## Annual Compliance Reporting Form

Select the applicable form from the dropdown list and click on "Generate Form" button to apply your selection. ACR forms are customized for the activity authorized by the licence. The licensed activity name and number (e.g. 812 - industrial radiography) can be found on each licence under section IV Licensed Activities.

If you selected the wrong licensed activity, in order to change it, select the correct licensed activity then the "generate form" button.
If you need a hard copy of the ACR form, please contact your CNSC licensing officer at 1-888-229-2672.
Licensed Activity $\quad 822-$ Servicing, installation and dismantling of devices - basic servicing

## PROTECTED A when completed

## Declaration of Licensee Representative

## Name <br> Matthew Efseaff



| Title |  |
| :--- | :--- | :--- |
| Radiation Safety Officer | Date (please use dropdown calendar for the date) <br> $2022-02-07$ |

It is an offence under the Nuclear Safety and Control Act to knowingly make a false report.
For questions related to Nuclear Substances and Radiation Devices (NSRD) ACR, contact your licensing specialist or send an email to licence-permis@cnsc-ccsn.gc.ca.
When complete, please submit this form via email to acr-rac@cnsc-ccsn.gc.ca

## Print Form

Submit by Email


ACR forms are intended to report the licensee's activity. To request an amendment, including changes in licensee's representatives (RSO, alternate, applicant authority, signing authority), please submit your request separately to the CNSC.


The ACR can not be used by licensees to request changes to the licence.

The ACR is not to be used to notify the CNSC of a new or decommissioned licensed location. Any changes requiring a licence amendment or to comply with licence conditions must be submitted separately to the Licensing Specialist when you become aware of the change.

## PROTECTED A when completed

Canada's Nuclear Regulator
L'organisme de réglementation
nucléaire du Canada

## Applicable CNSC licence number



## Licensee Organization Information

Licensee Name
Best Theratronics Ltd.

| Licensee Business Number |  |  |  |  |  |  |  | Licensee Corporation Number$6883508$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 8 | 3 | 0 | 2 | 8 | 3 | 5 | 5 |  |

## Reporting Period

There should not be any lapse from the previous ACR reporting period. Do not report for future dates. The reporting period should end within 60 days prior the ACR due date.

| From (please use the dropdown calendar for the date) 2021-01-01 |  | To (please use the dropdown calendar for the date) 2021-12-31 |  |
| :---: | :---: | :---: | :---: |
| Head Office Address |  |  |  |
| Street Address 413 March Road |  |  |  |
| City <br> Ottawa | Province / State ON | Country <br> Canada | Postal / Zip Code K2K 0E4 |

## Mailing Address

The mailing address is the address to which all CNSC correspondence will be mailed.
$\boxed{\checkmark}$ Check here if same as Head Office Address
Street Address
413 March Road

| City | Province / State | Country | Postal / Zip Code |
| :---: | :---: | :---: | :---: |
| Ottawa | ON | Canada | K2K 0E4 |

## Radiation Safety Officer (RSO)

It is a regulatory requirement to notify the CNSC within 15 days of a change in the radiation safety officer. Section 15 of the General Nuclear Safety and Control Regulations.
To request a change in RSO, complete the appropriate forms:
Request to Appoint a RSO or an Alternate RSO
Request to Appoint a RSO or an Alternate RSO for Low-Risk Use Types

| Name <br> Matthew Efseaff | Title <br> Radiation Safety Officer |  |  |
| :--- | :--- | :--- | :--- |
| Telephone Number <br> $613-591-2100 \times 2762$ | Alternate Telephone Number <br> $613-769-3408$ | E-mail <br> Alternate (if applicable) |  |
| matthew.efseaff@theratronics.ca |  |  |  |

Alternate RSO is necessary as a temporary replacement of the RSO during a his/her absence in order to ensure continuous oversight of the radiation protection program.
To request a change in alternate RSO, complete the appropriate forms:
Request to Appoint a RSO or an Alternate RSO
Request to Appoint a RSO or an Alternate RSO for Low-Risk Use Types
$\square$ Check here if no alternate

| Name <br> Marilee Jackson |  | Title <br> Radiation Safety Specialist |  |
| :---: | :---: | :---: | :---: |
| Telephone Number $613-591-2100 \times 2028$ | Alternate Telephone Number 613-217-8127 |  | E-mail marilee.jackson@theratronics.ca |
| Signing Authority |  |  |  |
| The RSO has signing Check here if sam | ority is authorized to act for the | ee for all matters encompas | CNSC licence. |
| Name <br> Matthew Efseaff |  | Title <br> Radiation Safety Officer |  |
| Telephone Number $613-591-2100 \times 2762$ | Alternate Telephone Number \| 613-301-6257 |  | E-mail matthew.efseaff@theratronics.ca |


| Financial Contact (if applicable) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Information required only for fee paying licensees. |  |  |  |  |
| Name <br> Kimberly Parsons |  |  | Title <br> Accounts |  |
| Telephone Number$613-591-2100 \times 1613$ |  | Alternate Telephone Number N/A |  | E-mail <br> kimberley.parsons@theratronics.ca |
| Mailing Address - Financial Contact |  |  |  |  |
| $\square$ Check here if same as Head Office Address |  |  |  |  |
| Street Address <br> 413 March Road |  |  |  |  |
| City Ottawa | Province / State <br> ON |  | Country <br> Canada | Postal / Zip Code K2K 0E4 |
| Applicant Authority |  |  |  |  |
| The applicant authority is an individual at the senior management level that has sufficient authority to direct financial and human resources to address any issue of non-compliance as identified by the CNSC. It is a regulatory requirement to notify the CNSC within 15 days of a change in the applicant authority. Section 15 of the General Nuclear Safety and Control Regulations. |  |  |  |  |
| Name <br> Krishnan Suthanthiran |  |  | Title <br> President |  |
| $\begin{aligned} & \text { Telephone Number } \\ & 703-451-2378 \times 104 \end{aligned}$ |  | Alternate Telephone Number |  | E-mail <br> krish@teambest.com |
| Mailing Address - Applicant Authority |  |  |  |  |
| $\square$ Check here if same as Head Office Address |  |  |  |  |
| Street Address 413 March Road |  |  |  |  |
| City Ottawa | Province / State ON |  | Country <br> Canada | Postal / Zip Code K2K 0E4 |

## Licensed Locations


 required information, or see www.nuclearsafety.gc.ca/acr for templates.

|  | Licensed Location |  |  |  | Location Contact Person |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
|  | Licensed Location |  |  |  | Location Contact Person |  |  |
| + | Building | Address or Geographical Coordinates * | City, Province | Postal Code | Name and TItle | Telephone Number | E-mail |
| - |  |  |  |  |  |  |  |

*GPS coordinates must be in the following format: \#\#.\#\#\#\#N, \#\#\#.\#\#\#\#W
Post office box is not acceptable.
 to reflect the decommissioned location, contact your licensing specialist.

## Additional information

There has been no licensed activity in any off-site location that reached or exceeded 90 days in Canada within the reporting period.


## Financial Guarantees

 submit accurate information.
 of radiation devices in possession. The information submitted for the purpose of calculating the financial guarantee must reflect the inventory provided within 60 days of the ACR due date.

| Date of Inventory (please use the dropdown calendar for the date) | Sealed Sources $\geq 50 \mathrm{MBq}$ ( not contained in a radiation device) | Radiation Devices |
| :---: | :---: | :---: |
| 2022-02-08 | 0 | 0 |

## Additional information

All of Best Theratronics Ltd sealed sources and radiation devices are tracked and reported under the Class 1B licence [NSPFL-14.00/2029] and associated financial guarantee.

## Inventory: Sealed Sources (List only sealed sources that are not contained in a radiation device)




For all sealed sources that were transferred or disposed during the reporting period, include a copy of the transfer records with the ACR submission.

## Additional information

All of Best Theratronics Ltd sealed sources and radiation devices are tracked and reported under the Class 1B licence [NSPFL-14.00/2029].

## Inventory: Radiation Devices Containing Sealed Sources



| $\square$ Check here if you currently have no radiation devices in inventory. | Date of inventory (please use the dropdown calendar for the date) 2022-02-08 |
| :---: | :---: |

 required information, or see www.nuclearsafety.gc.ca/acr for templates.

If you have a radiation device that contains more than one source:

1. Enter the radiation device information as normal, and fill in the sealed source information for the first source in the device on the same line
2. On subsequent lines, enter "Same as previous line" in the "Radiation Device Manufacturer and Model" field, then enter the info for the next sealed source in the radiation device.
3. Repeat step 2, until all sealed sources contained in the device have been reported.

|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
|  | Radiation Device |  |  | Sealed Source(s) or Sealed Sources Assemblies contained within the Device |  |  |  |  |  |
| $+$ | Manufacturer of radiation device | Model of radiation device | Serial Number of radiation device | Manufacturer of sealed source | Model of sealed source | Serial Number of sealed source | Nuclear Substance | Current Activity | Activity Units |
| - |  |  |  |  |  |  |  |  |  |




## Sealed Source Security Requirements

For more information about the categorization of sealed sources consult REGDOC-2.12.3 or IAEA Safety Guide No. RS-G-1.9.

1. Are you required to submit a security plan in accordance with Regulatory Document REGDOC-2.12.3, Security of Nuclear Substances: Sealed Sources?
$\bigcirc$ Yes
(-) No
2. If yes, has the approved security plan changed during the reporting period?
$\bigcirc Y$
(- No
3. If yes, did you submit the revised security plan to CNSC's Nuclear Security Division?
$\bigcirc$ Yes
$\bigcirc \mathrm{No}$

Additional Information

## Ascertainment of Doses : Whole Body

 report dose for staff working in Canada.
 dose.

|  | Number of Workers in each effective dose category |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | BDL ${ }^{1}$ | $\begin{gathered} >\text { BDL } 1 \\ \text { and } \\ \leq 0.5 \end{gathered}$ | $\begin{aligned} & >0.5 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 1 \mathrm{mSv} \end{aligned}$ |  | $\begin{aligned} & >2 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 5 \mathrm{mSv} \end{aligned}$ | $\begin{aligned} & >5 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 20 \mathrm{mSv} \end{aligned}$ | > 20 mSv | Dosimetry Service <br> Provider 2 | Maximum individual dose $(\mathrm{mSv})^{3}$ |
| Number of NEWs | 2 | 3 | 2 | 0 | 1 | 2 | 0 | Landauer Inc | 7.91 |
| Number of Non-NEWs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 0 |

## 1 BDL = Below Detectable Limits for the dosimeter being used.

 3 Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.
 licence condition 2912 on your licence, always report the doses for the period January 1 to December 31 of the previous calendar year).

## Additional Information

All workers monitored under this licence are NEW Service technicians. Doses also include service work conducted outside of Canada and under two other licenses (NSPFL-14.00/2029 \& 14127-8-24.0).



## Ascertainment of Doses: Extremity

 the information in details, as shown below. Only report dose for staff working in Canada.
 dose.
$\square$ Check here if your organization has no extremity dose information to submit for the reporting period.

|  | Number of Workers in each equivalent dose category |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | < 10 mSv | $\begin{aligned} & \geq 10 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 50 \mathrm{mSv} \end{aligned}$ | $\begin{aligned} & >50 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 100 \mathrm{mSv} \end{aligned}$ | $\begin{aligned} & >100 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 200 \mathrm{mSv} \end{aligned}$ | $\begin{aligned} & >200 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 350 \mathrm{mSv} \end{aligned}$ | $\begin{aligned} & >350 \mathrm{mSv} \\ & \quad \text { and } \\ & \leq 500 \mathrm{mSv} \end{aligned}$ | > 500 mSv | Dosimetry Service <br> Provider 1 | Maximum individual dose $(\mathrm{mSv})^{2}$ |
| Number of NEWs | 9 | 1 | 0 | 0 | 0 | 0 | 0 | Landauer Inc | 11.39 |
| Number of Non-NEWs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Landauer Inc | 0 |

 2 Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.
 licence condition 2912 on your licence, always report the doses for the period January 1 to December 31 of the previous calendar year).

## Additional Information

Each worker is issued two extremity dose rings (right and left hands). The higher of the the two ring values per worker is reported.



## Radiation Protection Program (RPP)

Have you made any unreported changes to your Radiation Protection Program during the reporting period?
$\bigcirc$ Yes
(e) No

If yes, submit the updates or revised RPP to CNSC.


Changes to the Radiation Protection Program must be submitted to the CNSC as the changes are implemented

Additional Information

## Transport Carriers

List all carriers employed to transport radioactive materials for the purposes of this licence during the reporting period.

| + | Carrier Name | Contact Telephone | Full name of contact (if available) | Location of Carrier (City, Province) |
| :---: | :---: | :---: | :---: | :---: |
| - | Cassidy's Transfer \& Storage Ltd | (613) $735-6881 \times 113$ | Pembroke, Ontario |  |
| - | Jade Transportation Services | $(613) 543-1908$ | N/A | Morrisburg, Ontario |

Note:

1. Do not list all shipments, list only carriers hired to transport radioactive materials for the purposes of this licence during the reporting period.
2. Do not include licensee employees in this list. If no carriers were hired, do not list workers names, leave the table blank. If using the same carrier, there should be only one entry in the table.

## Additional Information

