

Annual Compliance Reporting Form

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

Usetype (565)

Revision Date: September 2016



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C	Declaration of Licensee Representative							
ı	Mojgan Soleimani	having the authority to act for the licensee pursuant to Section 15 of the General Nuclear Safety and Control						
R	egulations, certify that all statements and representations made in this Annual Compliance Report and any supp	olementary pages appended to this report are true and correct to the best of my knowledge.						
1	itle	Date (YYYY-MM-DD)						
F	adiation 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.							
W	When complete, please submit this form via email to cnsc.acr-rac.ccsn@canada.ca or by fax to 613-995-5086.							
	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				
83028 3554		14127-3-18.4					
Reporting Period							
This Annual Compliance Report covers the 12 month pe	eriod.						
From		То					
2017-01-01		2017-12-31					
Head Office Legal Address							
Street Address							
413 March Road							
City	Province/State	Country		Postal/Zip Code			
Ottawa	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 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				



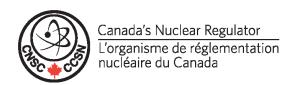
Financial Contact (if applicable)						
Name		Title				
Brian McKerness		Business Analyst				
Mailing Address						
Check here if same as "Radiation Safety Officer"						
Street Address		City				
413 March Road		Ottawa				
Province/State	Country	Postal/Zip Code	Telephone Number			
ON	Canada	K2K 0E4	613 591 2100 x2622			
Alternate Telephone Number Facsimile		Email Address				
613 591 6627		brian.mckerness@therartonics.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		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	Facsimile					
703 451 2378 x104							
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 (mSv)							Dosimetry	Maximum
	BDL†	> BDL † and ≤ 0.5	> 0.5 and ≤ 1	> 1 and ≤ 5	> 5 and ≤ 20	> 20 and ≤ 50	> 50	Service Provider	individual dose (mSv)
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

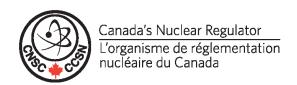
[†] BDL = Below Detectable Limits for the dosimeter being used.

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.

Comments

All monitored under this licence are NEW Service technicians. Doses also include service work conducted outside of Canada.





Ascertainment of Doses – Extremity [oses
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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.

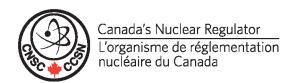
	Number of Workers in each effective dose category								
	(mSv)								Maximum individual dose
	<10	>10 and ≤ 50	> 50 and ≤ 100	> 100 and ≤ 200	> 200 and ≤ 350	> 350 and ≤ 500	> 500	Service Provider †	(mSv)
Number of NEWs	8	1	0	0	0	0	0	Landauer Inc	11
Number of Non-NEWs	0	0	0	0	0	0	0	N/A	0

† 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
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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.

