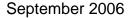


# **Annual Compliance Reporting Form**

**Licensed Activity:** 

operate a pool type irradiator facility (538)





### ANNUAL COMPLIANCE REPORTING FORM

## Licensed Activity: operate a pool type irradiator facility (538)

1.	CNSC Licence Numbe	r:		
2.	This Annual Compliane	ce Report is for the 12 month	period ending:	_ (yyyy/mm/dd)
3.	Licensee Information			
	Licensee Nam	e:		
	Head Office A	Address:	D : /G	
			Province/State:	
		Country:	Postal/Zip Code: _	
4.	Name:			
	(if different from	ess: om above) City:	Drovingo/State:	
	(у аујегет уго		Postal/Zip Code:	
			Fostal/Zlp Code Facsimile:	
		E-mail address:	racsillile.	
5.	Alternate Contact Perso	on (if applicable)		
			Facsimile:	
6.	Financial Contact Perso Name:	on (if applicable)		
	Position Title:			
	Mailing Addre	ess:		
	(if different fro	om above) City:	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. 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.

Prescribed Equipment			ipment Sealed Source					Authorized Location <sup>b</sup>	
Manufacturer	Model	Serial Number	Manufacturer	Model	Serial Number	Nuclear Substance	Nominal Activity <sup>a</sup> Bq	Reference Date <sup>a</sup> (YYYY/MM/DD)	

<sup>&</sup>lt;sup>a</sup> 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 ( <i>if applicable</i> )

<sup>&</sup>lt;sup>b</sup> 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 <sup>1</sup>	Maximum individual dose (mSv)
	<0.50	0.50	1.01	5.01	>20.00	provider	(IIIOV)
	<0.50			· . ·	>20.00		
	to to to						
	1.00 5.00 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.

#### 11. 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.

					Workloa	d per year			
Class II prescribed equipment	Room	Serial number		Operation	QA	Maintenance servicing	Research	Totals	Approved annual W <sub>o</sub>
			Dose (Gy) at 1m						
			Number of hours						

12.	Declaration b	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	ral Nuclear Safety and Control Regulations, certify that all Annual Compliance Report and any supplementary pages
Title:	_
Date:	

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