



# Annual Compliance Reporting Form

## **Licensed Activity:**

therapeutic nuclear medicine (872)

September 2006

**ANNUAL COMPLIANCE REPORTING FORM**

**Licensed Activity: therapeutic nuclear medicine (872)**

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.
- 7.2 Laboratories: Indicate the number of “basic”, “intermediate” or “high” laboratories at each applicable address.

**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 <sup>b</sup> |
|--------------|-------|---------------|---|-------|---------------|-------------------|-------------------------------------|---|----------------------------------|
| Manufacturer | Model | Serial Number | Manufacturer                            | Model | Serial Number | Nuclear Substance | Nominal Activity <sup>a</sup><br>Bq | Reference Date <sup>a</sup><br>(YYYY/MM/DD) |                                  |
|              |       |               |   |       |               |                   |                                     |   |                                  |
|              |       |               |   |       |               |                   |                                     |   |                                  |

<sup>a</sup> 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).

<sup>b</sup> 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.

**9. Unsealed Source Inventory**

For each unsealed source in possession, provide the total quantity in your inventory on a specific date. Provide the information in detail as shown below:

| Unsealed source inventory |                                   |
|---------------------------|-----------------------------------|
| Date: _____ (yyyy/mm/dd)  |                                   |
| Nuclear substance         | Total quantity in possession (Bq) |
|                           |                                   |
|                           |                                   |
|                           |                                   |

**10. Transfers, Disposal and Releases of Unsealed Sources**

Provide a summary of transfers, disposal and releases of unsealed sources. Provide the information in detail as shown below:

| Unsealed nuclear substance | Total quantity received (Bq) | Total quantity transferred to another licensee (Bq) | Estimated total quantities disposed or released via various routes |                      |                 |                                   |   |                           |
|----------------------------|------------------------------|---|--|----------------------|-----------------|-----------------------------------|---|---------------------------|
|                            |                              |   | Municipal garbage (Bq)   | Municipal sewer (Bq) | Atmosphere (Bq) | Delay and decay (in storage) (Bq) | To patients (NM) or animals (Vet NM) (Bq) | Other methods: _____ (Bq) |
|                            |                              |   |  |                      |                 |                                   |   |                           |
|                            |                              |   |  |                      |                 |                                   |   |                           |

If sources were transferred or disposed of by any other method, provide a detailed summary of these activities during the reporting period.

**11. 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.

**12. 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) |
|---------------|---------------|-----------------------------------|--|
|               |               |                                   |  |
|               |               |                                   |  |
|               |               |                                   |  |

**13. 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) |
|------------------|---|--|--|
|                  |   |  |  |
|                  |   |  |  |

**14.** 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 31<sup>st</sup>. 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.

15. If required to monitor workers for extremity exposures, provide a summary of the extremity doses received by NEWs and non-NEWs during the year ending December 31<sup>st</sup>. 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 |   |             |       |                            |                               |

16. Thyroid Monitoring for Iodine-125 and Iodine-131

If required to monitor workers for iodine-125 or iodine-131, do you participate in Health Canada's Thyroid Counting Intercomparison Program?  Yes  No

Did any thyroid monitoring results detect greater than 1 kBq in any worker's thyroid during the year ending December 31<sup>st</sup>?  Yes  No

If yes, please provide details.

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.