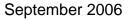


Annual Compliance Reporting Form

Licensed Activity:

calibration (879)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: calibration (879)

1.	CNSC Licence Numb	ber:		
2.	This Annual Complia	ance Report is for the 12 n	nonth period ending:	_ (yyyy/mm/dd)
3.	Licensee Information	l		
	Licensee Na	ıme:		
	Head Office	Address:		
		City:	Province/State:	
			Postal/Zip Code: _	
4.	Radiation Safety Offi Name:	icer/Licence Contact Perso	on	
	Mailing Ado	dress:		
	(if different j	from above) City:	Province/State:	
		Country:	Postal/Zip Code: _	
		Telephone:	Facsimile:	
5.	Alternate Contact Per Name:			
		Telephone:	Facsimile:	
6.	Position Titl	le:		
			Province/State:	
	(ij dijjerem j		Postal/Zip Code:	
			Facsimile:	
			i desimile.	
If t	the space allotted in thi		ase attach additional pages in the	
7.	conducted for more has been conducted remain in use or stor Address	than 90 consecutive days of in more than one location, rage.	dresses) where the licensed activ during the reporting period. If the use the same format and list all	ne licensed activity locations that
	City:	:	Province:	
	7.1 Indicate thos	se locations that have beco	ome inactive and have been deco	mmissioned.

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 (if applicable)	Radiation device or prescribed 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.

11. 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 >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.

13.	Declaration	by Radiation	Safety	Officer/Li	icence Contact	Person

I,	(print name), having the authority to act for the
•	neral Nuclear Safety and Control Regulations, certify that all his Annual Compliance Report and any supplementary pages ect 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.