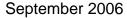


# **Annual Compliance Reporting Form**

**Licensed Activity:** 

subsurface zone location (844)





## ANNUAL COMPLIANCE REPORTING FORM

**Licensed Activity: subsurface zone location (844)** 

2.	This Annual Complian	ce Report is for the 12 mo	onth period ending:(y	yyy/mm/dd)
3.	Licensee Information			
	Licensee Nam	ne:		
	Head Office A	Address:		
			Province/State:	
		Country:	Postal/Zip Code:	
4.	Name:			
	Mailing Addr	ess:		
	(if different fr		Province/State:	
		Country:	Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Personante:			
			Facsimile:	
		E-mail address:		
6.	Financial Contact Person			
	Position Title:	· ·		
	Mailing Addr	ess:	·	
	(if different fr	om above) City:	Province/State:	
		Country:	Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If 1	the space allotted in this	form is insufficient, pleas	e attach additional pages in the form	nat shown.
7.	conducted for more th has been conducted in remain in use or storage	an 90 consecutive days do more than one location, uge.	resses) where the licensed activity laring the reporting period. If the license the same format and list all loca	ensed activity
	City		Province:	
	City.		110 vince	

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 <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. 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.

## 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 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.

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:

	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					

14. Inyroid 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 <sup>st</sup> ?  Yes No
If yes, please provide details.
15. Declaration by Radiation Safety Officer/Licence Contact Person
I,
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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