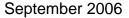


# **Annual Compliance Reporting Form**

# **Licensed Activity:**

operate other brachytherapy prescribed equipment (558)





## ANNUAL COMPLIANCE REPORTING FORM

## Licensed Activity: operate other brachytherapy prescribed equipment (558)

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:  Moiling Address:	_
	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:

		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 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.

10. 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:

	Number of workers in each dose (mSv) category			Dosimetry service provider	Maximum individual dose (mSv)
	<50 50.1 to >100				
Number of NEWs					
Number of non-NEWs					

#### 11. Inventory 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:

	facturer factured factured mm/dd)		ğq	Source is currently (select one)						
		are   Qq	ure /dc	are   60   60   60   60   60   60   60   6	<del>©</del>	Nominal activity (Bq) Date acquired		In storage	Transferred	
Isotope	Manufacturer	Model	Manufact date ( <i>yyyy/mm</i>	Serial nur	omina		In device		Transfer date	Licence number of recipient

#### Workload:

**12.** 

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)

I,	(print name), having the authority to act for the
licensee pursuant to section 15 of the General Nucle	ear 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 be	st of my knowledge.

**Declaration by Radiation Safety Officer/Licence Contact Person** 

Title: _			

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