

**Canadian Nuclear
Safety Commission**

**Commission canadienne de
sûreté nucléaire**

Public hearing

Audience publique

**Canadian Light
Source Incorporated:**
Application by Canadian Light
Source Incorporated for Renewal
of their Class IB Particle
Accelerator Operating Licence

**Centre canadien de rayonnement
synchrotron incorporé :**
Demande présentée par le Centre
canadien de rayonnement synchrotron
incorporé pour le renouvellement de
son permis d'exploitation
d'accélérateur de particules de
catégorie IB

May 2nd, 2012

Le 2 mai 2012

Public Hearing Room
14th floor
280 Slater Street
Ottawa, Ontario

Salle d'audiences publiques
14^e étage
280, rue Slater
Ottawa (Ontario)

Commission Members present

Commissaires présents

Dr. Michael Binder
Dr. Moyra McDill
Mr. Dan Tolgyesi
Ms. Rumina Velshi
Dr. Ronald Barriault
Mr. André Harvey

M. Michael Binder
Mme Moyra McDill
M. Dan Tolgyesi
Mme Rumina Velshi
M. Ronald Barriault
M. André Harvey

Secretary:

Secrétaire:

Mr. Marc Leblanc

M. Marc Leblanc

Senior General Counsel :

Avocat général principal:

Mr. Jacques Lavoie

M. Jacques Lavoie

1 **THE CHAIRMAN:** Do we have concurrence?

2 For the record, the agenda is adopted.

3 The first hearing today is the application
4 by Canadian Light Source Inc. and we have representatives
5 from Light Source Inc. and we have also some people that
6 are coming to us via teleconference from Saskatoon.

7 Can you hear us?

8 Anybody on line?

9 Technology is not working? Are they on
10 line? Have they the mute button on? Okay.

11 Marc?

12

13 **Canadian Light**

14 **Source Incorporated:**

15 **Application by Canadian Light**

16 **Source Incorporated for Renewal**

17 **Of their Class IB Particle**

18 **Accelerator Operating Licence**

19

20 **MR. LEBLANC:** So this is a one-day public
21 hearing. The Notice of Public Hearing 2012-H-02 was
22 published on February 7th.

23 Submissions from CLSI and CNSC staff were
24 due on March 2nd.

25 The public was invited to participate

1 either by oral presentation or written submission. April
2 2nd was the deadline set for filing by intervenors. The
3 Commission received no requests for intervention.

4 April 25th was the deadline for filing of
5 supplementary information. I note that presentations have
6 been filed by CNSC staff and CLSI.

7 Commission Member Document or CMD 12-H4.A
8 is confidential and would be discussed in closed session,
9 if necessary, after the public portion of the hearing.
10 This being said, it has already been determined that it
11 will not be necessary to go in closed session.

12 Mr. President.

13 **THE CHAIRMAN:** Okay. Well let's start the
14 hearing by calling on the presentation from Canadian Light
15 Source Inc. as outlined in the CMD 12-H4.1 and 4.1A. I
16 understand that Dr. Hormes will make the presentation.

17 Please proceed.

18
19 **12-H4.1 / 12-H4.1A**

20 **Oral presentation by**

21 **Canadian Light**

22 **Source Incorporated**

23
24 **DR. HORMES:** Good morning Mr. President,
25 Members of the Commission, staff members of the Canadian

1 Nuclear Safety Commission and colleagues.

2 As already mentioned, my name is Josef
3 Hormes and I'm the Executive Director of the Canadian
4 Light Source. I would like to start by introducing my
5 colleagues. Somewhere in the audience there is my boss,
6 Dr. Walter Davidson who is the Chair of our Board of
7 Directors. He is not in the first row. Then there are
8 three of my colleagues attending; that's Dr. Mark de Jong;
9 he is the Director of Accelerators, Dr. Mo Benmerrouche;
10 he is the Manager, Health, Safety & Environment and Mr.
11 Aziz Ahmad who is our Quality Assurance Manager.

12 I hope that three of my colleagues are
13 joining us by phone plus internet. They might not be in
14 the office of CNSC in Saskatoon; and that is, Dr. Tom
15 Ellis, our Director of Research, Dr. Jeff Cutler, our
16 Deputy Director & Director of Industrial Science and Mr.
17 Mike McKibben, our Director of Technical Services. They
18 are, hopefully, also ready to answer detailed technical
19 questions if there are coming up.

20 **THE CHAIRMAN:** So are there people trying
21 to connect with them? Who's ---

22 **DR. ELLIS:** Yes, hello, we are here in
23 Saskatoon.

24 **THE CHAIRMAN:** Okay. Welcome.

25 **DR. HORMES:** Thank you Tom.

1 **THE CHAIRMAN:** Okay. Let's proceed.

2 **DR. HORMES:** Let me start with some
3 historical note. As you might know, the first proposal
4 for Canadian Light Source was submitted already in 1974 by
5 Professor Bancroft and colleagues from Western. And it
6 took 25 years before that proposal was finally approved.
7 And the first licence to operate this facility was granted
8 in 2001 by CNSC. This licence was renewed in 2006 for six
9 years, and this operational licence is expiring on May
10 31st 2012. And this is the main reason why we are here.

11 We are here to ask the Commission to renew
12 this CLSI Particle Accelerator Operating Licence for a
13 period of 10 years starting on June 1st, 2012 and ending
14 by the end of May 2022.

15 The renewal of the licence is, of course,
16 the central part of our application. However, there are
17 three more issues that we would like to have approved for
18 the next licensing period. The first issue is we would
19 like to add one more routine operation mode to our modes
20 of operation and that is top-up.

21 Top-up mode means we are injecting
22 electrons into the storage ring with the beam shutters of
23 the beam lines open and the ultimate goal of this
24 operation is to keep the current in the storage ring
25 constant to a specific number - let's say .1 percent.

1 Our second request addresses the scope of
2 our annual re-validation of beam line safety systems.

3 And the last one is - we would like to
4 remove the personal radiation monitoring for non-nuclear
5 energy workers.

6 In my talk, I'm not covering all the 14
7 safety and control areas that are covered in the CMD, but
8 I will focus on those topics that are of importance for
9 our operation. And I would like to start this part of my
10 presentation with a few more general remarks about the
11 Light Source.

12 The Canadian Light Source is Canada's only
13 Synchrotron radiation facility and, therefore we call it
14 Canada's national Synchrotron radiation facility.

15 And perhaps just a reminder, most
16 Commission members visited the Light Source some years
17 ago. But just as a reminder what we are doing -- we are
18 producing Synchrotron radiation.

19 And Synchrotron radiation is just light,
20 electromagnetic radiation that is produced by electrons
21 that are moving with the speed of light on circular
22 microscopic orbits. That means all those circular
23 machines, cyclotrons, Synchrotrons, storage rings; you are
24 dealing with Synchrotron radiation.

25 Beside other properties, the most important

1 one is that Synchrotron radiation is what we call a
2 continuous spectrum that you can see in this light. Here
3 we are plotting on the double logarithmic scale something
4 like the intensity of the light versus decreasing
5 wavelengths, that is, increasing energy.

6 And as you can see in this double
7 logarithmic scale, Synchrotron radiation is much more
8 intense than all the other sources that are plotted here.
9 That means brighter than the sun, what we normally say,
10 and of course, order of magnitude more intense than
11 medical x-ray generators.

12 This slide shows the layout of our facility
13 without any beam lines. That means what we see here is
14 just our accelerator facility.

15 We have three different accelerators.
16 Somewhere at the beginning of the linear accelerator, we
17 are producing electrons in principle just by heating a
18 piece of metal and then our electrons are emitted. These
19 electrons are accelerated in the LINAC system, then they
20 are -- here's the mouse -- they are transferred in this
21 inner circle that is our booster Synchrotron. They are
22 accelerated to 2.9 GV and then they are transferred to the
23 outermost. The blue one is our storage ring.

24 And in this storage ring, the Synchrotron
25 radiation emitted in the storage ring, that's what we are

1 using for experiments that I will discuss in a minute.

2 What are the radiological hazards at this
3 ELS? There are four sources of prompt radiation. It is
4 Synchrotron radiation, what I talked about. There is
5 Bremsstrahlung. There -- we are producing some neutrons,
6 and there are some x-rays generated from the RF cavities
7 and Klystrons.

8 All this prompt radiation stops immediately
9 when, for example, the power is failing or if the machine
10 is switched off. And from that point on no cooling or any
11 other measures are required, yeah, for protecting people.

12 We have two sources of non-prompt
13 radiation. That means we are on a very low level. We
14 have activated some materials that are in direct contact
15 in the accelerator system. We are using a few radioactive
16 sources, sealed radioactive sources for calibrating our
17 detectors and we are using also a few conventional x-ray
18 generators for test experiments.

19 The last remark on the light source is the
20 capital investment today. There is, all together, a
21 capital investment of \$261 million plus 12 million as an
22 investment from federal and provincial government for the
23 isotope project that I'm going to mention at the end of my
24 talk.

25 The management system of the light source

1 is shown in this chart. The CLS is owned by the
2 University of Saskatchewan and it's operated by the CLSI.
3 We are a not for profit organization.

4 I am reporting -- the Executive Director is
5 reporting to the Board of Directors, and that Board of
6 Directors has members from industry, academia, government
7 labs and representatives from provincial government and
8 funding agencies. For the day-to-day operation, we have
9 seven directors that are responsible for that business.

10 As all national research facilities of our
11 type, we have advisory committees. We have two advisory
12 committees that are very high ranked. It's our science
13 advisory committee and our machine advisory committee.
14 They are top international experts in those areas that are
15 giving us advice how to improve and how to stay
16 competitive.

17 Then we have a peer review committee that's
18 responsible for the scientific ranking of proposals that
19 are submitted by users. Then we have two user advisory
20 committees, one a direct user advisory committee and one
21 for beam lines.

22 And finally, we have a business development
23 advisory committee that will help us to reach our
24 industrial goals.

25 The central part of our management systems

1 are the quality assurance system and the health, safety
2 and environment system. Guided by ISO 9001 principles,
3 the CLSI quality assurance system complies with CNSC's
4 expectation for our Class 1B particle accelerators as well
5 as all federal, provincial and municipal legislation.

6 The same is true for our HSE management
7 system as described in the HSE manual.

8 The internal management system includes the
9 quality assurance, the health, safety and environment
10 department. And those two are -- there's an oversight
11 from our Board of Directors HSE committee. We have
12 another committee that's the occupational health and
13 safety committee with employees and management
14 representatives.

15 This committee conducts regular inspections
16 at the CLS to ensure compliance with federally mandated
17 health, safety and other laws and legislation.

18 In close collaboration with staff members
19 from the CNSC, we have identified over the last year 11
20 processes that are crucial for the safe operation of our
21 facility. And, over the last months, we have focused, not
22 exclusively but very much, on the five topics that are in
23 green on my transparency. And we hope that we can make
24 additional progress in all of those, but specifically in
25 those five, over the next months of our operation.

1 Let's now switch over to the next topic.
2 That's human performance management.

3 The data that we are presenting in this
4 table is an update of the information that we submitted a
5 few weeks ago in our CMD. The table on the top -- where
6 is my mouse -- okay. That is summarizing the number of
7 people that have been trained for unescorted access to the
8 facility.

9 And as you can see, we are training the
10 users; we are training contractors; we are training our
11 staff. These numbers don't reflect the number of users or
12 staff directly because in many cases those training units
13 are valid for two years and then they have to be redone.
14 And therefore, that is not reflecting directly what we are
15 doing.

16 The second table on this slide is
17 summarizing the various training modules that were
18 delivered again for unescorted access to the facility.
19 And you can see that there's a group of training modules
20 that people have to take for that access.

21 And beyond those training modules, we have
22 a broad range of very specific training units. That means
23 if someone is using a beam line and that you can see in
24 the last line, the person has to take that beam line
25 specific orientation. And again, there are the numbers of

1 those models that have been delivered over the last six
2 years.

3 To fully understand what we are doing at
4 the light source in contrast, for example, to a power
5 plant, I should emphasize that the Canadian Light Source
6 is what we call a user facility. It means we are
7 operating this facility not for our own research, but we
8 are operating it for external users.

9 Over the last years, there are the numbers
10 of hours of operation for users and for the machine.
11 There is a magic number that's 5,000 hours per year of
12 beam time for users. We achieved that number in 2009 and
13 2010, because of technical problems, not in 2011, but we
14 are working on that area.

15 And beyond the 5,000 hours for users, there
16 is roughly 1,000 hours for machine studies and
17 optimization of the machine.

18 This is now a floor plan with the
19 accelerator facility that you have seen before, plus all
20 the operational beam lines. There are 15 at this point in
21 time.

22 The beam lines under construction, there
23 are six, and potential location of additional beam lines.
24 We expect that in 2014-2015, there will be 21 or perhaps
25 22 beam lines in operation.

1 These beam lines cover, as Synchrotron
2 radiation is doing, a broad range, spectral range, and we
3 are covering from the far infrared to the hard x-ray range
4 the full electromagnetic spectrum. There is just a tiny
5 slot in the visible because there are laser facilities
6 that are more suitable than Synchrotron radiation to use
7 the visible part of the spectrum.

8 This slide shows the development of our
9 user community over the last six years. In 2011, we had
10 220 user groups from all over Canada and from around the
11 world. There were 620 individual users, and we have
12 something like 1,300 user visits; that means each user is
13 on average coming twice to the facility to carry out
14 experiments.

15 This is our projection for the next six
16 years. We are expecting that, when we are fully
17 operational in 2017, we might have 1,000 users, 2,000 user
18 visits, we hope about one publication per day -- that
19 means 300 per year -- and we hope something like 600
20 proposals. We should keep in mind that each of those
21 proposals is reviewed by our HSE Department for chemical,
22 biological and other hazards before it's approved for beam
23 time.

24 All those ideas are summarized in a
25 detailed strategic plan for the years 2013 to 2017, which

1 is titled "Building on Success," and if you would like to
2 have a copy of this, let me know, we are forwarding a copy
3 to you, of course.

4 Our licence is very clearly defining which
5 events are reportable to the CNSC staff within 24 hours or
6 so. And over the last 10 years of our licensing, we had
7 nine reportable events. None of those events had any
8 injury or radiological exposure. All the reportable
9 events have been analyzed. They have been reported to
10 CNSC staff, and all those events are closed out.

11 This chart shows the dose that we have
12 recorded for all people working at the CLS. As you can
13 see, we did not include in this graph the CNSC annual dose
14 limit; that's 50 millisieverts. If we would have included
15 that, it would be so far above that graph that you
16 couldn't see it.

17 And we are plotting here the maximum dose
18 obtained by nuclear energy workers, and that is in general
19 significantly -- or, it is, not "in general" -- it is
20 significantly lower than also the one millisievert that is
21 defined for persons that are non-nuclear energy workers.

22 On the right-hand side, you see our dose
23 for non-nuclear energy workers. And, again, the maximum
24 dose is .2 millisieverts significantly lower than the one
25 millisievert that is set by Nuclear Safety Commission

1 standards.

2 The summary of that radiation protection is
3 the number -- or, zero is the number of radiation
4 dosimeters exceeding the CNSC annual dose limit for the
5 general public, and zero is also the number of dosimeters
6 exceeding our own internal standards, that are still
7 significantly lower.

8 Let's now turn to conventional health and
9 safety issues. This slide gives the number of minor
10 injuries and lost time events. And there were no major
11 injuries to be reported over the last 10 years. And, as
12 you can see, there were eight incidents that needed
13 medical attention from our employees and eight from
14 contractors; that could be tiny stitches or splinters or
15 something like this.

16 And we have three lost time events. That
17 means someone lost working hours because of an injury.
18 And all those three that we are reporting are connected to
19 contractors, not to users or employees. That means all
20 contractors are a little bit more difficult to control
21 sometimes.

22 As a summary of this part, I hope that
23 based on the previous slide, you agree that our radiation
24 safety and our convention health and safety is a
25 successful program, and that the CLS has been, continues

1 to be, a safe facility for staff, users, contractors,
2 visitors, and also for the general public.

3 In the last three slides, I would highlight
4 a few things that might be of interest for the Commission
5 members.

6 The first one is our public information
7 program. We are very open for the public. And we had in
8 2011 roughly 450 tours with more than 4,200 visitors.

9 When you come to Saskatoon and you walk at
10 the river, you can see signs for tourists and the CLS is a
11 tourist attraction in Saskatoon. That means people are
12 coming to visit us as a tourist attraction.

13 Beside those public tours, we have various
14 programs. We have a program for high school kids at the
15 beam line, and we had in the last years more than 30
16 groups with about 250 students and teachers. We are
17 organizing a workshop for teachers. We have a program for
18 under-graduate students. We are organizing on a regular
19 basis the Saskatoon Synchrotron summer school.

20 We have electronic newsletters, and we are
21 of course publishing, as all organizations of this type,
22 our annual scientific activity report, and also a
23 corporate annual report.

24 Beyond that, we have information brochures.
25 We have a website, which I strongly recommend to click,

1 and we have something like 10,000 hits per month on that
2 website.

3 The last two slides are not directly to the
4 Class 1 licence. As you might know, we are building under
5 the lead of our Director of Accelerators, Dr. Mark de
6 Jong, an isotope production facility based on a 35 MeV
7 LINAC, and here you can see the footprint, the layout, of
8 this new facility that will be operated under a Class 2
9 licence.

10 This is the core of that facility, that is,
11 that 35 MeV LINAC accelerator. Somewhere here is the
12 target where the isotope will be produced, and this space
13 is for preparation of the experiments, and at the end, for
14 shipping the things. This is the layout.

15 This slide shows where we are. That is,
16 the 35 MeV LINAC that was recently installed. And I hope
17 that within the next few weeks someone is pressing that
18 famous button to get the operation started, and that we
19 can irradiate the first targets, based of course on an
20 operation licence, or a licence of commissioning, first
21 from the Canadian Nuclear Safety Commission.

22 Thank you very much for -- the CNSC staff,
23 for a trustful and I would call it an intense
24 collaboration over the last years and months, and thank
25 you for the Members of the Commission for your attention,

1 and I'm of course willing to answer your questions.

2 Thank you.

3 **THE CHAIRMAN:** Thank you very much.

4 Before we get into the question session,
5 I'd like to hear from CNSC. And they'll make a
6 presentation as outlined in CMD 12-H4, and Mr. Regimbald?
7 Please proceed.

8

9 **12-H4**

10 **Oral Presentation by**

11 **CNSC staff**

12

13 **M. RÉGIMBALD:** Oui. Bonjour monsieur le
14 président, membres de la Commission. Mon nom est André
15 Régimbald, je suis le Directeur général de la
16 Réglementation des substances nucléaires.

17 Je vous présente mes collègues aujourd'hui,
18 madame Kavita Murthy qui est la directrice de la division
19 des installations de catégorie II et des accélérateurs et
20 madame Jacinthe Plante qui est l'agente principale de
21 projets sous la division de Madame Murthy.

22 Also present are the subject matter experts
23 here today from the CNSC who have participated in the
24 regulatory activities related to this licence.

25 I'll pass it on to Kavita for continuation

1 of the presentation.

2 **MS. MURTHY:** Good morning, Dr. Binder,
3 Members of the Commission.

4 For the record, my name is Kavita Murthy,
5 and I am the Director of Accelerators in Class II
6 Facilities Division.

7 In December 2011, the Canadian Light Source
8 Incorporated or CLSI applied for the renewal of the
9 licence to operate the class I particle accelerator
10 facility, the Canadian Light Source.

11 In their application, the licensee has
12 requested a licence for 10 years. In the presentation
13 that follows, CNSC staff will present an overview of the
14 licensee, and the licensee's performance over the six-year
15 period that will end on May 31st, 2012. We will conclude
16 the presentation with our recommendation to the
17 Commission.

18 Please note that throughout this
19 presentation, we use the acronym CLSI to refer to the
20 licensee or the operator of the facility, and acronym CLS
21 to refer to the class I nuclear facility, that is, the
22 Canadian Light Source.

23 CNSC staff have assessed CLSI's application
24 and concluded that the application meets CNSC staff's
25 expectations. Therefore, we will recommend to the

1 Commission today that the operating licence for CLS be
2 renewed for a 10-year licensing period, as requested in
3 the application.

4 Please note that the CLSI security program
5 is the subject of a separate CMD, due to the confidential
6 nature of that information.

7 Dr. Jacinthe Plante will walk you through
8 the details of the presentation.

9 **DR. PLANTE:** Bonjour, monsieur le
10 président, membres de la commission.

11 Let me start the presentation with this
12 picture which is a top view of the experimental hall which
13 contains the storage ring and the booster ring.

14 For your information, the hall dimensions
15 are equivalent to two football fields.

16 As mentioned by Canadian Light Source
17 Incorporated the Sychotron facility or LCLS, is located on
18 the campus of the University of Saskatchewan and it is
19 operated by Canadian Light Source Inc., CLSI.

20 The next few slides will describe the
21 facility and its operation including the description of
22 the radiological risks for this type of facility.

23 CLS is a particle accelerator which
24 accelerates electrons close to the speed of light to
25 produce Synchrotron radiation.

1 The facility comprises a linear accelerator
2 represented by number one on the top of the figure. This
3 accelerator brings the electron to an energy of 250 mega
4 electron volts.

5 When the electrons reach that energy, they
6 are transferred into the booster accelerator represented
7 by number two. The electrons are the accelerated to 2.9
8 giga electron volt.

9 At this point they are transferred into the
10 storage ring represented by number three.

11 Electrons circulating in the ring emit
12 Synchrotron radiation tangentially to the storage ring.
13 Synchrotron radiation is directed into beam lines which
14 are used to conduct experiments. Number four on the
15 figure is an example of a beam line.

16 The sketch on this slide represents all the
17 Synchrotron light or Synchrotron radiation is produced.
18 The light is produced when electrons moving close to the
19 speed of light are bent by magnetic field. As mentioned
20 from previous slide, the light is emitted tangentially to
21 the storage ring.

22 Synchrotron light range from infrared to UV
23 and x-rays, it is used in diverse research field as listed
24 on the slide.

25 During operation the greatest radiation

1 hazard at CLS is Prompt radiation. It is called Prompt
2 because it is only present when the beam is on.

3 In other words, when the accelerator is
4 turned off, the radiation is also turned off.

5 Protection from Prompt radiation is
6 achieved with thick shielding, as shown in purple on this
7 figure.

8 The principal radiological hazards at
9 shutdown are some activated components inside the
10 shielding. This activation is produced by the interaction
11 of the Prompt radiation with surrounding materials.

12 The activated component left inside the
13 shielding are short-lived and of low activity and
14 protected by local shielding.

15 In addition, environmental emissions from
16 CLS are nil and the risk to the public is minimal. In
17 case of a catastrophic event, there is no risk of
18 widespread contamination or meltdown as the accelerator is
19 simply shut down. There is no need for containment or
20 cooling.

21 In short, CLS is very different from a
22 nuclear reactor. CNSC staff considered that the
23 radiological hazards present at CLS are well controlled.

24 This concludes this section.

25 In the next section, I will provide the

1 licensing history of the facility. I will also discuss
2 the renewal application and CNSC staff's assessment of the
3 licensee performance.

4 CLSI received its first CNSC licence in
5 2000 for construction of the facility. In 2004, CLSI
6 received a licence to operate the facility. This licence
7 was renewed in 2006 for a six-year period and expires at
8 the end of this month.

9 Since the licence was issued in 2006, four
10 amendments have been approved by the Commission. The
11 first amendment was for the approval of Phase I and Phase
12 II of the BioMedical Imaging Therapy Beamlines or BMIT.

13 BMIT allows CLSI to use the Synchrotron
14 light to image tissues in animals. The amendment was
15 approved following a public hearing.

16 The second amendment was for the upgrade of
17 the Access Control Interlock of the Linear Accelerator.
18 This amendment was approved in 2009 following an abridged
19 hearing.

20 The third amendment was for the
21 construction of the Brockhouse building addition. This is
22 an expansion of the existing building to enable the
23 addition of new beam lines. The amendment was approved in
24 2010 following an abridged hearing.

25 The last amendment was for the modification

1 of access control to the area where the medical isotope
2 project is located. The amendment was approved last July
3 following a public hearing.

4 I will touch briefly on the medical isotope
5 project in the next slide.

6 In 2010, the Government of Canada announced
7 further efforts to diversify Canada's supply sources of
8 the medical isotope Technetium 99.

9 The medical isotope project at CLS is part
10 of the non-reactor base isotope supply contribution
11 program. As a Class II nuclear facility, the 35 MeV
12 accelerator is licensed under a designated officer
13 authority.

14 The construction licence for the Class II
15 facility was issued last December. An application to
16 start commissioning has been received. CNSC staff are
17 presently assessing it.

18 We will now move back to the Class IB
19 licence renewal application which is the topic of this
20 hearing.

21 The Class IB Licence Renewal Application
22 for the operation of the Synchrotron was received in
23 December 2011. CLSI has requested a licence to operate
24 for a 10-year period. No changes are proposed by CLSI to
25 the current and approved operation of the facility.

1 Following a complete review, staff have
2 concluded that the application meets CNSC requirements.

3 On the other hand, CNSC staff recommends
4 several changes to the new operating licence. The licence
5 as proposed by CNSC staff follows a recently adopted
6 standardized format for all CNSC Class I licence.

7 This licence includes standardized licence
8 conditions. It introduced the licence conditions handbook
9 which defines the compliance verification criteria of each
10 licence condition. The licence also used the new safety
11 control areas as recently adopted by the CNSC.

12 The changes proposed by CNSC staff serve to
13 clarify and better communicate the CNSC regulatory
14 requirements and expectation with respect of the licence
15 activities.

16 Over the next two slides, I present CNSC
17 staff assessment for each safety control area or SCA for
18 this facility.

19 The ratings in trend column in this table
20 are derived from the licensee performance during the
21 licensing period.

22 CNSC staff conclude that the licensee
23 performance in relevant safety control area are
24 satisfactory as indicated in the rating level column.

25 Here are a few highlights for some safety

1 control area. With reference to the SCA management
2 system, CLSI implemented a revised quality assurance
3 program in 2011. Since its implementation, the management
4 system has improved.

5 With reference to the SCA human performance
6 management, CLSI now uses the TapRoot method for
7 investigation of event and its performance in the area of
8 event management has improved.

9 With reference to the physical design, CLSI
10 has changed all its radiation monitoring system to be
11 clearly visible and audible. This has improved the
12 physical design of the facility.

13 Only one point to highlight on this slide.
14 CLS is a research facility and, as such, conventional
15 hazards vary depending on research performed. CLSI has
16 developed a new set of documents dealing with different
17 conventional hazards encountered at CLS. This has
18 improved the conventional health and safety SCA.

19 Please note that safeguard SCA is not
20 relevant to this facility.

21 This concludes CNSC staff assessment for
22 each SCA.

23 This slide provides some details on the
24 other matters of regulatory interest. Since the
25 application is a renewal without any physical changes to

1 the facility, an environmental assessment is not required.

2 CLSI has established public information
3 program. It mainly uses the CLS website as its central
4 repository for public information. CLSI also offered
5 tours of the facility as presented by the licensee.

6 In 2009, CLSI submitted a preliminary
7 decommissioning plan that was acceptable to CNSC. In
8 2010, the Commission approved through an abridged hearing
9 CLSI financial guarantee for the decommissioning of the
10 facility. The financial guarantee takes the form of an
11 irrevocable letter of credit. This financial guarantee
12 will be reviewed in 2015.

13 This concludes this section of the
14 presentation.

15 The next section will focus on compliance
16 activity performed by CNSC staff. Compliance activities
17 provide firsthand evidence to CNSC staff on the licensee
18 compliance with CNSC regulatory requirements.

19 CNSC staff use desktop reviews and
20 inspection to verify the compliance of the licensee with
21 CNSC requirements. Over the current six-year licensing
22 period, CNSC staff have reviewed annual compliance report,
23 minutes of CLSI occupational health and safety committee
24 incident reports and response to non-compliances found
25 during inspection.

1 In total, CNSC have performed 13
2 inspections during the licensing period. Inspections are
3 scheduled twice per year.

4 The scope of the inspection vary with some
5 inspection focusing on general compliance and others
6 including specialists from CNSC in specific safety control
7 areas as described on this slide.

8 During the licensing period, CNSC staff
9 have raised concerns regarding the quality assurance
10 program at the facility. To follow-up closely on this
11 quality assurance -- on this, quality assurance inspection
12 were performed every year.

13 In July 2011, CLSI implemented a revised
14 quality assurance program to address the issue raised by
15 CNSC.

16 On November of the last year, CNSC staff
17 follow-up by performing a QA audit. CNSC staff conclusion
18 was that the QA program has improved and implementation is
19 still in progress. Some minor weaknesses were found and
20 are being addressed by the licensee. The weaknesses do
21 not impede the safe operation of the facility.

22 In conclusion, CLS quality program is
23 acceptable to CNSC and has improved.

24 We will now move on to the another -- sorry
25 -- we will now move on to another area that was found

1 deficient during the licensing period.

2 This picture shows the new active area
3 radiation monitoring system at CLS. During an inspection
4 in April 2010, CNSC inspector issued six action notices on
5 CLSI area radiation monitoring system. CLSI complied with
6 the six action notices by changing the area radiation
7 monitoring system to be more effective.

8 The new system is clearly visible, as seen
9 on the picture with the green and yellow and red light.
10 In addition, the system is clearly audible in a noisy
11 research environment. CNSC staff are satisfied with the
12 new system.

13 To complete this section, here is a graph
14 of the dose received by nuclear energy workers at CLSI.
15 The exposure to nuclear energy workers are well below the
16 regulatory limit of 50 millisieverts per year. In fact,
17 the dose received by nuclear energy workers at CLSI are
18 below one millisievert for the last six years of
19 operation. This is illustrated in the zoom-in view of the
20 dose graph.

21 This brings the technical part of the
22 presentation to an end. We'll now close the presentation
23 with CNSC recommendations.

24 CNSC staff conclude that considering past
25 performance, the licence activity have been conducted

1 safely and in accordance with CNSC requirements. Licence
2 renewal application meets CNSC requirement, and CLSI is
3 qualified to carry on the activity as per the proposed
4 licence.

5 CNSC staff recommends the Commission
6 approve the Class 1B licence for a 10-year period. Staff
7 recommend a 10-year period since the hazards at CLS are
8 well characterized. CLS consequently met CNSC
9 requirements. CLSI has shown a consistent and a good
10 history of operation, and the proposed licence includes
11 the licence conditions handbook containing effective
12 compliance framework and change control process.

13 In addition, staff will report to the
14 Commission regarding the ongoing regulatory performance of
15 CLSI via the Directorate of Nuclear Substance Regulation
16 annual industry report.

17 Thank you for your attention. CNSC staff
18 is available for questions.

19 **THE CHAIRMAN:** Okay, thank you.

20 I'd like to start the question period with
21 Monsieur Tolgyesi.

22 **MEMBRE TOLGYESI:** Merci, monsieur le
23 président.

24 My first question is to the licensee. On
25 your report, page 2 of 52, you are saying that the CLS is

1 operated for about 5,000 hours and users with a
2 reliability higher than 96 percent.

3 You mean its reliability or its
4 availability, because it could be available but not
5 reliable like certain case?

6 **DR. de JONG:** Mark de Jong, Director of
7 Accelerators at CLS.

8 Ninety-eight (98) percent is reliability.
9 That's hours actually operating. The two percent was the
10 amount of time that we were -- after a trip and it took
11 time to repair something. So it's availability at 98
12 percent.

13 **MEMBER TOLGYESI:** Okay. So available.
14 It's not reliability. Okay.

15 You are saying in the same paragraph that
16 you plan to change standard mode of operation from stored
17 beam to top-up mode.

18 How this change will impact physical
19 design, necessary training, safety? What will be
20 involved?

21 **DR. HORMES:** I'm also passing that to our
22 Director of Operation.

23 **DR. de JONG:** Mark de Jong again.

24 The -- currently when we inject, we have
25 shutters that are about 250 millimetres thick lead that we

1 put in front of each beam line inside the ring to prevent
2 any Bremsstrahlung that might be produced by lost beam
3 during injection getting into the beam line area.

4 Because of that, we essentially do the
5 injection to fill up the storage ring either once every
6 eight hours or once every 12 hours. Once the injection is
7 complete and the beam is circulating in the storage ring,
8 then we allow those shutters to be opened for the users to
9 do their experiments.

10 In each one of the experimental areas there
11 is a procedure for doing a lock-up that excludes people
12 from that area before the safety shutter can be open and
13 allows the Synchrotron radiation into that area.

14 What we propose to do in top-up is remove
15 the constraint that the safety shutters have to be in
16 during injection. There will still be the requirement
17 that the area -- the experimental area must be locked up
18 with users excluded from it to permit the safety shutter
19 to be open. At the back of that experimental hutch is
20 another 250 millimetres of lead, which we believe to be
21 still adequate to prevent any exposure to staff on the
22 floor, the outside of that excluded area.

23 When we can do the injection with the
24 shutter open, it permits us to do the injection
25 essentially without interfering with the operation of the

1 experiments and so that we can put in a small amount of
2 charge every minute or every two minutes to maintain
3 essentially a constant current, which is preferred by many
4 of the users.

5 Essentially, the only change, then, is from
6 the access system where currently the -- actually, the
7 electron gun and the LINAC is inhibited if any one of
8 those safety shutters is open to removing that constraint.
9 So it's a -- technically, it will be a very small change,
10 but it has a big impact operationally and we're currently
11 doing the safety assessment.

12 **MEMBER TOLGYESI:** So if I understand well,
13 this safety shutters which you were closing while now you
14 are injecting, it's not necessary. That's what you are
15 saying?

16 **DR. de JONG:** That's correct. It was -- we
17 did that initially because it was a simple way. It was
18 actually at the time we were designing CLS the way all of
19 the facilities had operated.

20 Subsequently, various groups have done the
21 safety analysis and found that they could actually safely
22 inject with those shutters open provided there was the
23 other measures taken outside on the beam lines.

24 And that has had a big impact on the user
25 program elsewhere, so that's why we are also taking a look

1 at going to that mode of operation.

2 **MEMBER TOLGYESI:** Do you have any comments,
3 staff, on this?

4 **MR. RÉGIMBALD:** André Régimbald here.

5 The changes that will be proposed is going
6 to be submitted to the Commission for full technical
7 assessment. This type of modification is beyond the scope
8 that is normally authorized by the designated officer, so
9 we would provide our recommendation to the Commission for
10 a decision in the matter.

11 **MEMBER TOLGYESI:** On the staff
12 presentation, page 17, you are saying that following
13 compliance inspection on April 2010 there were six action
14 issues -- action notices related to the radiation
15 monitoring alarm and CLSC has changed all its radiation
16 monitoring system alarm.

17 What were the safety issues and what was
18 the risk to initiate these changes?

19 **MR. RÉGIMBALD:** I'll ask madame Plante to
20 respond, please.

21 **MS. PLANTE:** Jacinthe Plante.

22 There were six action notices issued to the
23 licensee. One of them was that the system was not clearly
24 audible and visible. We were not able to see the
25 distinction. So now the new system is clearly audible and

1 visible.

2 In addition, there was some weaknesses in
3 the procedure. For example, they had no clear authority
4 to silence the alarm. That has been corrected so now only
5 the radiation safety group can silence the alarm.

6 There were also some issue with the
7 connection to the radiation monitoring system with the
8 control console where the operator is. Now the system is
9 always connected with the operator and the operator is
10 alert quickly when it happens.

11 **MEMBER TOLGYESI:** Merci.

12 In the staff reports, you are talking about
13 waste management program. We are talking about the
14 majority of the hazardous waste is disposed through the
15 waste management facility.

16 **THE CHAIRMAN:** What page?

17 **MEMBER TOLGYESI:** Page 26, 3.11.2, waste
18 management program.

19 So you are talking about hazardous waste.
20 How much -- what's the volume of hazardous waste or
21 radioactive waste which is produced on the site?

22 **DR. HORMES:** I will forward that question
23 to Mohamed Benmerrouche.

24 **DR. BENMERROUCHE:** Mohamed Benmerrouche,
25 for the record.

1 The amount of waste generated is very
2 small. It's comparable to, for example, small -- any lab
3 on campus, like a university.

4 As far as radioactive waste, we don't
5 generate a lot of radioactive waste. The only you might
6 call waste is there could be some activated component from
7 the accelerator, and usually what we do is we store those
8 components until they reach a level that they can be
9 released without any restrictions.

10 So typically, like I said, the level on the
11 chemical balance is very small like a lab on campus, and
12 for the radioactive material we don't produce a lot of
13 waste.

14 **MEMBER TOLGYESI:** So what you're saying
15 there's no radioactive waste and if it's something, you
16 will store it until it decays.

17 Because what you are saying on your
18 financial guarantee is that it will consist of removing
19 any equipment and structural material that has been
20 exposed to radiation, place these radiation hazards in the
21 sub-basement and seal it with the concrete.

22 It will be done on site or it will be done
23 in another place?

24 **DR. BENMERROUCHE:** Mohamed Benmerrouche,
25 for the record.

1 Again, these are future plans when we get
2 to the point when we have to decommission the facility.

3 Currently, what the plan is, is to do all
4 that work on site by our own staff.

5 **MEMBER TOLGYESI:** What's the expected life
6 of the facility? I mean, you could go for 100 years?

7 **DR. HORMES:** In principle, yes. The
8 question is how long -- Josef Hormes -- how long are we
9 staying competitive. Normally, the life cycle of the
10 facilities like this is 25 years before you need either an
11 upgrade or you're building a new machine.

12 There are not too many machines that have
13 been actually closed down. And there are some examples in
14 the U.K. in Daresbury, and they handle all the radioactive
15 material on site and they are still storing it until it's
16 decaying.

17 I would expect that this facility operates
18 significantly beyond the 10 years of licensing if you're
19 asking.

20 **MEMBER TOLGYESI:** So when you are saying
21 that the 25 years life, you spent six up to now; you have
22 19 years?

23 **DR. HORMES:** It's difficult to answer. I
24 would say we are, at least for the next 10 to 15 years, a
25 competitive facility in the world, and that's really

1 important. I would not guarantee that we are operating
2 more than 25 years.

3 **MEMBER TOLGYESI:** So the question is really
4 ---

5 **THE CHAIRMAN:** Well, I think we should be
6 very precise here. There is -- just so I'm to understand,
7 there is no shelf life for a facility. You can replace
8 all components and keep it forever. I mean, is that
9 right?

10 **DR. HORMES:** Josef Hormes.

11 We have some physical limitations in the
12 facility. That means the concrete shielding is limiting,
13 for example, in the expansion of the machine to have more
14 straight sections to put more in-surgng devices in.

15 So that at the end, it's a little bit
16 difficult to decide can we really upgrade the existing
17 machine or do we have to build a new one at one point in
18 time, or are we making that transition to what we call the
19 fourth generation light sources.

20 But that will not happen -- we can be
21 absolutely sure not within the next 10 to 15 years because
22 from all the expectation we will stay competitive as we
23 are in that mode of operation, but there is nothing that
24 is limiting the operation to 25 years.

25 **THE CHAIRMAN:** But that's the issue we need

1 a little layman explanation. People believe that there is
2 an aging and a clock and you have to start -- you get to
3 retirement age and they're going to start telling you
4 retire the facility. And I think we've taken the analogy
5 a bit too far.

6 **DR. HORMES:** Josef Hormes again.

7 Yes, you're absolutely right. That means
8 what we are doing -- of course, there is a continuous
9 replacement of components. For example, we are thinking
10 about improving our linear accelerator to have a better
11 electron gun for example, it means you are replacing
12 components.

13 The analogy for retirement, it's a little
14 bit too far. That means we can really do -- if you could
15 replace a heart and the lung, I think that's what we can
16 do with that machine, an easier way than with humans.

17 **THE CHAIRMAN:** Okay, thank you. I see some
18 staff in the back.

19 **MR. HOWARD:** Don Howard, Waste and
20 Decommissioning Division.

21 I just wanted to point out that when we're
22 talking about the future is that, especially for end-of-
23 life for the facility, is that a requirement under the
24 regulations is that they have a preliminary
25 decommissioning plan and that plan has to be updated every

1 five years.

2 So, you know, we do a five-year review and
3 we have to look at the plan and update the financial
4 guarantee to ensure there's adequate funding for
5 decommissioning.

6 So the facility can last 100 years, 200
7 years, but every five years we review the plans and we
8 adjust the financial guarantee accordingly.

9 **THE CHAIRMAN:** Thank you. Mr. Togyesi?

10 **UNIDENTIFIED SPEAKER:** (Unintelligible).

11 **THE CHAIRMAN:** Okay, Dr. McDill?

12 **MEMBER MCDILL:** Thank you. My first
13 question is with respect to the ten-year licence. With
14 the non-compliance's and efficiencies that have,
15 particularly say the QMS in the last six months for the
16 last six months of the licence, and previously with
17 radiation protection, Staff, do you believe the facility
18 has reached the necessary level of maturity to have a ten-
19 year licence?

20 Maturity, you know, not just the facility,
21 but the management system? And then I'll ask Light Source
22 to answer as well.

23 **MR. RÉGIMBALD:** André Régimbald, here.

24 Yes, we believe that the facility has
25 attained a level of, if I might say, the smooth operation

1 where we are confident that the ten-year licence period
2 will be adequate with our regulatory programs in place,
3 and with our inspection system in place, and reporting,
4 and et cetera.

5 I will ask Kavita or Jacinthe to provide
6 further information on the details.

7 **MS. MURTHY:** Based on Staff, CNSC staff's
8 experience that this licensee and the commitment that they
9 have demonstrated to implementing a quality management
10 system, CNSC staff is confident that this licensee can
11 operate safely going into the next ten years. I'll invite
12 Jacinthe Plante to provide more details.

13 **MS. PLANTE:** Concerning the quality
14 management system there was some action notices that were
15 issued in the 2011, and they were very minor aspect that
16 we were looking, that there were some deficiency in the
17 minor, they were minor.

18 And there were no impence on the safety
19 of the operation. The licensee has submitted a plan to
20 correct those deficiencies, and we found the plan
21 acceptable; and we continue to verify compliance on this
22 aspect. So we have no concern about the ten years'
23 licence period.

24 **DR. HORMES:** I could comment on the QA
25 program. We started perhaps a little bit late to update

1 all QA program from the commissioning phase of this
2 facility to user operation.

3 It means our first QA manual covered the
4 construction and the commissioning phase, but the smooth
5 operation, we are more or less a mutual facility or so.
6 And I suppose we have implemented now a QA program that's
7 adequate to operate a user facility. And we are still
8 collaborating with the CNSC staff to stay up-to-speed and
9 to improve things. But I'm pretty sure that the QA manual
10 will satisfy the requirements.

11 **MEMBER McDILL:** In your slide you made a
12 comment with respect to, I've forgotten the adjective you
13 used, but let's say an intensive interaction with staff.

14 **DR. HORMES:** Would you like interpretation
15 for what that means?

16 **MEMBER McDILL:** Yes.

17 **DR. HORMES:** No. In principle you might
18 remember what I told you two years ago. My feeling is
19 that it's really a very intense interaction. That means
20 sometimes it's really challenging because the requests are
21 demanding.

22 On the other side, my coworkers and I we
23 recognize how important that is and we give all the action
24 notices high priority; that means we are acting more or
25 less immediately to implement it.

1 Sometimes it takes a little bit longer to
2 get things really tested. For example when we have work
3 management or configuration change management we can only
4 test those things during outages.

5 That means we have two outages, longer
6 maintenance periods per year, and it takes sometimes a
7 little bit of time, but we are working on that. And that
8 intense collaboration I'm saying that I'm normally
9 grateful for that.

10 **MEMBER MCDILL:** Nominally or normally?

11 **DR. HORMES:** Both ways.

12 **MEMBER MCDILL:** Both ways.

13 And if you were to be granted a ten-year
14 licence you would continue to be grateful for such
15 interactions?

16 **DR. HORMES:** My feeling is it's absolutely
17 necessary. The same way as we have these international
18 advisory committees, it means those people are also
19 putting significant pressure on us. But that's very
20 useful pressure, sometimes you need that advice, you need
21 the guidance.

22 And we are also working with the Machine
23 Advisory Committee and we are -- sometimes I would say we
24 are suffering from the recommendations, but that's not
25 really true. We need that guidance as all facilities, as

1 all facilities, and what are safe for the scientific
2 advisory machine, the same is true for our interaction
3 with the safety commission.

4 **MEMBER McDILL:** Thank you.

5 **THE CHAIRMAN:** Can I jump in? I just don't
6 want to leave the impression that a ten-year licence is a
7 licence for us to leave you alone. This intensive intense
8 relationship will continue, because the nature of the
9 licensing has changed.

10 The staff is putting this Licence Condition
11 Handbook, and there will be an annual report on
12 performance, the inspection will continue. So what's
13 really, what's in your view -- first of all, do you like
14 the Licence Condition Handbook approach, and what do you
15 see the advantage of going for five-year to ten-year
16 licence?

17 **DR. HORMES:** My suspicion or my feeling is
18 that for the last six years we were still in a transition
19 period. We changed things, we optimized things, it starts
20 with the alarm system, it starts with our Q A manual.

21 We are now in a phase that I would say it's
22 a smooth and routine operation. That means there will be
23 no significant changes in the way we are dealing with
24 things.

25 That means I still believe and I hope that

1 there will be still interaction with the Commission and
2 these regular inspections, as we have these two meetings
3 of our Scientific Advisory Committee per year.

4 And on the other side I suppose that the
5 things that we are going to change are really minor things
6 in the operation.

7 We are now in a status that we -- I would
8 call it "routine operation" so that there would be no
9 significant changes in what we are doing. And therefore I
10 suppose that licence handbook will cover most of the
11 things that we will change and do so that a public hearing
12 and a renewal of the licence might not be necessary.

13 **THE CHAIRMAN:** Dr. McDill?

14 **MEMBER McDILL:** Thank you. In the future
15 you hope to remove monitoring from users, that's not in
16 the licence right now, but that will certainly affect the
17 Licence Condition Handbook because there's a requirement
18 that users be monitored to be under .2 millisieverts per
19 quarter.

20 So maybe staff can talk about how, if that
21 were approved, how it would change the Licence Condition
22 Handbook going forward?

23 **MS. MURTHY:** Kavita Murthy for the record.

24 You're right, we do not have a detailed
25 request about the plan of action that CLS intends to

1 pursue with respect to removing monitoring.

2 The request when we receive it will be
3 assessed by our specialists in the Radiation Protection
4 Division and they will make a recommendation to a person
5 authorized by the Commission to approve changes to the
6 Licence Condition Handbook.

7 So the process, we have a change control
8 process that is a part of the Licence Condition Handbook,
9 we will follow that and we will document it, and we will
10 issue if appropriate, an amendment to the Licence
11 Condition Handbook.

12 **MEMBER MCDILL:** One last question.

13 With the changes in the radiation sounding
14 system, I realize that you have an auditory and a visual,
15 but with the huge number of users coming in how would you
16 deal with someone who was hard of hearing, who wasn't a
17 declaring, for example? Is that something that is part of
18 the user assessment maybe?

19 **MS. MURTHY:** The system has an auditory and
20 a visual component, I think that's supposed to alleviate
21 that.

22 **MEMBER MCDILL:** Is the visual, visual
23 enough that someone who is hard of hearing can see it?
24 Maybe I can ask the licensee.

25 **DR. BENMERROUCHE:** Mo Benmerrouche, for the

1 record.

2 That was one of the deficiency that was
3 found earlier, that the visual that we had on the alarms,
4 they were not visual enough. So what we've done is we
5 added -- I think there was a picture that Jacinthe showed
6 about the system that can maybe -- it's on -- it's on page
7 19 of -- yeah.

8 So you can see just below the hand, you can
9 see there's a little LED there. That what used to have.
10 Right now what we have is the one on the top and you can -
11 - clearly you can see that, and also the sound is quite
12 loud right now so I think it's a big improvement to the
13 active area radiation marking system.

14 **THE CHAIRMAN:** How often does it get
15 triggered? I mean the last little while.

16 **DR. BENMERROUCHE:** So we -- this year we
17 probably triggered that maybe two, three times.

18 And the way the system is designed is if
19 the integrated dose is above five microsieverts, the
20 system will alarm, and this is one of the -- the
21 assessment that we are trying to do, is whether or not
22 five microsieverts is probably too low to trigger the
23 system.

24 But you know, these are some of the future
25 changes we might implement.

1 **THE CHAIRMAN:** I don't think you want to
2 make it low enough that it never get triggered; you'll
3 forget all about it, right?

4 **DR. BENMERROUCHE:** No, but -- yeah. Yeah.

5 **MEMBER McDILL:** I think the concern is with
6 the huge variety of users you're having coming into the
7 system you're going to get someone, somewhere along the
8 line, who is colour-blind and auditorily impaired and
9 so...

10 **DR. HORMES:** And each incoming user has to
11 take a test also concerning the utilization and the
12 consequences of this system. And if the user is colour-
13 blind, he or she might fail that test, and that is a
14 decent indication that we have to take some additional
15 action.

16 **MEMBER McDILL:** Thank you. That's what I
17 was reaching for; tell me how you'd get around that.
18 Thank you.

19 **THE CHAIRMAN:** Thank you.

20 Dr. Barriault?

21 **MEMBER BARRIAULT:** Thank you, Mr. Chairman.
22 On your slide of the CLS presentation -- on
23 your Slide 24, you state that you have no major lost time
24 or no major injuries, yet on your Slide 27 we see that
25 contractors have had lost time injuries. And I guess what

1 I'm trying to clarify in my own mind is that what do you
2 consider lost time injuries at your facility because the
3 contractors were at your facilities when they had the
4 injuries. And I'm just trying to clarify in my own
5 thinking here what's going on.

6 **DR. BENMERROUCHE:** Mo Benmerrouche, for the
7 record.

8 What we consider lost time, if somebody
9 gets injured and they're unable to return to work the same
10 day.

11 **MEMBER BARRIAULT:** That's correct.

12 **DR. BENMERROUCHE:** So -- and typically, for
13 those three lost time injuries that we had, the lost time
14 really is typically just around a day or so they were
15 unable to come back to work.

16 **MEMBER BARRIAULT:** So you do not consider
17 them major injuries; is that it?

18 **DR. BENMERROUCHE:** Those are still
19 considered like minor injuries.

20 **MEMBER BARRIAULT:** Still considered minor.

21 **DR. BENMERROUCHE:** Yeah, because the injury
22 itself is minor.

23 **MEMBER BARRIAULT:** And I guess that begs my
24 next question is that what mechanism did you put in place
25 to train your contractors to prevent further injuries in

1 the future?

2 **DR. BENMERROUCHE:** We -- all the
3 contractors, before they come on site, they have to go
4 through the Contractor Safety Orientation and that
5 orientation is delivered by the University Campus Safety.

6 And they're all required to do that before
7 they start to work.

8 In addition to that, also we do monitor --
9 regular monitoring of the constructions. We do regular
10 inspections, weekly inspections for construction projects.

11 And we -- also, they're required to monitor
12 -- to report any injuries to their supervisor and also to
13 the CLS as soon as possible and we evaluate that.

14 I still want to emphasize that we had three
15 for the last six years or so. Still the numbers are quite
16 low. If I compare that with the university, for example,
17 they typically have three or four in a month, compared to
18 the CLS, and that's basically in six years.

19 **MEMBER BARRIAULT:** It would depend on the
20 number of employees that you have on site, I would
21 imagine, really, is to ---

22 **DR. BENMERROUCHE:** They do. I think the
23 other thing that -- even though the number of employees on
24 the CLS is small, we do deal with a huge number of users,
25 as you can see on some slides, that come and go. It's a

1 very dynamic -- they come and go.

2 And also the contractors, when they come
3 in, so it's -- even though like the number of employees
4 are small, we still have to deal with a lot of diverse
5 number of groups that we have to keep an eye on and
6 provide oversight to make sure that -- to minimize the
7 number of injuries and all that.

8 **MEMBER BARRIAULT:** No, your statistics are
9 very good. But I'm just trying to clarify in my own mind,
10 really, to make sure that you have a program in place to
11 prevent injuries with contractors as well as your own
12 employees ---

13 **DR. BENMERROUCHE:** Yeah, we do. Yeah.

14 **MEMBER BARRIAULT:** --- because they all
15 occur at the work site.

16 The next question is in the written
17 presentation and it's in management. It's on page 17 to
18 52, and it's 4.1.4. And you list as a challenge the
19 relationship that you have with CNSC with regards to
20 nuclear facilities and your facilities.

21 I guess what I'm saying is maybe a
22 disagreement on that issue between yourselves and CNSC.
23 So perhaps you'd care to comment, and then maybe CNSC
24 could comment.

25 **DR. HORMES:** Joseph Hormes.

1 Perhaps I should answer first. We try to
2 emphasize, also, in my presentation that we are not a
3 classical nuclear facility. It means as soon as a power
4 outage or if there is an intruder, our interlock system
5 stops the operation of the machine and it stops radiation
6 more or less completely. That's different.

7 And the second one which is not regulated
8 by law is that we are a user facility. A nuclear power
9 plant is not a user facility even if they have visitors
10 coming in, but our main operation is that user operation
11 which is not regulated. And therefore, I emphasize that
12 also in my talk.

13 The challenges that we are mentioning here
14 are not in the area of safety, security with that question
15 mark also. It is just those two issues that we are not
16 producing any non-prompt radiation in a significant amount
17 and that we are a user facility. That are the main issues
18 behind that.

19 **MEMBER BARRIAULT:** Thank you.

20 CNSC, do you care to comment on the
21 relationship?

22 **MS. MURTHY:** Kavita Murthy, for the record.

23 It is our opinion that the breadth and
24 depth of regulatory oversight that we exercise over CLS
25 and similar facilities is not on the same scale that we

1 exercise for nuclear power plants. It is commensurate
2 with the risks associated with these facilities.

3 From this point of view, it is our opinion
4 that our regulatory oversight has taken into account the
5 uniqueness of these facilities.

6 The program that we use is subject to
7 annual review. It is a risk-informed regulatory program,
8 and we draw up our annual plans for regulatory activities
9 related to these facilities based on the information they
10 have provided and the types of activities they are
11 involved in.

12 **MEMBER BARRIAULT:** So the relationship --
13 it's a good relationship. It's not confrontational, is
14 it?

15 **MS. MURTHY:** Not from where we sit.

16 **MEMBER BARRIAULT:** Thank you.

17 **THE CHAIRMAN:** I'm just trying to -- what
18 happened -- I thought at one time there was consideration
19 to reclassify this from -- you know, from Class I
20 facilities to Class II.

21 **MS. MURTHY:** That, of course, Dr. Binder,
22 will require a regulatory amendment to the Class II and
23 the Class I Regulations.

24 As we go into the fall, it is in the
25 regulatory activity plans for the CNSC to have a complete

1 review of the Class II Regulations.

2 It should be noted that the size and
3 complexity of these facilities is on a much larger scale
4 than is provided for in the current Class II Regulations,
5 so a complete review of the regulations will be required
6 in order to determine if they can be incorporated into the
7 ---

8 **THE CHAIRMAN:** So you're not sure yet; is
9 that what you're saying? We have to review it.

10 **MS. MURTHY:** We know they can be
11 accommodated in terms of the radiological and the
12 environmental risks of this facility.

13 In terms of the amendments that are
14 required to the Class II Regulations, in order to
15 incorporate these we would have to look at it carefully to
16 determine the extent of the changes required.

17 **THE CHAIRMAN:** Thank you.

18 Dr. Barriault?

19 **MEMBER BARRIAULT:** Thank you, Mr. Chairman.

20 My next question is, I'm looking at this as
21 an educational facility. I have, I guess, the impression
22 that services are being sold to industry with the use of
23 the -- of the cyclotron.

24 Do you envisage a business plan in the
25 future to make this a cost effective money-generating --

1 and I'm sure the university would be interested in this --
2 facility? Do you see it going that way, and especially
3 with the production of the isotopes in the future?

4 **DR. HORMES:** Okay. Josef Hormes, for the
5 record.

6 My general answer would be, don't expect
7 it.

8 **MEMBER BARRIAULT:** Okay.

9 **DR. HORMES:** There's no facility in the
10 world that is really making money or even coming to a
11 break even point. It's still a basic research facility.
12 That means you and the taxpayers have to pay for it.

13 What we are trying is to really serve
14 industry. But what I am trying always to emphasize is
15 that cash flow is not the economic impact. The economic
16 impact is much broader than that; it means making a
17 company more competitive by analyzing things by improving
18 things. That we are educating grad students, we have
19 several hundred over the last year, that we are educating
20 and that is the basis for Canadian economy for the future,
21 not just natural resources. And I suppose that our
22 economic impact is more on that side.

23 When it comes to radioactive isotopes
24 perhaps Mark de Jong can say few words about the
25 commercialisation process and where we are.

1 **DR. de JONG:** Mark de Jong.

2 The isotope project is certainly quite in a
3 different category where the proof of principle there of
4 production of molybdenum 99 with an electron LINAC has
5 been done, has been part of our project. The real
6 question is now is actually to work on the economics to
7 try to show that you can do it competitive and start
8 taking a look at the commercialisation of that.

9 That's part of our active program of trying
10 to say "Okay, once we have the six accelerators going,
11 what are the production rates we can achieve? What are
12 the costs? What does that mean for our commercial
13 enterprise?"

14 **MEMBER BARRIAULT:** Thank you.

15 That's all Mr. Chairman, thank you.

16 **THE CHAIRMAN:** Thank you.

17 So I guess, just to finish on this; aren't
18 you on a deadline to provide Natural Resources with some
19 final answer? Is that in the future a replacement for the
20 NRU or just shifted gear to something completely
21 different?

22 **DR. de JONG:** Mark de Jong again.

23 We have negotiated with the NRCan a one-
24 year extension on our project. So although the funding
25 from NRCan ended last March 31st, the project itself

1 continues for another year with provincial funding to
2 carry through and to do the demonstration. After next
3 March 31st, we'll see what we can achieve.

4 **THE CHAIRMAN:** So when are you coming to
5 ask for -- when are you coming to present the application
6 or is the application already ---

7 **DR. de JONG:** The application for a
8 commission licence has already been submitted. Our target
9 probably is around the end of May that we hope that we
10 will be able to start doing the commissioning.

11 **THE CHAIRMAN:** Okay. Thank you.

12 Ms. Velshi please?

13 **MEMBER VELSHI:** Thank you Mr. Chairman.

14 Some clarification please on their
15 operating performance on slide number 24, you mentioned
16 that over your licensing period you had nine reported
17 incidents to the CNSC and the CNSC slide 17 of the
18 presentation say that there were 8 incidents reported, is
19 it 8 or 9?

20 **MS. PLANTE:** Jacinthe Plante for the
21 record.

22 There were 9 incidents that were reported
23 to the CNSC; I missed one when I wrote the presentation.

24 **MEMBER VELSHI:** Okay.

25 I'm trying to get a handle of what the

1 radiological hazards are and the risks associated with
2 that in your facility. So while the synchrotron is
3 working, I guess you got access control so no one can
4 mistakenly go where the fields are high. And then you've
5 said that there are some activation products that are
6 created and that they're short-lived; but what are the
7 radiological fields and for how long after operation are
8 there and what's the risks to the users?

9 **DR. BENMERROUCHE:** Mo Benmerrouche for the
10 record.

11 The residual radiation levels arise from
12 the -- certain amount of beam is lost when you take the
13 beam from the gun all the way to the storage ring, and as
14 a result of that, you might activate certain components on
15 the accelerator more so than anywhere else. And those
16 activations are very localized.

17 For example, the loss of the activated
18 components, typically are around areas of the machine
19 where they absorb most of the power. For example,
20 collimators, beam stops or beam dumps, and those levels
21 are typically in the range of no more than 20-25
22 microsiverts per hour shortly after shutdown. And then if
23 you wait a few weeks after that, the levels will go down
24 to almost like background levels.

25 So the risks from residual radiation

1 exposure is still very small and like I said it's very
2 localized in certain areas inside the accelerator
3 enclosures. You don't see that outside the accelerator
4 enclosures.

5 **DR. HORMES:** Just as an addition, the users
6 are normally not allowed to be inside the machine, even if
7 it's shut down. The users are outside, they're using the
8 beam lines, our nuclear energy workers, that means our
9 staff, they're working inside; that's a different group of
10 people that are working there.

11 **MEMBER VELSHI:** So, to your CMD12-84.1,
12 it's the CLSI on page 24 on the reportable events, you
13 mentioned an incident which occurred in October 2009 where
14 one of the magnets had its polarity reversed and while it
15 states that this incident did not result in any
16 radioactive exposure to a worker or a member of the
17 public, in a worst case scenario, what could have
18 happened?

19 **DR. BENMERROUCHE:** Mo Benmerrouche for the
20 record.

21 We actually discussed this specific issue
22 last year in great length at the licence amendment around
23 June of last year.

24 So what worse could have happened --
25 actually we did some measurements, just trying to mimic

1 that specific event, and the worse that could happen is
2 that if that happened we are able to measure around 2 to 3
3 millisiverts per hour and it was not at beam height, it was
4 just above beam height. So that's what we can -- and
5 again it's, those are localized; it's not all over; it's
6 only specific area where that beam is lost.

7 **MEMBER VELSHI:** Thank you. My last
8 question is really follow-up to ---

9 **THE CHAIRMAN:** Wait a second ---

10 **MEMBER VELSHI:** Sorry.

11 **THE CHAIRMAN:** I am still intrigued. So
12 let's assume it did happen; so would you be able to detect
13 that immediately and would alarm go off? What would
14 happen in terms of mitigation?

15 **DR. BENMERROUCHE:** Mo Benmerrouche for the
16 record.

17 As we discussed last hearing, we do have an
18 area radiation marked at that location and that radiation
19 did alarm. And that was the indication that we had some
20 issue there.

21 And typically in this kind of situation,
22 the operators also will have an idea where the beam is.
23 So in that specific situation, there's two locations on
24 the axle to where you're supposed to see beam. They were
25 unable to see beam. And from that they deducted that the

1 beam is lost somewhere else along that short section of
2 the machine.

3 So typically from the system that we have
4 in place and in addition to the operators, we should be
5 able to pick up those issues that come up and address them
6 as soon as possible.

7 **THE CHAIRMAN:** Thank you.

8 Ms. Velshi?

9 **MEMBER VELSHI:** So as a follow-up to Dr.
10 Binder's question around 10-year versus a 5- or a 6-year
11 licence, I just want to make sure I've got the impact of
12 that clear in my mind.

13 So from a CNSC perspective, your compliance
14 activity regards to monitoring and inspections really
15 doesn't change whether it's a 5- or 10-year licence,
16 correct?

17 **MS. MURTHY:** That's correct; it does not
18 change.

19 **MEMBER VELSHI:** And from a licensee's
20 perspective, I mean other than not having to submit a
21 licence application in every 5 or 6 years and not having
22 to show up in front of the Commission, what do you see as
23 a big advantage of a 10-year licence versus a 5- or a 6-
24 year licence?

25 **DR. HORMES:** Well that's exactly the point

1 -- Josef Hormes.

2 I would not see any changes in direction
3 with Canadian Nuclear Safety Commission staff, same
4 numbers of inspections, same numbers of interactions.
5 It's really just coming in front of the Commission and
6 preparing these huge documents again for the licence
7 renewal; that's seems the only real advantage because we
8 are not changing the situation.

9 **MEMBER VELSHI:** Okay. Thank you.

10 **THE CHAIRMAN:** Thank you.

11 Monsieur Harvey?

12 **MEMBRE HARVEY:** Merci Monsieur le Président.

13 My first question has to do with the
14 training. You've got a variety of people coming and you
15 are in a variety of training for different purposes.

16 So how does it work with so many people
17 coming in? And how do you complete the training for all
18 those people?

19 **DR. BENMERROUCHE:** Mo Benmerrouche for the
20 record.

21 The training is delivered online. So when
22 for example the users when they come in, they register and
23 once they register, they are required to take certain
24 modules, training modules, before they're allowed access
25 to the floor.

1 So the modules that they have to take is
2 the Health and Safety Orientation; they have to take the
3 Radiation Safety module; and they have to take WHMIS.
4 Once they pass these -- all this training requires that
5 they have to pass an exam, or test, with an 80 percent or
6 better.

7 Once they pass the training online, then
8 they they're allowed to go on the experimental hall. And
9 before they start using the beam line, where they're
10 assigned for their research, they have to take a Beam Line
11 Safety Orientation. And that orientation is delivered by
12 the beam line scientist or designate. And they have to do
13 that once every two years.

14 So most of that training expires every two
15 years, and they have to do it again. If they don't, the
16 access to the facility is deactivated.

17 **MEMBER HARVEY:** How long is it -- I mean,
18 if you have to complete all those modules, it takes a
19 certain time, so how long does it take to get the -- to be
20 able to work in your facility?

21 **MR. BENMERROUCHE:** The time it takes, it
22 depends on the individual. We don't set specific times
23 that they have to finish the training. But it has to be
24 completed before they're allowed access to the
25 experimental hall.

1 Typically, on average, it could take maybe
2 half an hour to an hour. It's very -- it's very simple --
3 very simple training, but you have to cover the specific
4 safety issues that they have to be aware of before they're
5 allowed access to the floor.

6 **DR. HORMES:** Perhaps I can add to that
7 question.

8 I'm a guinea pig, because I have also to do
9 that testing or so. And the last one I had to renew early
10 this year, and the three modules took me something like 45
11 minutes to get that 90 percent approval rate.

12 Other facilities are putting more pressure
13 on users, because there's a time limit. It means the
14 European, or some other facilities, they are asking to
15 pass the test within 30 minutes.

16 I'm not really sure if that's the best way
17 to do it. But I would say something, for the basic
18 modules, between half an hour and 45 minutes if you know
19 what similar orientation is and things like this. In some
20 cases, it could also be one and a half hour for the basic
21 things.

22 **MEMBER HARVEY:** Does the staff have
23 something to do with the content of those modules?

24 **MR. RÉGIMBALD:** I'll ask Madame Plante to
25 provide details about our assessment of the training

1 program.

2 **MS. PLANTE:** Jacinthe Plante, for the
3 record.

4 Training is verified during a compliance
5 inspection. We don't really look at the content. We
6 verify that they suit the needs of the users. We ask
7 questions to users during inspections to verify the
8 knowledge of the radiation safety. And we were satisfied
9 at the last inspection that was verified.

10 **MEMBER HARVEY:** Thank you.

11 The second question, about your request,
12 reducing the scope of the annual revalidation, I know that
13 will come back in front of the Commission.

14 What is the purpose of that? Is this a
15 resource for -- resources, or ---

16 **DR. HORMES:** We developed that program very
17 early, during the construction and commissioning. And in
18 some cases it's very strict and we are checking actually
19 items that are not really correlated to each other. But
20 it's written down; therefore we are doing it.

21 The time that it now takes for the
22 validation of all the beam lines -- it depends on the beam
23 line. It's between half a day and several days, so that
24 -- I'm a little bit afraid that if you have 22 beam lines
25 in operation, that Mohamed Benmerrouche and his people are

1 doing nothing else than just validation of the beam lines.

2 And compared to the other facilities where
3 I worked, we are on one extreme. There are extremes
4 between 15 beam lines in two days and, in our case,
5 perhaps one beam line in two days. And we have to find --
6 again, in consultation with the Nuclear Safety Commission
7 staff, and also our colleagues from other facilities, a
8 reasonable way to optimize that process, without
9 improving, of course, any safety risk or so, and that's
10 possible, is my feeling.

11 **MR. BENMERROUCHE:** All I just want to add
12 is, any time we do those verification of additional
13 procedures, they have to be done when the machine is shut
14 down. And we have two major shutdowns in the year, one in
15 April and usually one in October, and we have one month to
16 complete those tests.

17 And if we you can see the number of beam
18 lines that we have to do -- and in addition to that, also
19 we have to do the machine, the LINAC, the booster, and the
20 storage ring. So we are revisiting that, to see whether
21 or not we are really doing some of the tests that might
22 not be physically possible.

23 For example, your concern about the
24 radiation source in the booster; what are you doing on the
25 beam line? There's really no connection, and we do have

1 to test that.

2 And our engineers, the way they do it is,
3 they just look at all possible combinations of various
4 sources and components, and they just have the matrix to
5 supply them all, and we do them all.

6 So we try to revisit that and make it a
7 little bit more effective and optimized.

8 **MEMBER HARVEY:** When do you think you'll be
9 back with the request?

10 **MR. BENMERROUCHE:** It's hard to tell. But
11 I think, because this has a bit of an implication on the
12 resources, we probably would like to proceed that
13 probably, you know, this year, if not early next year.

14 **DR. HORMES:** I can add to that. What I
15 would like is, of course, again, an internal inspection
16 beyond the Canadian Nuclear Safety Commission. We are
17 inviting some experts from other facilities, but also
18 European facilities, for two- or three-day inspections,
19 and they will give some recommendations based on their own
20 experience and by just looking to what we are doing. And
21 when that is finished, it might be by the end of this year
22 or so, then we might up with a request for January.

23 **MEMBER HARVEY:** Staff?

24 **MS. MURTHY:** I'd like to make three points.
25 Number one, this is a reflection of the

1 licensee's operating experience with this facility, which
2 is informing what they want to do in the future.

3 And like -- we made reference to monitoring
4 for workers. This is another one of those requests, that
5 when we receive the full details of it, we will do a
6 complete assessment.

7 I just wanted to point out to the
8 Commission that this type of change is one that we would
9 consider as appropriate to make under the licence
10 condition handbook. So we, most likely, without having
11 seen the full details of it, most likely would be
12 proceeding by making an amendment, if the amendment is
13 approved as to the licence condition handbook.

14 The other point I wanted to make was also
15 that the requirements for testing -- while we do have a
16 requirement that everything be tested, there is also a
17 submission made by the licensee at the time of their
18 application where they state what they're going to test
19 and how frequently they're going to test.

20 So the requirement for them to test at the
21 frequency that they're doing it, was arrived upon in
22 combination with the CNSC staff recommendation, by taking
23 into account what they told us that they wanted to do at
24 this facility.

25 **MEMBER HARVEY:** The next question is

1 referred to the staff. Page 6 of your written submission,
2 CMD.

3 In the table there, under "Facility and
4 Equipment," you've got the risk ranking, and under
5 "Physical Design" you've got in "Fitness for Service,
6 Medium" -- I don't know. I think it's "Medium?"

7 So what is the -- I thought that the
8 fitness for service is very important, so why is it -- the
9 risk is lower than the physical design?

10 **MS. PLANTE:** Jacinthe Plante, for the
11 record.

12 The risks that are listed on page 6 of the
13 CNSC staff CMD are really based on this facility, and
14 there were looking at the worst scenario of what could
15 happen if some of the SA failed, and the fitness for
16 service was looking at a lower risk than the physical
17 design of all the others.

18 **MEMBER HARVEY:** I see that. But I was just
19 asking why something -- well, equipment has to be fit for
20 service, otherwise, well ---

21 **MS. PLANTE:** Jacinthe Plante, for the
22 record.

23 You're quite right. When they do
24 maintenance and service of the equipment, they shut down
25 the facility, so the facility is not in operation, and

1 they do verification and complete validation of the system
2 before they report it for service.

3 **MEMBER HARVEY:** Thank you.

4 **THE CHAIRMAN:** Okay. Thank you.

5 Any other questions?

6 Monsieur Tolgyesi?

7 **MEMBER TOLGYESI:** You were saying this --
8 you know you have three models of compulsory training, one
9 of which is health and safety orientation, WHMIS and one
10 of three radiation, RAM, GRT or RWT. And you are saying
11 that the training takes about -- just to clarify --
12 training takes 30 to 45 minutes or the test takes 30 or 45
13 minutes per module?

14 **MR. HORMES:** You cannot pass the test
15 without reading the information material. That is a basic
16 part of that because the questions are closely connected
17 of course. It means, if you don't read it -- the
18 question, how fast you can read it. My feeling is - I
19 have some background knowledge -- that it takes, for me
20 the three tests, well between 35 and 45 minutes or so,
21 that is with some background knowledge.

22 What I said is it could take also one and a
23 half or two hours if you are not really familiar with it,
24 and you would read all the things perhaps twice or so.
25 But that is my test number. I don't know, 15 or so at the

1 end.

2 **MEMBER TOLGYESI:** The question is that, you
3 know, when I read something, I read the page and I am
4 going to test and it's easy to pass the test because, you
5 know, you retain all that, but if you have to learn
6 something and after eventually pass the test, it could be
7 how much you retain and how much you remember.

8 They were tests on the safety, just to tell
9 you on the safety meetings where there were questions four
10 hours after the safety meeting, what was the subject or
11 what was the discussions? And I should tell you that it
12 was not necessarily a very high retention rate. That's
13 why I'm asking.

14 And I suppose a question of Mr. Harvey was
15 that when you are talking about the training, how long it
16 takes these three modules to take day or two before the
17 visitor could have an access to the facility and move
18 freely.

19 **DR. BENMERROUCHE:** Mo Benmerrouche for the
20 record.

21 They are able to take those tests before
22 coming on site. And the way the training is structured is
23 they go through the training module slides, and after they
24 complete that, they take the test.

25 But really we don't have stats how long it

1 usually takes for that person to complete the training
2 because sometimes I can see people that it could take them
3 half a day to complete that, but it depends on the
4 individual.

5 And the training that we structured is very
6 similar to other synchrotrons, like for example the EU
7 labs and all that.

8 So we have to balance between the amount of
9 information that the person has to understand and pass a
10 test on it and also give them quick access to the
11 facility. So it's a balance, but so far we haven't
12 received any complaints or issues on our training, at
13 least from the users.

14 **MEMBER TOLGYESI:** And I have one more; it's
15 regards ---

16 **THE CHAIRMAN:** But, just to understand.
17 I'm trying to understand. So somebody walking off the
18 street, you guys don't know, that went online, that did
19 the training, he can walk in and turn on a beam? I mean,
20 you guys, are ---

21 **DR. BENMERROUCHE:** They have to -- they
22 have a commission earlier before they are -- before they
23 can take any of the training, they have to be registered
24 in our system.

25 **THE CHAIRMAN:** And presumably there will be

1 some staff with them that show them where the switch is,
2 right?

3 **DR. BENMERROUCHE:** Yeah, like I said, for
4 the users, this other level which is called BMI safety
5 orientation. That's why and also, in addition to show
6 them how the beam might operate, they also go through some
7 of the safety issues on the floor. Like for example,
8 emergency exits and what to do in case of an evacuation.
9 It's like a practical side of the training.

10 **THE CHAIRMAN:** Okay.

11 **DR. de JONG:** The three tests that you
12 mentioned only allow you to go to the hall. It doesn't
13 allow you to operate any switches and operate a beam line.
14 That is that personal training with the beam line
15 scientists. That's a different approach, and that's
16 individual from beam line to beam line. You are also not
17 allowed to operate a beam line where you are not a
18 registered user for. That means, these three tests that
19 you are mentioning just allow you to be unescorted on the
20 floor, that's all. You can't operate things. And what we
21 said is, we are checking also identity before people are
22 doing those tests. We introduce that also as a security
23 measure.

24 **THE CHAIRMAN:** Dr. Tolgyesi?

25 **MEMBER TOLGYESI:** You were saying that

1 there were about 6 to 800 training done during the year,
2 and I think it's about 1500 people who is working on the
3 site during a year? I mean they are visiting, they are
4 there for a month or a week or a day or so. But how many
5 people is on the site usually on 24 hours period, in
6 hourage, 300, 500? How many?

7 **DR. HORMES:** No. The normal user time,
8 that means if you would apply for beam time, you will get
9 something between eight hours, that is one shift. And if
10 you are lucky, you would get perhaps 10 shifts; that means
11 80 hours; that means something like 3 or 4 days. That
12 means there is always a rotation.

13 There is hardly more than 3 or 4 people per
14 beam line multiplied by 15; that means we might have on
15 average between 60 and 80 people on the floor, not the
16 people working in the offices. That gives an average
17 number. It's never several hundred people at the same
18 time. That never happens.

19 **MEMBER TOLGYESI:** I just threw a number
20 because you have also a janitor and those people who are
21 there and they are exposed to the accidents and they could
22 slip and whatever.

23 So that's why my question, is how many
24 people is present during a day, during a 24-hour, you
25 know, on the site?

1 **DR. HORMES:** The average number might be, I
2 would say, 50 or lower than that, but we have of course
3 the people who are working continuously. We have floor
4 coordinators, that means we have always a 24/7 supervision
5 of the hall. That means we have people, their main
6 responsibility is just being there controlling the
7 permits, looking for accidents and things like this. We
8 have what we call floor coordinators.

9 **MEMBER TOLGYESI:** And my last is, in an
10 emergency shutdown, when you should shut down the beam for
11 some reasons; could it happen that somebody who is working
12 somewhere is in a situation where he needs to shutdown the
13 system, and what's the process when you do that? Anybody
14 could shut down that or he could shutdown just his beam, I
15 suppose?

16 **DR. BENMERROUCHE:** Mo Benmerrouche, for the
17 record.

18 Users have only access to open the shutters
19 to allow the synchrotron into their experimental station.
20 They don't have the authority to shutdown the beam line.
21 The beam line usually is under the responsibility of the
22 beam line scientist or designate. And each beam line has
23 a beam line scientist designate.

24 In regards to the storage ring, the booster
25 and the LINAC is under the authority of the access to

1 operations. If they feel that the beam line or the
2 machine has to be shut down for any reason, they have the
3 authority to do that. So that are the typical people that
4 can shutdown the machine.

5 **DR. HORMES:** There are several answers.
6 There is of course the possibility that you might be in a
7 hutch and search and secure because you are too small,
8 didn't find you or so, then there is an emergency button
9 that allows you, to prevent the start of the operation.

10 But that is really that, it's not an
11 emergency case; it's something that should not happen
12 because of said search and secure process, because you ask
13 not for routine operation, but you ask for an emergency in
14 that same direction as it was.

15 **DR. de JONG:** And finally, we, the
16 accelerator can be tripped off within milliseconds and
17 it's quite safe to do so, other than of course the loss of
18 performance. And it takes us typically about 15 minutes
19 to a half hour to put the beam back in again.

20 So a lot of our systems are all hardwired
21 or with the safety systems, they just simply turn off the
22 beam. I mean if there's any concern, both from personnel
23 safety so all of our safety systems, all of the safety
24 shutters. If somebody tries to open a hutch door in
25 violation, they all shut off the beam immediately.

1 If it's -- the safety system goes, we have
2 a quick check with the health and safety group to check to
3 see which beam line was it. What was the nature of the
4 trip? But also even to protect components in the machine
5 if something seems to be a little errant; we also trip it
6 off quite frequently.

7 And you asked at the beginning about a 98
8 percent availability? That two percent is the sum of all
9 of these effects, is where we lose the time.

10 **THE CHAIRMAN:** Thank you.

11 Anybody else?

12 Dr. Barriault?

13 **MEMBER BARRIAULT:** Just one brief question.
14 We know that in the wake of Fukushima, that we have to ask
15 the obvious question. What is the worst case scenario
16 that could happen? If you have student unrests tomorrow
17 morning and they blow up your cyclotron, what residual
18 radiation do you have left, if any?

19 **DR. BENMERROUCHE:** Mo Benmerrouche, for the
20 record.

21 We did look into that, and I think in about
22 -- probably two years ago we did respond to the Commission
23 about what would happen if any of those systems fail.

24 Like I mentioned earlier, really, the
25 amount of residual activation is very minimal. It's very

1 small and it's very localized. And if anything happened,
2 really, the risk to the public or the workers is very
3 minimal.

4 And like Josef mentioned in his slides,
5 again, if you -- the other type of radiation, the prompt
6 radiation, if you shut down the machine ---

7 **MEMBER BARRIAULT:** It's gone.

8 **DR. BENMERROUCHE:** --- all gone
9 immediately. So it's really the risk to the workers and
10 the public is very, very small.

11 **THE CHAIRMAN:** But again, we are now --
12 like to do a new view, a new set of eyes on low
13 portability, high impact events. So seismic, while the
14 beam is running, is a seismic event will trigger it off?

15 I mean, I want to understand what a
16 doomsday scenario beyond design analysis. You know, we're
17 almost forced to ask this of every nuclear facility.

18 **DR. de JONG:** Mark de Jong.

19 The impact, again, on the machine is if it
20 was large enough to shift the beam position by about one
21 millimetre from its reference trajectory, the beam would
22 trip. That's hardwired into our safety system, and then
23 removal of the prompt radiation. Otherwise, lesser
24 vibrations, we have active systems to compensate the beam
25 position to keep it stable.

1 I think the systems we might worry most
2 about would be a large cryogenic system where we have the
3 possibility of loss of the insulating vacuum on a liquid
4 helium system and so that we would have burst because of
5 the overpressure. We have burst disks in vent systems and
6 we have some equipment damage from that perspective.

7 But any other, you know, rare event -- and
8 earthquakes in Saskatchewan are definitely very rare, but,
9 you know, I think it has an impact on recovery in terms of
10 the amount of time you'd, say, have to do an alignment.

11 I mean, we have colleagues at other
12 facilities both in Japan and in Stanford that have gone
13 through that. It's part of the design and recovery.

14 But in terms of risks and hazards to the
15 staff and to the public, they're very low.

16 **THE CHAIRMAN:** Thank you.

17 Dr. Barriault?

18 **MEMBER BARRIAULT:** That's all, Mr.
19 Chairman. Thank you.

20 **THE CHAIRMAN:** Anybody else? Any other
21 question?

22 I've got a couple of quick hits. First of
23 all, somewhere along the line, I think in your submission,
24 you said that your funding is only available to 2013. So
25 what's next?

1 **DR. HORMES:** There is some unofficial
2 notice from Canada Foundation for Innovation that we have
3 a very positive review of our application for the next
4 five years. There is also an unofficial notice from NSERC
5 that there's a very positive review of our application to
6 NSERC.

7 And I visited yesterday already NRC and I'm
8 going to visit Canadian Institute of Health Research
9 today. We have actually seven funding partners for our
10 operational budget, which is a little bit difficult, I
11 would call it, but we are working on it.

12 I'm pretty optimistic that we will secure
13 the budget -- that's not 100 percent, but perhaps 80
14 percent -- 'til March of next year so that there will be a
15 smooth transition from this funding cycle to the next one,
16 based on the information that I have until now.

17 **THE CHAIRMAN:** On that optimistic note, I
18 will turn to staff on your rating.

19 What I'm trying to understand is now I
20 notice here and I notice everywhere else that we seem not
21 to ever use the fully satisfactory rating any more. What
22 does it take to get a fully satisfactory in a class -- you
23 know, in something that you will almost deem to be Class
24 II?

25 Are you tough raters or is it some inherent

1 ---

2 **MS. MURTHY:** The rating criteria for fully
3 satisfactory requires that compliance within an area
4 exceeds what CNSC would consider acceptable or what CNSC
5 expectations are with respect to that.

6 We ---

7 **THE CHAIRMAN:** (Off mic)

8 **MS. MURTHY:** That's right.

9 **DR. HORMES:** There's always room for
10 improvement, as you know. We'll work on that.

11 **THE CHAIRMAN:** I know. It just runs across
12 14 safety and control. I figure that one of them you
13 already mastered.

14 Anyhow, this is for, I guess, the next --
15 for something to look forward to.

16 A little bit more on staff. I think it's
17 staff page 22, just a curiosity. It states here that you
18 have to be compliant with Canadian Occupational Health and
19 Safety Regulation, Public Health Agency of Canada, *Human*
20 *Pathogen and Toxic Act*, Canadian Food Inspection Agency
21 and on and on and on.

22 What I'm curious to know is do they
23 actually inspect you also, or is it only CNSC who does the
24 inspection? Who else appears knocking on your door for
25 inspections?

1 **DR. BENMERROUCHE:** The other agency that
2 they come and knock on our door on a regular basis is the
3 Saskatoon Fire and Protection Services just to inspect for
4 fire protection.

5 As far as the Canada Labour officer, we
6 haven't seen that officer for a couple of years or so.
7 They used to come at least once a year just to review the
8 report that we have to submit on a yearly basis to the
9 Labour officer.

10 But these are the two -- the two main
11 agencies, the CNSC and the Saskatoon ---

12 **THE CHAIRMAN:** So does the other agency
13 rely on our -- on CNSC analysis and safety kind of
14 reports? Anybody knows this?

15 **MS. PLANTE:** Jacinthe Plante, for the
16 record.

17 You're quite right. If we find anything,
18 we will inform the other agency and department.

19 In addition, I believe that for any animals
20 there is some ethic groups from the Saskatoon University
21 that are also visiting the CLS.

22 **DR. HORMES:** The animal protection is taken
23 very seriously. When we had the first chicken into our
24 beam line, there were four people monitoring the health of
25 that chicken.

1 I'm looking forward when the first human is
2 in the beam line if there would be also four people
3 monitoring the health of the human.

4 **THE CHAIRMAN:** Thank you.

5 On Appendix D, there is the list of
6 substances limits. I just want to know if these are also
7 -- if those limits cover also the linear accelerator or
8 they'll have to come up with a new -- in the new
9 application there will be new limits.

10 **MS. MURTHY:** Yes, there will be a separate
11 consideration for the products that are going to be
12 generated from the medical isotope project. They're not a
13 part of this.

14 **THE CHAIRMAN:** Okay. So that will be a
15 completely ---

16 **MS. MURTHY:** That's right.

17 **THE CHAIRMAN:** --- different kind of a
18 list.

19 And just out of curiosity, why is Appendix
20 E -- why is H3 sits on its own? Why is it not part of
21 Appendix D, or am I missing something here?

22 **MS. MURTHY:** Oh, it's a safeguard that ---

23 **THE CHAIRMAN:** This is page 74.

24 **MS. MURTHY:** Tritium is not -- they're not
25 allowed to import and export tritium, so it's a bit

1 different from the isotopes listed in the previous page.
2 They are allowed to import those substances that are in
3 Appendix D, but not the one in Appendix ---

4 **THE CHAIRMAN:** But the heading is
5 identical. I mean, it doesn't ---

6 **MS. MURTHY:** No, the heading is missing
7 import.

8 **THE CHAIRMAN:** Well, okay. So if you want
9 to -- I didn't understand why it was separate because of
10 clarity.

11 Monsieur Harvey?

12 **MEMBER HARVEY:** Just a quick question. On
13 page 9 of 52 of your document, you've got a figure there
14 and I see there that the -- it's written Province of PQ.

15 I know it's Quebec and -- well, it
16 shouldn't be PQ, anyway. Anyway, for now -- and it's zero
17 percent.

18 Why is it there if it's zero percent?

19 **DR. HORMES:** Page 9?

20 **MEMBER HARVEY:** Nine of 52. That's the
21 tart there.

22 **THE CHAIRMAN:** Your pie ---

23 **MEMBER HARVEY:** The pie.

24 **THE CHAIRMAN:** This is your pie diagram.
25 Quebec is not playing?

1 **DR. HORMES:** My feeling is there is a tiny
2 figure behind the zero missing. The -- but the
3 contribution from other provinces is ---

4 **THE CHAIRMAN:** It's Province of Quebec.
5 Anything else?

6 **MEMBER BARRIAULT:** Just one brief question.
7 If I understand correctly, I understand that there is
8 nobody actually monitoring the occupational health in your
9 facility. Provincially they're not doing it.

10 Is CNSC staff monitoring the occupational
11 health system in the facility?

12 **DR. HORMES:** We have an Occupational Health
13 and Safety Commission that is doing regularly inspection
14 and the reports from that inspection are also forwarded to
15 the Nuclear Safety Commission.

16 **MEMBER BARRIAULT:** So that's being done?

17 **DR. HORMES:** No, we are doing that. That's
18 the -- by law.

19 **MEMBER BARRIAULT:** That's fine. Thank you.
20 Thank you, Mr. Chair.

21 **THE CHAIRMAN:** Okay. Last chance.
22 Thank you very much.

23 **DR. HORMES:** Thank you.

24 **THE CHAIRMAN:** I'm sure you're going to
25 miss us now if you're granted a 10-year licence.

1 **DR. HORMES:** Of course we will miss that
2 interaction with the Commission.

3 **THE CHAIRMAN:** You can come in front of us
4 in the annual report, though. Normally people are invited
5 to listen at least.

6 **DR. HORMES:** You are more than welcome to
7 visit us on a regular basis. Perhaps you enjoy what we
8 are doing.

9 **THE CHAIRMAN:** Thank you.

10 **MR. LEBLANC:** So this concludes this
11 hearing.

12 The Commission will now confer with regards
13 to the information that has been considered and then
14 determine if further information is needed or if the
15 Commission is ready to proceed with a decision. We will
16 advise accordingly.

17 We will now take a short break and resume
18 at 11:15 with the TRIUMF application.

19 Thank you.

20

21 --- Upon recessing at 11:07 a.m./

22 L'audience est suspendue à 11h07

23