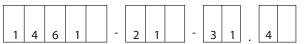
Applicable CNSC licence number



D	eclaration of Licensee Representative	
	Michael Campbell	having the authority to act for the licensee pursuant to Section 15 of the General Nuclear Safety and Control
Re	gulations, certify that all statements and representations made in this Annual Compliance Report and any supp	lementary pages appended to this report are true and correct to the best of my knowledge.
Ti	tle	Date (YYYY-MM-DD)
Ra	adiation Safety Officer	2024-11-05

It is an offence under the Nuclear Safety and Control Act to knowingly make a false report.

For questions related to the Accelerators and Class II Facilities Division (ACFD) ACR, contact your CNSC Project Officer.

When complete, please submit this form via email to acr-rac@cnsc-ccsn.gc.ca.

Print Form

Submit by Email

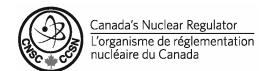


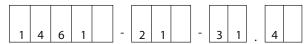
ACR forms are intended to report the licensee's activity. To request an amendment, including changes in licensee's representatives (RSO, alternate, applicant authority, signing authority), please submit your request separately to the CNSC.



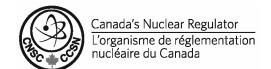
The ACR **can not** be used by licensees to request changes to the licence.

Any changes requiring a licence amendment or to comply with licence conditions must be submitted separately to the Project Officer when you become aware of the change.



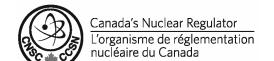


Licensee Organization Information	n					
Licensee Name						
Thunder Bay Regional Health Sciences Centre						
Licensee Business Number					Licensee Corporation Number	
					on file	
Reporting Period						
There should not be any lapse from previous ACI	reporting period. Do	not report for fu	ıture dates. Th	he reporting	period shall cover a full year.	
From					То	
2023-11-01					2024-10-30	
Head Office Address						
Street Address						
980 Oliver Rd						
City	Province/Stat	e			Country	Postal/Zip Code
Thunder Bay	ON				canada	P7B6V4
Mailing Address						
The mailing address is the address to which all CN	SC correspondence wi	Il be mailed.				
Check here if same as Head Office Address						
Street Address						
1040 Oliver Rd - Suite B1						
City	Province/Stat	e			Country	Postal/Zip Code
Thunder Bay	ON				Canada	P7B7A5



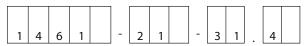
1	4	6	1	-	2	1	-	3	1	4	

Radiation Safety Officer (RSO)			
Name		Title	
Michael Gordon Campbell		Radation Safety Officer	
Telephone Number	Alternate Telephone Number		E-mail Address
	807-343-8110 x8106		mike.campbell@lakeheadu.ca
Alternate (if applicable)			
Please provide information of an alternate contact to the RSO in this section Refer to Class II Nuclear Facilities and Prescribed Equipment Regulations sec https://laws.justice.gc.ca/eng/regulations/sor-2000-205/page-1.html		the certified RSO during the RSO's abso	ence for not more than 60 working days in any consecutive 365-day period.
Check here if no alternate			
Name		Title	
Sonja Desjardins		Cyclotron Associate	
Contact information			
Telephone Number	Alternate Telephone Number		E-mail Address
807-684-7010			Sonja.Desjardins@tbh.net
Signing Authority			
The RSO is typically appointed as signing authority. The signing authority is a	uthorized to act for the applicant or lic	ensee for all matters encompassed by t	the CNSC licence.
Check here if same as 'Radiation Safety Officer'			
Name		Title	
Michael Gordon Campbell		Radation Safety Officer	
Contact information			
✓ Check here if same as 'Radiation Safety Officer'			
Telephone Number	Alternate Telephone Number		E-mail Address
	807-343-8110 x8106		mike.campbell@lakeheadu.ca



1	4	6	1	-	2	1	-	3	1	١.	4	

Financial Contact (if applicable)					
Information required only for fee paying licensees.					
Name			Title		
Dr. Rhonda Crocker Ellacott			President & CEO, TBRHSC		
Contact information					
Telephone Number		Alternate Telephone Number		E-mail Address	
×××××				Rhonda.Ellacott@	tbh.net
Mailing Address					
Check here if same as 'Head Office' Address					
Street Address					
980 Oliver Rd					
City	Province/State		Country		Postal/Zip Code
Thunder Bay	ON		Canada		P7B6V4
Applicant Authority					
The applicant authority is an individual at the senior ma It is a regulatory requirement to notify the CNSC within					
Name			Title		
Dr. Rhonda Crocker Ellacott			President & CEO, TBRHSC		
Contact information					
Telephone Number		Alternate Telephone Number		E-mail Address	
				Rhonda.Ellacott@	tbh.net
Mailing Address					
Check here if same as 'Head Office' Address					
Street Address					
980 Oliver Rd					
City	Province/State		Country		Postal/Zip Code
Thunder Bay	ON		Canada		P7B6V4



Inv	rentory: Sealed Sources (L	List only sealed sources that are i	not contained in a radia	tion device)			
Ente	er your inventory of CNSC-licensed sea	aled sources specific to this licence in the table	below. Report one source per line.				
	Check here if you currently have no se	sealed sources in inventory.	Date of ir	nventory (YYYY-MM-DD)			
requ	uired information, or see <u>www.nuclea</u>				preadsheet uses the same he	adings as in the table be	elow, and contains all
List	the total nominal activity for each bat	tch of seed sources (e.g.: I-125, etc.) along with	the total number of seeds in each b	atch in possession.			
+							
		List or	Sealed Source(s only sealed sources that are not cont				
	Manufacturer	Model	Serial Number (N/A for seed sources)	Nuclear Substance	Current Activity	Quantity (seed sources only)	Activity Units
-							
For	all sealed nuclear substances that hav	ve been transferred or disposed of during the re	eporting period, please include a co	py of the transfer document	with the ACR submission.		
	ditional information						
Plea	ase see attached list for current invent	tory and activities					

Applicable CNSC licence number

1	4	6	1	-	2	1	-	3	1	4	

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 (workers not designated as NEWs) during the year ending December 31st. Provide the information in detail, as shown below. Only report doses for staff working in Canada.

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

			Number of Wor	kers in each effectiv	e dose category				
	BDL †	> BDL † and ≤ 0.5 mSV	> 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 ††	Maximum Individual Dose (mSv) †††
Number of NEWs	8	3	1					NDS	0.63
Number of Non-NEWs	3							NDS/ePD	

† 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 additional information area below.

† † † Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.

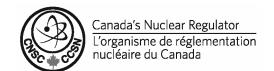
In accordance with the Radiation Protection Regulations, doses must be reported for a CALENDAR YEAR (January 1 to December 31). Please report your doses for the calendar year preceding your ACR due date (e.g. regardless of the ACR reporting date in licence condition 2912 on your licence, always report the doses for the period Jan 1 - Dec 31 of the previous calendar year).

Additional Information

For calendar year Jan 01, 2023 through Dec 31, 2023

NDS = Health Canada National Dosimetry Service

ePD = Internal monitoring using electronic personal dosimeters (2 student researchers)



Applicable CNSC licence number

1	4	6	1	-	2	1	-	3	1	١.	4	

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 detail, as shown below. Only report dose for staff working in Canada.

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

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

	< 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 †	Maximum individual dose (mSv) ††
Number of NEWs	6	1		1				NDS	
Number of Non-NEWs	2							NDS	

[†] 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 additional information area below.

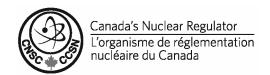
In accordance with the Radiation Protection Regulations, doses must be reported for a CALENDAR YEAR (January 1 to December 31). Please report your doses for the calendar year preceding your ACR due date (e.g. regardless of the ACR reporting date in licence condition 2912 on your licence, always report the doses for the period Jan 1 - Dec 31 of the previous calendar year).

Additional Information

For calendar year Jan 01, 2023 through Dec 31, 2023

NDS = Health Canada National Dosimetry Service

^{††} Do not enter a non-personal dose that was the subject of a CNSC approved dose change request.



Applicable CNSC licence number

1	4	6	1	-	2	1	-	3	1	4	

Workload - Isotope Production Accelerator

Provide a summary of the workload of the Class II prescribed equipment during the reporting period for all operating modes. If you have exceeded your approved annual workload, please submit details in the "Additional Information" area below, including an explanation as to why the approved workload was exceeded, and calculations showing that doses to persons in adjacent areas are still ALARA. Note that in all cases, records of workload must be maintained for inspection by the CNSC.

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.

+

		Target identifier or Part Number ¹	Annual uA-hours ²	Annual Production (GBq)	Number of batches/year	Number of targets rebuilt
-	-	LT (18F)	9,132.5	18,264	89	2
-	-	LT (13N)	168.4	970	11	
		Totals	9,300.9	19,234	100	2

- 1. The target Identifier listed here should match the Target Identifier in the "Part No." column of the Appendix: Licensed Targets on your licence
- 2. If reporting on dual-beam targets, provide the sum of μ A-hours from both beams
- 3. If reporting on research/test/dummy targets, list each type of target individually
- 4. If different beam types were used with the same target, report each beam type on a separate line (i.e. research targets with proton beams, research targets with deuteron beam, etc.)

Additional Information

Production information for period from Nov 01, 2023 through Oct 31, 2024 LT(18F) and LT(13N) are the same physical target

Applicable CNSC licence number

1	4	6	1	-	2	1	-	3	1	4	

Additional Information for Nuclear Substances and Class II Facility	A	dditio	nal Inforr	nation for	Nuclear Su	bstances and	l Class I	I Facilities
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Please provide additional information related to the Class II prescribed equipment, as detailed below. Note that provision of this information is not a regulatory requirement; CNSC requests this information in order to examine nuclear-safety-related trends and to inform future compliance strategies.

+			
	Prescribed equipment Item Number ¹	Greatest extent servicing performed during the reporting period. 2	Radiation survey performed during reporting period? If yes, see Note 3.
-	1	Corrective	No

- 1. Refer to the sections of your licence entitled "Appendix: Nuclear Substances and Class II Prescribed Equipment" and "Appendix: Location(s) of Licensed Activities" to determine the item number of each piece of prescribed equipment. Report one item per row. Add additional rows as necessary.
- 2. The various extents of servicing are defined as follows:
 - Not applicable: Not licensed to service Class II prescribed equipment
 - None
 - Preventive maintenance: Limited to basic servicing activities and periodic inspections
 - Corrective maintenance: Limited to preventive maintenance, plus troubleshooting and limited repairs or adjustments
 - Extensive servicing: Corrective maintenance, plus replacement of major components, refurbishment of Class II prescribed equipment, installation or replacement of the prescribed equipment or nuclear substances contained within the prescribed equipment, or dismantling of the prescribed equipment
- 3. Submit the results of the most recent radiation surveys performed during the reporting period or reference it if already submitted to the CNSC during the reporting period.

Additional Information

Replaced and realigned extraction foils, Preventative maintenance, replaced ion source filaments