

Making Changes to Dose-Related Information Filed with the National Dose Registry

More information on the following Procedure and Dose Information Change Request Form is available in the Canadian Nuclear Safety Commission (CNSC) Regulatory Standard S-260, available at

http://www.nuclearsafety.gc.ca/eng/regulatory_information/documents/current_docs.cfm.

Dose Information Change Request Procedure

When submitting a request for approval to the CNSC to make a dose information change to a dose record in the National Dose Registry (NDR), the user shall undertake the following procedure:

1. The user shall provide the following information in “Section A – Licensee Declaration” of the Dose Information Change Request Form provided in Appendix B:
 - a) dosimetry service name and Group or Account Number that refers to the number of the account assigned to the licensee by the dosimetry service;
 - b) company name that appears on the dosimetry service dose report;
 - c) licensee name that appears on the CNSC licence;
 - d) name of the worker and his or her social insurance number;
 - e) serial number of the dosimeter that is shown on the original dose report, if applicable;
 - f) wearing period or monitoring period (e.g., 03/01/01 to 03/03/31) as listed on the original dose report, if applicable;
 - g) investigation report, as described in the next section; and
 - h) requested dose information change.
2. The Radiation Safety Officer or delegate shall complete, date and sign “Section A – Licensee Declaration” of the Dose Information Change Request Form.
3. The worker whose dose information will be affected shall sign and date “Section B – Worker Declaration” of the Dose Information Change Request Form.
4. The user shall mail the completed Dose Information Change Request Form and any attachments to the relevant CNSC licensing personnel (see Appendix A for contact information).
5. The user shall inform the affected worker of any change to the dose information.

Investigation Report

The user shall conduct an investigation of the event that prompted a request for a dose information change and summarize the information in an investigation report. The report shall contain the following information:

1. reasons for requesting the dose information change;

2. description of the circumstances and time frame involved;
3. calculations to support the request, when applicable;
4. copy of the relevant section of dosimetry service dose report; and
5. other relevant information, as determined by the CNSC licensing specialist, (e.g., a brief description of the person's work history and dose history).

APPENDIX A CNSC CONTACT INFORMATION

Canadian Nuclear Safety Commission
Central Regional Office
P.O. Box 1046, Station B
280 Slater Street, 9th Floor
Ottawa, Ontario
K1P 5S9
Ph: 1-888-229-2672
Fx: (613) 995-5086

Canadian Nuclear Safety Commission
Uranium Mines and Lands Evaluation
Saskatoon Office
101 22nd Street E., Suite 307
Saskatoon, Saskatchewan
S7K 0E1
Ph: (306) 975-6376
Fx: (306) 975-6387

Canadian Nuclear Safety Commission
Bruce NGS-A Site Office
Technical Building
P.O. Box 3000
Tiverton, Ontario
N0G 2T0
Ph: (519) 361-3089
Fx: (519) 361-7507

Canadian Nuclear Safety Commission
Bruce NGS-B Site Office
P.O. Box 4000
Tiverton, Ontario
N0G 2T0
Ph: (519) 361-4010
Fx: (519) 361-7207

Canadian Nuclear Safety Commission
Pickering NGS-A & B Site Office
1675 Montgomery Park Road, Gate 1
Admin Building
Pickering, Ontario
L1V 2R5
Ph: (905) 831-8195
Fx: (905) 831-9849

Canadian Nuclear Safety Commission
Point Lepreau Site Office
P.O. Box 600
Lepreau, New Brunswick
E5J 2S6
Ph: (506) 659-2220
Fx: (506) 659-2418

Canadian Nuclear Safety Commission
Darlington NGS-A Site Office
P.O. Box 4000
Bowmanville, Ontario
L1C 3Z8
Ph: 1-800-263-8009 (7758) (from Ontario)
(905) 623-6670 (7758) (from other provinces)
Fx: (905) 623-5963

Canadian Nuclear Safety Commission
Gentilly-2 Site Office
4900 Bécancour Boulevard
Bécancour, Quebec
G9H 3X3
Ph: (819) 298-4334
Fx: (819) 298-2867

APPENDIX B DOSE INFORMATION CHANGE REQUEST FORM

Table 1 provides information to be used to complete section 6b) of the Dose Information Change Request Form.

Table 1 – Source of Committed (Internal) Dose and Associated Reference Number

Radionuclide or Compound Containing a Radionuclide	Reference #
Americium- 241	1
Carbon-14 dioxide	2
Carbon- 14 particulate	3
Cerium- 144	4
Cesium- 137	5
Cobalt- 60	6
Iodine -131	7
Iodine- 125	8
Iron-59	9
Strontium- 90	10
Technetium- 99m	11
Tritium oxide	12
Tritium gas	13
Uranium ore dust	14
Uranium natural (U-238, U-234, U-235)	15
Zirconium/Niobium 95	16



PROTECTED B once completed

Dose Information Change Request Form (page 1 of 2)

Once the form is complete, mail it to the relevant CNSC licensing personnel.

A – Licensee Declaration (All fields required except those indicated with asterisk (*); please check or fill in all information)

- 1) Dosimetry service name: _____ Group or Account Number: _____
- 2) a) Company name as it appears on dose report: _____
b) Licensee name as it appears on the CNSC licence: _____
- 3) Name of the worker: _____ SIN number: _____
- 4) Serial number of the dosimeter, as listed on the original dose report, if applicable: _____
- 5) The period of time the dosimeter was worn or the monitoring period, as listed on the original dose report, if applicable _____ to _____ (format: yy/mm/dd)
- 6) Effective dose: investigation report attached Y N
 - a) Change the external component of the effective dose¹ from _____ mSv to _____ mSv
 - i) Type of radiation: photon neutron
 - b) Change the committed (internal) dose from _____ mSv to _____ mSv
 - i) Radionuclide reference number²: _____
 - c) Change the radon progeny exposure from _____ WLM to _____ WLM
 - d) Other change (specify: _____) from _____ mSv to _____ mSv
- 7) Equivalent dose: investigation report attached Y N
 - a) Change the skin dose from _____ mSv to _____ mSv
 - b) Change the hand and feet dose from _____ mSv to _____ mSv
 - c) Change the lens of eye dose from _____ mSv to _____ mSv

Radiation Safety Officer or Delegate

Dr. Mr. Mrs. Ms.

Given name: _____ Initial*: _____ Surname: _____

Signature: _____ Date: _____ Phone number: _____

E-mail address*: _____ Fax number*: _____

¹ Sometimes referred to as whole body dose

² See Table 1 - Source of Committed (Internal) Dose and Associated Reference Number provided in this appendix

PROTECTED B once completed

Dose Information Change Request Form (page 2 of 2)

B – Worker Declaration (All fields required except those indicated with asterisk (*)); please check or fill in all information)

Dr. Mr. Mrs. Ms.

Given name: _____ Initial*: _____ Surname: _____

Serial number of the dosimeter: _____

I have been informed of the requested change to my dose information. I accept this change, and understand its implications.

Signature: _____ Date: _____ Phone number: _____

E-mail address*: _____ Fax number*: _____

FOR CNSC USE ONLY:

Directorate/Year/Licence number:

/ /

Request number:

Request reviewed by:

Dr. Mr. Mrs. Ms.

Given name: _____ Initial*: _____ Surname: _____

Signature: _____ Date: _____ Phone number: _____

E-mail address*: _____ Fax number*: _____

Comments: _____

Approved by:

Director

Dr. Mr. Mrs. Ms.

Given name: _____ Initial*: _____ Surname: _____

Signature: _____ Date: _____ Phone number: _____

E-mail address*: _____ Fax number*: _____