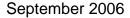


Annual Compliance Reporting Form

Licensed Activity:

neutron activation (867)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: neutron activation (867)

1.	CNSC Licence Number	er:		
2.	This Annual Complian	ace Report is for the 12 mo	onth period ending:	_ (yyyy/mm/dd)
3.	Licensee Information			
	Licensee Nan	ne:		
	Head Office A	Address:		
		City:	Province/State:	
		Country:	Postal/Zip Code: _	
4.	Name:	er/Licence Contact Person		
	Mailing Addr	ess:	Province/State:	
	(if different fr	om above) City:	Province/State:	
			Postal/Zip Code: _	
			Facsimile:	
		E-mail address:		
5.	Alternate Contact Pers Name:			
			Facsimile: _	
		E-mail address:		
6.	Financial Contact Pers			
	Position Title	:		
	(if different fr	om above) City:	Province/State:	
			Postal/Zip Code: _	
		Telephone:	Facsimile:	
If	Provide a list of all loc conducted for more th has been conducted in remain in use or stora Address	eations (with complete add nan 90 consecutive days do n more than one location, uge.	resses) where the licensed activaring the reporting period. If the use the same format and list all Province:	vity has been ne licensed activity locations that
	Postal Code:			
	2 05141 0040.		_	

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					embly	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)					

^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.

10. Transfers, Disposal and Releases of Unsealed Sources

Provide a summary of transfers, disposal and releases of unsealed sources. Provide the information in detail as shown below:

Unsealed nuclear substance	Total quantity received (Bq)	Total quantity transferred to another licensee (Bq)	Estimated total quantities disposed or released via various routes					
			Municipal garbage (Bq)	Municipal sewer (Bq)	Atmosphere (Bq)	Delay and decay (in storage) (Bq)	To patients (NM) or animals (Vet NM) (Bq)	Other methods: (Bq)
							, , ,	

If sources were transferred or disposed of by any other method, provide a detailed summary of these activities during the reporting period.

11. 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.

12. 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)

13. Worker Qualifications

Provide the number of workers at each location that are trained in various levels of radiation safety. Provide the information in detail, as shown below:

Location of work	Number of workers with basic awareness training (e.g. working in the vicinity, but do not handle radioactive materials)	Number of qualified workers (e.g. trained and authorized to use nuclear substances, or to handle, operate or maintain radiation devices)	Number of workers with advanced level training(e.g. trained and qualified as Radiation Safety Officers or alternates)

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.

15. 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:

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

16. D	eclaration by Radiation	Safety Office	r/Licence Conta	act Person		
licensee pu statements	arsuant to section 15 of the and representations made to this report are true and of	e <i>General Nuc</i> in this Annua	lear Safety and C I Compliance Re	Control Regi	ulations, certif	fy that all
Title:						
Date:						
		G 0 10				

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