



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

PROTECTED B when completed

Annual Compliance Reporting Form

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

Usetype (565)

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 cnsacrac.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	
83028 3554		14127-3-18.4	
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 6627	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 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

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





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.



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.