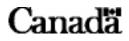
Annual Compliance Reporting Form

Licensed Activity:

service Class II prescribed equipment - -566 (service by third party)

September 2006



ANNUAL COMPLIANCE REPORTING FORM

	Licensed Activity: serv	vice Class II prescribed	equipment566 (service by	third party)				
1.	CNSC Licence Number	:						
2.	This Annual Complianc	e Report is for the 12 mo	_(yyyy/mm/dd)					
3.	Licensee Information Licensee Name:							
	Head Office A	ddress:						
		City:	Province/State:					
		Country:	Postal/Zip Code:					
4.	Radiation Safety Officer Name: Mailing Addree							
		Province/State:						
	(ij dijjereni jro		Postal/Zip Code:					
			Facsimile:					
			i additite.					
5.	Alternate Contact Perso Name:	n (<i>if applicable</i>)						
	rame.		Facsimile:					
		E-mail address:						
6.	Financial Contact Perso Name:							
	Position Title:							
	Mailing Addre							
	(if different from	m 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. 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 (<i>if applicable</i>)	Radiation device or prescribed equipment (<i>if applicable</i>)

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					

PROTECTED WHEN COMPLETED

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 prescribed equipment	Servicing date	Name of client	Licence number of client	Serial number of the equipment	Type of servicing*	Cumulative time spent

Type of servicing – preventive maintenance; corrective/limited repairs; extensive repairs, installation of new equipment.

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.