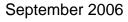


Annual Compliance Reporting Form

Licensed Activity:

service Class II prescribed equipment - 566 (servicing by possessor of the prescribed equipment)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: service Class II prescribed equipment – 566 (servicing by possessor of the prescribed equipment)

1.	CNSC Licence Number	:					
2.	This Annual Complianc	e Report is for the 12 mo	onth period ending:	(yyyy/mm/dd)			
3.	Licensee Information						
	Licensee Name	:					
	Head Office A	ddress:					
		City:	Province/State:				
			Postal/Zip Code: _				
4.	Radiation Safety Officer/Licence Contact Person Name:						
	(if different fro	m above) City:	Province/State:				
		Country:	Postal/Zip Code: _				
			Facsimile:				
		E-mail address:					
5.	Alternate Contact Person						
		Telephone:	Facsimile: _				
6.	Financial Contact Person (if applicable) Name:						
	Position Title:_						
	Mailing Addres	ss:					
			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) cat		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.

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	>100		
Number of NEWs					
Number of non-NEWs					

11. Workload

Provide a summary of the servicing operations performed on the Class II prescribed equipment during the reporting period in detail, as shown below.

	Number of operations and cumulative days					
Class II equipment, room & serial number		Preventive maintenance	Corrective/limited repair	Extensive repair		
	Number of operations					
	Cumulative days					
	Number of operations					
	Cumulative days					

12.	Declaration by Radiation Safety Officer/Licence Contact Person
icense statem	(print name), having the authority to act for the e pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all ents and representations made in this Annual Compliance Report and any supplementary pages led to this report are true and correct to the best of my knowledge.
Γitle: _	
Date: _	

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