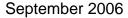


Annual Compliance Reporting Form

Licensed Activity:

industrial radiography (812)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: industrial radiography (812)

1.	CNSC Licence Numb	er:		
2.	This Annual Complian	nce Report is for the 12 mo	nth period ending: (yyyy/	/mm/dd)
3.	Licensee Information			
	Licensee Nar	ne:		
	Head Office	Address:		
			Province/State:	
		Country:	Postal/Zip Code:	
4.	Radiation Safety Office Name:	eer/Licence Contact Person		
	Mailing Add	ress:		_
			Province/State:	
		Country:	Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Personal Name:			
		Telephone:	Facsimile:	
		E-mail address:		
6.	Position Title	»:		
	Mailing Add	ress:		
	(if different fi	om above) City:	Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If 1	Provide a list of all loc conducted for more the	cations (with complete add nan 90 consecutive days du n more than one location, u	resses) where the licensed activity has ring the reporting period. If the license the same format and list all location	been sed activi
	Address			
	City:		Province:	
	7.1 Indicate those	. 1	ne inactive and have been decommission	

- 7.2 Bunkers: Indicate the number of bunkers at each applicable address.

8. Inventory

Provide detailed information for all:

- radiation devices containing sealed sources; and
- sealed sources that are not contained in radiation devices.

Device		Sealed Source or Sealed Source Assembly					Authorized Location ^b		
Manufacturer	Model	Serial Number	Manufacturer	Model	Serial Number	Nuclear Substance	Nominal Activity ^a Bq	Reference Date ^a (YYYY/MM/DD)	

^a The activity of the nuclear substance in the sealed source or sealed source assembly on the reference date (date when the activity was measured or source calibrated).

9. 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.

10. 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	Radiation device or prescribed
		(if applicable)	equipment (if applicable)

^b The address of the location authorized by the CNSC where the sealed source (whether in or outside of the device) resides at the time of the report. In the case of field operations with sealed sources, enter the storage location.

11. Certified Exposure Device Operators and Trainees

Provide the number of certified exposure device operators and trainees who have worked under this licence during the reporting period. Provide information in detail, as shown below:

	Number at end of reporting period	Number hired during reporting period	Number terminated during reporting period
Certified Exposure Device Operators			
Trainees			

Provide a summary of the annual effective whole body radiation doses received by Nuclear Energy Workers (NEWs) and non-NEWs during the year ending December 31st. Provide the information in detail, as shown below:

	Number (mSv) ca	of workers ategory	in each e	ffective do	Dosimetry service provider ¹	Maximum individual dose (mSv)	
	< 0.50	0.50 to	1.01	5.01 to	>20.00		
		1.00	to 5.00	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.

13.	Declaration by	Radiation S	afety Off	icer/Licence	Contact Person
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I,	(print name), having the authority to act for the
•	al Nuclear Safety and Control Regulations, certify that all Annual Compliance Report and any supplementary pages
Title:	-
Date:	

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