

Annual Compliance Reporting Form

Licensed Activity: Servicing, installation and dismantling of devices – basic servicing

Usetype (822)

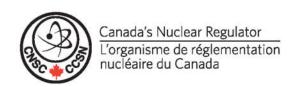
Revision Date: September 2016







Declaration of Licensee Representative	
	1
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	plementary pages appended to this report are true and correct to the best of my knowledge.
Title	Date (YYYY-MM-DD)
Radiation Safety Officer	2018-03-19
It is an offence under the Nuclear Safety and Control Act to knowingly make a false report.	(N. d C. h P L
For more information, or for questions on the content and/or filling of ACR forms, please contact the CNSC Director. When complete, please submit this form via email to cnsc.acr-rac.ccsn@canada.ca or by fax to 613-995-5086.	orate of Nuclear Substance Regulation at 1-888-229-2672.
Print Form	Reset Form



Licensee Organization Information				
Licensee Name		Licensee Corporation Nur	mber (if applicable)	
Best Theratronics Ltd.			6883508	
Licensee Business Number (if applicable)		Licence Number	1	
830283554		14127-8-19.1		
Reporting Period				
This Annual Compliance Report covers the 12 month pe	eriod.			
From		То		
2018-01-01		2018-12-31		
Head Office Legal Address				
Street Address				
413 March Road				
City	Country		Postal/Zip Code	
Ottawa	ON	Canada		K2K 0E4



adiation 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		mojgan.so l eimani@theratronics.ca			
Alternate Radiation Safety Officer (if a	pplicable)				
Check here if no alternate RSO					
Name		Title			
Edna Sacay		Radiation Safety Specialist			
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 x2029		
Alternate Telephone Number	Facsimile	Email Address			
343 996 5315	613 591 5680	edna.sacay@theratronics.ca			







nancial 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@theratronics.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	Facsimi l e				
703 451 2378 x104						
Email Address						
krish@teambest.com						







Licensed Locations

Report all locations where the licensed activity has been conducted for more than 90 days during the reporting period.

NOTE: The information requested on this page may be submitted as a separate spreadsheet attached to the same email as this form. Please ensure your spreadsheet uses the same headings as in the table below, and contains all required information, or see www.nuclearsafety.gc.ca/acr for templates.

Building	Address or	City,	Postal Code –	Location Contact Person			
building	Geographical Coordinates *	Province		Name	Phone	Email (if applicable)	

* GPS coordinates must be in the following format: ##.####N,###.###W. Post office box is not acceptable.

Comments

There has been no licensed activity that reached or exceeded 90 days in Canada within the reporting period. A list of servicing locations have been attached.





Inventory: Sealed Sources								
Enter your inventory of CNSC-licensed sealed sources specifi	c to this licence in the table	below. Report one source	per line.					
			Date of inventory (YYYY-MM-DD)					
Check here if you currently have no sealed sources in inventory.								
NOTE: The information requested on this page may be submitted as a separate spreadsheet attached to the same email as this form. Please ensure your spreadsheet uses the same headings as in the table below, and contains all required information, or see www.nuclearsafety.gc.ca/acr for templates.								
	Sealed Source(s) (List only sealed sources that are not contained in a radiation device)							
Manufacturer	Model	Serial Number	ber Nuclear Substance Current Activity † Activity U					
† If the Current Activity is not known, but is known for a dat	e in the past, use the decay	v calculator located at http	://www.radprocalculator.com/Decay.aspx to de	ter mine the Current Activity				
Comments								





Inventory: Financial Guarantees							
In accordance with the requirements of the CNSC Financial Guarantee program, report the number of individual sealed sources not contained in a radiation device and/or the number of radiation devices containing greater than 50 MBq on the reporting date:							
Sealed Sources > 50 MBq:	Radiation Devices > 50 MBq:						
0	0						



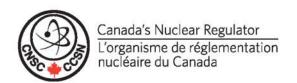
Inventory: Radiation Devices Containing Sealed Sources

Enter your inventory of CNSC-licensed radia	tion device(s) in possession ir	n the table below. Report o	one device per l ine.					
			Date of i	nventory (YYYY-MM-DD)				
Check here if you currently have no rad	lation devices in inventory							
NOTE: The information requested on this pa headings as in the table below, and contains If you have a device that contains more thar 1. Enter the radiation device inform 2. On subsequent lines, enter "Same source in the radiation device. 3. Repeat step 2, until all sealed sou	s all required information, or so n one source: nation as normal, and fill in the e as previous line" in the "Rad	see <u>www.nuclearsafety.gc</u> e sealed source informatio liation Device Manufacture	.ca/acr for templates. on for the first source in th	e device on the same line.		nme		
Radiation Device Sealed Source(s) or sealed Source Assemblies contained within the Device								
Manufacturer & Model	Serial Number	Manufacturer	Model	Serial Number	Nuclear Substance	Current Activity +	Activity Units	
† If the Current Activity is not known, but is	† If the Current Activity is not known, but is known for a date in the past, use the decay calculator located at http://www.radprocalculator.com/Decay.aspx to determine the Current Activity							
Comments								





Transfer and Worker Qualifications
Please attest and certify the following statements by an "√".
✓ I confirm that any and all transfers of nuclear substances and/or radiation devices during the reporting period were done in accordance with regulatory requirements.
I confirm that all authorized workers are trained to conduct licensed activities and that training is provided in accordance with referenced policies and procedures.
Comments



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)								Maximum individual dose
	BDL†	> BDL † and ≤ 0.5	> 0.5 and ≤ 1	> 1 and ≤ 5	> 5 and ≤ 20	> 20 and ≤ 50	> 50	Service Provider ††	(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

[†] 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 & 14127-3-18.4). The large dose contributing to 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

[†] 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.

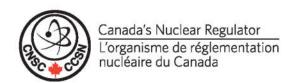
Comments

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 & 14127-3-18.4). The large dose contributing to the maximum individual dose of 15 mSv was received during work completed under a separate license: NSPFOL-14.02/2019.





Radiation Protection Program								
NOTE: Changes to the Radiation Protection Program must be submitted to the CNSC as the changes are implemented.								
Have you made any unreported changes to your Radiation Protection Program during the reporting period?								
	Yes	✓ No						
Incidents and Unusual Occurrences								
In accordance with the Nuclear Safety and Control Act and its Regulations, the CNSC must be notified of Reportable Events immediately after they occur. Has the CNSC been notified of all Reportable Events during the reporting period?								
	Yes	☐ No	✓ N/A - No Incidents					



Iranc	nort (SKKIOKE
Irans		_arriers

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.

