



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

822 - Servicing, installation and dismantling of devices – basic servicing

Generate Form



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Declaration of Licensee Representative
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Name

Matthew Efseaff

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 (please use dropdown calendar for the date)

Radiation Safety Officer

2023-01-26

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.qc.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.



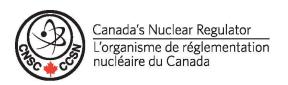
The ACR <u>can not</u> be used by licensees to request changes to the licence.

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.



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License	e Organi:	zation In	formatio	n									
Licensee Na	me												
Licensee Bu	siness Numb	er							Licensee Corporation Number				
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Reportii	ng Period	d											
There shoul	d not be any	lapse from	the previous	ACR reportin	g period. Do	not report f	for future da	tes. The repo	orting period should end within 60 days prior the ACR due	date.			
From (pleas	e use the dro	pdown ca l e	ndar for the	date)					To (please use the dropdown calendar for the date)				
2022-01-01 2022-12-31													
Head Of	fice Add	ress											
Street Addre	ess												
413 March F	toad												
City				Prov	nce / State				Country Postal / Zip Code				
Ottawa				ON					CA	K2K 0E4			
Mailing	Address												
The mailing	address is th	ne address to	which all CN	NSC correspo	ndence will b	oe mai l ed.							
✓ Check h	ere if same a	s Head Offic	e Address										
Street Addr	ess												
413 March F	toad												
City				Provi	nce / State				Country	Postal / Zip Code			
Ottawa				ON					CA K2K 0E4				
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Radiation Safety Officer (RSO)			
It is a regulatory requirement to notify the CNSC within 15 days of a change	e in the radiation safety officer. Sectio	n 15 of the <u>General Nuclear Safety and</u>	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		Title	
Matthew Efseaff		Radiation Safety Officer	
Telephone Number	Alternate Telephone Number		E-mail
613-591-2100 x 2762	613-769-3408		matthew.efseaff@theratronics.ca
Alternate (if applicable)			
Alternate RSO is necessary as a temporary replacement of the RSO during a	a his/her absence in order to ensure co	ontinuous oversight of the radiation pr	otection 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 Check here if no alternate			
Name		Title	
Marilee Jackson		Radiation Safety Specialist	
Telephone Number	Alternate Telephone Number		E-mail
613-591-2100 x2028	613-220-4573		marilee.jackson@theratronics.ca
Signing Authority			
The RSO has signing authority unless specified otherwise. The signing auth	nority is authorized to act for the licens	ee for all matters encompassed by the	: CNSC licence.
Check here if same as Radiation Safety Officer			
Name		Title	
Matthew Efseaff		Radiation Safety Officer	
Telephone Number	Alternate Telephone Number		E-mail
613-591-2100 x 2762	613-301-6257		matthew.efseaff@theratronics.ca
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Financial Contact (if applicable)									
Information required only for fee paying licensees.									
Name			Title						
Kimberly Parsons			Accounts Payable						
Telephone Number		Alternate Telephone Number		E-mail					
613-591-2100 x 1613		N/A	kimber ley.parsons@theratronics.ca						
Mailing Address - Financial Contact									
Check here if same as Head Office Address									
Street Address									
413 March Road									
City	Province / State		Country		Postal / Zip Code				
Ottawa	ON		CA		K2K 0E4				
Applicant Authority The applicant authority is an individual at the senior malt is a regulatory requirement to notify the CNSC within					omp l iance as identified by the CNSC.				
Name			Title						
Krishnan Suthanthiran			President						
Telephone Number		Alternate Telephone Number		E-mai l					
703-451-2378 x 104				krish@teambest.c	om				
Mailing Address - Applicant Authority	1								
Check here if same as Head Office Address									
Street Address									
413 March Road									
City	Province / State		Country		Postal / Zip Code				
Ottawa	ON		CA	K2K 0E4					



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Report all locations where the licensed activity (used and/or stored) has been conducted for more than 90 consecutive days. The continuity of consecutive days is not broken during off-site use or off-site temporary storage.

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.

		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.

If a location is not listed in the ACR, it will not be considered as advising the CNSC that a location is decommissioned. Proper notification and decommissioning process need to be followed. If the licence requires an amendment 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.



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Financial Guarantees

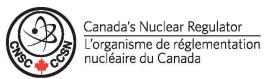
Calculation of financial guarantees is obtained by adding the number of sealed sources with an activity equal or greater than 50 MBq and/or radiation devices. The data used is extracted from the ACR, therefore it is important to submit accurate information.

In accordance with the requirement of the CNSC Financial Guarantee program, report the number of individual sealed sources not contained in a radiation device with an activity greater or equal to 50 MBq and/or the number 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 ≥ 50 MBq (not contained in a radiation device)	Radiation Devices
2023-01-26	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.



Applica	ble CNSC	licence	number

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Inv	ventory: Sealed Sources (L	ist only sealed sources th	at are not contained in a	radiation device)							
Ente	er your inventory of sealed sources sp	ecific to this licence in the table below	w. Report one source per line. The in	ventory provided must be within 60 d	ays prior the ACR due date. O l der in	ventory will be rejected.					
✓	Check here if you currently have no so	ealed sources in inventory.		ate of inventory (please use the dropo 023-01-26	down calendar for the date)						
	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.										
				Source(s)							
			List only sealed sources that are n	ot contained in a radiation device							
+	Manufacturer	Model	Serial Number	Nuclear Substance	Current Activity	Activity Units					
-											
For	all sealed sources that were transferre	ed or disposed during the reporting p	eriod, include a copy of the transfer re	ecords with the ACR submission.							

822 - Servicing, installation and dismantling of devices – basic servicing

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

Additional information



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nventor	y: Radiation	Devices (Containing	ı Sealed	l Sources
					7 3 C GII C C 3

Enter your inventory of radiation devices specific to this licence in the table below. Report one source per line. The inventory provided must be within 60 days prior the ACR due date. Older inventory will be rejected.

Check here if you currently have no radiation devices in inventory.

Date of inventory (please use the dropdown calendar for the date)

2023-01-26

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 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.

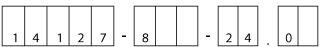
		Radiation Device			Sealed Source(s) or Sealed Sources Assemblies contained within the Device						
		Radiation Device			Sealed Source(s) or Sealed Sources Assemblies contained within the Device						
		Radiation Device			Sealed Source(s) or Sealed Sources Assemblies contained within the Device						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

For all radiation devices 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]





Sealed Source Security Requirements

 $1. Are you required to submit a security \ plan in accordance with Regulatory Document REGDOC-2.12.3, \textit{Security of Nuclear Substances: Sealed Sources?} \\$

Yes

O No

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

2. If yes, has the approved security plan changed during the reporting period?

Yes

O No

3. If yes, did you submit the revised security plan to CNSC's Nuclear Security Division?

Yes

O No

Additional Information

The security plan is 1.08-SC-10 (J) HAZARDOUS MATERIAL TRANSPORTATION SECURITY PLAN



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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. Only report dose for staff working in Canada.

Note: Please do not send personal sensitive information, such as social insurance number, to the CNSC. If the total number of workers reported for NEWs or non-NEWs is less than ten (10) do not report the maximal individual dose.

			Number of Wor	kers in each effectiv	e dose category				
	BDL 1	> BDL 1 and ≤ 0.5	> 0.5 mSv and ≤ 1 mSv	> 1 mSv and ≤ 2 mSv	> 2 mSv and ≤ 5 mSv	> 5 mSv and ≤ 20 mSv	> 20 mSv	Dosimetry Service Provider 2	Maximum individual dose (mSv) 3
Number of NEWs	0	4	1	1	0	0	0	Landauer Inc	
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	

- 1 BDL = Below Detectable Limits for the dosimeter being used.
- 2 Enter the name of the licensed dosimetry provider. If a dosimetry service provider is not used, enter "ESTIMATED" and provide brief details on how dose estimates were derived in the additional information area below.
- 3 Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.

In accordance with the <u>Radiation Protection Regulations</u>, doses must be reported for a calendar year. Please report your doses for the calendar year preceding your ACR due date (e.g. regardless of the ACR reporting date in 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 & 14127-3-28.3).



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Ascertainment of Doses: Extremity

Provide a summary of the annual equivalent extremity radiation doses received by Nuclear Energy Workers (NEWs) and non-NEWs (workers in position not designated as NEWs) during the year ending December 31st. Provide the information in details, as shown below. Only report dose for staff working in Canada.

Note: Please do not send personal sensitive information, such as social insurance number, to the CNSC. If the total number of workers reported for NEWs or Non-NEWs is less than ten (10), do not report the maximal individual dose.

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

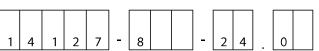
		Number of Workers in each equivalent dose category							
	< 10 mSv	≥ 10 mSv and ≤ 50 mSv	> 50 mSv and ≤ 100 mSv	> 100 mSv and ≤ 200 mSv	> 200 mSv and ≤ 350 mSv	>350 mSv and ≤ 500 mSv	> 500 mSv	Dosimetry Service Provider 1	Maximum individual dose (mSv) 2
Number of NEWs	6	0	0	0	0	0	0	Landauer Inc	
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	

- 1 Enter the name of the licensed dosimetry provider. If a dosimetry service provider is not used, enter "ESTIMATED" and provide brief details on how dose estimates were derived in the additional information area below.
- 2 Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.

In accordance with the <u>Radiation Protection Regulations</u>, doses must be reported for a calendar year. Please report your doses for the calendar year preceding your ACR due date (e.g. regardless of the ACR reporting date in 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 two ring values per worker is reported.



Radiation Protection Progi	ram (RPP
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Have you made any unreported changes to your Radiation Protection Program during the reporting period?

○ Yes

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



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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 x 113	N/A	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