

# **Annual Compliance Reporting Form**

Licensed Activity: Service (by independant provider) Class II prescribed equipment

Usetype (565)

**Revision Date: September 2016** 







Declaration of Licensee Representative	
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Mojgan Soleimani	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 supp	olementary pages appended to this report are true and correct to the best of my knowledge.
Title	Date (YYYY-MM-DD)
Radiation Safety Officer	2019-03-19
It is an offence under the Nuclear Safety and Control Act to knowingly make a false report.  For more information, or for questions on the content and/or filling of ACR forms, please contact the CNSC Direct	torate of Nuclear Substance Regulation at 1-888-229-2672.
When complete, please submit this form via email to <a href="mailto:cnsc.acr-rac.ccsn@canada.ca">cnsc.acr-rac.ccsn@canada.ca</a> or by fax to 613-995-5086.	
Print Form	Reset Form



Licensee Organization Information						
Licensee Name	Licensee Corporation Nur	Licensee Corporation Number (if applicable)				
Best Theratronics Ltd.			6883508			
Licensee Business Number (if applicable)	Licensee Business Number (if applicable)  Licence					
83028 3554	14127-3-18.4					
Reporting Period						
This Annual Compliance Report covers the 12 month pe	eriod.					
rom To						
2018-01-01	2018-12-31					
Head Office Legal Address						
Street Address						
413 March Road						
City	Province/State	Country		Postal/Zip Code		
Ottawa	Canada		K2K 0E4			



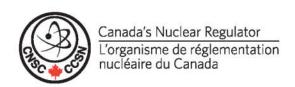
Radiation Safety Officer (RSO)					
Name		Title			
Mojgan Soleimani		Radiation Safety Officer			
Mailing Address					
Street Address		City			
413 March Road		Ottawa			
Province/State	Country	Postal/Zip Code	Telephone Number		
ON	Canada	K2K 0E4 613 591 2100 x2766			
Alternate Telephone Number	Facsimile	Email Address			
613 355 7771	613 591 5680	mojgan.soleimani@theratronics.ca			
Alternate Radiation Safety Officer (if a	pplicable)				
✓ Check here if no alternate RSO					
Name		Title			
Mailing Address					
Check here if same as "Radiation Safety Officer"					
Street Address		City			
Province/State	Country	Postal/Zip Code	Telephone Number		
Alternate Telephone Number	Facsimile	Email Address			





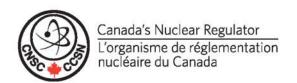
Financial Contact (if applicable)					
Name		Title			
Bisher Khirbik		Finance Manager			
Mailing Address					
Check here if same as "Radiation Safety Officer"					
Street Address		City			
413 March Road		Ottawa			
Province/State	Country	Postal/Zip Code	Telephone Number		
ON	Canada	K2K 0E4	613 591 2100		
Alternate Telephone Number Facsimile		Email Address			
	613 591 6627		bisher.khirbik@therartonics.ca		
Signing Authority					
✓ Check here if same as "Radiation Safety Officer"					
Name		Title			
Mojgan Soleimani		Radiation Safety Officer			
Mailing Address					
Check here if same as "Radiation Safety Officer"					
Street Address		City			
413 March Road		Ottawa			
Province/State	Country	Postal/Zip Code	Telephone Number		
ON	Canada	K2K 0E4	613 591 2100 x2766		
Alternate Telephone Number	Facsimile	Email Address			
613 355 7771	613 591 5680	mojgan.soleimani@theratronics.ca			





Applicant Authority					
Check here if same as "Radiation Safety Officer"					
Name		Title			
Krishnan Suthanthiran		President			
Mailing Address					
Check here if same as "Radiation Safety Officer"					
Street Address					
413 March Road					
City	Province/State	Country	Postal/Zip Code		
Ottawa	ON	Canada	K2K 0E4		
Telephone Number	Alternate Telephone Number	Facsimile			
703 451 2378 x104					
Email Address					
krish@teambest.com					





## **Ascertainment of Doses: Whole Body**

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 31st. Provide the information in detail, as shown below.

NOTE: Please do NOT send personal information, such as social insurance numbers, etc. to CNSC.

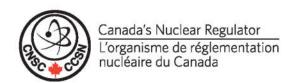
	Number of Workers in each effective dose category								
	(mSv)							Dosimetry Service Provider	Maximum individual dose
	BDL†	> BDL † and ≤ 0.5	> 0.5 and ≤ 1	> 1 and ≤ 5	> 5 and ≤ 20	> 20 and ≤ 50	> 50	††	(mSv)
Number of NEWs	2	6	2	1	1	0	0	Landauer Inc	8.92
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	0

<sup>†</sup> BDL = Below Detectable Limits for the dosimeter being used.

### Comments

All monitored under this licence are NEW Service technicians. Doses also include service work conducted outside of Canada and under two other licenses (NSPFOL-14.02/2019 & 14127-8-19.1). The maximum individual dose of 8.92 mSv was received during work completed under a separate license: NSPFOL-14.02/2019.

tt Enter the name of the dosimetry service provider. If a dosimetry service provider is not used, enter "ESTIMATED" and provide brief details on how dose estimates were derived in the comments area below.



## Ascertainment of Doses – Extremity Doses

If your organization monitors workers for extremity exposures, provide a summary of the extremity doses received by NEWs and non-NEWs during the year ending December 31 st. Provide the information in detail, as shown below.

NOTE: Please do NOT send personal information, such as social insurance numbers, etc. to CNSC.

Check here if your organization has no extremity dose information to submit for the reporting period.

	Number of Workers in each effective dose category								
	(mSv)						Dosimetry	Maximum individual dose	
	<10	>10 and ≤ 50	> 50 and ≤ 100	> 100 and ≤ 200	> 200 and ≤ 350	> 350 and ≤ 500	> 500	Service Provider †	(mSv)
Number of NEWs	11	1	0	0	0	0	0	Landauer Inc	15
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	0

<sup>†</sup> Enter the name of the dosimetry service provider. If a dosimetry service provider is not used, enter "ESTIMATED" and provide brief details on how dose estimates were derived in the comments area below.

#### Comments

All monitored under this licence are NEW Service technicians. Doses also include service work conducted outside of Canada and under two other licenses (NSPFOL-14.02/2019 & 14127-8-19.1). The maximum individual dose of 15 mSv was received during work completed under a separate license: NSPFOL-14.02/2019.





Transport Carriers	rspor	t Carr	iers
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List all carriers employed to transport radioactive materials for the purposes of this licence during the reporting period:

Carrier Name	Contact Telephone (ex. 123-456-7890)	Full name of Contact (if available)	Location of Carrier (City, Province)

NOTE: do not list all shipments, list only carriers used to transport packages during the reporting period. If using the same carrier, there should be only one entry in the table.

