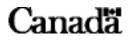
Annual Compliance Reporting Form

Licensed Activity:

servicing, installation and dismantling of devices - complex servicing (823)

September 2006



Lic	ensed Activity: servicing	g, installation and o	dismantling of devices – complex	x servicing (823)
1.	CNSC Licence Number:			
2.	This Annual Compliance	Report is for the 12	month period ending:	_ (yyyy/mm/dd)
3.	Licensee Information Licensee Name:			
	Head Office Ad	dress:		
			Province/State:	
		Country:	Postal/Zip Code:	
4.	Radiation Safety Officer/ Name:			
			Ducation of Chattan	
	(if aifferent fron		Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
5.	Alternate Contact Person Name:	(if applicable)		
		Telephone:	Facsimile:	
		E-mail address:		
6.	Financial Contact Person Name:			
	Position Title:			
			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. Provide a list of all locations (with complete addresses) where the licensed activity has been conducted for more than 90 consecutive days during the reporting period. If the licensed activity has been conducted in more than one location, use the same format and list all locations that remain in use or storage.

Address	
City:	Province:
Postal Code:	

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

8. 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.

9. 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>)

10. 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.

11. 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 31st. 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					

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.