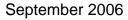


Annual Compliance Reporting Form

Licensed Activity:

portable gauges: 2 to 4 devices (990)





ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: portable gauges: 2 to 4 devices (990)

1. 2.		nce Report is for the 12 mo	onth period ending:	(yyyy/mm/dd)				
	Licensee Information	•	•					
	Licensee Nai	me:						
	Head Office	Address:	P (0)					
		-	Province/State:					
		Country:	Postal/Zip Code:					
4.	Name:							
	Mailing Add	ress:	Province/State:					
	(if different f	rom above) City:	Province/State:					
			Postal/Zip Code:					
			Facsimile:					
		E-mail address:						
5.	Alternate Contact Per Name:							
		Telephone:	Facsimile:					
		E-mail address:						
6.	Financial Contact Person (if applicable) Name:							
	Position Title	e:						
	Mailing Add	ress:		_				
	(if different f	rom above) City:	Province/State:					
			Postal/Zip Code:					
			Facsimile:					
		E-mail address:						
If 1	Provide a list of all loconducted for more thas been conducted i remain in use or stora Address	cations (with complete add han 90 consecutive days du n more than one location, u age.	resses) where the licensed activaring the reporting period. If the use the same format and list all l	ity has been e licensed activity				
	Postal Code:							
	r ostar code.		_					

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				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 of workers in each effective dose (mSv) category					Dosimetry service provider ¹	Maximum individual dose (mSv)
	<0.50	0.50 to 1.00	1.01 to 5.00	5.01 to 20.00	>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. If you are a portable gauge licensee and do not provide dosimeters to workers from a licensed dosimetry service, provide information for the reporting period according to the following table.

Number of workers	Number of	Number of	Number of	Maximum
operating portable	workers	workers	workers	number of
nuclear density gauges	performing less	performing	performing more	density tests by
	than 800 density	between 800 and	than 4000	a single worker
	tests	4000 density tests	density tests	-

14.	Declaration by Radiation Safety Officer/Licence Contact Person
I,	(print name), having the authority to act for the
statem	ee pursuant to section 15 of the <i>General Nuclear Safety and Control Regulations</i> , certify that all nents and representations made in this Annual Compliance Report and any supplementary pages ded to this report are true and correct to the best of my knowledge.
Title:	
Date:	
T4 : a a	a offer as an death a Nardana Cafeta and Control Act to be evided by make a folcoment

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