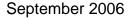


# **Annual Compliance Reporting Form**

# **Licensed Activity:**

operate a medical accelerator facility (522)





## 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 A	ddress:								
		City:	Province/State:							
			Postal/Zip Code:							
4.	Radiation Safety Office Name:		n							
			Province/State:							
	(ij dijjereni jro		Postal/Zip Code:							
			rostal/zlp code: Facsimile:							
			racsimile.							
5.	Alternate Contact Perso Name:	n ( <i>if applicable</i> )								
		Telephone:	Facsimile:							
6.	Financial Contact Perso Name:									
	Position Title:									
	Mailing Addre	ss:		_						
			Province/State:							
			Postal/Zip Code:							
			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:

		er of wor mSv) cat		each effe	ective	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.

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#### 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.

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

#### 11. Declaration by Radiation Safety Officer/Licence Contact Person

I,	(print name), having the authority to act for the
•	al Nuclear Safety and Control Regulations, certify that all Annual Compliance Report and any supplementary pages 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.

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