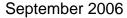


# **Annual Compliance Reporting Form**

**Licensed Activity:** 

subsurface tracer studies (846)





#### ANNUAL COMPLIANCE REPORTING FORM

## **Licensed Activity: subsurface tracer studies (846)**

2.	•	•	nth period ending:(y)	<i>J.J.</i>
3.	Licensee Information			
	Head Office	Mile:		
	Ticad Office	City:	Province/State:	
			Postal/Zip Code:	
4.	Name:			
	Mailing Add	dress:	Province/State:	<del></del>
	(if different <sub>.</sub>	from above) City:	Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
5.	Alternate Contact Pe			
		Telephone:	Facsimile:	
		E-mail address:		
6.	Financial Contact Pe			
	Position Tit	le:		
	Mailing Add	dress:		
			Province/State:	
	, 0 00		Postal/Zip Code:	
			Facsimile:	
If 1	the space allotted in th	is form is insufficient, pleas	e attach additional pages in the forn	nat shown.
7.	conducted for more has been conducted remain in use or stor	than 90 consecutive days du in more than one location, u age.	resses) where the licensed activity having the reporting period. If the license the same format and list all located	ensed activit
	City:		Province:	

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				
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. I hyroid Monitoring for Iodine-125 and I	Odine-131
If required to monitor workers for iodine-125 or io Thyroid Counting Intercomparison Program?	odine-131, do you participate in Health Canada's  Yes No
Did any thyroid monitoring results detect greater tending December 31st?	than 1 kBq in any worker's thyroid during the year  Yes No
If yes, please provide details.	
15. Declaration by Radiation Safety Office	er/Licence Contact Person  (print name), having the authority to act for the
licensee pursuant to section 15 of the General Nuc	clear Safety and Control Regulations, certify that all al Compliance Report and any supplementary pages
Title:	
Date:	