Canadian Nuclear Safety Commission | Commission canadienne de sûreté nucléaire

Annual Compliance Reporting Form

Licensed Activity:

operate a consolidated medical accelerator facility, without servicing (525)

September 2006

Canada

ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a consolidated medical accelerator facility, without servicing (525)

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. 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**[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 on the reference date (date when the activity was measured).
[b] 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.

8. 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.

9. 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*)

10. 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[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							

[1]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.

11. If required to monitor workers for extremity exposures, provide a summary of the extremity doses received by NEWs and non-NEWs during the reporting period. Provide the information in detail, as shown below:

	Number of workers in each dose (mSv) category			Dosimetry service provider	Maximum individual dose (mSv)
	<50	50.1 to 100	>100		
Number of NEWs					
Number of non-NEWs					

12. Medical Accelerators 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	Room	Serial number	Operating mode		Workload per year at isocenter							Approved annual W_o (isocenter)
					Treatment			Dosimetry QA	Maintenance servicing	Research	Totals	
					Conventional	IMRT	TBI					
			Electrons	Gy								
				MU								
			Low energy photons	Gy								
				MU								
			High energy photons	Gy								
				MU								
			Electrons	Gy								
				MU								
			Low energy photons	Gy								
				MU								
			High energy photons	Gy								
				MU								

13. Radioactive Source Teletherapy 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	Room	Serial number	Workload in Gy per year at isocenter						Approved annual W_o (Gy at isocenter)
			Treatment		Dosimetry QA	Maintenance servicing	Research	Totals	
			Conventional	TBI					

14. Stereotactic Source Teletherapy 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	Room	Serial number	Workload in Gy per year at isocenter					Approved annual W_o (Gy)
			Treatment	Dosimetry QA	Maintenance servicing	Research	Totals	

15. Brachytherapy Remote Afterloader 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	Room	Serial number	Workload in Gy per year at 1m					Approved annual W_o (Gy at 1m)
			Treatment	Dosimetry QA	Maintenance servicing	Research	Totals	

16. Inventory for Intravascular Brachytherapy and Workload

Inventory:
For all sources or source cartridges that were in your possession under your licence during any portion of the reporting period, please provide:

Isotope	Manufacturer	Model	Manufactured date *(yyyy/mm/dd)*	Serial number	Nominal activity (Bq)	Date acquired	Source is currently (select one)			
							In device	In storage	Transferred	
									Transfer date	Licence number of recipient

Workload:
Provide a summary of the workload produced from the prescribed equipment during the reporting period in detail, as shown below.

Class II prescribed equipment	Total number of treatments performed during reporting period	Approximate total exposure duration (minutes)

17. 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.