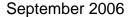


# **Annual Compliance Reporting Form**

# **Licensed Activity:**

processing: total unsealed source possession limit of 10 GBq or less (863)





7.2

each applicable address.

### ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: processing: total unsealed source possession limit of 10 GBq or less (863) 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.

Laboratories: Indicate the number of "basic", "intermediate" or "high" laboratories at

# 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)					

# 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.

<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.

#### 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 31<sup>st</sup>. Provide the information in detail, as shown below:

	Number of workers in each effective dose (mSv) category					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:

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

<b>14.</b> Thyroid Monitoring for Iodine-125 and Iodine-131	
If required to monitor workers for iodine-125 or iodine-131, do you participate in Health Ca	ınada's
Thyroid Counting Intercomparison Program?  Yes No	
Did any thyroid monitoring results detect greater than 1 kBq in any worker's thyroid during ending December 31 <sup>st</sup> ?  Yes No	the year
ending December 31 :	
If yes, please provide details.	
15. Declaration by Radiation Safety Officer/Licence Contact Person  I,	et for the
licensee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , cert statements and representations made in this Annual Compliance Report and any supplemen appended to this report are true and correct to the best of my knowledge.	ify that all
Title:	
Date:	
It is an offence under the Nuclear Safety and Control Act to knowingly make a false	report.

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