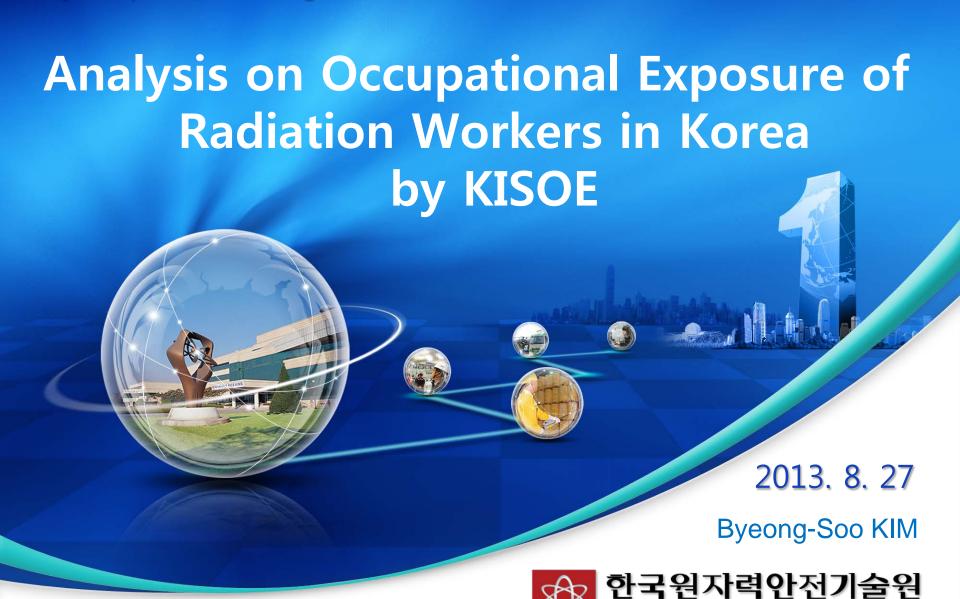
2013 ISOE International ALARA Symposium Tokyo, Japan, 27-29 August, 2013

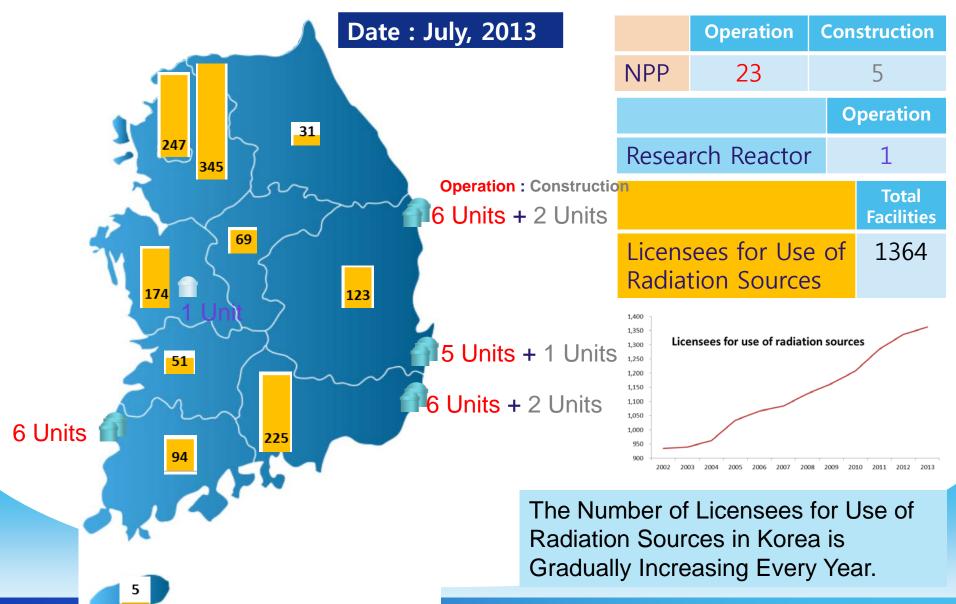


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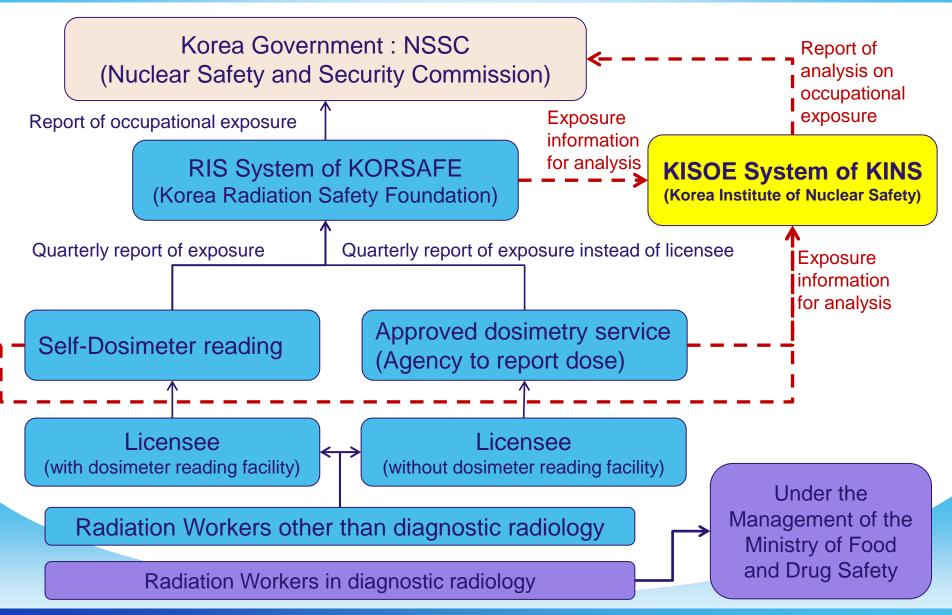
### **Contents**

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### 1. NPP & Licensees of Radiation Sources in Korea



# 2. Collection System of Dose Records in Korea



### 3. Brief Introduction of KISOE

#### 2002~2004

#### **Establishment of KISOE**

- Korea Information System on Occupational Exposure (KISOE) in KINS
- Development of KISOE for three years of 2002 ~ 2004
- Evaluation of Trends in Occupational Radiation Exposure for Assessment of the Effectiveness of Radiation Protection Program

#### 2005 ~

#### **KISOE** in Operation

- Annual Collection of Dose Records from Licensees or Approved Dosimetry Services
- Annual Analysis on Occupational Exposure of Radiation Workers in Korea
- Publication of Annual Reports

#### 2002~2011

#### **Analysis for 10 years by KISOE**

 In this presentation, analyses on occupational exposure in Korea are summarized for 10 years from 2002 to 2011.

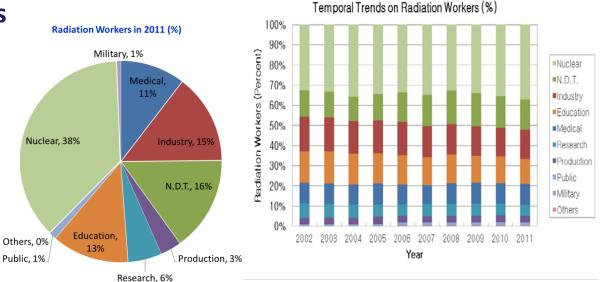
### 4. Radiation Workers in Korea (2002~2011)

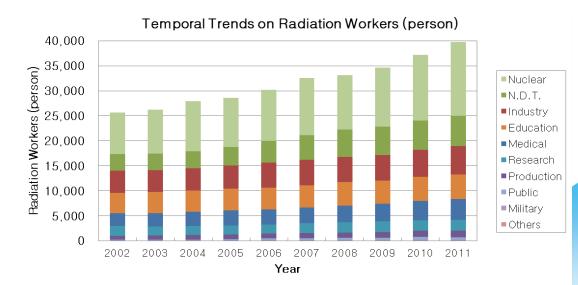
 Radiation workers works for Licensees that are classified into 10 types.

- Nuclear energy
- Non-Destructive Testing (NDT)
- General industry
- Education institute
- Medical use
- Research institute
- R.I. Production and distribution
- Public institute
- Military activity
- Others

### Number of Radiation Workers

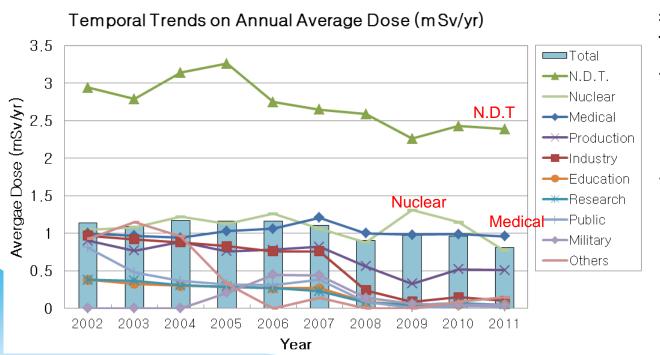
has increased about 5% annually.

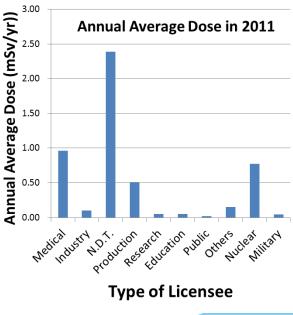




## 5. Annual Average Dose (2002 ~ 2011)

- The Highest average dose is in N.D.T.
  - 2~3 times higher than the Total Averaged dose.
- Trends between Nuclear Energy and Medical Use are similar.
  - Those are Around the Total Averaged dose.

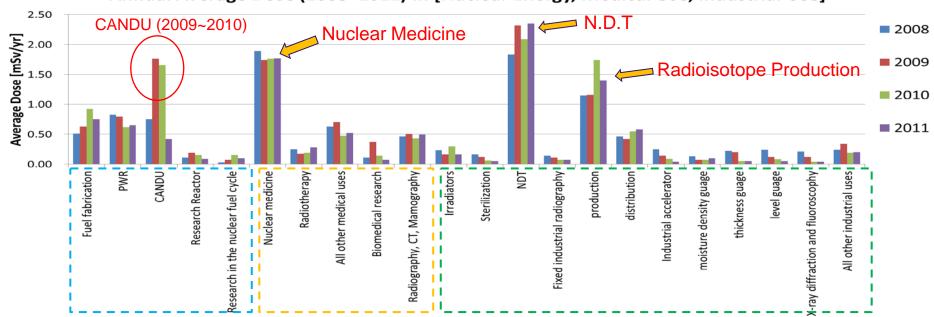




## 5.1 Detailed Annual Average Dose (2008~2011)

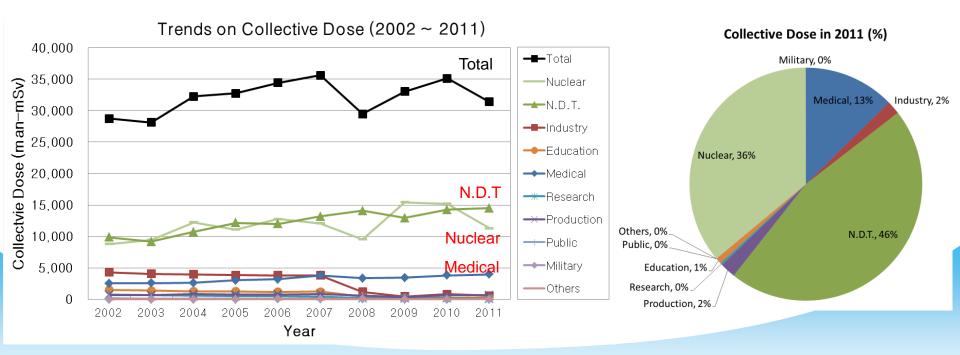
- Higher than 1 mSv/yr during (2008 ~ 2011)
  - CANDU, Nuclear Medicine, NDT & Production of Radioisotopes.
    - Replacement of pressure pipes in Wolsung Unit 1 (CANDU) was made during (2009~2010).
    - Radiation workers in Nuclear Medicine receive the highest dose in Medical Use area.
    - In Industrial Use, the highest doses are received in N.D.T. The 2<sup>nd</sup> highest dose in Radioisotope Production.





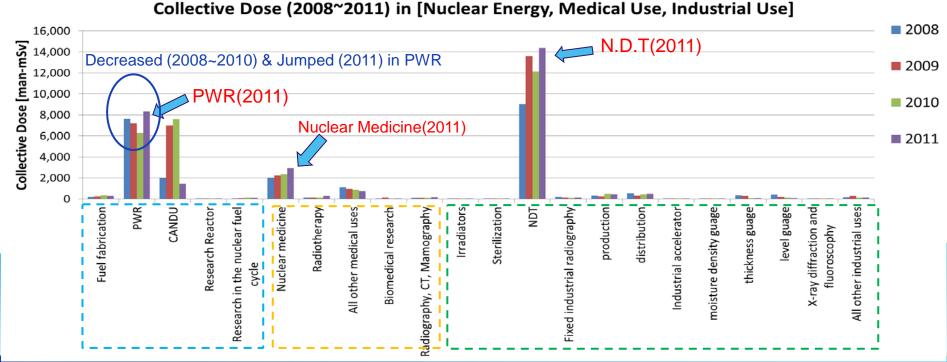
## 6. Trends on Collective Dose (2002 ~ 2011)

- Three types of licensees (Nuclear Energy, N.D.T & Medical Use) constitute the large majority of collective dose (beyond 90%).
  - Workers in those licensees (38%, 16% & 11%, respectively) are many and annual average doses (0.77, 2.39 & 0.96 mSv/yr, respectively) are higher than other type of licensees.
- Collective doses of other types of licensees are very small due to the low annual average doses, although workers are not a few.



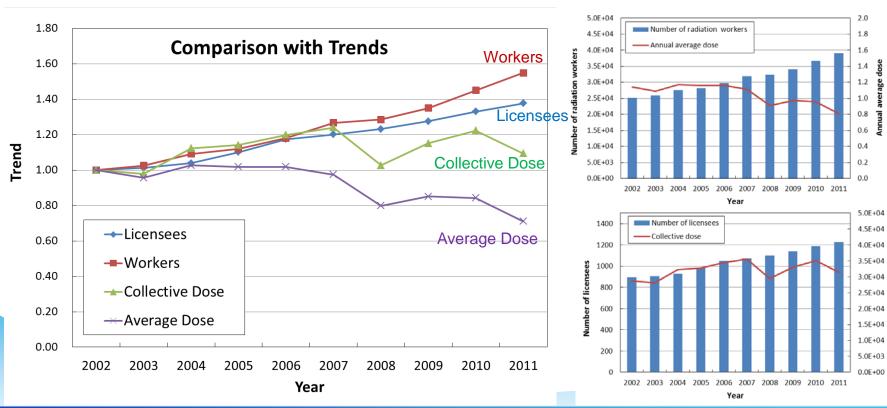
### 6.1 Detailed Collective Dose (2008 ~ 2011)

- Top 3 categories of collective dose in 2011
  - N.D.T > PWR > Nuclear Medicine
    - Workers in N.D.T are fewer than PWR, but average dose much higher.
    - Workers in Nuclear medicine receive a rather high level of average dose.
- Collective dose in PWR continued to decrease but jumped in 2011
  - Due to an increase of workers in new PWRs that began operation.



## 7. Overall Analysis on radiation protection program

- Numbers of licensees & radiation workers have increased.
  - Annual collective doses have been kept at the same level.
  - Annual average doses have continuously gradually decreased.
- These trends imply the continuous improvement of radiation protection programs in Korea.



### 8. Conclusion

- Analyses on Occupational Exposure of Radiation Workers in Republic of Korea were performed.
  - By use of KISOE system that collects dose records of radiation workers in various fields in Republic of Korea.
- Based on the analyses for (2002~2011), it is implied that radiation protection programs have been continuously improved in Korea.
  - Number of radiation workers has increased about 5% annually.
  - Nonetheless, annual average dose has continuously gradually decreased and annual collective doses been kept at the same level.
  - More concerns are needed for radiation workers in N.D.T. due to the highest average dose & collective dose.
- It is necessary to continue to improve KISOE system,
  - By collecting more detailed data about jobs of radiation workers.
  - By developing more sophisticated method for data analysis.

