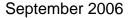


Annual Compliance Reporting Form

Licensed Activity:

logging: sealed source use with 1 to 5 storage locations, inclusive (861)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: logging: sealed source use with 1 to 5 storage locations, inclusive (861)

1.	CNSC Licence Number	r:		
2.	This Annual Compliance	ce Report is for the 12 m	nonth period ending:	(yyyy/mm/dd)
3.	Licensee Information Licensee Name Head Office A	ddress:		
		City:	Province/State:	
		Country:	Postal/Zip Code:	
4.	Radiation Safety Office Name:			
			D : (G)	
	(if different fro		Province/State:	
			Postal/Zip Code:	
			Facsimile:	
5.	Alternate Contact Perso Name:	on (if applicable)		
			Facsimile:	
6.	Financial Contact Person	on (if applicable)		_
	Position Title:			_
	Mailing Addre	ess:		
	(if different fro		Province/State:	
			Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If	the space allotted in this	form is insufficient, plea	ase attach additional pages in the fo	ormat shown.
7.	conducted for more that has been conducted in remain in use or storag	an 90 consecutive days of more than one location, se.	dresses) where the licensed activit luring the reporting period. If the use the same format and list all lo	licensed activity
	City:		Province:	
	Postal Code: _			

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. 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.

10. 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	Radiation device or prescribed
		(if applicable)	equipment (if applicable)

^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.

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 ategory	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.

I, (print n	ame), having the authority to act for the
licensee pursuant to section 15 of the General Nuclear Safet	ty and Control Regulations, certify that all
statements and representations made in this Annual Complia	ance Report and any supplementary pages
appended to this report are true and correct to the best of my	knowledge.

Declaration by Radiation Safety Officer/Licence Contact Person

Γitle:			
Date:			

12.

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