



Annual Compliance Reporting Form

Licensed Activity:

Operate a neutron generator for industrial application (507)

October 2011

ANNUAL COMPLIANCE REPORTING FORM

Licensed Activity: operate a neutron generator for industrial application (507)

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: _____

Licence Contact Person Same as Radiation Safety Officer

 - 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. If required to monitor workers for extremity exposures, provide a summary of the extremity 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 dose (mSv) category					Dosimetry service provider ¹	Maximum individual dose (mSv)	Number of Times Action Level Exceeded
	0-50	50.1 - 100	100.1 - 500	200.1 - 500	>500			
██████████								██████████
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.

8. Provide a summary of the annual effective radiation doses received by 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)	Number of Times Action Level Exceeded
	<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.

9. Neutron Generator for Industrial Application 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.

Class II prescribed equipment	Make and Model	Workload per year					Totals
		Operation	Calibration	Maintenance servicing	Research/Other		
		Dose (Sv) at 1m					
		Number of hours					
		Dose (Sv) at 1m					
		Number of hours					

10. 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.