



Annual Compliance Reporting Form

Licensed Activity:

operate a medical accelerator facility (522)

September 2006

ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a medical accelerator facility (522)

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: _____
 - (if different from above) City: _____ Province/State: _____
 - Country: _____ Postal/Zip Code: _____
 - Telephone: _____ Facsimile: _____
 - E-mail address: _____

5. Alternate Contact Person (if applicable)
 - Name: _____
 - Telephone: _____ Facsimile: _____
 - E-mail address: _____

6. Financial Contact Person (if applicable)
 - Name: _____
 - Position Title: _____
 - Mailing Address: _____
 - (if different from above) City: _____ Province/State: _____
 - Country: _____ Postal/Zip Code: _____
 - Telephone: _____ Facsimile: _____
 - E-mail address: _____

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 ¹	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							

¹Enter 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 radiation exposures to workers and others remained within the design targets.

Class II prescribed equipment	Room	Serial number	Operating mode		Workload per year at isocenter							Approved annual W ₀ (isocenter)
					Treatment			Dosimetry QA	Maintenance servicing	Research	Totals	
					Conventional	IMRT	TBI					
			Electrons	Gy								
				MU								
			Low energy photons	Gy								
				MU								
			High energy photons	Gy								
				MU								
			Electrons	Gy								
				MU								
			Low energy photons	Gy								
				MU								
			High energy photons	Gy								
				MU								

11. Declaration by Radiation Safety Officer/Licence Contact Person

I, _____ (print name), having the authority to act for the licensee pursuant to section 15 of the *General Nuclear Safety and Control Regulations*, certify that all statements and representations made in this Annual Compliance Report and any supplementary pages appended to this report are true and correct to the best of my knowledge.

Title: _____

Date: _____

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