



# Annual Compliance Reporting Form

## **Licensed Activity:**

operate a geophysical logging accelerator (504)

September 2006

**ANNUAL COMPLIANCE REPORTING FORM**

**Licensed Activity: operate a geophysical logging accelerator (504)**

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: \_\_\_\_\_ Province/State: \_\_\_\_\_
  - Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_
  
4. Radiation Safety Officer/Licence Contact Person
  - Name: \_\_\_\_\_
  - 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: \_\_\_\_\_ Province/State: \_\_\_\_\_
  - 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.

7. 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.

**8. Inventory**

Provide detailed information for all:

- Class II prescribed equipment containing sealed sources;
- radiation devices containing sealed sources; and
- sealed sources that are not contained in radiation devices.

Prescribed Equipment			Sealed Source						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 on the reference date (date when the activity was measured).

<sup>b</sup> The address of the location where the sealed source (whether in or outside of the equipment) resides at the time of the report. In the case of field operations with sealed sources, enter the storage location.

**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)

**11.** Provide a summary of the annual effective whole body radiation doses received by Nuclear Energy Workers (NEWs) and non-NEWs during the reporting period. Provide the information in detail, as shown below:

	Number of workers in each effective dose (mSv) category					Dosimetry service provider <sup>1</sup>	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							

<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.

**12. Workload**

Provide a summary of the workload produced from the prescribed equipment in various modes of operation during the reporting period in detail as shown below. If the workload exceeded the approved annual workload for the prescribed equipment, please show that radiation exposures to workers and others remained within the design targets.

Class II prescribed equipment	Serial number	Workload per year					
			Well logging	Calibration	Maintenance servicing	Research	Totals
		Dose (Gy) at 1m					
		Number of hours					
		Dose (Gy) at 1m					
		Number of hours					

**13. 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.