable [4]</b> 33/22 78/8 88/21 88/22 <b>portal [1]</b> 137/4 <b>portion [1]</b> 67/18 <b>portions [1]</b> 117/16 <b>position [8]</b> 74/16 75/12 75/15 94/18 104/11 104/25 105/16 107/6 <b>positions [2]</b> 21/22 102/19 <b>possibility [4]</b> 52/14 123/13 129/18 129/21 <b>possible [4]</b> 16/14 38/4 38/15 63/8 <b>possibly [3]</b> 53/15 60/22 97/18 <b>post [8]</b> 18/25 46/9 46/20 47/7 56/15 62/13 62/20 63/6 <b>post-mining [3]</b> 62/13 62/20 63/6 <b>post-phosphate [1]</b> 47/7 <b>postal [1]</b> 89/12 <b>posting [1]</b> 30/3 <b>posts [1]</b> 27/3 <b>Potassium [1]</b> 149/3 <b>Potassium-40 [1]</b> 149/3 <b>potentially [3]</b> 71/11 150/10 151/25 <b>potholes [1]</b> 89/2 <b>pounds [3]</b> 79/6 147/19 147/21 <b>power [16]</b> 18/24 26/4 26/25 44/3 45/4	48/18 49/1 51/4 56/6 56/14 59/10 78/13 84/11 132/23 134/3 135/9 <b>powered [1]</b> 59/11 <b>powerful [1]</b> 109/9 <b>powers [1]</b> 109/4 <b>practical [1]</b> 57/12 <b>practice [13]</b> 26/20 26/24 91/22 92/11 102/5 102/11 102/14 104/20 105/5 106/8 106/11 108/13 111/8 <b>practiced [1]</b> 8/1 <b>pre [7]</b> 18/24 36/20 41/7 46/9 56/15 62/12 62/20 <b>pre-commissioning [1]</b> 41/7 <b>pre-license [1]</b> 36/20 <b>Preamplume [1]</b> 141/22 <b>Predator [1]</b> 148/2 <b>Predators [1]</b> 148/1 <b>predecessor [1]</b> 132/8 <b>predictions [2]</b> 47/10 49/15 <b>predominant [1]</b> 74/19 <b>preference [1]</b> 154/8 <b>preferences [1]</b> 156/15 <b>prelim [1]</b> 94/7 <b>premises [1]</b> 45/10 <b>prep [1]</b> 50/2 <b>preparedness [3]</b> 16/20 20/15 57/7 <b>preparing [1]</b> 50/21 <b>prescribed [3]</b> 69/3 69/4 90/12 <b>present [2]</b> 2/1 107/20 <b>presentable [1]</b> 111/2 <b>presentation [1]</b> 108/3 <b>presentations [1]</b> 15/24 <b>presented [1]</b> 57/2 <b>president [2]</b> 99/19 113/25 <b>press [1]</b> 59/2 <b>pretend [1]</b> 26/25 <b>pretty [9]</b> 11/8 73/5 73/25 74/9 79/7 124/1 132/21 150/23 150/24 <b>prevent [1]</b> 89/1 <b>preventive [2]</b> 59/17 134/22 <b>previous [2]</b> 6/8 123/7 <b>previously [1]</b> 103/8 <b>previsit [2]</b> 40/19 40/21 <b>primary [2]</b> 28/22 67/21 <b>Prime [1]</b> 113/25 <b>prior [1]</b> 101/17 <b>priority [5]</b> 32/13 32/13 32/20 32/22 32/24 <b>PRND [6]</b> 59/17 61/13 61/20 135/2 137/1 139/8 <b>probable [1]</b> 118/2 <b>probably [26]</b> 10/10 18/20 46/7 48/7 52/15 58/7 63/20 71/19 79/12 85/20 86/20 90/25 95/19 98/21 98/22 110/11 131/10 138/8 147/3 149/16 151/8 151/10 151/13 154/24 155/14 159/12 <b>probe [1]</b> 59/11 <b>problem [8]</b> 52/25 82/17 82/24 86/24 129/24 134/8 138/20 157/11 <b>problems [2]</b> 132/15 156/25 <b>procedure [4]</b> 97/5 107/13 111/10 111/11 <b>procedures [4]</b> 86/19 91/15 107/11 111/4 <b>proceedings [4]</b> 83/17 83/18 161/4 162/7 <b>process [28]</b> 6/25 7/5 45/1 48/17 84/19 87/16 97/8 97/13 97/19 100/15 101/2 107/9 109/6 111/11 119/11 119/25 121/8 123/18 123/19 124/6 124/13 124/17 124/25 125/6 126/10 129/17 137/1 137/3 <b>processed [2]</b> 121/3 123/3 <b>processes [1]</b> 66/14 <b>processing [4]</b> 46/1 100/24 120/1 145/1 <b>processors [2]</b> 120/3 120/23
----------	---	---

<p><b>P</b></p> <p><b>procrastinate [3]</b> 127/5 127/19 129/4</p> <p><b>produce [1]</b> 90/6</p> <p><b>produced [1]</b> 144/11</p> <p><b>products [1]</b> 89/8</p> <p><b>profession [6]</b> 14/18 111/17 117/1 117/24 118/11 120/9</p> <p><b>professionals [1]</b> 14/23</p> <p><b>professions [4]</b> 118/24 120/4 124/1 131/4</p> <p><b>program [53]</b> 14/3 18/20 19/3 19/25 20/7 20/11 20/20 20/25 21/11 23/15 23/17 23/18 23/21 23/22 24/11 28/12 30/7 35/20 35/22 35/22 37/11 37/12 46/9 46/24 48/6 51/9 51/24 52/3 58/3 62/20 62/23 63/4 63/24 66/20 67/6 69/17 70/6 77/10 78/2 78/24 82/1 85/10 105/10 115/5 116/14 117/16 122/12 125/7 130/25 131/24 132/7 132/7 132/18</p> <p><b>programming [2]</b> 132/4 132/13</p> <p><b>programs [13]</b> 18/11 18/23 20/19 21/2 22/22 24/6 25/13 28/21 29/8 29/22 65/19 105/11 151/23</p> <p><b>progress [1]</b> 141/5</p> <p><b>Propagation [1]</b> 113/4</p> <p><b>propentic [1]</b> 139/11</p> <p><b>proper [1]</b> 95/9</p> <p><b>properly [2]</b> 62/5 159/14</p> <p><b>property [1]</b> 56/7</p> <p><b>proposal [1]</b> 148/9</p> <p><b>proposing [1]</b> 149/22</p> <p><b>prosecuted [1]</b> 136/12</p> <p><b>prosecutes [1]</b> 118/9</p> <p><b>protecting [1]</b> 44/8</p> <p><b>protection [7]</b> 1/6 4/4 8/3 63/10 64/2 108/20 151/23</p> <p><b>protective [2]</b> 49/22 59/16</p> <p><b>proud [1]</b> 122/2</p> <p><b>proven [1]</b> 32/5</p> <p><b>provide [9]</b> 28/1 43/25 52/16 54/16 57/3 62/5 71/24 72/4 115/16</p> <p><b>provided [1]</b> 153/12</p> <p><b>provider [2]</b> 54/20 130/12</p> <p><b>providers [2]</b> 118/12 118/13</p> <p><b>provides [1]</b> 59/10</p> <p><b>PT [1]</b> 12/21</p> <p><b>public [26]</b> 1/24 10/3 10/4 16/21 28/23 30/11 49/17 49/22 52/13 57/21 57/23 58/19 59/15 59/21 68/16 74/14 75/17 75/18 88/8 98/1 99/1 99/2 99/12 100/12 158/9 158/16</p> <p><b>publish [1]</b> 151/21</p> <p><b>published [2]</b> 46/16 152/9</p> <p><b>pull [2]</b> 101/16 112/11</p> <p><b>pulled [1]</b> 17/4</p> <p><b>purchase [3]</b> 71/16 72/1 76/6</p> <p><b>purple [1]</b> 153/5</p> <p><b>purpose [2]</b> 54/4 115/8</p> <p><b>purposes [3]</b> 82/5 139/11 156/12</p> <p><b>push [2]</b> 52/23 71/19</p> <p><b>pushing [4]</b> 70/21 72/2 106/20 110/17</p> <p><b>put [25]</b> 16/21 24/15 47/23 50/6 50/24 51/8 58/16 77/12 88/3 88/24 96/12 100/4 101/22 107/25 120/6 120/22 123/14 123/22 130/25 136/2 137/13 142/14 148/9 152/6 152/6</p> <p><b>puts [3]</b> 28/16 32/14 107/4</p> <p><b>putting [2]</b> 150/2 150/10</p>	<p><b>qualified [2]</b> 34/20 120/22</p> <p><b>quality [10]</b> 5/12 8/9 19/4 27/20 95/10 115/11 117/17 117/18 119/8 120/10</p> <p><b>quantities [1]</b> 86/3</p> <p><b>quarter [2]</b> 40/12 92/10</p> <p><b>quarterly [3]</b> 44/4 44/18 66/17</p> <p><b>query [2]</b> 112/8 112/10</p> <p><b>question [15]</b> 22/15 29/23 39/22 62/11 66/5 70/9 72/13 76/22 82/3 92/18 93/7 101/6 111/22 131/16 148/14</p> <p><b>questions [16]</b> 20/22 33/23 39/21 43/5 62/9 70/5 70/8 84/25 95/11 102/9 114/8 117/25 122/6 133/24 149/9 152/18</p> <p><b>quick [5]</b> 16/14 64/22 67/16 76/8 97/25</p> <p><b>quickly [8]</b> 26/17 38/4 38/14 58/8 58/11 150/24 151/21 151/21</p> <p><b>quiet [1]</b> 22/3</p> <p><b>quite [6]</b> 14/13 21/21 96/17 119/19 143/14 144/15</p> <p><b>quorum [1]</b> 106/1</p>	<p><b>ram [57]</b> 28/25 35/4 36/11 82/14 82/18 87/11 87/22</p> <p><b>range [1]</b> 87/23</p> <p><b>rare [2]</b> 73/25 84/24</p> <p><b>rate [2]</b> 41/9 134/14</p> <p><b>rather [4]</b> 14/7 63/12 103/17 104/24</p> <p><b>rating [1]</b> 21/8</p> <p><b>Raton [1]</b> 4/11</p> <p><b>ray [57]</b> 12/12 13/3 17/20 18/18 19/24 21/11 21/14 23/20 25/11 25/25 26/1 26/1 26/9 27/10 28/8 29/12 30/17 31/1 32/10 32/23 32/23 32/25 33/4 33/14 34/15 35/4 35/5 35/20 37/6 37/8 37/11 37/12 40/7 40/10 65/6 65/12 65/16 65/19 67/21 67/23 77/10 78/2 78/2 78/4 78/8 78/23 79/17 80/14 81/9 81/10 81/15 81/23 82/4 82/6 95/22 132/6 152/1</p> <p><b>rays [6]</b> 55/20 74/15 75/20 76/24 80/22 115/8</p> <p><b>RDD [2]</b> 60/1 60/23</p> <p><b>RDMS [1]</b> 2/4</p> <p><b>RDR [3]</b> 1/24 162/5 162/19</p> <p><b>re [2]</b> 16/24 120/25</p> <p><b>re-exam [1]</b> 120/25</p> <p><b>re-org [1]</b> 16/24</p> <p><b>react [1]</b> 61/25</p> <p><b>reactor [2]</b> 46/8 48/20</p> <p><b>reactors [3]</b> 48/21 48/23 142/25</p> <p><b>read [7]</b> 19/13 43/12 43/13 57/16 93/5 93/11 136/11</p> <p><b>reading [1]</b> 93/13</p> <p><b>readings [1]</b> 94/10</p> <p><b>ready [3]</b> 7/18 83/23 125/18</p> <p><b>real [10]</b> 8/4 19/8 32/8 53/12 62/22 64/13 75/25 105/3 114/23 143/14</p> <p><b>realize [1]</b> 102/7</p> <p><b>really [44]</b> 7/10 14/15 15/7 16/3 16/6 25/19 32/16 32/16 36/8 36/9 39/25 50/25 51/5 52/21 53/1 56/20 62/2 76/8 77/15 86/24 97/25 98/10 101/12 102/7 104/16 106/21 109/23 111/16 114/2 122/2 122/3 123/17 124/15 124/16 133/3 133/22 133/22 141/19 143/2 143/22 144/6 144/15 147/14 149/13</p> <p><b>realm [1]</b> 81/1</p> <p><b>realtime [4]</b> 1/24 51/16 146/21 147/5</p> <p><b>reapply [1]</b> 119/12</p> <p><b>reapportionment [1]</b> 22/11</p> <p><b>rearrange [3]</b> 18/12 21/25 65/5</p> <p><b>rearrangements [1]</b> 9/19</p> <p><b>reason [5]</b> 59/8 97/18 98/20 127/23 154/9</p> <p><b>reasonable [1]</b> 87/1</p> <p><b>reasonably [1]</b> 86/14</p> <p><b>reasoning [1]</b> 98/16</p> <p><b>reasons [1]</b> 101/15</p> <p><b>Rebecca [1]</b> 2/8</p> <p><b>receipts [4]</b> 153/7 153/10 153/15 153/16</p> <p><b>receive [3]</b> 40/11 100/5 119/2</p> <p><b>received [3]</b> 6/7 56/13 142/8</p> <p><b>receiving [1]</b> 123/21</p> <p><b>recent [1]</b> 98/6</p> <p><b>recently [6]</b> 21/18 59/3 63/4 92/8 95/1 104/17</p> <p><b>Reception [4]</b> 57/24 58/2 58/4 58/18</p> <p><b>recessed [1]</b> 83/17</p> <p><b>reciprocity [2]</b> 120/19 121/14</p> <p><b>reclaimed [1]</b> 47/1</p> <p><b>reclaiming [1]</b> 47/16</p> <p><b>recommend [1]</b> 24/18</p> <p><b>recommendation [2]</b> 46/23 104/23</p> <p><b>recommendations [4]</b> 24/17 59/16</p>
<p><b>Q</b></p> <p><b>QA [2]</b> 27/21 28/1</p>	<p><b>R</b></p> <p><b>racers [2]</b> 60/13 60/14</p> <p><b>RAD [8]</b> 67/13 116/14 117/11 117/16 119/17 120/9 120/17 151/3</p> <p><b>radar [1]</b> 30/16</p> <p><b>radiation [68]</b> 1/5 1/12 2/16 2/17 2/18 2/19 2/20 2/21 2/22 4/4 4/10 4/14 5/1 5/3 5/8 5/10 5/16 5/16 8/3 8/3 8/5 12/20 14/4 14/10 15/19 18/6 18/14 18/19 30/17 30/22 41/1 43/11 47/3 47/7 48/3 52/19 53/22 56/8 57/4 57/7 57/8 60/4 61/8 64/2 66/15 66/20 68/23 69/2 74/14 77/22 77/24 79/15 102/8 102/23 105/9 105/11 108/11 108/20 115/15 116/6 117/22 131/22 131/24 132/18 133/25 136/20 137/18 138/3</p> <p><b>radiators [1]</b> 36/14</p> <p><b>radio [6]</b> 49/12 51/10 51/18 51/19 54/7 72/8</p> <p><b>radioactive [33]</b> 5/10 18/17 19/21 22/24 23/22 31/1 33/21 37/24 44/24 45/15 52/24 53/2 53/8 53/25 55/16 55/18 56/12 56/16 57/14 57/20 57/23 58/24 60/5 61/10 61/18 84/7 84/9 84/23 88/13 96/2 113/13 113/17 136/2</p> <p><b>radiochemistry [1]</b> 19/2</p> <p><b>radiograph [1]</b> 113/7</p> <p><b>radiographer [3]</b> 80/19 116/1 131/21</p> <p><b>radiographers [4]</b> 80/15 80/16 115/22 115/23</p> <p><b>radiographic [1]</b> 72/25</p> <p><b>radiographs [1]</b> 12/25</p> <p><b>radiography [5]</b> 28/10 29/12 85/18 86/8 116/21</p> <p><b>radioisotopes [1]</b> 86/2</p> <p><b>radioisotopic [1]</b> 59/9</p> <p><b>radiologic [5]</b> 101/10 115/3 121/4 121/5 122/21</p> <p><b>radiological [5]</b> 30/12 59/18 61/16 134/22 136/1</p> <p><b>radiologically [1]</b> 62/22</p> <p><b>radiologist [4]</b> 72/11 111/19 117/8 117/12</p> <p><b>radiologists [2]</b> 103/14 106/18</p> <p><b>radiology [6]</b> 4/19 5/17 12/24 14/1 14/3 14/7</p> <p><b>Radiomedical [1]</b> 76/4</p> <p><b>Radium [3]</b> 47/25 113/7 138/6</p> <p><b>Radium-226 [1]</b> 47/25</p> <p><b>Radiums [1]</b> 144/1</p> <p><b>radon [2]</b> 46/21 47/23</p> <p><b>rain [2]</b> 138/21 140/6</p>	

<p><b>R</b></p> <p><b>recommendations...</b> [2] 103/13 150/12</p> <p><b>recommended</b> [2] 24/6 107/12</p> <p><b>record</b> [2] 98/2 162/8</p> <p><b>records</b> [8] 96/14 96/16 99/1 99/2 99/12 99/25 100/2 100/12</p> <p><b>rectangle</b> [1] 143/3</p> <p><b>recuse</b> [1] 159/6</p> <p><b>recycling</b> [1] 55/7</p> <p><b>red</b> [4] 46/16 61/10 62/1 137/19</p> <p><b>refer</b> [2] 118/6 134/5</p> <p><b>referring</b> [4] 103/13 106/18 106/24 107/10</p> <p><b>reg</b> [4] 21/3 23/1 23/4 24/11</p> <p><b>regarding</b> [1] 133/24</p> <p><b>regards</b> [1] 22/16</p> <p><b>Regency</b> [1] 1/13</p> <p><b>regimen</b> [1] 152/1</p> <p><b>region</b> [2] 62/18 62/19</p> <p><b>Regional</b> [1] 8/17</p> <p><b>regions</b> [2] 42/8 42/9</p> <p><b>register</b> [7] 66/14 67/21 82/25 122/21 132/23 151/23 158/9</p> <p><b>registered</b> [1] 68/7</p> <p><b>registrants</b> [1] 68/16</p> <p><b>registration</b> [4] 17/20 19/24 68/6 68/17</p> <p><b>registrations</b> [3] 22/21 25/15 66/24</p> <p><b>regular</b> [3] 42/11 147/3 158/21</p> <p><b>regulate</b> [6] 81/18 91/21 103/16 103/16 103/19 112/21</p> <p><b>regulated</b> [1] 30/10</p> <p><b>regulates</b> [1] 99/1</p> <p><b>regulation</b> [2] 104/5 104/10</p> <p><b>regulations</b> [10] 24/14 24/14 24/15 37/4 67/24 76/25 78/17 85/3 88/7 150/3</p> <p><b>regulatory</b> [19] 18/13 20/24 22/23 23/7 24/13 29/5 37/21 44/8 49/6 71/13 81/16 104/10 108/10 108/21 109/2 109/4 109/6 110/13 120/5</p> <p><b>Rehabilitative</b> [1] 46/18</p> <p><b>reintroduce</b> [1] 152/9</p> <p><b>related</b> [2] 105/5 106/8</p> <p><b>relation</b> [2] 142/18 147/1</p> <p><b>relationship</b> [1] 117/16</p> <p><b>Relationships</b> [1] 130/17</p> <p><b>relative</b> [2] 162/10 162/12</p> <p><b>release</b> [1] 101/3</p> <p><b>released</b> [1] 17/10</p> <p><b>relieve</b> [1] 53/10</p> <p><b>remain</b> [1] 119/1</p> <p><b>remediate</b> [1] 63/21</p> <p><b>remediation</b> [3] 63/8 63/18 64/10</p> <p><b>remember</b> [5] 8/21 16/23 35/20 41/25 119/7</p> <p><b>remind</b> [1] 156/8</p> <p><b>remote</b> [1] 74/8</p> <p><b>remove</b> [2] 58/9 79/24</p> <p><b>removed</b> [1] 136/7</p> <p><b>renew</b> [5] 120/13 120/14 126/14 126/20 129/9</p> <p><b>renewal</b> [8] 65/18 85/6 120/11 126/4 126/10 126/15 127/2 129/17</p> <p><b>renewals</b> [10] 65/22 84/21 86/18 86/23 96/20 126/6 126/22 129/14 129/15 129/22</p> <p><b>renewed</b> [1] 127/15</p> <p><b>replace</b> [1] 147/17</p> <p><b>replaced</b> [1] 129/14</p> <p><b>reply</b> [2] 85/5 158/13</p> <p><b>report</b> [12] 21/12 35/21 49/12 52/8 68/23 92/21 92/24 93/1 94/1 112/7 136/11 162/7</p> <p><b>Reportable</b> [1] 68/21</p>	<p><b>reported</b> [2] 1/23 67/10</p> <p><b>Reporter</b> [2] 1/24 162/1</p> <p><b>reports</b> [5] 32/19 87/12 93/2 109/20 112/17</p> <p><b>represent</b> [2] 19/13 19/18</p> <p><b>represents</b> [1] 30/9</p> <p><b>reproducibility</b> [2] 73/17 74/21</p> <p><b>Republic</b> [1] 60/24</p> <p><b>request</b> [3] 99/2 99/12 100/12</p> <p><b>requested</b> [1] 122/19</p> <p><b>requesting</b> [1] 111/11</p> <p><b>requests</b> [1] 150/1</p> <p><b>require</b> [5] 36/18 111/20 123/1 151/1 159/5</p> <p><b>required</b> [7] 35/2 37/16 42/5 45/9 68/23 93/5 117/6</p> <p><b>requirement</b> [8] 23/10 34/8 71/14 79/16 102/25 130/20 151/2 154/5</p> <p><b>requirements</b> [16] 29/21 29/24 57/10 66/21 67/14 71/9 80/21 83/11 85/24 86/1 86/4 89/1 103/11 103/12 110/18 150/8</p> <p><b>requires</b> [2] 119/21 158/7</p> <p><b>requiring</b> [1] 104/14</p> <p><b>reregistered</b> [1] 65/21</p> <p><b>rescue</b> [1] 55/2</p> <p><b>research</b> [7] 5/21 9/25 9/25 40/25 82/19 89/18 134/7</p> <p><b>researchers</b> [1] 134/12</p> <p><b>resell</b> [1] 83/10</p> <p><b>Reserve</b> [4] 26/22 43/20 53/5 56/24</p> <p><b>resident</b> [2] 93/3 117/12</p> <p><b>residents</b> [1] 103/24</p> <p><b>resin</b> [1] 46/5</p> <p><b>resolution</b> [1] 146/17</p> <p><b>resources</b> [2] 52/21 58/21</p> <p><b>respectively</b> [1] 46/17</p> <p><b>respond</b> [10] 26/19 30/11 31/12 32/4 38/6 42/11 42/25 43/2 55/15 160/12</p> <p><b>responder</b> [1] 54/23</p> <p><b>responders</b> [3] 54/15 54/17 61/25</p> <p><b>response</b> [24] 6/9 6/17 16/20 18/24 23/2 26/3 31/7 31/25 32/1 34/12 37/20 38/11 41/22 41/23 42/16 48/18 49/7 49/8 55/8 55/19 103/15 135/8 135/11 139/5</p> <p><b>responsibilities</b> [1] 115/13</p> <p><b>responsibility</b> [1] 129/6</p> <p><b>rest</b> [7] 20/1 67/19 116/20 117/13 131/11 144/24 158/16</p> <p><b>restaurant</b> [2] 64/20 83/16</p> <p><b>restricted</b> [1] 142/24</p> <p><b>restrictions</b> [1] 63/15</p> <p><b>restrictive</b> [2] 36/19 63/19</p> <p><b>results</b> [2] 32/17 63/1</p> <p><b>resume</b> [1] 11/14</p> <p><b>resumed</b> [1] 83/18</p> <p><b>retire</b> [1] 105/3</p> <p><b>retiring</b> [1] 20/5</p> <p><b>revisit</b> [1] 152/11</p> <p><b>RGs</b> [1] 124/19</p> <p><b>rid</b> [1] 76/3</p> <p><b>rifle</b> [1] 77/13</p> <p><b>rig</b> [4] 47/20 48/11 48/12 73/21</p> <p><b>right</b> [93] 6/19 8/15 8/19 9/3 10/7 13/8 13/22 13/24 15/23 15/25 22/2 24/4 25/6 30/3 30/3 31/4 31/23 33/15 34/8 36/22 38/16 39/20 40/1 40/2 40/15 41/19 42/2 42/14 43/5 64/14 65/24 70/7 71/25 73/1 74/9 74/22 76/21 77/24 83/19 84/6 90/5 90/14 90/20 92/23 93/12 95/20 96/1 96/1 96/13 96/16 97/4 99/10 99/18 99/21 100/13 100/13 100/19 101/3 105/19 108/7 111/6 111/20 112/5 112/21 114/7 114/9</p>	<p>114/13 114/14 118/19 120/23 121/2 123/12 124/23 125/12 125/20 126/8 126/23 128/13 128/21 128/21 129/23 137/1 137/6 140/10 143/4 145/5 147/15 148/17 151/17 151/19 157/24 159/16 160/20</p> <p><b>ripening</b> [1] 89/10</p> <p><b>risk</b> [1] 78/20</p> <p><b>Rita</b> [3] 1/24 162/5 162/19</p> <p><b>river</b> [8] 44/17 44/18 44/22 140/2 140/15 142/25 143/21 143/21</p> <p><b>RND</b> [1] 60/23</p> <p><b>road</b> [1] 13/23</p> <p><b>roadblocks</b> [1] 109/5</p> <p><b>roads</b> [1] 61/12</p> <p><b>robust</b> [4] 10/22 102/12 104/14 139/14</p> <p><b>rocket</b> [1] 18/8</p> <p><b>role</b> [1] 12/19</p> <p><b>rolled</b> [1] 83/25</p> <p><b>roof</b> [2] 133/9 133/17</p> <p><b>room</b> [15] 1/14 4/7 7/1 7/18 11/11 13/14 15/12 27/13 50/8 50/9 50/11 51/23 92/3 133/3 145/19</p> <p><b>rooms</b> [1] 77/2</p> <p><b>roses</b> [1] 32/16</p> <p><b>rosters</b> [1] 129/1</p> <p><b>rotate</b> [1] 76/13</p> <p><b>rotates</b> [1] 76/14</p> <p><b>rotating</b> [1] 75/8</p> <p><b>router</b> [2] 141/25 146/25</p> <p><b>routine</b> [1] 28/14</p> <p><b>rover</b> [2] 59/6 59/7</p> <p><b>RRA</b> [1] 2/4</p> <p><b>RSIIs</b> [1] 120/15</p> <p><b>RSO</b> [3] 2/6 97/4 98/9</p> <p><b>RT</b> [4] 2/5 2/6 2/8 128/11</p> <p><b>RTG</b> [2] 59/9 59/11</p> <p><b>rubber</b> [4] 31/9 50/24 83/25 84/3</p> <p><b>rule</b> [8] 85/20 91/11 91/21 96/2 96/5 96/6 98/25 116/23</p> <p><b>rules</b> [6] 35/8 81/15 85/22 85/23 96/14 108/21</p> <p><b>run</b> [9] 27/1 48/14 55/8 100/9 114/17 117/17 129/3 143/9 144/12</p> <p><b>running</b> [1] 131/23</p> <p><b>runs</b> [1] 27/18</p> <p><b>runway</b> [1] 145/22</p> <p><b>Russian</b> [1] 113/23</p> <p><b>RVCs</b> [1] 26/23</p> <hr/> <p><b>S</b></p> <p><b>safe</b> [2] 39/11 134/3</p> <p><b>safety</b> [11] 8/3 14/4 14/10 36/12 40/20 67/14 74/5 88/8 108/11 134/13 134/25</p> <p><b>said</b> [15] 17/3 25/4 29/9 31/4 46/19 81/22 85/14 93/3 96/22 96/23 106/24 111/23 127/24 129/15 146/16</p> <p><b>salary</b> [1] 100/21</p> <p><b>salt</b> [1] 151/9</p> <p><b>same</b> [20] 35/24 36/3 41/15 51/15 53/17 76/5 87/17 92/14 92/15 101/5 114/2 117/7 118/25 136/20 143/13 145/10 145/24 146/7 146/8 149/8</p> <p><b>sample</b> [15] 18/2 44/16 47/20 50/2 51/21</p> <p><b>samples</b> [19] 44/10 44/13 44/13 44/15 44/19 44/20 45/1 45/4 47/21 48/1 48/1 48/2 49/10 49/11 50/4 50/9 50/14 56/13 62/25</p> <p><b>sampling</b> [2] 30/24 50/23</p> <p><b>sand</b> [1] 44/11</p> <p><b>Sarasota</b> [1] 5/19</p> <p><b>sat</b> [1] 13/7</p>
---	---	--

<p><b>S</b></p> <p><b>satellite [1]</b> 147/7</p> <p><b>satisfactory [1]</b> 21/8</p> <p><b>Saturday [2]</b> 13/15 57/3</p> <p><b>Saturdays [2]</b> 12/11 12/15</p> <p><b>Savannah [3]</b> 140/2 140/15 142/25</p> <p><b>save [1]</b> 122/14</p> <p><b>saved [3]</b> 11/12 59/20 59/21</p> <p><b>saving [1]</b> 54/22</p> <p><b>saw [2]</b> 112/1 146/12</p> <p><b>say [32]</b> 11/10 20/5 26/17 32/18 32/19 38/19 47/5 47/6 52/18 53/6 62/12 63/13 71/10 83/8 91/6 96/7 98/13 102/22 106/22 108/19 123/17 124/8 124/10 127/22 128/4 131/8 136/21 138/19 139/12 140/11 143/20 144/23</p> <p><b>saying [16]</b> 20/8 24/1 75/11 85/9 92/20 93/12 93/13 93/14 94/20 98/18 99/23 106/20 126/20 148/13 159/1 159/2</p> <p><b>says [4]</b> 59/25 84/23 134/7 134/13</p> <p><b>scale [1]</b> 138/6</p> <p><b>scanned [1]</b> 119/24</p> <p><b>scans [1]</b> 76/16</p> <p><b>Scantron [1]</b> 129/2</p> <p><b>scatter [2]</b> 77/24 77/25</p> <p><b>scattered [1]</b> 20/1</p> <p><b>schedule [4]</b> 53/15 64/17 85/10 157/6</p> <p><b>schemes [1]</b> 19/12</p> <p><b>Schenkman [4]</b> 38/17 38/20 39/13 72/11</p> <p><b>school [8]</b> 12/4 12/21 14/10 53/6 124/24 133/11 155/4 155/6</p> <p><b>Science [2]</b> 59/1 59/6</p> <p><b>sciency [1]</b> 138/4</p> <p><b>scientist [1]</b> 144/10</p> <p><b>scientists [1]</b> 142/12</p> <p><b>scope [6]</b> 30/22 32/15 89/16 89/17 89/17 90/13</p> <p><b>screen [3]</b> 53/8 135/16 138/2</p> <p><b>screened [1]</b> 52/17</p> <p><b>screens [1]</b> 76/5</p> <p><b>sea [1]</b> 46/6</p> <p><b>sealed [1]</b> 47/23</p> <p><b>search [1]</b> 144/21</p> <p><b>seat [2]</b> 136/2 141/18</p> <p><b>Sebring [1]</b> 60/16</p> <p><b>second [16]</b> 6/13 7/13 84/22 86/23 113/19 118/7 119/14 132/16 134/19 137/8 139/1 139/20 145/21 148/24 160/23 160/24</p> <p><b>seconds [1]</b> 58/8</p> <p><b>Secretary [1]</b> 20/16</p> <p><b>section [25]</b> 5/10 5/16 16/13 18/10 18/14 18/17 18/18 19/6 19/21 19/25 25/5 25/8 25/19 43/11 65/7 65/12 66/20 84/8 85/9 88/9 114/17 115/13 117/17 118/22 119/18</p> <p><b>sections [8]</b> 18/10 18/13 18/22 18/23 20/13 25/10 25/20 29/10</p> <p><b>security [3]</b> 86/6 86/6 135/1</p> <p><b>Seddon [2]</b> 2/2 5/5</p> <p><b>sediments [1]</b> 44/11</p> <p><b>see [82]</b> 10/15 10/20 12/16 13/2 14/25 16/17 27/23 28/11 28/13 28/14 29/3 29/7 30/22 31/16 31/17 31/22 41/4 41/8 43/2 45/22 47/1 48/25 51/15 52/4 54/6 55/1 67/18 67/19 69/8 73/15 75/25 77/6 77/18 80/20 82/20 93/1 93/23 100/4 101/15 103/23 108/2 108/3 108/9 108/25 111/19 113/24 115/20 116/24 117/8 121/24 124/11 124/12 127/20 130/17 131/25 132/24 133/3 135/16 135/17 136/22 137/16 138/8 138/11 139/10 140/10</p>	<p>140/14 141/19 142/17 142/23 143/5 143/11 143/20 143/20 144/15 145/2 145/6 147/4 148/23 149/2 149/4 149/7 154/14</p> <p><b>seeing [7]</b> 30/20 49/20 75/23 76/17 78/1 143/24 144/23</p> <p><b>seem [3]</b> 74/23 89/2 129/25</p> <p><b>seemed [2]</b> 40/24 64/21</p> <p><b>seems [3]</b> 40/7 77/4 128/23</p> <p><b>seen [10]</b> 21/12 24/16 109/14 111/25 112/17 112/17 116/2 116/5 134/9 145/1</p> <p><b>SEF [2]</b> 76/11 76/19</p> <p><b>self [1]</b> 67/10</p> <p><b>self-reported [1]</b> 67/10</p> <p><b>semiannual [1]</b> 44/4</p> <p><b>send [32]</b> 37/16 37/19 38/12 42/13 45/12 49/9 53/22 59/22 60/2 62/4 62/25 78/23 85/10 87/16 88/16 91/9 98/14 110/11 112/6 118/8 120/20 121/13 121/15 125/3 125/5 125/7 126/15 128/24 142/2 158/11 158/24 160/11</p> <p><b>sends [1]</b> 129/5</p> <p><b>Senison [1]</b> 141/17</p> <p><b>sense [3]</b> 12/6 53/1 80/5</p> <p><b>sent [6]</b> 65/22 78/23 100/23 118/23 121/10 123/4</p> <p><b>separate [1]</b> 61/9</p> <p><b>series [4]</b> 57/12 58/14 60/14 60/21</p> <p><b>serious [3]</b> 37/7 37/14 88/11</p> <p><b>serve [2]</b> 13/25 14/4</p> <p><b>served [1]</b> 35/19</p> <p><b>service [3]</b> 7/25 12/13 86/15</p> <p><b>services [2]</b> 46/19 56/11</p> <p><b>serving [1]</b> 14/2</p> <p><b>session [3]</b> 22/5 22/14 26/16</p> <p><b>set [11]</b> 13/13 27/13 33/19 53/5 53/7 57/13 58/17 59/25 90/7 140/21 158/21</p> <p><b>setting [1]</b> 27/2</p> <p><b>settle [1]</b> 7/12</p> <p><b>settled [1]</b> 7/20</p> <p><b>seven [9]</b> 9/14 21/5 34/22 38/1 38/5 50/18 57/4 141/2 154/10</p> <p><b>seven-and-a-half [1]</b> 57/4</p> <p><b>seven-foot [1]</b> 50/18</p> <p><b>seventh [1]</b> 17/17</p> <p><b>seventy [2]</b> 90/6 143/16</p> <p><b>several [6]</b> 10/10 94/25 119/3 122/19 122/20 144/22</p> <p><b>severe [1]</b> 87/25</p> <p><b>severity [1]</b> 87/23</p> <p><b>shadows [1]</b> 141/21</p> <p><b>share [2]</b> 27/10 65/13</p> <p><b>sharing [1]</b> 145/16</p> <p><b>she [8]</b> 25/4 38/18 39/17 43/14 129/15 131/18 144/11 159/19</p> <p><b>she's [3]</b> 117/12 131/11 131/15</p> <p><b>sheet [1]</b> 152/21</p> <p><b>sheets [2]</b> 58/14 153/5</p> <p><b>shelter [1]</b> 49/16</p> <p><b>shield [1]</b> 77/19</p> <p><b>shielding [1]</b> 40/20</p> <p><b>shining [1]</b> 56/4</p> <p><b>ship [2]</b> 29/15 29/17</p> <p><b>shipment [1]</b> 45/9</p> <p><b>shipped [2]</b> 45/7 46/8</p> <p><b>shoot [4]</b> 77/15 78/3 81/12 104/25</p> <p><b>shoot-the-messenger [1]</b> 104/25</p> <p><b>shooting [2]</b> 82/8 83/5</p> <p><b>short [5]</b> 32/11 58/6 89/23 149/25 156/11</p> <p><b>shortage [2]</b> 32/25 94/24</p> <p><b>shortages [1]</b> 33/2</p> <p><b>should [13]</b> 43/24 46/22 94/20 104/22 115/1 118/24 129/9 129/24 138/12 139/12</p>	<p>149/2 151/25 160/2</p> <p><b>shouldn't [4]</b> 28/5 55/7 104/21 123/20</p> <p><b>show [22]</b> 58/12 111/2 113/3 113/14 114/19 114/23 118/7 135/6 136/19 138/1 139/23 143/3 144/17 145/4 145/20 147/8 148/21 157/12 157/14 157/15 157/17 159/18</p> <p><b>showed [2]</b> 43/14 142/6</p> <p><b>shower [1]</b> 58/9</p> <p><b>showing [3]</b> 127/20 137/25 147/14</p> <p><b>shown [1]</b> 134/14</p> <p><b>shows [9]</b> 20/18 20/19 33/4 60/15 93/10 128/8 137/14 138/2 138/5</p> <p><b>shut [1]</b> 42/15</p> <p><b>Sick [1]</b> 134/17</p> <p><b>side [13]</b> 11/16 12/18 14/8 32/19 87/8 87/8 87/10 87/11 114/18 135/11 145/9 146/10 147/7</p> <p><b>sidelines [1]</b> 12/9</p> <p><b>sign [4]</b> 93/25 153/1 153/4 153/8</p> <p><b>signals [1]</b> 141/25</p> <p><b>signature [11]</b> 91/8 92/21 92/24 93/4 96/4 96/8 96/15 96/24 97/15 136/20 153/4</p> <p><b>signatures [1]</b> 96/9</p> <p><b>signed [3]</b> 63/10 96/3 97/7</p> <p><b>significant [2]</b> 47/2 98/12</p> <p><b>significantly [1]</b> 116/25</p> <p><b>signing [2]</b> 17/18 93/23</p> <p><b>signs [2]</b> 93/2 93/6</p> <p><b>similar [4]</b> 24/21 99/20 100/1 117/10</p> <p><b>simpler [2]</b> 73/6 95/25</p> <p><b>simply [2]</b> 33/16 51/11</p> <p><b>simulated [1]</b> 136/16</p> <p><b>simulation [1]</b> 58/4</p> <p><b>since [16]</b> 8/9 12/4 15/11 16/8 23/21 48/12 56/19 63/14 65/1 65/8 74/17 75/22 117/4 119/8 121/6 132/21</p> <p><b>single [7]</b> 44/16 45/6 45/18 49/1 60/12 89/22 132/5</p> <p><b>single-dose-unit [1]</b> 89/22</p> <p><b>sir [2]</b> 79/22 80/4</p> <p><b>sit [4]</b> 51/2 76/13 114/25 127/5</p> <p><b>site [8]</b> 44/5 45/13 45/24 69/2 78/7 89/21 90/5 93/16</p> <p><b>sites [3]</b> 48/21 100/8 140/7</p> <p><b>sitting [2]</b> 33/9 123/3</p> <p><b>situation [2]</b> 19/16 123/23</p> <p><b>six [18]</b> 7/22 13/6 34/22 36/13 36/21 43/15 44/21 47/14 47/20 47/21 51/5 56/21 77/2 85/15 141/2 146/4 147/20 157/15</p> <p><b>six-foot [1]</b> 47/20</p> <p><b>sixteen [1]</b> 146/10</p> <p><b>size [1]</b> 78/13</p> <p><b>sized [1]</b> 136/21</p> <p><b>skin [1]</b> 73/20</p> <p><b>slide [3]</b> 25/2 43/8 45/2</p> <p><b>slides [1]</b> 43/13</p> <p><b>slows [1]</b> 124/13</p> <p><b>smack [1]</b> 145/9</p> <p><b>small [5]</b> 9/22 36/6 79/12 90/22 124/1</p> <p><b>smaller [3]</b> 78/14 88/4 98/8</p> <p><b>smallest [1]</b> 18/20</p> <p><b>snail [1]</b> 119/4</p> <p><b>snap [1]</b> 126/11</p> <p><b>sniffers [2]</b> 81/6 81/7</p> <p><b>snowplows [1]</b> 89/3</p> <p><b>so [247]</b></p> <p><b>socialized [1]</b> 112/19</p> <p><b>societies [3]</b> 7/7 7/9 10/21</p> <p><b>society [4]</b> 10/25 11/5 75/11 131/16</p> <p><b>sodium [2]</b> 141/11 148/22</p> <p><b>Sodium-22 [1]</b> 148/22</p>
--	--	---

<p><b>S</b></p> <p><b>software [6]</b> 96/11 107/17 109/15 109/25 112/4 112/10</p> <p><b>Soil [1]</b> 44/10</p> <p><b>soils [1]</b> 88/24</p> <p><b>some [88]</b> 7/10 13/5 16/9 18/1 18/2 19/17 21/16 21/23 21/23 21/24 31/18 41/18 42/23 44/12 44/12 46/2 48/7 51/4 53/14 54/25 55/4 59/23 61/2 65/14 70/21 71/7 71/11 74/16 78/22 78/25 80/14 80/17 80/23 82/19 85/14 89/25 98/15 99/2 101/19 101/19 102/1 102/20 103/4 103/10 104/9 104/12 106/3 107/7 107/8 107/16 109/13 109/15 111/25 114/3 114/19 114/21 115/8 115/12 115/18 116/2 116/7 116/11 116/19 123/25 128/15 130/13 133/4 133/15 133/21 135/20 135/21 137/6 137/15 139/23 144/12 144/16 145/3 145/4 145/15 146/7 147/17 149/8 150/11 151/2 151/5 154/12 158/20 159/13</p> <p><b>somebody [17]</b> 12/12 12/17 36/2 41/4 42/13 48/16 54/1 58/11 59/19 59/25 83/10 93/13 93/15 94/6 104/23 128/6 154/9</p> <p><b>somebody's [2]</b> 37/8 124/8</p> <p><b>somehow [1]</b> 107/4</p> <p><b>someone [7]</b> 88/16 93/25 104/1 108/2 118/5 130/22 131/2</p> <p><b>something [43]</b> 28/17 28/18 36/1 38/19 39/3 40/25 42/2 48/14 58/9 64/12 73/21 73/22 95/12 97/3 98/7 107/17 108/5 117/4 123/25 124/12 124/23 128/8 132/9 133/1 134/18 136/2 136/19 137/20 137/21 138/12 140/10 140/11 144/23 147/12 148/5 150/11 151/1 151/20 152/3 152/10 158/15 158/23 159/3</p> <p><b>sometimes [9]</b> 45/12 55/6 84/16 84/17 86/17 91/8 109/1 109/3 149/6</p> <p><b>somewhat [3]</b> 7/4 23/3 64/17</p> <p><b>somewhere [8]</b> 52/5 52/16 52/16 54/3 54/23 56/21 118/12 137/3</p> <p><b>son [1]</b> 155/3</p> <p><b>soon [2]</b> 50/10 97/11</p> <p><b>SOP [2]</b> 28/3 28/4</p> <p><b>SOPs [2]</b> 27/25 28/17</p> <p><b>sorry [4]</b> 39/5 49/2 81/21 123/6</p> <p><b>sort [12]</b> 25/9 25/24 31/23 41/7 74/12 102/20 104/9 104/23 105/15 114/4 117/22 151/2</p> <p><b>sort've [1]</b> 70/18</p> <p><b>sound [1]</b> 114/1</p> <p><b>source [19]</b> 54/1 54/2 54/6 55/6 55/15 59/19 61/16 62/4 68/15 73/20 75/25 77/24 81/7 81/10 81/10 82/20 113/14 136/8 148/22</p> <p><b>source-to-skin [1]</b> 73/20</p> <p><b>sourced [1]</b> 117/15</p> <p><b>sources [17]</b> 53/25 55/6 60/5 61/11 61/18 61/21 61/22 61/23 62/3 62/5 62/8 81/4 82/10 140/8 140/10 140/25 144/21</p> <p><b>South [10]</b> 9/16 9/17 53/13 53/16 114/20 138/23 140/3 140/4 141/16 142/10</p> <p><b>Southeastern [1]</b> 10/25</p> <p><b>space [5]</b> 27/12 55/20 56/2 58/25 95/8</p> <p><b>speaking [3]</b> 11/4 66/16 68/11</p> <p><b>Spec [1]</b> 141/13</p> <p><b>special [5]</b> 59/23 60/12 60/21 80/1 80/17</p> <p><b>specialist [1]</b> 117/14</p> <p><b>specialists [3]</b> 45/23 106/19 120/5</p> <p><b>specialized [1]</b> 59/22</p> <p><b>specializes [1]</b> 25/25</p> <p><b>specific [6]</b> 47/8 84/18 85/11 111/2 111/3</p>	<p>148/14</p> <p><b>specifically [1]</b> 148/5</p> <p><b>spectrum [1]</b> 8/7</p> <p><b>speed [1]</b> 123/18</p> <p><b>spells [2]</b> 28/4 95/8</p> <p><b>spend [4]</b> 8/13 55/24 68/19 147/15</p> <p><b>spent [1]</b> 46/5</p> <p><b>spoke [3]</b> 66/23 67/7 150/9</p> <p><b>spoken [1]</b> 68/2</p> <p><b>sports [1]</b> 60/17</p> <p><b>spot [1]</b> 11/10</p> <p><b>spread [3]</b> 50/14 135/25 140/25</p> <p><b>spring [1]</b> 154/2</p> <p><b>spy [1]</b> 113/23</p> <p><b>square [3]</b> 63/5 141/11 141/13</p> <p><b>SS [1]</b> 75/3</p> <p><b>SSD [1]</b> 73/20</p> <p><b>SSDR [1]</b> 82/15</p> <p><b>St. [9]</b> 44/15 44/21 46/4 46/7 48/22 49/2 49/4 51/7 52/10</p> <p><b>St. Lucie [9]</b> 44/15 44/21 46/4 46/7 48/22 49/2 49/4 51/7 52/10</p> <p><b>stab [1]</b> 155/22</p> <p><b>stacks [1]</b> 124/12</p> <p><b>staff [29]</b> 2/15 18/1 19/14 19/16 19/17 19/18 19/22 20/2 21/16 21/23 21/24 23/5 23/6 24/10 25/7 25/10 26/7 29/23 32/11 32/25 44/1 67/24 68/16 75/23 78/25 97/2 118/7 132/12 157/19</p> <p><b>staffing [2]</b> 24/7 27/25</p> <p><b>stage [1]</b> 112/6</p> <p><b>stakeholders [1]</b> 10/1</p> <p><b>stand [6]</b> 26/24 43/9 50/24 77/14 114/25 114/25</p> <p><b>standard [1]</b> 35/13</p> <p><b>standards [5]</b> 18/15 24/6 71/10 134/4 134/6</p> <p><b>standing [2]</b> 133/13 142/4</p> <p><b>standpoints [1]</b> 108/11</p> <p><b>star [2]</b> 31/22 77/12</p> <p><b>stars [3]</b> 19/13 19/17 34/2</p> <p><b>start [22]</b> 4/9 16/16 38/13 40/14 40/22 46/24 78/4 83/5 83/24 95/14 97/8 100/24 108/24 114/24 115/1 117/5 119/19 119/23 139/13 143/8 143/10 158/13</p> <p><b>started [11]</b> 4/2 16/23 17/13 45/22 46/15 46/21 48/6 56/20 77/11 78/1 137/12</p> <p><b>starting [2]</b> 16/13 95/21</p> <p><b>starts [3]</b> 20/20 22/8 78/12</p> <p><b>stat [1]</b> 94/12</p> <p><b>state [66]</b> 1/25 9/13 9/23 10/21 13/9 13/17 17/17 19/14 21/20 23/14 24/14 24/15 25/18 25/21 27/11 27/15 32/7 32/13 35/6 35/7 42/4 43/20 43/21 45/6 46/11 46/22 48/21 52/12 53/4 55/2 56/23 63/6 63/12 63/24 65/17 65/20 65/23 66/25 67/17 68/7 69/15 70/19 74/17 74/18 83/1 83/1 83/6 85/21 92/13 96/23 98/11 101/11 102/20 102/22 103/2 120/3 120/19 124/14 127/23 132/23 133/1 134/23 135/1 138/23 157/3 162/2</p> <p><b>stated [1]</b> 84/9</p> <p><b>statement [5]</b> 75/13 75/15 102/21 104/9 104/10</p> <p><b>statements [1]</b> 74/16</p> <p><b>states [18]</b> 21/5 23/11 24/20 32/17 41/6 63/21 64/12 80/14 84/16 92/16 96/3 96/21 96/22 101/19 105/11 108/4 150/15 150/16</p> <p><b>Statewide [1]</b> 17/19</p> <p><b>stations [1]</b> 44/20</p> <p><b>statistic [1]</b> 33/5</p> <p><b>statistical [1]</b> 112/11</p>	<p><b>statistically [1]</b> 41/15</p> <p><b>statistics [1]</b> 41/13</p> <p><b>status [1]</b> 121/11</p> <p><b>statute [9]</b> 35/10 80/15 86/12 98/25 115/3 117/11 131/3 132/19 151/8</p> <p><b>statutes [4]</b> 80/11 108/21 116/23 132/20</p> <p><b>staves [1]</b> 77/22</p> <p><b>stay [4]</b> 120/25 142/18 153/18 154/24</p> <p><b>staying [1]</b> 154/8</p> <p><b>stays [1]</b> 22/4</p> <p><b>stealing [1]</b> 71/3</p> <p><b>steals [1]</b> 54/1</p> <p><b>steam [1]</b> 46/3</p> <p><b>steel [2]</b> 55/7 113/14</p> <p><b>Steiner [1]</b> 152/6</p> <p><b>stenographic [1]</b> 162/9</p> <p><b>stenographically [1]</b> 162/6</p> <p><b>step [3]</b> 96/16 151/17 151/19</p> <p><b>stick [1]</b> 81/11</p> <p><b>still [25]</b> 4/4 12/4 17/23 18/3 19/19 20/3 20/8 21/11 21/13 22/11 33/7 58/12 64/10 71/8 71/22 82/16 86/20 94/14 94/24 113/2 118/25 123/20 127/12 133/20 154/6</p> <p><b>stolen [1]</b> 55/5</p> <p><b>stop [8]</b> 37/13 107/23 109/6 111/9 111/12 132/14 135/13 137/3</p> <p><b>storage [1]</b> 45/8</p> <p><b>Stormtrooper [1]</b> 77/13</p> <p><b>straight [1]</b> 61/1</p> <p><b>streamline [1]</b> 124/6</p> <p><b>streamlined [1]</b> 123/19</p> <p><b>stress [1]</b> 97/2</p> <p><b>strict [1]</b> 85/15</p> <p><b>structure [1]</b> 112/7</p> <p><b>stuck [1]</b> 136/9</p> <p><b>students [1]</b> 123/11</p> <p><b>studies [2]</b> 91/20 93/14</p> <p><b>study [8]</b> 62/17 91/24 101/17 102/6 103/20 104/4 104/6 104/16</p> <p><b>stuff [26]</b> 9/4 17/6 26/4 27/20 27/22 29/5 31/10 32/18 33/15 35/23 40/7 40/20 40/21 42/10 42/21 49/20 78/11 79/15 81/7 82/21 86/24 94/4 100/8 147/23 149/8 149/17</p> <p><b>sub [1]</b> 34/17</p> <p><b>subcommittee [1]</b> 159/13</p> <p><b>subdivisions [1]</b> 63/17</p> <p><b>subject [1]</b> 158/15</p> <p><b>submit [3]</b> 87/15 99/15 100/22</p> <p><b>submitted [1]</b> 87/12</p> <p><b>submitting [2]</b> 95/14 95/23</p> <p><b>subpoena [1]</b> 101/2</p> <p><b>subpoenas [1]</b> 101/5</p> <p><b>suburb [1]</b> 19/23</p> <p><b>such [1]</b> 124/17</p> <p><b>suddenly [1]</b> 62/1</p> <p><b>suggest [1]</b> 24/14</p> <p><b>suggested [2]</b> 24/15 94/21</p> <p><b>suits [1]</b> 31/10</p> <p><b>summer [1]</b> 6/4</p> <p><b>Sumpter [3]</b> 54/9 140/5 143/16</p> <p><b>sun [1]</b> 50/25</p> <p><b>Sunday [2]</b> 42/3 42/6</p> <p><b>Sunshine [2]</b> 158/2 159/5</p> <p><b>Super [1]</b> 60/20</p> <p><b>superfund [1]</b> 63/7</p> <p><b>superhighway [1]</b> 7/15</p> <p><b>superstructure [1]</b> 135/1</p> <p><b>supervisor's [2]</b> 136/3 136/10</p> <p><b>support [9]</b> 20/15 21/24 58/25 61/16 102/21 105/13 115/16 115/17 125/23</p> <p><b>supported [1]</b> 105/24</p> <p><b>supporting [1]</b> 14/20</p>
---	--	---

<p><b>S</b></p> <p><b>supposed [11]</b> 45/11 74/2 79/8 79/9 81/20 82/2 84/12 128/5 128/10 130/3 142/9</p> <p><b>supposedly [2]</b> 32/4 70/14</p> <p><b>sure [36]</b> 9/7 9/10 13/4 22/17 24/2 29/19 32/6 36/22 38/8 40/19 40/22 42/24 50/12 56/1 58/21 59/14 60/9 62/6 64/24 68/12 69/13 69/18 71/12 86/4 90/25 101/7 102/13 105/4 129/8 133/21 148/3 150/18 153/13 153/15 154/6 160/7</p> <p><b>Surgeon [1]</b> 7/2</p> <p><b>surprise [2]</b> 130/5 130/6</p> <p><b>surveillance [3]</b> 18/24 19/2 56/15</p> <p><b>survey [5]</b> 47/12 47/19 56/9 57/13 58/10</p> <p><b>surveyed [1]</b> 58/11</p> <p><b>surveying [3]</b> 32/7 33/22 63/7</p> <p><b>swap [1]</b> 134/18</p> <p><b>Sweden [1]</b> 112/18</p> <p><b>swipes [1]</b> 31/9</p> <p><b>switched [1]</b> 82/15</p> <p><b>switches [1]</b> 74/8</p> <p><b>switching [1]</b> 81/9</p> <p><b>symptoms [1]</b> 107/1</p> <p><b>system [32]</b> 9/23 15/4 15/5 37/25 53/19 53/21 60/4 87/13 87/19 97/8 101/16 107/23 109/18 110/7 119/15 120/7 120/9 120/22 129/12 129/12 132/5 132/8 139/6 141/1 141/8 141/9 142/15 143/6 144/22 146/18 146/24 147/11</p> <p><b>systems [11]</b> 86/6 108/5 109/17 110/15 110/20 137/23 139/9 139/13 146/4 148/10 149/6</p>	<p><b>teach [3]</b> 12/20 138/13 138/15</p> <p><b>team [13]</b> 12/13 24/19 49/20 50/15 59/4 62/13 67/4 67/11 67/25 68/11 69/20 122/3 122/4</p> <p><b>teams [15]</b> 12/5 49/9 49/24 50/17 50/19 51/8 51/19 53/16 59/13 59/22 60/2 60/17 60/24 61/10 68/13</p> <p><b>tech [9]</b> 80/14 94/24 95/4 95/6 95/9 116/14 117/11 117/16 151/3</p> <p><b>technetium [1]</b> 90/22</p> <p><b>technique [1]</b> 73/16</p> <p><b>technological [1]</b> 43/22</p> <p><b>technologies [1]</b> 77/8</p> <p><b>technologist [7]</b> 4/19 5/14 10/11 29/21 40/23 115/5 136/7</p> <p><b>technologists' [2]</b> 80/7 117/3</p> <p><b>technologists [14]</b> 10/17 34/15 34/15 115/4 115/21 116/11 116/15 117/14 122/21 123/2 126/2 127/18 130/21 132/9</p> <p><b>technology [18]</b> 10/2 18/15 31/3 76/23 78/12 80/24 92/16 114/24 115/1 115/14 115/16 117/6 121/4 123/20 132/16 134/20 147/16 147/17</p> <p><b>techs [9]</b> 95/2 115/24 116/6 116/8 116/9 117/4 119/17 120/9 120/17</p> <p><b>tedious [1]</b> 122/15</p> <p><b>teeth [2]</b> 101/24 102/2</p> <p><b>telethon [1]</b> 159/15</p> <p><b>telework [2]</b> 19/16 20/2</p> <p><b>teleworked [1]</b> 31/5</p> <p><b>tell [17]</b> 11/15 13/21 29/11 33/18 56/5 62/22 81/12 110/8 113/5 120/2 121/2 122/2 122/18 126/2 128/3 142/9 143/22</p> <p><b>telling [1]</b> 11/24</p> <p><b>tells [1]</b> 107/11</p> <p><b>Telluride [1]</b> 93/15</p> <p><b>temperatures [1]</b> 50/22</p> <p><b>temporary [3]</b> 124/20 125/16 125/19</p> <p><b>ten [10]</b> 7/25 14/3 36/15 38/12 61/24 74/24 85/15 90/6 104/2 140/11</p> <p><b>ten-day [1]</b> 38/12</p> <p><b>tend [1]</b> 158/12</p> <p><b>tends [1]</b> 50/11</p> <p><b>Tennessee [1]</b> 45/25</p> <p><b>term [2]</b> 7/5 49/23</p> <p><b>terminal [1]</b> 7/15</p> <p><b>terms [3]</b> 7/6 77/6 104/13</p> <p><b>terrorists [2]</b> 71/2 71/3</p> <p><b>test [11]</b> 7/13 73/17 73/19 73/23 73/24 78/6 88/25 121/22 125/14 125/17 139/19</p> <p><b>tested [1]</b> 73/8</p> <p><b>testing [9]</b> 18/2 31/3 40/8 72/23 73/10 73/12 78/23 90/14 134/13</p> <p><b>tests [1]</b> 73/6</p> <p><b>Texas [2]</b> 45/23 84/17</p> <p><b>texting [1]</b> 134/16</p> <p><b>than [22]</b> 14/7 25/6 58/7 61/23 62/7 63/12 64/3 64/11 69/3 70/5 75/4 95/25 99/9 99/11 103/17 104/24 115/13 116/16 131/4 131/10 137/24 140/11</p> <p><b>thank [20]</b> 5/25 6/23 7/11 8/11 10/5 15/9 23/25 39/12 39/13 43/7 62/9 62/23 62/24 63/2 64/14 120/18 122/13 122/17 130/16 161/2</p> <p><b>Thanks [1]</b> 149/11</p> <p><b>that [591]</b></p> <p><b>that's [115]</b> 8/19 9/23 10/3 10/18 12/14 12/19 14/14 16/6 18/4 18/18 18/20 20/4 21/11 22/2 22/7 23/7 23/10 23/18 25/18 25/20 25/22 27/3 27/17 27/19 29/11 29/15 29/19 30/5 32/5 32/8 33/15 34/7 36/17 38/4 42/9 45/17 46/7 47/8 55/12 60/21</p>	<p>64/12 65/22 66/4 66/25 68/3 68/8 68/12 68/18 69/8 69/16 69/20 69/22 69/25 70/16 70/18 74/1 74/9 75/21 77/8 81/17 84/22 86/11 86/12 86/20 87/5 88/1 88/19 88/22 89/4 89/7 91/16 92/10 95/17 95/18 97/14 99/16 100/9 100/13 101/2 102/15 103/1 104/10 104/20 106/12 107/15 110/11 112/9 113/8 113/8 113/16 116/13 119/25 120/15 122/5 124/21 124/23 126/7 126/23 129/19 134/16 135/11 137/25 143/6 143/22 146/19 148/14 148/22 148/23 149/3 149/20 149/25 151/20 152/25 154/21 155/12</p> <p><b>their [58]</b> 4/6 13/5 13/17 20/11 20/13 27/12 27/13 27/13 27/15 27/17 28/6 29/18 31/5 31/8 31/8 32/18 42/5 44/5 44/6 56/4 56/7 57/2 57/16 58/5 61/25 62/1 70/1 72/3 74/23 75/16 76/7 85/24 87/15 101/17 105/23 106/14 106/17 106/24 110/4 119/10 120/12 122/24 122/25 125/4 125/15 125/17 125/19 126/7 126/12 127/3 127/6 127/20 129/6 145/16 145/17 145/20 146/18 147/9</p> <p><b>theirs [1]</b> 127/9</p> <p><b>them [89]</b> 6/22 11/15 12/23 12/25 13/2 13/14 23/1 23/5 26/5 28/12 28/13 37/10 37/11 37/13 38/6 38/11 38/13 39/9 43/13 45/22 47/22 47/22 47/23 49/3 49/7 49/12 50/5 50/6 50/23 51/1 52/17 52/23 53/11 54/4 57/11 57/13 60/7 62/5 66/8 66/11 67/22 70/21 72/23 75/7 78/14 81/8 81/18 81/25 86/15 86/16 90/19 94/6 104/3 107/12 108/15 111/25 120/7 120/15 120/18 120/21 120/22 121/13 121/15 121/18 123/12 123/13 125/16 127/7 127/8 127/21 127/22 128/16 129/3 133/16 133/19 137/13 137/24 138/15 141/8 142/1 146/9 147/25 148/15 148/16 148/19 150/22 153/4 153/8 153/11</p> <p><b>themselves [2]</b> 15/13 31/25</p> <p><b>then [72]</b> 9/19 12/13 17/9 17/16 19/23 20/1 20/18 26/5 33/12 34/4 37/19 38/6 38/11 38/13 46/25 47/24 49/23 50/5 51/2 51/13 54/6 57/11 58/14 60/11 67/19 74/4 78/1 80/19 82/18 85/1 86/22 86/23 88/14 89/14 94/7 97/9 97/10 100/16 100/22 100/22 100/23 101/4 103/20 104/23 107/11 109/18 109/20 112/8 114/11 114/12 114/18 115/15 116/7 119/11 121/11 127/6 127/23 127/24 129/6 132/21 133/8 141/7 142/5 143/9 144/14 149/19 151/22 154/20 155/6 155/8 156/21 156/22</p> <p><b>therapist [1]</b> 131/22</p> <p><b>therapy [8]</b> 5/18 31/2 35/14 68/23 115/7 116/6 116/22 131/24</p> <p><b>there [127]</b> 7/24 11/19 12/6 12/8 12/16 12/19 14/24 15/8 17/1 18/3 19/4 19/12 20/1 20/8 20/14 20/19 22/13 26/15 27/7 27/14 27/15 29/7 29/9 29/16 30/1 31/21 32/21 33/9 33/23 34/16 35/1 36/5 39/6 41/3 41/6 42/14 42/20 43/15 44/20 46/8 46/10 46/16 47/2 48/6 48/8 48/20 48/23 49/1 50/23 52/23 59/3 59/6 61/4 62/5 62/9 63/4 63/16 65/24 66/14 67/20 70/18 71/4 71/10 74/9 74/11 75/4 75/7 75/24 77/14 78/16 79/16 79/24 81/14 82/24 84/17 87/4 87/5 87/13 90/5 91/10 93/9 94/20 95/13 98/16 98/21 98/22 101/3 101/22 102/15 104/14 105/20 106/14 109/16 110/15 110/20 112/9 114/6 116/19 116/24 117/25 119/1 119/3 122/4 123/22 125/23 127/5 128/2 131/6 131/7 132/17 133/4 134/1</p>
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<p><b>T</b></p> <p><b>there...</b> [15] 134/4 135/18 136/10 139/3 139/4 139/8 139/9 139/21 146/25 147/18 148/17 148/18 149/21 150/1 154/3</p> <p><b>there's</b> [81] 13/18 17/14 21/5 26/10 27/5 27/6 27/10 27/11 28/17 29/23 30/15 31/11 31/19 31/20 34/3 35/15 41/16 42/14 43/11 52/14 53/24 54/12 55/5 55/17 59/12 60/11 60/18 60/19 60/20 60/21 60/23 70/10 71/14 75/7 75/14 75/17 75/24 78/15 78/25 79/13 79/22 79/23 80/17 81/3 81/14 90/13 94/18 95/7 95/24 101/8 104/5 104/21 110/19 110/21 112/14 118/12 125/16 127/8 129/17 129/20 130/20 132/18 134/7 134/14 134/23 137/18 137/19 137/19 137/21 138/11 140/8 146/2 146/3 146/10 146/10 148/13 151/4 154/20 154/22 158/2 158/23</p> <p><b>Therefore</b> [1] 122/25</p> <p><b>thermal</b> [1] 59/9</p> <p><b>these</b> [50] 17/4 19/8 28/14 32/9 33/8 41/18 45/20 46/3 46/6 55/6 57/19 60/2 60/4 75/5 78/4 81/4 81/14 90/16 103/15 107/24 108/3 112/9 117/9 117/21 125/10 132/24 133/12 134/3 136/15 136/18 136/18 137/4 137/6 137/16 139/25 140/7 140/20 143/24 146/1 146/8 146/9 148/5 148/9 148/10 148/10 148/18 149/6 153/19 153/24 156/13</p> <p><b>they</b> [329]</p> <p><b>they'd</b> [1] 112/13</p> <p><b>they're</b> [41] 24/12 30/1 31/5 32/24 42/9 47/15 49/11 52/15 52/17 52/18 55/21 55/24 58/12 61/24 72/22 76/15 90/14 92/14 92/15 102/2 105/10 106/11 112/4 114/2 115/22 120/8 120/13 124/24 125/9 127/25 128/1 129/4 130/9 133/20 137/17 144/23 147/7 148/5 148/6 148/15 151/4</p> <p><b>they've</b> [5] 36/24 71/8 101/17 104/1 124/9</p> <p><b>thickness</b> [1] 77/22</p> <p><b>thing</b> [45] 9/18 32/12 35/24 36/3 37/9 42/1 48/5 51/24 58/5 61/21 63/3 63/13 68/5 74/4 76/5 76/7 76/9 77/14 77/19 77/20 77/21 81/11 90/24 91/16 91/18 92/14 92/15 95/23 97/1 99/14 101/5 102/3 105/16 107/22 109/11 112/16 130/8 132/22 134/22 137/7 138/22 141/11 145/10 148/11 149/20</p> <p><b>things</b> [43] 15/6 16/5 21/14 21/17 24/7 24/21 30/15 43/18 48/9 52/6 52/22 58/15 68/25 69/17 74/10 74/11 76/2 76/18 83/6 91/6 94/5 95/19 97/14 103/5 108/10 111/5 114/16 119/23 121/23 129/9 131/7 132/13 134/4 135/6 136/23 137/5 138/14 140/14 147/18 152/3 154/3 158/7 158/22</p> <p><b>think</b> [72] 7/10 10/9 13/16 14/14 14/15 16/6 22/13 24/20 38/18 39/17 41/12 45/2 45/17 52/14 54/17 58/23 65/3 70/13 71/18 71/21 72/3 74/19 75/24 77/2 78/22 80/23 83/20 88/15 94/8 95/12 95/22 101/23 102/3 102/7 102/24 103/3 103/7 103/15 107/7 108/16 109/10 115/18 122/15 123/6 127/17 129/11 130/3 133/20 135/9 136/8 136/15 140/5 142/25 143/13 145/25 146/3 146/15 146/15 147/19 149/12 151/15 151/25 152/8 153/18 153/19 153/21 154/3 155/5 156/20 156/23 160/9 160/19</p> <p><b>thinking</b> [2] 39/14 138/18</p> <p><b>thinks</b> [1] 154/9</p> <p><b>third</b> [2] 25/7 109/25</p>	<p><b>third-party</b> [1] 109/25</p> <p><b>thirteen</b> [2] 68/22 69/7</p> <p><b>thirty</b> [24] 9/14 21/5 32/4 37/17 38/3 38/6 41/23 42/18 42/22 46/14 47/4 47/24 48/6 85/4 86/11 86/20 89/19 90/11 121/9 121/15 121/17 127/10 131/19 147/19</p> <p><b>Thirty-minutes</b> [1] 41/23</p> <p><b>thirty-seven</b> [2] 9/14 21/5</p> <p><b>this</b> [208]</p> <p><b>Thomas</b> [2] 87/7 87/10</p> <p><b>Thorium</b> [1] 138/6</p> <p><b>Thoriums</b> [1] 144/1</p> <p><b>those</b> [90] 6/3 14/6 16/18 18/23 19/18 24/15 24/16 26/10 26/21 26/23 31/18 34/2 34/16 34/18 34/22 35/8 35/18 42/8 43/16 44/22 44/24 45/1 50/7 51/17 52/6 52/20 54/19 59/9 62/7 63/11 63/23 64/7 66/21 67/3 67/5 67/6 67/12 70/24 73/14 74/21 74/25 76/10 76/11 76/16 76/18 76/25 78/19 81/8 82/5 83/4 85/12 86/3 88/18 88/23 91/7 91/14 91/25 92/5 95/3 102/19 105/4 105/24 110/14 116/4 118/9 118/20 119/23 120/6 120/20 120/22 121/17 121/20 121/25 128/10 129/5 132/1 132/15 134/5 134/6 134/6 134/9 139/13 140/1 142/18 142/19 143/12 147/18 151/21 153/4 156/24</p> <p><b>though</b> [4] 70/25 73/3 96/1 144/3</p> <p><b>thought</b> [3] 16/11 109/10 144/25</p> <p><b>thousand</b> [7] 54/11 54/12 54/18 54/18 88/1 118/14 148/11</p> <p><b>thousands</b> [1] 33/3</p> <p><b>threat</b> [1] 60/22</p> <p><b>threatening</b> [1] 52/25</p> <p><b>three</b> [23] 6/20 16/19 16/22 17/4 23/16 36/16 36/23 40/12 41/10 47/21 52/11 84/15 84/17 85/17 120/2 120/3 120/23 123/8 135/20 135/24 146/3 157/22 160/8</p> <p><b>three-month</b> [1] 40/12</p> <p><b>thrilled</b> [1] 8/10</p> <p><b>through</b> [19] 6/24 9/5 15/5 58/4 84/9 87/12 107/25 112/7 112/7 119/4 121/3 124/11 129/3 141/21 151/3 151/13 154/15 154/18 160/12</p> <p><b>throughout</b> [4] 43/19 43/21 92/15 127/19</p> <p><b>throw</b> [2] 42/21 109/5</p> <p><b>thrown</b> [1] 40/11</p> <p><b>thugs</b> [1] 12/3</p> <p><b>thumb</b> [1] 142/14</p> <p><b>thus</b> [2] 68/22 69/7</p> <p><b>tic</b> [1] 134/15</p> <p><b>ticket</b> [1] 141/7</p> <p><b>tickets</b> [1] 153/17</p> <p><b>tie</b> [1] 25/24</p> <p><b>tight</b> [2] 138/16 145/7</p> <p><b>tilt</b> [1] 79/12</p> <p><b>Tim</b> [1] 4/10</p> <p><b>time</b> [58] 7/11 8/9 12/4 13/12 15/15 16/11 21/10 26/10 34/20 37/4 41/3 41/12 41/22 41/23 44/14 46/17 48/8 56/20 64/19 65/2 65/15 68/19 73/16 83/13 83/14 83/16 84/12 97/15 109/19 116/16 119/14 119/20 120/11 121/20 122/14 125/14 125/17 126/5 126/7 126/9 131/19 133/24 133/24 139/1 139/20 139/20 141/4 141/6 147/4 148/15 148/25 149/8 149/13 150/21 156/24 157/8 157/23 158/9</p> <p><b>timely</b> [3] 121/25 127/3 129/10</p> <p><b>timer</b> [1] 37/9</p> <p><b>times</b> [8] 23/16 87/13 97/14 98/5 104/2 112/22 122/19 127/17</p>	<p><b>Timothy</b> [1] 2/13</p> <p><b>tink</b> [1] 134/16</p> <p><b>titles</b> [1] 18/12</p> <p><b>TLDs</b> [1] 48/3</p> <p><b>TMH's</b> [1] 131/23</p> <p><b>TMJ</b> [1] 80/24</p> <p><b>today</b> [7] 68/2 110/7 115/2 117/11 121/3 125/9 125/13</p> <p><b>together</b> [12] 16/3 17/5 28/17 51/9 58/17 114/4 117/6 130/25 139/2 152/6 152/7 158/4</p> <p><b>told</b> [1] 128/15</p> <p><b>Tom</b> [1] 20/5</p> <p><b>tomorrow</b> [2] 125/14 131/17</p> <p><b>ton</b> [1] 75/6</p> <p><b>tons</b> [3] 75/7 123/3 123/4</p> <p><b>too</b> [8] 18/21 24/8 36/2 39/7 39/8 86/24 108/12 150/19</p> <p><b>took</b> [5] 9/19 18/12 61/8 116/14 143/18</p> <p><b>top</b> [7] 32/14 32/22 33/19 84/15 95/19 133/5 133/13</p> <p><b>topic</b> [4] 95/17 159/20 159/20 160/7</p> <p><b>Torres</b> [2] 136/13 141/20</p> <p><b>total</b> [9] 47/13 69/3 69/4 69/16 116/10 116/10 116/15 121/5 138/23</p> <p><b>totally</b> [2] 9/17 86/8</p> <p><b>touch</b> [1] 106/4</p> <p><b>tough</b> [2] 75/5 111/15</p> <p><b>towards</b> [4] 71/9 103/6 104/18 107/9</p> <p><b>towers</b> [1] 147/1</p> <p><b>town</b> [1] 22/12</p> <p><b>TQA</b> [1] 27/19</p> <p><b>track</b> [5] 27/24 36/22 83/20 109/16 110/1 110/2</p> <p><b>trackable</b> [1] 110/2</p> <p><b>tracking</b> [3] 97/9 110/10 112/12</p> <p><b>tracks</b> [2] 48/3 109/19</p> <p><b>trades</b> [2] 26/6 34/1</p> <p><b>traditionally</b> [2] 154/2 156/10</p> <p><b>trailer</b> [3] 50/15 50/17 51/1</p> <p><b>train</b> [6] 23/5 29/10 29/19 54/18 61/25 140/10</p> <p><b>trained</b> [5] 34/23 53/8 55/1 62/4 83/3</p> <p><b>trainer</b> [2] 11/22 11/23</p> <p><b>training</b> [25] 19/4 27/24 40/8 43/19 43/20 54/15 54/16 54/20 54/20 54/22 54/24 55/3 56/19 57/2 57/5 57/6 59/17 60/5 61/3 61/20 62/6 144/20 146/7 150/7 150/12</p> <p><b>trainings</b> [1] 56/22</p> <p><b>transcript</b> [1] 162/8</p> <p><b>transcription</b> [1] 51/17</p> <p><b>transit</b> [1] 71/4</p> <p><b>transition</b> [2] 15/6 81/3</p> <p><b>transmission</b> [2] 147/10 147/10</p> <p><b>transmit</b> [2] 51/9 51/20</p> <p><b>transport</b> [1] 70/24</p> <p><b>transportation</b> [3] 19/1 45/14 45/15</p> <p><b>travel</b> [7] 26/17 65/1 149/17 149/17 152/15 152/18 156/4</p> <p><b>travels</b> [1] 39/11</p> <p><b>treating</b> [2] 53/12 58/22</p> <p><b>treatment</b> [5] 45/8 69/1 69/1 69/2 69/10</p> <p><b>trees</b> [1] 89/10</p> <p><b>tremendously</b> [1] 124/13</p> <p><b>trends</b> [2] 75/25 111/2</p> <p><b>Triad</b> [1] 71/22</p> <p><b>tried</b> [4] 79/9 97/1 126/20 139/2</p> <p><b>trouble</b> [1] 159/4</p> <p><b>true</b> [5] 22/7 22/7 32/5 152/24 162/8</p> <p><b>truly</b> [1] 58/22</p> <p><b>trunk</b> [1] 42/21</p> <p><b>trust</b> [1] 41/2</p>
--	--	--

**T**  
**try** [19] 16/14 18/21 21/25 38/3 73/21 78/24 78/25 86/13 86/25 87/3 91/7 95/21 114/18 120/14 126/13 131/18 136/21 142/18 155/14  
**trying** [14] 7/13 19/8 61/24 100/9 104/8 105/2 111/14 116/3 124/16 132/2 135/13 137/24 143/23 157/18  
**tube** [1] 66/6  
**tubes** [4] 65/16 66/5 66/15 67/1  
**Tuesday** [2] 1/19 154/4  
**Tuesdays** [3] 154/5 154/6 154/9  
**Turkey** [7] 44/17 44/21 48/22 48/22 49/3 49/5 51/5  
**turn** [5] 23/24 37/9 47/14 63/23 153/8  
**turning** [2] 63/11 86/24  
**turns** [1] 159/3  
**twelve** [4] 11/25 56/21 153/21 153/22  
**twenty** [10] 7/22 38/12 47/13 47/16 47/18 48/7 58/7 60/25 90/11 100/8  
**twenty-acre** [3] 47/13 47/16 47/18  
**twenty-day** [1] 38/12  
**twenty-five** [1] 58/7  
**twenty-four** [1] 60/25  
**twenty-six** [1] 7/22  
**twice** [3] 58/11 94/22 123/8  
**twisted** [1] 135/3  
**two** [48] 7/24 22/8 23/16 34/21 35/14 36/16 36/23 37/1 46/10 47/21 48/8 48/20 48/21 48/22 48/23 54/18 55/25 55/25 63/8 68/25 70/11 73/4 84/16 89/4 89/17 100/21 102/9 106/23 117/6 119/21 120/4 120/24 123/7 125/4 126/15 132/19 136/16 138/22 140/6 143/19 146/1 146/3 146/10 147/12 148/24 153/3 158/14 158/20  
**type** [9] 24/22 43/24 44/12 51/12 72/15 110/14 128/10 128/16 139/5  
**types** [11] 10/17 14/18 30/20 32/14 46/2 56/8 57/15 57/17 66/7 111/3 128/16  
**typically** [11] 54/19 54/20 57/3 61/22 61/23 79/25 82/20 85/16 86/18 86/21 89/15

**U**  
**U-235** [1] 136/20  
**U.S** [2] 61/5 146/6  
**Uchenko** [1] 113/25  
**UF** [5] 11/19 12/5 12/21 107/13 107/18  
**UH60** [1] 146/8  
**Ulysses** [1] 58/25  
**Um** [1] 130/3  
**umbrella** [1] 135/7  
**uncomfortable** [1] 106/20  
**undefined** [1] 151/24  
**under** [6] 10/7 20/16 20/17 81/19 82/1 96/2  
**underneath** [2] 25/6 135/7  
**understaffed** [1] 41/3  
**understand** [4] 9/10 41/2 60/8 93/7  
**understands** [1] 9/7  
**Unfors** [3] 69/15 69/21 69/22  
**unfortunately** [4] 33/1 99/8 119/13 127/18  
**unique** [2] 24/21 24/22  
**unit** [11] 29/12 37/8 69/21 69/22 73/14 79/2 79/3 80/3 83/9 89/22 90/7  
**United** [3] 63/21 64/12 92/15  
**units** [23] 32/10 41/18 57/8 69/15 73/15 73/18 75/1 75/5 76/11 76/19 76/24 77/11 78/1 78/14 79/7 79/14 79/24 79/25 81/6 81/14 81/24 82/7 83/12

**university** [12] 4/25 5/18 9/16 9/17 9/20 9/21 9/22 11/16 11/23 13/8 13/9 40/5  
**unless** [7] 35/25 37/7 42/11 53/1 86/19 126/11 151/11  
**until** [13] 12/22 37/1 63/4 83/6 84/25 95/6 97/15 110/13 118/22 125/8 126/25 127/5 154/9  
**unto** [1] 31/25  
**unusual** [1] 138/12  
**up** [96] 14/8 15/25 16/1 16/15 16/18 20/10 21/6 21/25 27/2 27/6 27/13 28/24 29/25 30/15 32/3 32/21 32/24 33/4 33/6 33/6 34/18 36/14 37/11 39/16 42/21 43/6 46/11 46/21 46/24 51/11 51/15 51/18 52/1 53/5 53/7 55/6 55/13 57/13 58/17 65/17 65/24 76/7 77/14 79/17 82/7 83/21 83/25 84/17 85/15 90/8 91/12 94/5 97/17 98/5 98/13 101/11 101/16 113/19 114/22 114/25 116/24 118/6 118/8 118/23 118/25 119/8 122/18 123/18 124/10 127/7 127/8 131/6 133/16 133/19 134/15 134/21 138/10 140/19 141/4 141/18 143/16 144/3 144/6 144/13 144/17 145/9 146/13 146/20 148/15 148/18 149/14 152/13 158/19 158/21 159/2 159/7  
**up-tic** [1] 134/15  
**upcoming** [1] 65/21  
**update** [1] 119/15  
**updates** [2] 115/18 118/16  
**updating** [1] 78/16  
**upgrade** [1] 119/8  
**upgraded** [1] 74/23  
**uplink** [1] 147/7  
**upload** [2] 120/21 127/22  
**uploaded** [3] 129/2 129/4 130/12  
**uploading** [1] 128/5  
**uploads** [2] 129/16 129/22  
**upon** [2] 59/15 79/4  
**upset** [1] 50/25  
**uranium** [5] 70/12 70/12 70/25 136/17 138/6  
**Uranium-235** [1] 136/17  
**us** [71] 9/23 13/21 16/11 17/2 20/3 20/11 21/3 22/12 29/16 30/4 32/12 32/15 36/7 38/9 41/20 41/24 43/9 45/11 45/11 47/15 49/8 49/25 56/9 57/1 59/7 62/3 63/1 63/1 65/13 65/14 68/19 68/24 70/4 78/23 82/21 82/23 83/14 83/16 87/12 87/20 93/20 97/12 98/12 99/15 112/6 115/18 118/1 118/6 118/23 122/15 123/8 124/18 124/22 125/7 127/2 128/22 129/5 130/11 131/11 132/10 132/15 132/22 139/18 143/19 145/22 148/2 152/22 152/23 158/24 159/4 160/12  
**use** [35] 30/16 30/18 30/22 36/12 40/25 48/11 50/1 51/25 52/7 54/3 57/19 58/10 62/7 63/15 68/11 70/1 70/22 78/5 79/14 80/9 84/8 89/24 89/25 90/3 94/12 103/16 106/14 109/23 110/25 115/7 135/13 137/5 137/24 141/8 148/4  
**used** [16] 18/11 21/22 34/18 40/7 62/19 76/13 81/4 81/7 82/4 85/9 88/23 98/12 114/22 136/18 139/4 144/23  
**user** [14] 82/25 91/4 91/11 91/12 92/1 92/2 92/5 92/13 92/21 93/5 93/11 93/23 94/11 98/9  
**using** [10] 40/14 64/1 70/11 78/4 83/3 90/21 135/13 136/16 147/7 150/23  
**usually** [24] 7/6 10/23 11/1 11/1 12/22 26/15 28/11 29/4 29/22 29/24 30/4 30/6 36/2 37/6 37/25 38/4 55/25 82/10 109/24 128/7 131/15 154/5 154/12 156/21

**Utah** [2] 45/20 45/21  
**utilization** [1] 101/25  
**V**  
**VA** [2] 7/24 71/15  
**vague** [1] 98/16  
**value** [1] 73/23  
**van** [2] 50/3 50/5  
**vans** [1] 27/2  
**variable** [1] 73/16  
**variables** [2] 79/1 79/13  
**variations** [1] 143/25  
**varies** [2] 79/5 156/1  
**variety** [5] 16/4 44/10 57/15 61/10 61/19  
**various** [7] 14/17 44/14 46/2 57/17 136/23 137/10 139/2  
**VAs** [1] 84/11  
**vast** [2] 73/2 73/14  
**Vegas** [3] 139/7 139/19 140/21  
**vegetables** [1] 89/11  
**vegetation** [2] 44/11 44/12  
**vehicle** [5] 31/6 31/7 50/2 86/7 86/9  
**vehicles** [3] 27/15 50/1 137/11  
**vendor** [1] 68/5  
**vendors** [10] 10/20 40/2 40/9 41/2 68/6 70/21 71/7 71/8 71/22 110/21  
**venue** [1] 158/18  
**verification** [4] 119/22 122/22 124/7 125/8  
**verified** [3] 41/22 124/9 128/18  
**verify** [2] 120/11 122/12  
**Versa** [3] 129/19 129/20 130/3  
**versus** [9] 31/1 36/4 41/14 57/8 57/18 70/12 73/4 76/19 81/2  
**very** [52] 7/8 8/8 8/25 9/22 10/14 10/18 10/22 10/22 11/2 11/3 12/24 36/8 36/8 39/3 39/3 54/12 54/12 58/6 61/4 61/4 62/14 62/21 67/22 69/8 74/25 76/16 77/20 78/17 79/13 87/17 90/19 98/15 100/10 106/20 109/9 110/10 110/10 114/9 121/1 121/1 121/24 121/25 122/3 122/3 124/3 124/3 127/5 138/16 141/3 144/13 144/13 159/5  
**veterans** [1] 8/7  
**veterinarian** [1] 90/21  
**veterinary** [1] 78/5  
**via** [1] 158/11  
**Vice** [1] 2/2  
**Vice-Chairman** [1] 2/2  
**video** [2] 146/18 147/9  
**videos** [1] 58/7  
**view** [5] 67/16 74/6 130/21 137/15 138/4  
**Viktor** [1] 113/24  
**violation** [7] 38/1 74/20 74/21 87/17 87/24 88/2 118/1  
**violations** [10] 36/24 37/23 41/11 41/13 41/16 67/2 67/3 67/5 87/22 88/1  
**viruses** [1] 132/14  
**Visa** [1] 83/5  
**visit** [1] 36/20  
**visiting** [1] 91/11  
**visitor's** [1] 12/18  
**visual** [1] 67/15  
**volunteers** [1] 57/1  
**voting** [1] 159/6  
**vouchers** [1] 152/16  
**W**  
**wait** [6] 36/23 40/13 41/1 126/3 127/5 128/6  
**waiting** [2] 4/5 123/3  
**walk** [2] 12/17 27/12

<p><b>W</b></p> <p><b>walking [1]</b> 47/18</p> <p><b>walks [1]</b> 58/3</p> <p><b>wall [2]</b> 81/11 82/7</p> <p><b>Waiser [2]</b> 2/14 4/23</p> <p><b>want [43]</b> 12/1 20/23 28/19 40/22 42/13 42/15 43/23 52/15 56/9 62/24 64/23 64/25 73/7 74/3 86/14 86/15 86/16 86/22 90/24 91/6 92/9 97/3 97/4 98/10 100/16 106/5 109/5 113/1 113/19 135/22 137/2 142/2 143/1 148/21 149/14 151/11 152/13 152/15 152/22 153/10 158/10 158/23 159/18</p> <p><b>wanted [13]</b> 6/23 7/11 11/10 21/17 32/15 38/18 62/12 63/14 63/14 98/19 139/18 149/9 151/1</p> <p><b>wants [3]</b> 76/10 151/12 151/12</p> <p><b>Wars [1]</b> 77/12</p> <p><b>was [114]</b> 7/13 7/13 8/9 8/25 10/14 11/9 11/21 11/22 11/24 12/3 15/2 17/3 17/10 17/19 20/25 20/25 21/8 22/20 23/18 23/23 24/2 24/17 33/12 33/14 41/14 41/22 42/12 46/4 46/16 46/24 46/25 47/1 47/2 48/7 53/14 54/8 55/13 56/8 56/19 59/4 61/4 62/21 62/22 64/22 66/16 68/11 70/13 73/8 74/17 75/12 75/12 78/2 78/3 84/1 84/13 84/14 85/9 93/24 96/16 97/18 98/11 98/15 98/17 98/17 98/20 98/21 98/22 99/16 100/14 102/7 104/16 106/24 106/25 107/13 107/19 110/6 110/7 113/13 113/14 113/23 113/24 113/25 114/20 116/19 116/19 118/21 119/6 119/7 128/15 129/12 132/8 132/9 132/20 135/2 135/12 136/7 136/8 136/10 136/10 136/11 138/18 138/21 138/23 139/4 139/4 139/5 139/16 144/19 146/15 156/23 157/7 158/4 159/23 162/6</p> <p><b>Washington [1]</b> 92/17</p> <p><b>wasn't [5]</b> 24/2 70/14 72/5 101/18 107/3</p> <p><b>waste [7]</b> 19/1 45/5 45/7 45/8 45/15 45/23 45/25</p> <p><b>wasteland [1]</b> 31/19</p> <p><b>watching [3]</b> 123/18 123/18 147/9</p> <p><b>water [8]</b> 44/13 44/15 44/16 44/18 48/1 48/2 71/19 89/6</p> <p><b>Watts [1]</b> 132/5</p> <p><b>waved [1]</b> 29/18</p> <p><b>way [27]</b> 4/6 13/15 13/15 17/14 17/21 22/4 25/23 31/15 39/11 42/22 72/22 97/13 97/14 98/17 109/6 109/7 111/13 114/3 114/4 117/21 129/14 129/16 133/16 142/5 143/14 147/14 150/21</p> <p><b>ways [4]</b> 30/16 61/19 82/16 119/3</p> <p><b>we [579]</b></p> <p><b>we'd [1]</b> 11/6</p> <p><b>we'll [26]</b> 4/1 4/7 4/9 6/1 10/15 16/14 28/20 36/25 40/21 43/5 48/25 70/5 88/14 94/17 96/6 114/10 114/11 118/7 118/7 130/1 138/1 140/12 141/14 149/19 155/22 160/12</p> <p><b>we're [97]</b> 4/4 9/21 11/3 13/13 15/5 16/7 16/18 17/23 18/10 19/14 20/13 20/14 21/2 21/16 25/8 25/11 25/19 25/19 26/5 26/10 26/15 28/13 28/16 28/18 29/4 29/6 29/22 29/24 30/20 31/13 32/17 35/20 37/12 37/25 48/13 54/22 63/25 64/9 64/12 64/16 65/3 65/4 65/5 65/8 65/11 65/17 65/18 67/11 68/15 69/8 71/15 73/13 76/17 78/9 81/17 83/15 84/12 85/23 86/17 94/14 94/24 95/5 95/18 99/8 111/8 112/1 113/1 114/18 115/2 123/19 124/1 124/15 124/16</p>	<p>125/15 127/3 128/10 128/13 128/24 130/24 134/11 135/6 135/9 139/22 141/14 142/13 142/13 142/15 144/9 144/9 146/19 147/2 148/1 151/2 154/10 154/16 156/16 157/18</p> <p><b>we've [52]</b> 7/8 7/17 11/10 11/12 13/10 21/23 21/24 22/9 25/6 33/2 34/11 34/12 34/14 34/18 34/19 36/8 46/13 51/5 52/3 52/11 53/24 54/7 56/1 56/2 56/3 56/20 57/12 61/2 61/18 65/1 68/22 69/7 85/12 87/17 87/18 89/20 92/7 95/16 96/17 97/13 103/7 108/14 114/15 114/21 116/7 122/9 122/11 137/8 137/10 137/12 137/13 144/20</p> <p><b>weapons [1]</b> 140/17</p> <p><b>wear [1]</b> 18/8</p> <p><b>web [1]</b> 107/11</p> <p><b>week [6]</b> 22/14 44/16 44/25 69/4 154/24 155/4</p> <p><b>weeks [1]</b> 125/4</p> <p><b>weigh [4]</b> 75/6 79/3 79/5 147/19</p> <p><b>weird [1]</b> 114/4</p> <p><b>Welcome [3]</b> 4/3 16/2 100/25</p> <p><b>well [42]</b> 7/22 13/24 14/9 14/16 21/18 32/1 32/16 34/9 43/25 49/9 49/20 55/4 63/13 63/14 63/17 67/22 68/4 69/11 70/22 73/15 75/22 79/10 81/19 87/18 94/4 96/24 103/18 105/21 106/20 111/24 112/16 113/3 124/9 126/25 139/12 143/20 144/16 147/10 147/18 150/22 152/4 152/9</p> <p><b>went [6]</b> 7/6 29/17 29/17 64/19 97/24 118/25</p> <p><b>were [44]</b> 9/13 9/14 9/15 9/21 10/16 15/3 16/21 17/21 24/1 24/1 29/13 32/11 43/15 52/14 56/4 59/7 63/4 63/7 65/25 70/15 75/11 76/24 79/1 93/20 95/21 98/16 104/18 105/1 116/22 116/25 117/5 121/18 123/7 133/12 137/22 139/21 140/6 140/7 143/2 147/9 147/14 148/17 155/12 159/8</p> <p><b>weren't [2]</b> 99/3 135/22</p> <p><b>west [3]</b> 55/14 156/4 156/6</p> <p><b>western [1]</b> 64/12</p> <p><b>what [157]</b> 7/6 9/7 9/11 9/24 11/15 12/14 14/14 15/8 16/10 16/10 16/12 21/25 25/9 25/13 25/18 26/21 26/23 27/4 28/4 28/23 29/11 29/20 30/20 30/21 30/24 32/6 33/5 33/23 33/24 34/9 34/10 34/16 35/17 36/3 36/4 36/17 36/19 37/12 38/7 38/7 40/4 41/6 42/16 43/1 43/24 47/15 49/11 49/20 49/21 49/23 50/3 52/5 53/11 56/9 57/7 57/8 58/4 58/11 62/22 63/15 65/10 66/2 66/14 67/16 68/24 69/6 69/14 69/20 70/6 72/15 72/19 73/7 73/7 73/10 73/11 74/17 75/25 77/6 77/21 80/12 81/12 81/13 81/22 82/20 85/8 85/9 89/4 92/23 93/12 93/23 95/8 97/18 97/23 98/19 99/1 99/11 99/13 99/16 99/22 100/13 100/16 101/24 102/13 102/17 103/21 104/6 106/9 106/10 107/12 108/1 108/3 108/25 111/9 112/9 112/22 115/4 117/13 118/21 119/6 120/4 120/15 121/3 121/12 122/20 124/3 124/4 124/5 125/3 125/7 127/11 128/3 128/3 128/4 128/5 134/11 135/10 135/17 136/13 137/15 137/16 137/25 142/13 142/22 142/23 143/5 143/20 143/22 144/8 147/1 148/13 149/2 151/11 151/24 152/22 154/13 159/22 159/23</p> <p><b>what's [7]</b> 13/22 69/21 71/5 75/24 107/12 141/10 147/4</p> <p><b>whatever [13]</b> 27/13 74/7 75/16 77/16 77/23 81/5 83/2 90/10 90/11 98/14 127/21 127/23 130/12</p>	<p><b>when [68]</b> 9/19 12/3 20/12 26/13 28/18 29/25 30/1 32/12 32/14 32/25 33/1 34/1 35/18 36/6 38/9 40/4 41/9 41/21 43/22 48/6 48/14 48/15 49/11 50/19 50/23 55/5 55/8 62/1 69/14 70/1 70/24 71/4 74/2 74/6 84/14 87/14 92/25 93/1 96/21 102/16 103/10 104/16 104/19 107/10 112/1 113/13 116/14 118/22 119/2 119/22 120/12 128/4 129/19 135/19 136/4 136/24 141/14 142/17 144/7 144/25 147/8 147/22 149/6 149/18 155/12 158/3 158/7 158/10</p> <p><b>Whenever [1]</b> 138/22</p> <p><b>where [55]</b> 14/25 19/13 19/14 20/2 27/10 29/9 31/17 34/3 34/5 37/23 45/21 45/25 50/4 51/7 51/9 53/7 53/21 53/24 56/3 57/13 59/24 75/19 78/6 81/1 84/1 90/8 90/9 92/8 94/5 95/1 95/8 97/20 98/8 100/8 100/15 107/9 111/10 111/11 112/22 113/21 124/7 125/13 128/25 129/9 129/25 134/4 140/7 140/23 142/17 142/25 143/1 144/5 144/17 146/25 156/5</p> <p><b>wherever [1]</b> 92/9</p> <p><b>whether [18]</b> 30/17 30/17 46/22 47/1 49/9 49/10 49/13 49/15 49/18 49/21 53/23 54/2 77/24 88/15 108/20 117/25 121/10 160/2</p> <p><b>which [66]</b> 8/23 9/17 15/4 18/14 18/17 19/3 19/5 19/23 20/9 21/8 21/17 23/2 25/24 27/6 44/4 44/6 45/20 45/23 46/9 53/11 54/18 56/24 57/24 59/2 61/21 62/19 63/25 64/2 64/6 70/16 73/14 77/3 78/17 86/2 86/13 87/24 88/2 90/4 91/11 101/25 102/11 103/9 103/21 103/23 106/13 107/4 109/8 109/22 115/14 115/14 115/22 115/25 116/20 117/16 120/23 121/11 132/22 135/5 140/5 141/13 144/8 150/21 152/8 157/1 159/20 159/20</p> <p><b>while [4]</b> 73/21 124/24 149/4 156/9</p> <p><b>white [4]</b> 46/12 75/3 141/5 146/8</p> <p><b>who [51]</b> 14/23 20/5 22/21 24/2 34/18 37/3 38/18 45/6 50/7 52/20 53/15 55/24 56/2 56/6 58/22 58/23 59/13 70/10 70/19 70/24 71/4 72/11 80/22 83/7 87/10 93/2 93/25 97/20 98/12 101/7 101/16 103/22 103/25 113/23 113/25 115/7 116/4 117/23 122/5 132/15 133/12 134/9 136/7 137/22 138/20 141/4 141/22 145/13 150/20 156/12 156/24</p> <p><b>who's [9]</b> 14/6 72/5 89/21 100/17 130/23 131/2 136/13 144/10 145/12</p> <p><b>whoever [3]</b> 34/20 93/3 160/13</p> <p><b>whole [18]</b> 9/19 10/6 16/15 43/8 46/13 58/6 58/20 62/18 119/25 120/3 120/10 134/24 137/1 137/7 138/22 146/16 148/11 158/2</p> <p><b>whose [2]</b> 113/24 145/8</p> <p><b>why [13]</b> 10/3 55/21 70/16 75/21 78/3 78/4 78/5 106/12 131/6 131/13 132/2 136/12 155/20</p> <p><b>Wi [1]</b> 141/25</p> <p><b>Wi-Fi [1]</b> 141/25</p> <p><b>wide [1]</b> 62/17</p> <p><b>wider [1]</b> 140/25</p> <p><b>Wildlife [2]</b> 60/7 61/6</p> <p><b>will [45]</b> 6/21 8/14 16/16 19/15 20/5 20/12 21/18 24/13 24/15 24/18 37/11 38/12 39/4 42/20 43/8 53/9 54/21 55/18 60/1 62/4 81/12 82/25 83/20 90/3 90/5 90/7 90/15 104/7 104/12 106/10 110/1 110/8 112/3 117/23 118/6 119/16 120/2 120/14 121/2 127/21 127/22 130/13 133/10 148/2 150/19</p>
---	---	---

**W**  
**willful** [1] 36/1  
**William** [1] 2/12  
**Williams** [5] 2/13 4/9 4/10 72/7 156/14  
**Williamson** [4] 2/20 11/11 15/17 18/14  
**window** [1] 149/7  
**windows** [1] 133/13  
**Wings** [5] 53/18 54/8 114/19 138/17 139/1  
**wires** [1] 74/11  
**wise** [3] 42/8 81/17 108/10  
**wisely** [2] 103/20 105/23  
**within** [17] 9/16 9/21 9/22 14/9 18/23 23/14 32/4 38/1 38/3 40/12 42/18 63/8 66/24 67/3 67/7 86/11 90/5  
**without** [3] 17/2 40/23 124/4  
**won't** [3] 16/15 24/8 137/2  
**wonder** [4] 41/6 101/11 103/18 104/7  
**wondered** [1] 70/19  
**wonderful** [2] 7/10 39/10  
**wondering** [1] 131/13  
**work** [31] 11/18 12/5 12/10 26/5 26/12 27/2 27/11 28/20 32/9 32/21 34/6 46/21 46/24 52/20 54/7 60/7 60/8 61/23 65/15 68/6 77/16 89/2 105/3 107/13 122/3 122/4 125/18 127/16 128/23 136/3 137/8  
**worked** [5] 8/5 8/8 97/16 118/22 139/24  
**workers** [3] 14/19 88/8 106/3  
**working** [14] 45/18 49/24 53/4 77/5 104/18 107/19 118/5 119/15 121/7 124/16 126/25 131/5 132/14 142/11  
**workload** [2] 66/15 66/17  
**works** [9] 20/3 31/5 114/23 117/21 139/24 142/5 148/21 148/24 155/10  
**worksheet** [1] 153/14  
**World** [1] 60/21  
**worry** [3] 51/19 155/7 157/25  
**worst** [1] 87/24  
**would** [71] 8/12 11/7 11/15 16/11 18/16 22/21 28/19 35/13 35/15 37/10 49/5 53/15 57/19 60/22 63/16 64/10 64/11 64/21 66/21 67/3 73/14 74/20 77/11 78/23 79/12 79/20 81/1 81/5 81/11 89/22 93/25 94/10 95/22 99/13 100/11 101/7 102/10 102/19 103/15 104/8 105/2 105/6 105/13 105/25 107/22 108/8 108/17 109/8 118/16 121/11 121/24 122/14 122/15 122/25 123/16 124/6 124/17 126/18 128/3 136/21 138/19 139/14 140/9 147/17 148/8 151/10 151/16 154/23 156/5 158/15 159/10  
**would've** [1] 63/20  
**wouldn't** [9] 82/5 104/7 121/21 121/22 121/23 123/1 123/2 126/21 157/10  
**write** [4] 85/3 85/22 139/15 141/7  
**writing** [1] 100/4  
**written** [2] 28/3 132/20  
**wrong** [7] 8/15 27/1 68/25 69/1 69/1 102/3 113/12  
**wrote** [1] 132/9

**X**  
**x-ray** [57] 12/12 13/3 17/20 18/18 19/24 21/11 21/14 23/20 25/11 25/25 26/1 26/1 26/9 27/10 28/8 29/12 30/17 31/1 32/10 32/23 32/23 32/25 33/4 33/14 34/15 35/4 35/5 35/20 37/6 37/8 37/11 37/12 40/7 40/10 65/6 65/12 65/16 65/19 67/21 67/23 77/10 78/2 78/2 78/4 78/8 78/23 79/17 80/14 81/9 81/10 81/15 81/23 82/4 82/6 95/22 132/6 152/1  
**x-rays** [5] 74/15 75/20 76/24 80/22 115/8

**XL220** [1] 113/4  
**XL309** [1] 82/14  
**XR** [1] 110/19  
**XR-39** [1] 110/19  
**XR29** [1] 112/5  
**XRF** [1] 82/17

**Y**  
**yeah** [48] 7/16 11/4 27/23 31/24 32/4 32/6 33/21 35/7 35/11 40/10 40/17 42/18 64/24 71/3 71/14 71/24 72/24 74/19 75/2 78/22 79/7 80/8 93/8 93/17 93/22 95/21 96/9 98/3 99/7 99/20 100/7 100/9 101/1 107/18 108/23 110/23 112/16 113/11 113/18 113/21 122/23 125/3 129/7 130/10 152/12 153/22 155/14 160/15  
**year** [50] 12/3 15/3 15/6 22/6 23/15 23/16 30/14 35/12 45/3 45/16 45/18 48/2 48/14 49/1 49/3 49/4 49/5 51/7 54/19 54/24 55/1 55/16 56/12 56/22 59/5 60/12 64/4 66/1 68/21 68/22 69/7 70/13 84/13 84/20 85/13 90/17 91/13 105/14 110/18 116/25 118/13 119/6 126/14 127/19 131/23 135/5 136/19 139/19 146/7 160/10  
**years** [54] 7/22 7/24 7/25 8/4 9/14 10/10 10/18 11/6 11/20 11/25 11/25 13/6 14/3 15/2 16/9 16/22 17/4 23/8 33/18 35/14 36/15 36/16 36/16 36/23 46/14 47/4 48/6 62/16 63/9 70/11 72/18 73/5 74/13 74/24 75/19 76/23 85/15 85/17 94/25 103/3 104/2 104/7 107/19 116/3 116/8 116/14 122/20 131/24 132/11 135/3 137/11 137/12 152/7 152/8  
**yellow** [4] 46/16 137/19 152/21 153/13  
**Yep** [5] 10/8 16/1 83/23 126/17 127/14  
**yes** [23] 6/5 7/20 8/20 10/13 10/19 10/23 11/17 13/20 21/15 44/1 55/23 66/13 69/12 69/25 72/3 80/4 95/16 104/4 122/8 122/13 122/17 123/9 129/19  
**yesterday** [1] 138/21  
**yet** [4] 68/2 71/15 123/5 125/19  
**you** [425]  
**you'd** [3] 7/19 9/8 108/22  
**you'll** [3] 13/7 15/20 75/3  
**you're** [49] 7/18 8/15 8/22 13/22 14/14 15/11 16/6 35/2 36/7 36/22 38/9 40/25 41/1 41/3 43/6 49/24 51/16 51/21 54/5 58/1 79/8 79/9 79/11 82/7 83/2 86/19 91/8 91/8 92/20 93/13 93/14 98/18 100/5 100/8 105/8 105/16 107/9 111/14 112/11 123/17 126/25 127/11 127/15 131/13 136/4 143/18 143/24 158/6 159/18  
**you've** [14] 15/15 16/5 16/5 28/8 28/10 79/9 82/18 97/3 123/8 129/8 130/17 143/17 151/8 152/23  
**your** [60] 9/1 9/7 10/7 10/20 11/14 22/21 34/7 35/2 38/7 39/11 44/23 44/24 49/21 49/24 50/9 50/10 51/10 51/12 51/12 51/16 52/2 52/8 52/17 52/22 52/23 58/21 58/21 61/22 66/11 66/11 66/14 72/14 75/6 75/20 83/2 83/22 86/19 93/1 93/2 99/23 109/6 110/25 125/24 126/14 131/13 131/25 134/1 134/2 134/10 134/10 136/3 141/5 144/8 146/23 147/15 152/25 153/7 153/8 153/16 156/16  
**yours** [1] 127/11  
**yourself** [1] 159/6  
**Yvette** [12] 2/19 5/15 17/21 18/18 65/4 65/5 70/8 72/14 81/20 103/8 132/1 150/9

**Z**  
**zero** [3] 41/9 60/13 61/15

**zone** [1] 62/1