



Canadian Nuclear
Safety Commission

Commission canadienne
de sûreté nucléaire

Annual Compliance Reporting Form

Licensed Activity:

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

September 2006

Canada

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 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. 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:

	Number of workers in each effective dose (mSv) category					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.

Class II equipment, room & serial number	Number of operations and cumulative days			
		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

I, _____ (print name), having the authority to act for the licensee pursuant to section 15 of the *General Nuclear 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 best of my knowledge.

Title: _____

Date: _____

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