



Canadian Nuclear  
Safety Commission

Commission canadienne  
de sûreté nucléaire

# Annual Compliance Reporting Form

## **Licensed Activity:**

operate other brachytherapy prescribed equipment (558)

September 2006

**ANNUAL COMPLIANCE REPORTING FORM**

**Licensed Activity: operate other brachytherapy prescribed equipment (558)**

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. 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.

**8. 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)

**9.** 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.

**10.** 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					

**11. Inventory 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)

**12. 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.