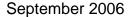


Annual Compliance Reporting Form

Licensed Activity:

operate a consolidated medical accelerator facility, without servicing (525)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a consolidated medical accelerator facility, without servicing (525) 1. CNSC Licence Number: 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. Inventory

Provide detailed information for all:

- Class II prescribed equipment containing sealed sources;
- radiation devices containing sealed sources; and
- sealed sources that are not contained in radiation devices.

Prescri	Prescribed Equipment			Sealed Source						
Manufacturer	Model	Serial Number	Manufacturer	Model	Serial Number	Nuclear Substance	Nominal Activity ^a Bq	Reference Date ^a (YYYY/MM/DD)		

^a The activity of the nuclear substance in the sealed source on the reference date (date when the activity was measured).

8. 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.

9. 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)

^b The address of the location where the sealed source (whether in or outside of the equipment) resides at the time of the report. In the case of field operations with sealed sources, enter the storage location.

10. 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) ca		each effe	ective	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.

11. If required to monitor workers for extremity exposures, provide a summary of the extremity doses received by NEWs and non-NEWs during the reporting period. Provide the information in detail, as shown below:

		er of workers lose (mSv) o		Dosimetry service provider	Maximum individual dose (mSv)
	<50	50.1 to 100	>100		
Number of NEWs					
Number of non-NEWs					

12. Medical Accelerators 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.

						V	Vorkloa	d per yea	r at isoce	nter		
و					Т	reatme						Š
Class II prescribed equipment	Room	Serial number	Operating mode		Conventional	IMRT	TBI	Dosimetry QA	Maintenance servicing	Research	Totals	Approved annual W _o (isocenter)
			Electrons	Gy								ļ
				MU								
			Low energy photons High energy	Gy								
				MU								
				Gy								
			photons	MU								
			Electrons	Gy								
				MU								
			Low energy	Gy								
			photons	MU								
			High energy	Gy								
			photons	MU								

13. Radioactive Source Teletherapy 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 in Gy per year at isocenter							
_			Treatment						W _o (Gy		
Class II prescribed equipment	Room	Serial number	Conventional	ТВІ	Dosimetry QA	Maintenance servicing	Research	Totals	Approved annual vat isocenter)		

14. Stereotactic Source Teletherapy 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.

			١	Norkload in Gy	per year at iso	center		Wo
Class II prescribed equipment	Room	Serial number	Treatment	Dosimetry QA	Maintenance servicing	Research	Totals	Approved annual W (Gy)

15. Brachytherapy Remote Afterloader 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	in Gy per ye	ear at 1m		٥
Class II prescribed equipment	Room	Serial number	Treatment	Dosimetry QA	Maintenance servicing	Research	Totals	Approved annual W _o (Gy at 1m)

16. Inventory for Intravascular Brachytherapy and Workload

Inventory:

For all sources or source cartridges that were in your possession under your licence during any portion of the reporting period, please provide:

			7. 0	_		70		Source is currently (select one)			
	ırer		urec /dd,	number	 Bq)	iire			Tra	nsferred	
Isotope	Manufacturer	Model	Manufactured date (<i>yyy/mm/dd</i>)	Serial nun	Nominal activity (B	Date acquired	In device	In storage	Transfer date	Licence number of recipient	

Workload:

Provide a summary of the workload produced from the prescribed equipment during the reporting period in detail, as shown below.

Class II prescribed equipment	Total number of treatments performed during reporting period	Approximate total exposure duration (minutes)

7. Deciaration by Radiation Safety Officer/Licence Contact Person
(print name), having the authority to act for the icensee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all tatements and representations made in this Annual Compliance Report and any supplementary pages ppended to this report are true and correct to the best of my knowledge.
Citle:
Date:

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