



## Dose rate in a deactivated uranium mine

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### ABSTRACT

The Ore Treatment Unit is a deactivated uranium mine situated in Caldas, MG, BR. Although disabled, there are still areas considered controlled from the radiological point of view. In these areas, it is necessary to keep an occupational monitoring program. For area monitoring (AM), the dose rate, was measured with Geiger Müller (GM) area monitors or personal electronic monitors (PEM) and thermoluminescence dosimetry (TLD), along the years 2013 to 2016. For area monitoring (AM), 577 samples were recorded; for PEM, 2,656; and for TLD monitoring type, 5,657. The AM showed a mean dose rate of 6.42  $\mu\text{Sv}\cdot\text{h}^{-1}$ . 96 % of the samples were below the derived limit per hour for workers. For the PEM, the average of the data sampled was 15.86  $\mu\text{Sv}\cdot\text{h}^{-1}$ . 80 % of the samples were below the derived limit. Finally, the TLD showed a mean of 0.01  $\text{mSv}\cdot\text{h}^{-1}$  (TLD detection limit is 0.2  $\text{mSv}\cdot\text{month}^{-1}$ ). 98% of the registered values were below 0.2  $\text{mSv}\cdot\text{month}^{-1}$  and less than 2 % of the measurements had values above the limit of detection. The samples show areas with low risk of external exposure, as can be seen by the TLD evaluation. Specific areas with greater risk of contamination have already been identified, as well as operations at higher risks. In these cases, the use of the PEM is justified for a more effective monitoring. Radioprotection identified all risks and was able to extend PEM to all risk operations, even with the use of the TLD.

*Keywords:* Radioprotection, Occupational monitoring, Uranium mine.

## 1. INTRODUCTION

There are two main contributors to exposure to natural radiation: incident high-energy cosmic particles on the Earth's surface and radioactive nuclides that originated the Earth's crust and are present in the environment, including the human body. In addition, the practice, defined by the National Nuclear Energy Commission [1] as any human activity that introduces additional sources of exposure or routes of exposure or extends exposure to more people, may increase the individual's exposure to natural radiation to the point of exceeding levels recommended by accredited agencies for this purpose. One of the sectors with a high dose rate is the uranium mining plant [2-5].

Brazil possesses one of the largest uranium reserves in the world [6, 7]. Currently, the Brazilian Nuclear Industries (INB) has one mine in full extraction activity in Caetité, State of Bahia, one facility for the extraction of concentrate that is being implemented in Santa Quitéria, State of Ceará, and the Ore Treatment Unit (OTU) located in Caldas, State of Minas Gerais, whose extraction activities were closed in 1995. The latter has tailings and wastes that are sources of heavy metals that may cause a short or long term environmental impact. Even after deactivation, continuous evaluation of mines is essential because the construction of a database helps to assess the radiological impact on the environment [8, 9].

However, in Brazil, there is no regulatory control available to establish the basic nuclear safety requirements to be met during the planning and implementation of mining decommissioning of radioactive concentrate extraction, with only one standard for the decommissioning of nuclear power plants [10]. In order to minimize the undesirable effects of ionizing radiation, INB created and implemented an effluent treatment program and developed an environmental monitoring plan to verify whether effluent treatment actually mitigated impacts or maintained radiometric levels within the limits allowed by Brazilian legislation [11]. Periodically surveys are carried out in a variety of natures and, among the radiometric measurements such as personal monitoring, which aims at the need for continuous dose evaluation in the Occupationally Exposed Individual (OEI), according to Section 5.9 from CNEN-NN-3.01 Standard [1].

From the Regulatory Position PR:3.01/005, Section 3.3 [12], the necessary parameters for calculation of effective dose are found, according with the equation below.

$$E = H_p(10) + \sum_j e(g)_{j,ing} I_{j,ing} + \sum_j e(g)_{j,ina} I_{j,ina} \quad (1)$$

The effective dose E is the sum of the external effective dose to a depth of 10 mm in soft tissue [ $H_p(10)$ ] with committed effective doses due to the ingestion [ $\sum_j e(g)_{j,ing} I_{j,ing}$ ] and the inhalation [ $\sum_j e(g)_{j,ina} I_{j,ina}$ ]. This term of the equation can be inferred in different ways. In this work, were used the area monitoring with Geiger-Müller, the personal monitoring with electronic monitors and by TLD. This study aimed to analyze the area monitoring data, whose dose rate value is in  $\mu\text{Sv}\cdot\text{h}^{-1}$  and individual monitoring with electronic monitor also in  $\mu\text{Sv}\cdot\text{h}^{-1}$ , and to analyze the personal monitoring using TLD, whose dose value is in  $\text{mSv}\cdot\text{month}^{-1}$ . The data analyzed were collected during 2013-2016.

## 2. MATERIALS AND METHODS

In order to meet the Occupational Radiological Protection Program (ORPP) [13-15], the external exposure assessments were conducted in more than 70 areas at OTU areas, including deactivated mining and beneficiation areas, waste deposit areas (internal and external areas, including around near surface silos of waste) and in areas within the 4 hangars containing waste initial deposition. The dose rate was estimated using a Geiger-Müller (GM) detector MRA model GP-500, reading from 10 to 500,000 CPM or from 0.1 to 5,000 CPS, with external probe, 1 meter cable and direct reading capacity multiplied by 1,000 (x 1 to x 1,000 CPM and x 1 to x 1,000 CPS) or a personal electronic monitor POLIMASTER model, PM1703M1A, detector CsI(Tl) and GM tube, Sensitivity,  $100 (\text{s}^{-1})\cdot(\mu\text{Sv}\cdot\text{h}^{-1})^{-1}$  [ $1.0 (\text{s}^{-1})\cdot(\mu\text{R}\cdot\text{h}^{-1})^{-1}$ ], energy range 0.033 -3.0 MeV, 0.01  $\mu\text{Sv}$  - 9.99 Sv (1  $\mu\text{R}$  - 999 R), accuracy  $\pm (20 + K1/H+K2\cdot H)$  % in measurement range, 0.1  $\mu\text{Sv}\cdot\text{h}^{-1}$  - 10  $\text{Sv}\cdot\text{h}^{-1}$  (10  $\mu\text{R}\cdot\text{h}^{-1}$  - 1,000  $\text{R}\cdot\text{h}^{-1}$ ) and thermoluminescent dosimeters ( $\text{CaSO}_4\cdot\text{Dy}$ ) supplied by SAPRA LANDAUER LTDA, with detection limit of 0.2  $\text{mSv}\cdot\text{month}^{-1}$ .

### 3. RESULTS AND DISCUSSIONS

Table 1 presents the statistical results regarding the measurements for area monitoring with GM, personal monitoring with electronic dosimeters and TLDs. For the area monitoring with Geiger-Müller, the average of the measurements was below the derived limit for occupational Exposed Individual - OEI ( $10 \mu\text{Sv}\cdot\text{h}^{-1}$ ). For personal monitor, this average was higher than the derived limit. When we evaluated the monitoring with TLD, it was observed that the average was below the limit of detection of this technique ( $0.28 \mu\text{Sv}\cdot\text{h}^{-1}$  or  $0.2 \text{mSv}\cdot\text{month}^{-1}$ ). This average is a result of the large number of values below the detection limit that were considered zero.

Figure 1 shows the frequency histogram of the area monitoring. It appears that 60 % of the measurements were below  $0.5 \text{mSv}\cdot\text{h}^{-1}$ , 77 % of the measurements below  $1 \text{mSv}\cdot\text{h}^{-1}$  and 97 % below  $10 \text{mSv}\cdot\text{h}^{-1}$ . Of the 577 measurements performed, only 19 were above the value of  $10 \text{mSv}\cdot\text{h}^{-1}$ .

In Figure 2, the frequency distribution of individual monitoring with electronic monitors can be observed. 36 % of the measurements were below  $0.5 \text{mSv}\cdot\text{h}^{-1}$ , 53 % below  $1 \text{mSv}\cdot\text{h}^{-1}$  and approximately 80 % of the samples below  $10 \text{mSv}\cdot\text{h}^{-1}$ .

With respect to the TLD, in Figure 3, 97.4 % had zero dose value; 40 measurements were limited; 16 measurements among the 5,657 performed were above  $1 \text{mSv}\cdot\text{month}^{-1}$ , and 36 of these measurements were above  $0.50 \text{mSv}\cdot\text{month}^{-1}$ , with a maximum value of  $1.8 \text{mSv}\cdot\text{month}^{-1}$ . The mean dose value was  $0.0104 \text{mSv}\cdot\text{month}^{-1}$  and considering 12 months of work per year, the estimated mean dose was  $0.12 \text{mSv}\cdot\text{year}^{-1}$ . By averaging the measurements with values equal to or greater than the limit of detection, 135 measurements had mean dose equal to  $0.44 \text{mSv}\cdot\text{month}^{-1}$ . Considering 12 months of work per year, the estimated average dose was  $5.30 \text{mSv}\cdot\text{year}^{-1}$ , see Table 2.

### 4. CONCLUSIONS

The area monitoring can help to identify the radiological risks of areas due to external exposure. On average, the area dose rate monitoring ( $6.42 \mu\text{Sv h}^{-1}$ ) was below the derived limit from the dose rate for OEI ( $10 \mu\text{Sv h}^{-1}$ ). The maximum value of exposure rate ( $0.68 \text{mSv h}^{-1}$ ) pointed to an area where one could stay at the limit, less than one week of work per year (29.4 hours per

year). The frequency distribution of the area samplings indicated a low risk of external exposure, with approximately 60 % of the dose rate values lower than the limits derived from the public exposure rate ( $0.5 \mu\text{Sv h}^{-1}$ ).

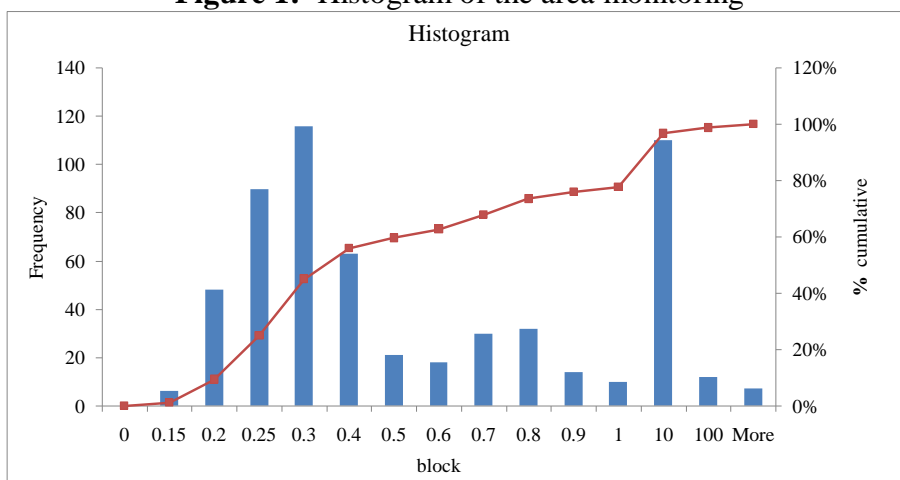
**Table 1:** Descriptive statistics for the area monitoring data

Parameters	Area monitoring (AM) with GM ( $\text{mSv}\cdot\text{h}^{-1}$ )	Personal electronic monitoring (PEM) ( $\text{mSv}\cdot\text{h}^{-1}$ )	Personal monitoring with TLD ( $\text{mSv}\cdot\text{month}^{-1}$ )
Average	6.42	15.86	0.01
Standard error	2.01	1.20	0.001
Median	0.32	0.90	N. D.
Mode	0.73	0.20	N. D.
Standard deviation	48.31	61.74	0.09
Sample variance	2,334.45	3,812.72	0.01
Curtose	117	126	170
Asymmetry	10.40	9.46	11.8
Interval	685	1,220	1.8
Minimum	0.13	0	0
Maximum	685	1,220	1.8
Count	577	2,656	5,657

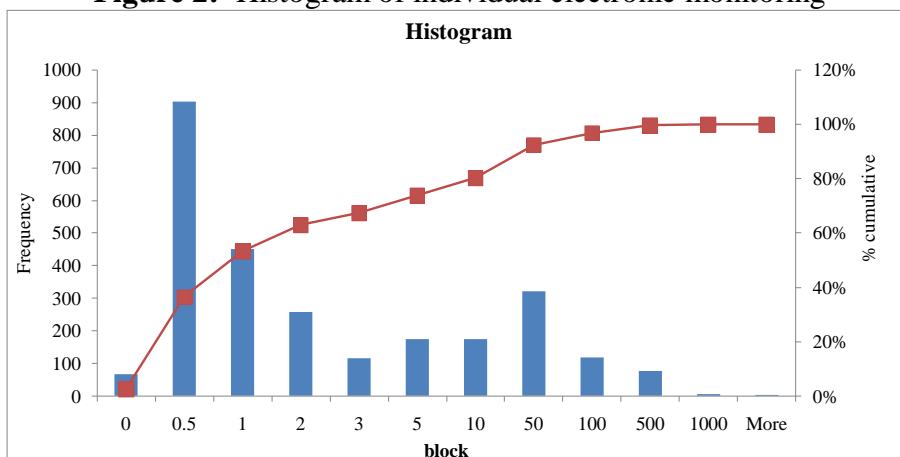
**Table 2.** A comparison of the average dose obtained with TLD dosimeter in some occupations

Reference	Occupation	Mean of dose ( $\text{mSv}\cdot\text{y}^{-1}$ )
Present work	Ore Treatment Unit (OUT)	0.12
[16]	Phosphate mine	11.6
[17]	Nuclear Power Plant	1.8
	Diagnostic radiology	0.045
[18]	Radiotherapy	0.006
	Nuclear medicine	0.292
[19]	Tokyo-New York (2,000 hour-travel)	11.4

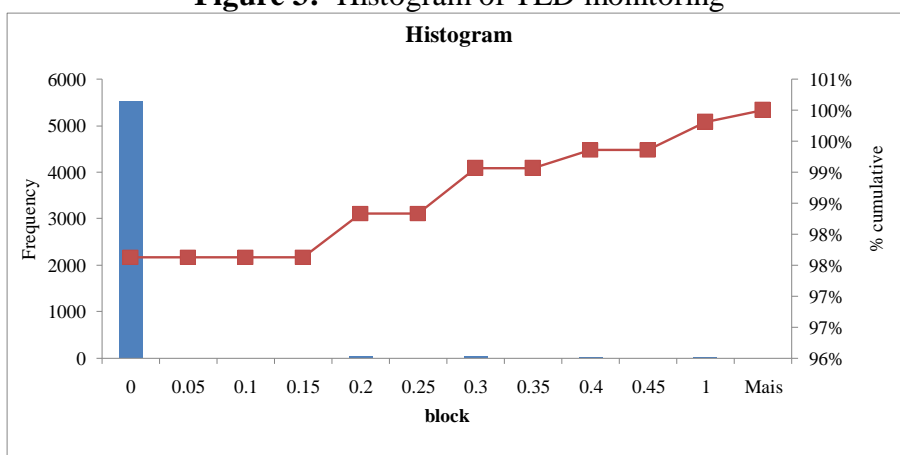
**Figure 1: Histogram of the area monitoring**



**Figure 2: Histogram of individual electronic monitoring**



**Figure 3: Histogram of TLD monitoring**



The TLD monitoring showed a large number of values below the detection limit of  $0.2 \text{ mSv h}^{-1}$  with 97,76 % and more than 98,81 % of the samples below  $1 \text{ mSv month}^{-1}$ , indicating low OEI exposure at the facility studied when compared to other situations, see Table 2. The estimated mean dose ( $0.12 \text{ mSv h}^{-1}$ ) again indicated a mean exposure to low radiation when the occupational exposure occurred.

The frequency distribution to the TLD values and the individual electronic dosimeter indicated a good management of these two samplings. The large number of null values in the TLDs (98 %) and the small percentage of values with a zero exposure rate in the electronic dosimeters (2.45 %) indicated that the electronic dosimeters were used as complementation of monitoring when the potential dose was identified.

Evaluating the data globally, the high frequency of low values pointed out that the installation offered low risks of external exposure. This conclusion does not mean to abandon the use of the monitors, as there are areas with high exposure rates ( $0.68 \text{ mSv h}^{-1}$ ).

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