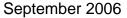


Annual Compliance Reporting Form

Licensed Activity:

development and testing (817)





7.1

ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: development and testing (817)

2.	This Annual Complian	nce Report is for the 12 mo	nth period ending: (yyyy	/mm/dd)
3.	Licensee Information Licensee Nar	me:		
	Head Office	Address:	70	
		City:	Province/State:	
		Country:	Postal/Zip Code:	
4.	Radiation Safety Office Name:	cer/Licence Contact Person		
	Mailing Add	ress:		_
	(if different fi	rom above) City:	Province/State:	
			Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Personal Name:	son (if applicable)		
			Facsimile:	
6.	Financial Contact Pers			
	Name:			
			Dravinga/State	
	(ij aijjereni ji		Province/State:	
			Postal/Zip Code:	
			Facsimile:	
If	the space allotted in this		e attach additional pages in the format	
7.	conducted for more that has been conducted in remain in use or stora Address	han 90 consecutive days dun more than one location, unge.	resses) where the licensed activity has uring the reporting period. If the licenses the same format and list all location	ed activity
	City:		Drovinca.	

Indicate those locations that have become inactive and have been decommissioned.

Page 2 of 4

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 (if applicable)	Radiation device or prescribed 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.

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 itegory	in each e	ffective do	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.

I,(p	orint name), having the authority to act for the
licensee pursuant to section 15 of the General Nuclean	Safety and Control Regulations, certify that all
statements and representations made in this Annual Co	ompliance Report and any supplementary pages
appended to this report are true and correct to the best	of my knowledge.

Declaration by Radiation Safety Officer/Licence Contact Person

Γitle:		 	
Date:			

12.

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