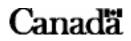
# Annual Compliance Reporting Form

# **Licensed Activity:**

therapeutic nuclear medicine (872)

September 2006



	Licensed Activity: therape	eutic nuclear medicine (872)	
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:		
	•	Postal/Zip Code:	
4.	Radiation Safety Officer/Licence Contact Per	rson	

Ivanie.	
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:		
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.

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				embly	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>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).

<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.

# 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. 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 ( <i>if applicable</i> )	Radiation device or prescribed equipment ( <i>if applicable</i> )

# **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)

14. 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 (mSv) ca	of workers itegory	in each e	ffective do	Dosimetry service provider <sup>1</sup>	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							

<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.

# PROTECTED WHEN COMPLETED

**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 31<sup>st</sup>. 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					

#### **16.** Thyroid Monitoring for Iodine-125 and Iodine-131

If required to monitor workers for iodine-125 or iod	ine-13	1, do	you p	oarticip	ate in Health	n 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  $31^{st}$ ?

If yes, please provide details.

#### 17. 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.