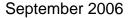


# **Annual Compliance Reporting Form**

# **Licensed Activity:**

operate a research or an industrial particle accelerator facility (519)





## ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a research or an industrial particle accelerator facility (519)

1.	CNSC Licence Number:						
2.	This Annual Compliance Report is	for the 12 month period ending:	(yyyy/mm/dd)				
3.	Licensee Information						
	Licensee Name:						
	Head Office Address:						
	City:	Province/State:					
	Country:	Postal/Zip Code: _					
4.	Radiation Safety Officer/Licence Contact Person						
	Name:						
	Mailing Address:						
		City: Province/State:					
	Country:	Postal/Zip Code:					
	Telephone	e: Facsimile:					
	E-mail ad	ldress:					
5.	Alternate Contact Person ( <i>if applica</i> Name:	rable)					
	Telephone	e: Facsimile: _					
	E-mail ad	ldress:					
6.	Financial Contact Person (if application) Name:	cable)					
	Position Title:						
	Mailing Address:						
	(if different from above) C	City: Province/State:					
		Postal/Zip Code:					
		e: Facsimile:					
	E-mail ad	ldress:					

If the space allotted in this form is insufficient, please attach additional pages in the format shown.

## 7. Radiation Protection Program

Provide information on any changes made to the radiation protection program, including changes to policies or procedures, on a separate sheet and submit it with this report.

#### 8. Incidents and Unusual Occurrences

List all incidents and unusual occurrences not previously reported to the CNSC during the reporting period

Date of event	Type of event	Nuclear substance (if applicable)	Radiation device or prescribed equipment (if applicable)

**9.** Provide a summary of the annual effective whole body radiation doses received by Nuclear Energy Workers (NEWs) and non-NEWs during the reporting period. Provide the information in detail, as shown below:

	Number of workers in each effective dose (mSv) category					Dosimetry service provider <sup>1</sup>	Maximum individual dose (mSv)
	<0.50	0.50 to 1.00	1.01 to 5.00	5.01 to 20.00	>20.00		
Number of NEWs							
Number of non- NEWs							

<sup>&</sup>lt;sup>1</sup>Enter the name of the dosimetry service provider. If a dosimetry service provider is not used, provide brief details on how dose estimates were derived.

#### 10. Workload

Provide a summary of the workload produced from the prescribed equipment in various modes of operation during the reporting period in detail as shown below. If the workload exceeded the approved annual workload for the prescribed equipment, please show that the radiation exposures to workers and others remained within the design targets.

		Class II equipment	, room & serial num	ber			
Beam	Energy range (eV)	Current range (A)	Experiment*	Number of hours			
•		SE; RBS; ion implanta  Radiation Safety Off		et Person			
I,							
Title:							
Date:							

It is an offence under the Nuclear Safety and Control Act to knowingly make a false report.