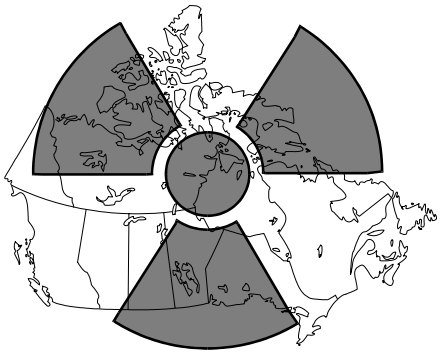

# GUIDELINES FOR MAKING CHANGES TO DOSE-RELATED INFORMATION IN THE NATIONAL DOSE REGISTRY

**Prepared by**

**The Joint Documents Working Group**

**of**

**The Federal Provincial Territorial Radiation Protection Committee - Canada**

**April 2006**

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# Guidelines for Making Changes to Dose- Related Information in the National Dose Registry

## 1.0 PURPOSE

The purpose of this document is to provide guidance on the procedures to be followed by x-ray users or workers seeking Federal, Provincial, or Territorial jurisdiction approval (regulator), of any changes to dose-related information previously filed with the National Dose Registry (NDR) of the Department of Health.

The procedures outlined are intended to ensure that the regulator has control over any changes to assigned dose but is not overly burdened by requests for changes that are not significant enough to be of regulatory concern.

## 2.0 SCOPE

This guideline document sets out the requirements to be met by x-ray users or workers, including the process to be followed and the information to be provided to the regulator and workers, when seeking regulatory approval of proposed changes to dose-related information previously filed with the National Dose Registry of the Department of Health.

For other external or internal dose record change requests such as from naturally occurring radioactive materials (NORM), including exposure from radon progeny, please consult your Federal, Provincial or Territorial regulator.

## 3.0 DEFINITIONS

For the purpose of this document, the following definitions apply:

**Change** means any modification to dosimetry information. Such information can include a decrease or an increase to an assigned dose value previously filed with the National Dose Registry (NDR). The following are not included as modifications to dosimetry information: changes or corrections to identification information (worker's name, date of birth, pregnancy declaration date, social insurance number, employer and job category), changes to wearing periods, and changes resulting from cases where background was not subtracted.

**Dose Information** means the occupational radiation doses of monitored workers on record with the NDR. The dose information includes annual summaries, discrete dose details, cumulative dose totals, dose histories, dose type (whole body, extremity, effective dose, equivalent dose) and pregnant worker dose information.

| | |
|---|---|
| **National Dose Registry (NDR)** | means the centralized radiation dose record repository operated by the Radiation Protection Bureau of the Department of Health (Health Canada). |
| **Regulator** | means the federal, provincial or territorial radiation protection authority that regulates x-ray use within their respective jurisdictions. |
| **User** | means a person, organization or institution that falls under the jurisdiction of the regulators. The owner is ultimately responsible for radiation safety, but may delegate this responsibility to a radiation safety officer, the facility health and safety officer or a senior operator.<br><br>The NDR does on occasion receive dose information from workers who have been exposed outside of Canada and the jurisdiction of the Canadian regulators, and who would like to have their doses included in the NDR. This type of change in dosimetry information is not addressed in this document. |
| **Worker** | means a person who, as an occupationally exposed person, may receive an effective dose in excess of 1mSv in any year. |

## 4.0 GENERAL PROCESS

Every dosimetry service licensed by the Canadian Nuclear Safety Commission (CNSC) must file with the National Dose Registry of the Department of Health, the following information with respect to each x-ray worker for whom it has measured and monitored a dose of radiation:

1) the worker's given name, surname and any previous surname;
2) the worker's Social Insurance Number;
3) the worker's sex;
4) the worker's job category;
5) the date, province and country of birth of the worker;
6) the effective dose and equivalent dose received by and committed to the worker.

Regulators use dose records to monitor x-ray users/workers' compliance with regulatory occupational dose limits. Dose information already sent to the NDR may have to be changed for various reasons such as following an investigation that concludes there is an incorrect dose record. When a dose information change is initiated by a user or worker, the general process to make the change to a NDR dose record is as follows:

1) The user submits a dose information change request, as described in Section 5.2, to the regulator.

2) The regulator evaluates the request and approves, amends, or denies it based on the information provided. Denials may be made if the information provided is incomplete.

3) If the requested change or an amended change is approved, the regulator sends a letter to the dosimetry service with the details of the change to be made and sends a copy to the user and worker. A copy of the letter is also sent to the NDR; however, the dosimetry service provider sends the official notice of change to the NDR.

4) If the change request is denied, the regulator sends a letter informing the user and worker of the refusal, and sends a copy to the dosimetry service and the NDR. If the regulator chooses to amend the requested change, i.e. increase or decrease request, the regulator will send a letter informing the user and worker of the amendment. The worker will then complete and update the Worker Declaration to reflect that he/she is aware of the amendment.

5) Should a user or worker be dissatisfied with the decision it may be appealed by contacting the regulator.

Changes initiated by a CNSC-licensed dosimetry service e.g. changes due to processing errors do not require regulator approval with the following proviso: all changes made to dose data by dosimetry services, both prior to and after sending it to the NDR, must be recorded and retained indefinitely by the services for inspection/audit by the regulator. In addition, the dosimetry service must inform the user of the final changes to the dose data.

# 5.0 REQUIREMENTS

## 5.1 Approval

Users/workers must seek the appropriate regulatory approval to make a dose information change to a dose record in the NDR.

## 5.2 Dose Information Change Request Procedure

This section sets out the procedures to be followed and the information to be provided by the user and worker when submitting a request for approval to the appropriate regulator to make a dose information change to a dose record in the NDR. It is outlined in the flowchart in Appendix A.

1) The user shall provide the following information in Section A – Dose Record Information Request Form found in Appendix B:
   (a) Dosimetry service name and Group or Account Number assigned to the user by the dosimetry service;
   (b) Company name that appears on the dosimetry service dose report;
   (c) The name of the worker and his or her social insurance number;
   (d) The serial number of the dosimeter that is shown on the original dose report, if applicable;

(e) The wearing period (e.g. 2003/01/01 to 2003/03/31) as listed on the original dose report, if applicable;
(f) The investigation report as described in Section 5.3; and
(g) The requested dose information change.

2) The user shall complete, date and sign Section A1 – Responsible User Declaration

3) The affected worker shall complete, date and sign Section A2 – Worker Declaration

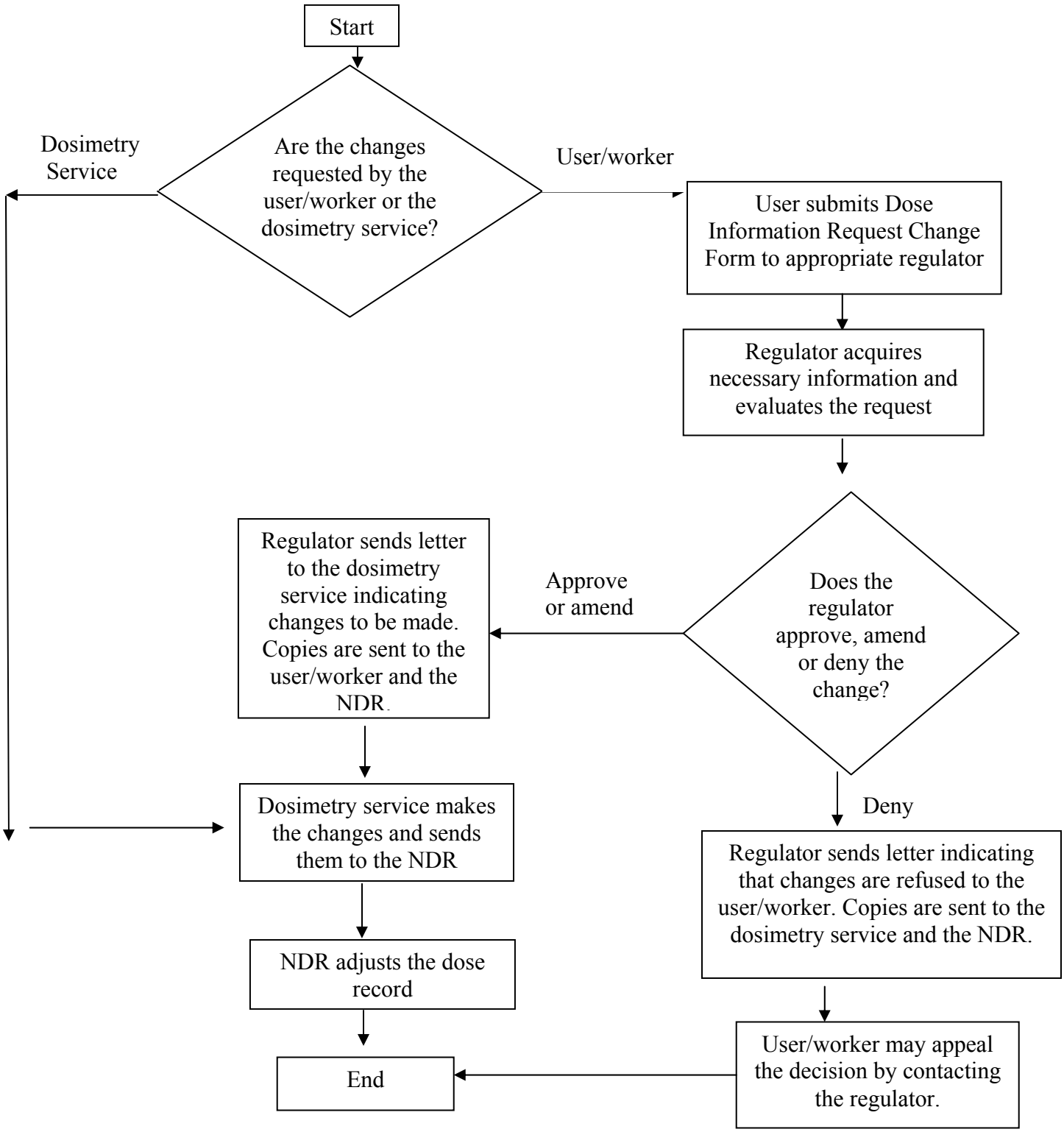
4) The user shall submit the completed Dose Information Change Request Form and any attachments to the relevant regulator (Refer to Appendix C for contact information).

### 5.3 Investigation Report

1) The user shall conduct an investigation of the event that has prompted a request for a dose information change.

2) The user shall prepare and submit an investigation report. The report shall contain the following information:
(a) reasons for requesting the dose information change;
(b) description of the circumstances and time frame involved;
(c) calculations to support the request, when applicable; and
(d) other relevant information, as determined by the regulator or a radiation protection specialist, e.g. a brief description of the person's work history and dose history.

## Appendix A – Flow Chart



# Appendix B Dose Information Change Request Form

## Instructions

The attached form is intended to facilitate a user's or worker's request for approval of a National Dose Registry (NDR) dose record change.

The NDR is a centralized radiation dose record system, operated by the Radiation Protection Bureau of Health Canada. It contains the occupational radiation dose records of monitored radiation workers in Canada. Federal, Provincial and Territorial Regulators require X-ray users/workers to file dose records to the NDR, and the regulators use these dose records to monitor user/worker compliance with the regulatory occupational dose limits and the limitation of occupational exposures. For more information on the NDR, see www.hc-sc.gc.ca/ewh-semt/occup-travail/radiation/regist/index_e.html

The personal information that is collected is subject to the provisions of Access to Information of the Privacy Act.

Once this form is completed, please send it and any attached statements to your regulator by mail or fax. The sender acknowledges that transmission to the regulator by fax is not the most secure method and accepts responsibility for any unauthorized use of the information. Attached is a list of the Federal, Provincial and Territorial Regulators and their contact information.

To complete the attached form, please note the following:

1. Group or Account Number refers to the number of the account assigned to the x-ray user by the dosimetry service.
2. Company Name is the name that appears on the dosimetry service dose report.
3. Please indicate the name of the individual to whom the dosimeter was assigned, and his or her social insurance number.
4. Indicate the serial number of the dosimeter that is shown on the original dose report.
5. Please specify the wearing period (e.g. 2003/01/01 to 2003/03/31) as listed on the original dose report.
6. Attach a statement indicating results of your investigation and why the whole body dose is to be changed; indicate the dose change.
7. Attach a statement indicating results of your investigation and why the skin dose is to be changed; indicate the dose change.
8. Attach a statement indicating results of your investigation and why the extremity dose is to be changed; indicate the dose change (applicable only to ring, wrist, head or leg extremity dosimeters).
9. Please complete the worker declaration section.
10. Attach a photocopy of the dose report in question.

Sections 1 to 8 of the form must be completed, dated and signed by the responsible user, and must include a telephone number. Section 9 must be signed and dated by the individual whose dose record will be affected, and must also include a telephone number.

## A Section A - Dose Information Change Request

Once completed, please send this form to your Federal, Provincial, or Territorial Regulator (see attached list)

### A1 Responsible User Declaration (All fields required, please check or fill in all information.)

1) Dosimetry service name:_____ Group or Account Number: _____

2) Company name as it appears on the dose report

_____

3) Name of the individual to whom the dosimeter was assigned and his/her SIN number

_____ |___|___|___| |___|___|___| |___|___|___|

4) Serial number of the dosimeter, as appropriate, as listed on the original dose report

_____

5) The period of time the dosimeter was worn, as listed on the original dose report

_____

**Whole Body Dosimetry**

6) Is the Investigation Report attached requesting a change to the whole body dose (effective dose)?
Yes ☐ No ☐

a) Change the whole body dose from _____mSv to _____mSv

7) Is the Investigation Report attached requesting a change to the skin dose (equivalent dose)?
Yes ☐ No ☐

a) Change the skin dose from _____mSv to _____mSv

**Extremity Dosimetry**

8) Is the Investigation Report attached requesting a change to the extremity dose (equivalent dose)?
Yes ☐ No ☐

a) Change the extremity dose from _____mSv to _____mSv

### Responsible User

☐ Dr ☐ Mr. ☐ Mrs. ☐ Ms.

Given Name: _____ Initial: _____ Surname : _____

Signature : _____ Date : _____ Phone number: _____

E-mail address: _____ Fax number: _____

**(Protected when completed.)**

## A A2 - Worker Declaration (All fields required, please check or fill in all information.)

9) ☐ Dr. ☐ Mr. ☐ Mrs. ☐Ms.

Given Name: _____ Initial: _____ Surname : _____

Dosimeter number: _____

I have been informed of the requested change to my dose information. I accept this change, and understand its implications.

Signature : _____ Date : _____ Phone number: _____

E-mail address: _____ Fax number: _____

## B For Federal, Provincial, or Territorial Use Only:

### Request Reviewed by:

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Given Name: _____ Initial: _____ Surname : _____

Signature : _____ Date : _____ Phone number: _____

E-mail address: _____ Fax number: _____

### Approved by:

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Given Name: _____ Initial: _____ Surname : _____

Signature : _____ Date : _____ Phone number: _____

E-mail address: _____ Fax number: _____

# Appendix C

## Regulatory Contacts

### Federal Government Agencies

**Canadian Nuclear Safety Commission**
P.O. Box 1046
280 Slater Street
Ottawa, Ontario K1P 5S9
Tel: 1-800-668-5284
Fax: (613) 995-5086

To be contacted if the source of the radiation dose is from radionuclides licensed by the Canadian Nuclear Safety Commission

**Health Canada**
Director
Consumer and Clinical Radiation Protection Bureau
775 Brookfield Road
Postal Locator 6302C
Ottawa, Ontario K1A 1C1
Tel: (613) 954-6701
Fax: (613) 952-7584

To be contacted if the worker is a person employed in Federal Public Service departments and agencies, or at a work site coming under the jurisdiction of the Canada Labour Code, and if the source of the radiation dose is from x-rays.

**Department of National Defence**
Director Nuclear Studies and Analysis
Director General Nuclear Safety
Department of National Defence
101 Colonel By Drive
Ottawa, Ontario K1A 0K2
Tel: (613) 995-8260 or 992-7446
Fax: (613) 992-5537

To be contacted if the worker is a member of the Canadian Forces or is an employee of the Department of National Defence

### Provincial and Territorial Government Agencies

To be contacted if the source of the radiation dose is from x-rays or naturally occurring radioactive materials (NORM)

**Alberta**
Workplace Policy and Standards Development
Alberta Human Resources & Employment
10808-99th Avenue, 8th Floor
Edmonton, Alberta T5K 0G5
Tel: (780) 415-0612
Fax: (780) 422-0014

**British Columbia**
Senior Manager
Provincial Programs & Technical Services
Program Design Division
WorkSafeBC
6951 Westminster Highway
Richmond, BC V7C 1C6
Tel: (604) 207-1491
Fax: (604) 279-7545

**Manitoba**
Medical Physics
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba R3E 0V9
Tel: (204) 787-2213
Fax: (204) 775-1684

**New Brunswick**
Workplace Health and Safety
Compensation Commission
1 Portland Street
PO Box 160
Saint John, New Brunswick E2L 3X9
Telephone: 1-800-222-9775

**Newfoundland & Labrador**
Department of Government Services
West Block, 4th floor, Confederation Bldg
P.O. Box 8700
St. John's, Newfoundland and Labrador
A1B 4J6
Tel: (709) 729-0218
Fax: (709) 729-3445

**Northwest Territories and Nunavut**
WCB Prevention Services
P.O. Box 8888
Yellowknife, Northwest Territories
X1A 2R3
Tel: 1-800-661-0792
Fax: (867) 873-0262

**Nova Scotia**
Occupational Health and Safety Division
Department of Environment and Labour
P.O. Box 697
Halifax, Nova Scotia B3J 2T8
Tel: (902) 424-5400
Fax: (902) 424-5640

**Ontario**
Specialist, Radiation Protection Service
Occupational Health and Safety Branch
Ontario Ministry of Labour
81A Resources Road
Weston, Ontario M9P 3T1
Tel: (416) 235-5765
Fax: (416) 235-5926

**Prince Edward Island**
Manager, Environmental Health
Department of Health
16 Garfield Street
P.O. Box 2000
Charlottetown, P.E.I. C1A 2N8
Tel: (902) 368-4970

**Quebec**
Commission de la Santé et la Securité du Travail du Québec
1199 de Bleury, 7$^{e}$ Etage
C.P. 6056, Succ. Centre-Ville
Montréal, Québec H3C 4E1
Tel : (514) 906-3010
Fax : (514) 906-3011

**Saskatchewan**
Radiation Safety Unit
Department of Labour
400 - 1870 Albert Street
Regina, Saskatchewan S4P 4W1
Tel: (306) 787-4538
Fax: (306) 787-2208

**Yukon**
Workers' Compensation Health & Safety
401 Strickland Street
Whitehorse, Yukon Y1A 5N8
Tel: (867) 667-5450
Fax: (867) 393-6279