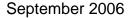


# **Annual Compliance Reporting Form**

## **Licensed Activity:**

operate a radioactive source stereotactic teletherapy facility (561)





### ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a radioactive source stereotactic teletherapy facility (561)

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/S	State:
	Country:Postal/Zip	Code:
4.	Name:	
	Mailing Address: Province/S	State:
	Country:Postal/Zip	
	Telephone: Fa	
	E-mail address:	
5.	Name:	
	Telephone: Fa	csimile:
	E-mail address:	
6.	• Financial Contact Person ( <i>if applicable</i> )  Name:	
	Position Title:	
	Mailing Address:	
	(if different from above) City: Province/S	State:
	Country:Postal/Zip	
	Telephone: Fa	csimile:
	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			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 (if applicable)

<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) 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.

#### 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.

			Workload in Gy per year at isocenter					×
Class II prescribed equipment	Room	Serial number	Treatment	Dosimetry QA	Maintenance servicing	Research	Totals	Approved annual W (Gy)

#### 12. 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 Nuclei	ar Safety and Control Regulations, certify that all
statements and representations made in this Annual Cappended to this report are true and correct to the best	
Title:	

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