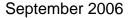


Annual Compliance Reporting Form

Licensed Activity:

X-ray fluorescence analysis (880)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: X-ray fluorescence analysis (880)

 2. 		er:nce Report is for the 12 n	nonth period ending:	(yyyy/mm/dd)
3.	Licensee Information			
		ne:		
	Head Office A	Address:		
		City:	Province/State:	
		Country:	Postal/Zip Code:	
4.	Name:			
	Mailing Addr	'ess:		
	(if different fr		Province/State:	
			Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Pers Name:	,		
		Telephone:	Facsimile:	
		E-mail address:		
6.	Financial Contact Pers Name:			-
	Position Title	:		_
	(if different fr		Province/State:	
		Country:	Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If	the space allotted in this	s form is insufficient, ple	ase attach additional pages in the fo	ormat shown.
7.	conducted for more the has been conducted in remain in use or stora	nan 90 consecutive days on more than one location, ge.	Idresses) where the licensed activit during the reporting period. If the use the same format and list all lo	licensed activit
	City: Postal Code:		Province:	
	7.1 Indicate those	e locations that have become	ome inactive and have been decom	missioned.

Page 2 of 4

8. Inventory

Provide detailed information for all:

- radiation devices containing sealed sources; and
- sealed sources that are not contained in radiation devices.

	Device		Seale	d Source	or Sealed	l Sour	ce Asse	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. 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.	Declaration by Radiation Safety Officer/Licence Contact Person
licensee statemen	(print name), having the authority to act for the pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all nts and representations made in this Annual Compliance Report and any supplementary pages and 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.