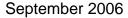


Annual Compliance Reporting Form

Licensed Activity:

distribution – less than 740 MBq (825)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: distribution – less than 740 MBq (825)

2.	This Annual Compliand	ce Report is for the 12 mg	onth period ending:(y	yyy/mm/dd)
3.	Licensee Information			
	Licensee Nam	e:		
	Head Office A	Address:		
			Province/State:	
		Country:	Postal/Zip Code:	
4.	Name:			
	Mailing Addre	ess:		
	(if different fro		Province/State:	
		Country:	Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Perso Name:			
			Facsimile:	
		E-mail address:		
6.	Financial Contact Perso Name:			
	Position Title:			
	Mailing Addre	ess:		
	(if different fro	om above) City:	Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If	the space allotted in this	form is insufficient, pleas	se attach additional pages in the form	mat shown.
7.	conducted for more that has been conducted in remain in use or storage	an 90 consecutive days do more than one location, uge.	resses) where the licensed activity buring the reporting period. If the license the same format and list all location is the province: Province:	ensed activity
	City:		Province:	
	C1tj			

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

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. 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)				

^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.

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)	Estimated total quantities disposed or released via various routes					
			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 (<i>if applicable</i>)

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)

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	1.01	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.

15.	Thyr	oid Ma	nitorina	for Indina	125	and Iodine-	131
15.	1 11 1		minoring.	TOT TOTTINE-	1 / 1	and todine-	ורו

If required to monitor workers for iodine-125 or iod	line-131, do	you partic	ipate in Health	Canada's
Thyroid Counting Intercomparison Program?	Yes	No		

Did any thyroid monitoring results detect greater th	an 1 k	Bq in	any w	orker'	s thyroid	during tl	he year
ending December 31 st ?	Yes		No				

If yes, please provide details.

16.	Declaration by Radiation Safety Officer/Licence Contact Person
license	(print name), having the authority to act for the ee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all ents and representations made in this Annual Compliance Report and any supplementary pages ded to this report are true and correct to the best of my knowledge.
Title:	
Date:	
It is a	n offence under the Nuclear Safety and Control Act to knowingly make a false report.