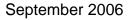


# **Annual Compliance Reporting Form**

**Licensed Activity:** 

laboratory studies (813)





7.2

each applicable address.

#### ANNUAL COMPLIANCE REPORTING FORM

**Licensed Activity: laboratory studies (813)** 

1.	CNSC Licence Number	er:	<del></del>	
2.	This Annual Complian	nce Report is for the 12 m	onth period ending:	(yyyy/mm/dd)
3.	Licensee Information			
	Licensee Nar	ne:		
	Head Office	Address:		
		City:	Province/State:	
		Country:	Postal/Zip Code:	
4.	Name:			
	(if different fr		Province/State:	
		Country:	Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
5.	Alternate Contact Personal Name:			
		Telephone:	Facsimile:	
		E-mail address:		
6.	Financial Contact Pers			-
	Position Title	:		-
	(if different fi		Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
	Provide a list of all loc conducted for more the	eations (with complete add nan 90 consecutive days d n more than one location,	se attach additional pages in the formation of the format	y has been licensed activity
		•		
	City:		Province:	_
			— me inactive and have been decom	missioned

Laboratories: Indicate the number of "basic", "intermediate" or "high" laboratories at

#### 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 <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 or sealed source assembly on the reference date (date when the activity was measured or source calibrated).

### 9. Unsealed Source Inventory

For each unsealed source in possession, provide the total quantity in your inventory on a specific date. Provide the information in detail as shown below:

Unsealed source inventory						
Date:	(yyyy/mm/dd)					
Nuclear substance	Total quantity in possession (Bq)					

<sup>&</sup>lt;sup>b</sup> 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.

#### 10. Transfers, Disposal and Releases of Unsealed Sources

Provide a summary of transfers, disposal and releases of unsealed sources. Provide the information in detail as shown below:

Unsealed nuclear substance	Total quantity received (Bq)	Total quantity transferred to another licensee (Bq)	Estima	ited total q	uantities	disposed of routes	released vi	a various
			Municipal garbage (Bq)	Municipal sewer (Bq)	Atmosphere (Bq)	Delay and decay (in storage) (Bq)	To patients (NM) or animals (Vet NM) (Bq)	Other methods: (Bq)

If sources were transferred or disposed of by any other method, provide a detailed summary of these activities during the reporting period.

## 11. 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.

#### 12. 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)

#### 13. Worker Qualifications

Provide the number of workers at each location that are trained in various levels of radiation safety. Provide the information in detail, as shown below:

	Location of work	Number of workers with basic awareness training (e.g. working in the vicinity, but do not handle radioactive materials)	Number of qualified workers (e.g. trained and authorized to use nuclear substances, or to handle, operate or maintain radiation devices)	Number of workers with advanced level training(e.g. trained and qualified as Radiation Safety Officers or alternates)
1				

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 31<sup>st</sup>. Provide the information in detail, as shown below:

	Number (mSv) ca	of workers itegory	in each e	ffective do	Dosimetry service provider <sup>1</sup>	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							

<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.

15. If required to monitor workers for extremity exposures, provide a summary of the extremity doses received by NEWs and non-NEWs during the year ending December 31<sup>st</sup>. 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					

<b>16.</b> Thyroid Monitoring for Iodine-125 and Iodine-131
If required to monitor workers for iodine-125 or iodine-131, do you participate in Health Canada's
Thyroid Counting Intercomparison Program?  Yes No
Did any thyroid monitoring results detect greater than 1 kBq in any worker's thyroid during the year ending December $31^{st}$ ?  Yes No
If yes, please provide details.
17. Declaration by Radiation Safety Officer/Licence Contact Person  I,
licensee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , 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 <i>Nuclear Safety and Control Act</i> to knowingly make a false report.

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