



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

PROTECTED B when completed

Annual Compliance Reporting Form

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

Usetype (822)

Revision Date: September 2016



Canadian Nuclear
Safety Commission

Commission canadienne
de sûreté nucléaire

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Canada 



Declaration of Licensee Representative

I, 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 (YYYY-MM-DD)
Radiation Safety Officer	2018-02-23

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 Directorate of Nuclear Substance Regulation at 1-888-229-2672.

When complete, please submit this form via email to cnsac.rac.ccsn@canada.ca or by fax to 613-995-5086.



Licensee Organization Information

Licensee Name		Licensee Corporation Number (if applicable)	
Best Theratronics Ltd.		6883508	
Licensee Business Number (if applicable)		Licence Number	
830283554		14127-8-19.1	
Reporting Period			
This Annual Compliance Report covers the 12 month period.			
From		To	
2017-01-01		2017-12-31	
Head Office Legal Address			
Street Address			
413 March Road			
City	Province/State	Country	Postal/Zip Code
Ottawa	ON	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 applicable)

Check here if no alternate RSO

Name		Title	
Edna Sacay		Radiation Safety Specialist	
Mailing Address			
<input checked="" type="checkbox"/> 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	



Financial Contact (if applicable)

Name		Title	
Brian McKerness		Business Analyst	
Mailing Address			
<input checked="" type="checkbox"/> 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 x2622
Alternate Telephone Number	Facsimile	Email Address	
	613 591 6621	brian.mckerness@theratronics.ca	

Signing Authority

<input checked="" type="checkbox"/> Check here if same as "Radiation Safety Officer"			
Name		Title	
Mojgan Soleimani		Radiation Safety Officer	
Mailing Address			
<input checked="" type="checkbox"/> 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	
613 355 7771	613 591 5680	mojgan.soleimani@theratronics.ca	



Applicant Authority

Check here if same as "Radiation Safety Officer"

Name

Krishnan Suthanthiran

Title

President

Mailing Address

Check here if same as "Radiation Safety Officer"

Street Address

413 March Road

City

Ottawa

Province/State

ON

Country

Canada

Postal/Zip Code

K2K 0E4

Telephone Number

703 451 2378 x104

Alternate Telephone Number

Facsimile

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 Geographical Coordinates *	City, Province	Postal Code	Location Contact Person		
				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.



Inventory: Sealed Sources

Enter your inventory of CNSC-licensed sealed sources specific to this licence in the table below. Report one source per line.

Check here if you currently have no sealed sources in inventory.

Date of inventory (YYYY-MM-DD)

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	Nuclear Substance	Current Activity †	Activity Units
					<input type="text"/>
					<input type="text"/>
					<input type="text"/>

† 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



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:

0

Radiation Devices > 50 MBq:

0



Inventory: Radiation Devices Containing Sealed Sources

Enter your inventory of CNSC-licensed radiation device(s) in possession in the table below. Report one device per line.

Check here if you currently have no radiation devices in inventory

Date of inventory (YYYY-MM-DD)

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.

If you have a 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 Source Assemblies contained within the Device					
Manufacturer & Model	Serial Number	Manufacturer	Model	Serial Number	Nuclear Substance	Current Activity †	Activity Units
							<input type="text"/>
							<input type="text"/>
							<input type="text"/>

† 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							Dosimetry Service Provider ††	Maximum individual dose (mSv)
	(mSv)								
	BDL †	> BDL † and ≤ 0.5	> 0.5 and ≤ 1	> 1 and ≤ 5	> 5 and ≤ 20	> 20 and ≤ 50	> 50		
Number of NEWs	0	7	0	1	1	0	0	Landauer Inc	5.3
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	0

† BDL = Below Detectable Limits for the dosimeter being used.

†† 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.



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							Dosimetry Service Provider †	Maximum individual dose (mSv)
	(mSv)								
	<10	>10 and ≤ 50	> 50 and ≤ 100	> 100 and ≤ 200	> 200 and ≤ 350	> 350 and ≤ 500	> 500		
Number of NEWs	8	1	0	0	0	0	0	Landauer Inc	11
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.



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



Transport Carriers

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.