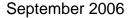


Annual Compliance Reporting Form

Licensed Activity:

surge voltage protection (900)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: surge voltage protection (900)

2.	This Annual Complian	nce Report is for the 12 r	month period ending: (yyy	yy/mm/dd)
3.	Licensee Information			
	Licensee Nan	ne:		
	Head Office A	Address:		
			Province/State:	
		Country:	Postal/Zip Code:	
4.	Name:			
	Mailing Addr	ess:		
	(if different fr	om above) City:	Province/State:	
			Postal/Zip Code:	
		Telephone:	Facsimile:	
		E-mail address:		
5.	Alternate Contact Pers	, ,		
		Telephone:	Facsimile:	
6.	Position Title	:		
	(if different fr		Province/State:	
		Country:	Postal/Zip Code:	
			Facsimile:	
		E-mail address:		
If t	he space allotted in this	form is insufficient, ple	ase attach additional pages in the forma	at shown.
7.	Provide a list of all loc	eations (with complete ac	ddresses) where the licensed activity ha	as been
	has been conducted in remain in use or stora	n more than one location ge.	during the reporting period. If the lice, use the same format and list all location	
	City: Postal Code:		Province:	
	7.1 Indicate those	e locations that have bec	ome inactive and have been decommis	sioned.

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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. De	claration by Radiation Safety O	fficer/Licence Contac	ct Person	
licensee purs statements a	suant to section 15 of the <i>General</i> and representations made in this A this report are true and correct to	Nuclear Safety and Connual Compliance Rep	Control Regulations, certify that port and any supplementary pages.	t all
Title:				
Date:				

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