Canadian Nuclear Safety Commission | Commission canadienne de sûreté nucléaire

Annual Compliance Reporting Form

Licensed Activity:

consolidated licence: between 1 and 10 locations (857)

September 2006

Canada

ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: consolidated licence: between 1 and 10 locations (857)

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 Address: _____
City: _____Province/State: _____
Country: _____Postal/Zip Code: _____

4. Radiation Safety Officer/Licence Contact Person
Name: _____
Mailing Address: _____
(if different from above) City: _____ Province/State: _____
Country: _____Postal/Zip Code: _____
Telephone: _____ Facsimile: _____
E-mail address: _____

5. Alternate Contact Person (*if applicable*)
Name: _____
Telephone: _____ Facsimile: _____
E-mail address: _____

6. Financial Contact Person (*if applicable*)
Name:_____
Position Title:_____
Mailing Address:_____
(if different from above) City: _____ Province/State: _____
Country: _____Postal/Zip Code: _____
Telephone: _____ 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.
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).
[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.

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.

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*)

12. 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 of workers in each effective dose (mSv) category					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							

[1]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 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					

14. Thyroid 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 31st? **Yes** ☐ **No** ☐

If yes, please provide details.

15. 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.