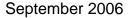


# **Annual Compliance Reporting Form**

## **Licensed Activity:**

consolidated uses of nuclear substances (815)





### ANNUAL COMPLIANCE REPORTING FORM

**Licensed Activity: consolidated uses of nuclear substances (815)** 

1.	CNSC Licence Number:			
2.	This Annual Compliance	e Report is for the 12	month period ending:	_ (yyyy/mm/dd)
3.	Licensee Information Licensee Name Head Office Ad	:		
	Ticau Office Ac	City:	Province/State:	
		Country:	Postal/Zip Code:	
4.	Radiation Safety Officer Name:			
			<b>D</b>	
	(if different from		Province/State:	
		Country:	Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
5.	Alternate Contact Person Name:			
		Telephone:	Facsimile:	
		E-mail address:		
6.	Financial Contact Person Name: Position Title:			_
	Mailing Addres	s:		_
	(if different from	n above) City:	Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
	Provide a list of all locat conducted for more than has been conducted in n remain in use or storage Address	ions (with complete an 90 consecutive days nore than one locations.	ease attach additional pages in the ddresses) where the licensed active during the reporting period. If the n, use the same format and list all limit and list all limit are province:	ity has been e licensed activity
	<b>7.1</b> Indicate those le	ocations that have bee	come inactive and have been decor	mmissioned

- Laboratories: Indicate the number of "basic", "intermediate" or "high" laboratories at 7.2 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		Seale	ed Source	or Sealed	l Sour	ce Asse	embly	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 s	source inventory
Date:	(yyyy/mm/dd)
Nuclear substance	Total quantity in possession (Bq)

#### 10. 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.

<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.

#### 11. 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)

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 ategory	in each e	ffective do	se	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.

13. 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:

		of workers Sv) catego		Dosimetry service provider	Maximum individual dose (mSv)
	<50	50.1 to 100	> 100		
Number of NEWs					
Number of non-NEWs					

f required to monitor workers for iodine-125 or iodine-131, do you participate in Health Canada's Chyroid Counting Intercomparison Program?  Yes No
Did any thyroid monitoring results detect greater than 1 kBq in any worker's thyroid during the year nding December 31 <sup>st</sup> ?  Yes No
f yes, please provide details.
5. Declaration by Radiation Safety Officer/Licence Contact Person
, (print name), having the authority to act for the
icensee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all tatements and representations made in this Annual Compliance Report and any supplementary pages ppended to this report are true and correct to the best of my knowledge.
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