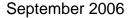


Annual Compliance Reporting Form

Licensed Activity:

manufacturing of nuclear substances (851)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: manufacturing of nuclear substances (851)

3.	Licensee Information Licensee Nar	me:	onth period ending: (yyyy/mm/dd)
	Licensee Nar	me:	
	Head Office	ne:	
	Head Office		
		Citati	Duraning a / Otata
			Province/State:
		Country:	Postal/Zip Code:
4.	Radiation Safety Offic Name:	cer/Licence Contact Persor	1
	Mailing Add	ress:	
	(if different fi	rom above) City:	Province/State:
			Postal/Zip Code:
			Facsimile:
		E-mail address:	
5.	Alternate Contact Pers Name:		
			Facsimile:
		E-mail address:	
6.	Financial Contact Pers Name: Position Title		
	Mailing Add	ress:	
	(if different fi	rom above) City:	Province/State:
		Country:	Postal/Zip Code:
		Telephone:	Facsimile:
		E-mail address:	
	Provide a list of all loc conducted for more that been conducted in remain in use or stora Address City:	cations (with complete add han 90 consecutive days do n more than one location, t age.	Province:

- 7.1 Indicate those locations that have become inactive and have been decommissioned.
- 7.2 Laboratories: Indicate the number of "basic", "intermediate" or "high" laboratories at each applicable address.

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)			

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.

^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.

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 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			
		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.

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 31st. Provide the information in detail, as shown below:

	Number	of workers	in each	Dosimetry	Maximum individual
	dose (m	Sv) catego	ry	service provider	dose (mSv)
	<50 50.1 to > 100				
	100				
Number of NEWs					
Number of non-NEWs					

14. Thyroid Monitoring for Iodine-125 and Io	odine-131
If required to monitor workers for iodine-125 or io	dine-131, do you participate in Health Canada's
Thyroid Counting Intercomparison Program?	Yes No
Did any thyroid monitoring results detect greater then the detect greater the detect grea	han 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
I,	
-	lear Safety and Control Regulations, certify that all Compliance Report and any supplementary pages pest of my knowledge.
Title:	
Date:	

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