CANADIAN NUCLEAR SAFETY COMMISSION
Directorate of Nuclear Cycle and Facilities Regulation

Compliance Inspection Report
Unclassified

Licensee:	SRB Technologies (Canada) Inc.
Location:	Pembroke, Ontario
Licence Number:	NSPFL-13.00/2034

Inspection Title:	Management Systems Inspection
Inspection Number:	SRBT-2025-02
Inspection Dates:	November 4-7, 2025
Report Date:	January 29, 2026

Lead Inspector:

Approved By:

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1. INTRODUCTION

An announced onsite Management Systems inspection was conducted at the SRB Technologies (Canada) Inc. (SRBT) facility, November 4-7, 2025.

Criteria for this inspection were derived directly from the set of documents described in the notification letter [1] and compiled into a Compliance Matrix (Appendix A) which had been provided to SRBT staff prior to the inspection.

The Canadian Nuclear Safety Commission (CNSC) inspection team included:

- Lester Posada, Lead Inspector, NPFD
- Alison O'Connor, Inspector in training, NPFD
- Ananda Senathirajah, Sr. Management System Specialist, MSD
- Ken MacDougall, Management System Specialist, MSD

This report, documents the findings and conclusions of the inspection, along with any enforcement actions or recommendations arising from the inspection. The results of this inspection activity will form part of CNSC staff's evaluation of the licensee's performance.

2. PURPOSE AND SCOPE

The purpose of the inspection was to assess SRBT against the requirements of the *Nuclear Safety and Control Act* (NSCA), its associated regulations, the conditions of the SRBT licence [2] and associated Licence Conditions Handbook (LCH) [3], as well as SRBT's programs and procedures.

The scope of the inspection was focused on the following Safety and Control Area (SCA) of Management System. This inspection also included follow-up of corrective actions from previous inspections.

3. DESCRIPTION OF INSPECTION METHODS

The following methods of assessment were used during the inspection:

- documentation and record review

- visual assessment and verification

- interviews and discussions with licensee staff

- observation of licensee environmental sampling

The Compliance Matrix, appended to this report, contains the compliance verification criteria (CVC) used to assess and evaluate compliance with regulatory and licensing requirements for this inspection. The criteria in the Compliance Matrix have been assessed to have either "Met" or "Not Met" the applicable requirement. For criteria assessed as "Not Met", the following

format is used to show a clear link from the initial inspection finding to the resulting enforcement action:

- compliance verification criteria used to identify the deficiency
- a description of the inspection method(s) used to identify the deficiency
- a description of the finding and analysis linking the compliance verification criteria to the deficiency
- the notice of non-compliance (NNC) requiring the licensee to address the deficiency

An NNC is issued when a non-compliance with the CVC is confirmed through objective evidence obtained from reliable sources and based on verifiable facts. An NNC requires the licensee to take the necessary action(s) to correct the identifed non-compliance and respond with one of the following:

- confirmation that compliance has been restored
- a timeframe for restoring compliance
- a timeframe within which a corrective action plan will be submitted

CNSC staff may identify a recommendation as a written suggestion when there are opportunities for improvement based on CNSC experience and industry best practices. There is no obligation for the licensee to act on a recommendation.

As per the CNSC process, at the conclusion of the field verification portion of the inspection, a Preliminary Inspection Facts and Findings Report was provided to SRBT representatives [4]. This report was provided for the purpose of outlining the facts and findings made by the inspection team based on a preliminary review of the criteria set identified in the Compliance Matrix (Appendix A) and observations made at the time of the inspection.

4.   CONCLUDING STATEMENTS

Overall, CNSC staff confirmed through this inspection that the SRBT Management System Program is being implemented and maintained as required by the NSCA and its associated regulations, the conditions of the licence and associated LCH. The inspection also included a follow-up of corrective actions from previous inspections.

The inspection team found the licensee to be in compliance with the inspection criteria. Two (2) recommendations have been raised for SRBT to consider as opportunities for continuous improvement.

4.1   Notices of Non-compliance

There were no notices of non-compliance identified as a result of this inspection.

4.2   Recommendations

The following recommendations have been identified for SRBT's consideration:

- **SRBT-2025-02-R01:** SRBT should consider reviewing the titles of documents listed in the master document list and prevent duplication of titles for documents that serve different purposes.
- **SRBT-2025-02-R02:** SRBT should review references made within controlled documents during the document review to ensure that the correct references are listed.

5. REFERENCES

[1]   Letter, A. O'Connor (CNSC) to J. MacDonald (SRBT), *Notice of Management System Inspection at SRB Technologies from November 4-7, 2025*, September 26, 2025. (Document ID UFAU4ACC6FJU-1779587213-43)

[2]   Nuclear Substance Processing Facility Licence, SRB Technologies (Canada) Inc., Pembroke, Ontario. NSPFL-13.00/2034. (e-Doc 6639800)

[3]   Licence Conditions Handbook for SRB Technologies (Canada) Inc., Pembroke, Ontario. NSPFL-13.00/2034, July 26, 2022. (e-Doc 6668496)

[4]   CNSC Report, *SRBT-2025-02 Preliminary Inspection Facts and Findings Report, SRB Technologies (Canada) Inc*, November 7, 2025. (Document ID UFAU4ACC6FJU-1779587213-151).

Appendix A   **Compliance Matrix**

Compliance Matrix
Directorate of Nuclear Cycle and Facilities Regulation
Nuclear Processing Facilities Division

Licensee:	SRB Technologies (Canada) Inc.
Location:	Tritium Processing Facility (Pembroke, ON)
Licence Number:	NSPFL-13.00/2034
Inspection Title:	Environmental Protection Inspection
Inspection Number:	SRBT-2025-02
Inspection Dates:	November 4-7, 2025
Lead Inspector:	Lester Posada, NPFD

Inspection Safety and Control Area(s) and/or Other Matters of Regulatory Interest

All appropriate Safety and Control Area(s) for this Compliance Inspection are identified below. If other matters of regulatory interest are being inspected, "Other" is selected and specified.

☒	**Management System**	☐	Conventional Health and Safety
☐	Human Performance Management	☐	Environmental Protection
☐	Operating Performance	☐	Emergency Management & Fire Protection
☐	Safety Analysis	☐	Waste Management
☐	Physical Design	☐	Security
☐	Fitness for Service	☐	Safeguards & Non-Proliferation
☐	Radiation Protection	☐	Packaging and Transport
☐	**Other:** Follow up on previous inspection findings and action level exceedance.		

Criteria #01	**Standards**
	N286-12 Management system requirements for nuclear facilities
	4.4 Organization:
	Management shall clearly define to workers the following:
	(a) organizational structure;
	(b) authorities, accountabilities, and responsibilities of positions;
	(c) internal and external interfaces; and
	(d) how and by whom decisions are made.
	Licensees Programs and Procedures:
	• MSP-013 – Safety Culture Monitoring Process, Revision B
	• Quality Manual, Revision L
	• Organizational Structure and Responsibilities, Revision D
	Records:
	• List of Names Occupying Positions in SRBT Organizational Structure (current to October 2, 2025)
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records and procedures, walk through observation
	Compliance Expectation:
	a) Clearly defined and documented organization structure which includes:
	○ Line of reporting
	○ Line of communication
	b) Clear authorities, accountabilities, roles and responsibilities, lines of reporting defined and communicated to workers through formal and informal mechanisms such are daily operation and weekly, monthly and management meetings.
	c) Changes in the organization are communicated and understood by the workers
	d) Organization promotes a safe environment and implements practices that contribute to the excellence performance in workers (4.2)

Finding / Analysis	SRBT has documented Organization Structure and Responsibilities, Revision D, June 11, 2021, to describe its organizational structure along with roles and responsibilities of all positions within the organization. It was noted that there are expected changes in the structure for 2026 which should be followed up on by CNSC personnel. Authorities, accountabilities, roles and responsibilities are defined within the Organizational Structure and Responsibilities document. During a walk-through of the organization and various interviews of process owners and workers, CNSC staff noted that lines of reporting was understood and adhered to by staff interviewed. As SRBT is a small organization, communication of changes in organization are communicated through supervisors during daily operations, and through updated procedures. All committee meeting minutes are posted on the communication board in the hallway for everyone for learning about the management decisions. CNSC staff observed during the walkthrough that SRBT maintains well established and adhered safety measures to ensure that safety is considered a priority.
☒ Met ☐ Not Met	The SRBT management system and underlying policy, processes and procedures are adequate to meet the requirements of N286-12 Section 4.4.
☐ Recommendation	None

Criteria #02	**Standards**
	N286-12 Management system requirements for nuclear facilities
	4.5 Resources:
	4.5.2 Human resources:
	Workers shall be competent to do the work assigned to them.
	Licensees Programs and Procedures:
	• SRBT Training Program Manual, Revision E
	Records to be observed on site:
	• Maintenance Training Log
	• PLA-010-F-01 Proficiency Levels
	• SAT-002-F-01 Training Needs Analysis
	• SAT-003-F-01 Training Design Selection Record
	• SAT-003-F-02 Establishing "Enabling Objectives" for SAT-Based Training Activity
	• SAT-003-F-03 Learning Assessment Plan
	• SAT-003-F-04 Summary of Enabling Objectives and Learning Assessment Plan
	• SAT-010-F-01 Trainer Qualification Recommendation and Approval
	• SAT-010-F-02 Quarterly Staff Qualification Review
	• SAT-010-F-03 Periodic Refresher Training
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records and procedures, walk through observation
	Compliance Expectation
	a) competence criteria shall be determined for positions based on the work to be performed and include education, experience, knowledge, ability, and performance requirements;
	b) workers shall be selected to positions on the basis of defined criteria and their capability to be competent in the position;
	c) training shall be systematically developed and implemented so that the required qualification is achieved and maintained;
	d) expectations for trainee performance shall be established and the trainee tested against them;
	e) expected results and behaviour of workers shall be defined; and
	f) workers shall be provided feedback on their performance.
Finding / Analysis	Required training and competency levels have been documented and maintained by the supervisors for each function as training plans.
	SRBT management maintains a cross functional training system that allows staff to move between functional areas as needed. Each functional supervisors maintain separate binders and track completed training along with the competency levels prior to assigning work within responsible areas. CNSC staff observed records of training plans and competency levels tracked by the supervisors within each department.
	CNSC staff observed during the facility walk-through that supervisors provide employees with feedback on their performance on an ongoing basis.

☒ Met ☐ Not Met	SRBT has established and implemented management system controls for assuring that workers are competent to do the work assigned to them. SRBT met the requirements of N286-12, Clause 4.5.2.
☐ Recommendation	None

Criteria #03	**Standards** N286-12 Management system requirements for nuclear facilities **4.5 Resources:** **4.5.3 Financial resources:** Top management shall ensure that the financial resources required to implement the business plan are provided, managed, and controlled.
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records and procedures, walk through observation **Compliance Expectation** Financial resources are made available to ensure adequate staffing, material and equipment to conduct the licenced activity: a) Resource requirements with regards to staffing, material and equipment are assessed by managers as part of their self-assessments and reported to top management; b) Management reviews conducted regularly to identify and address any resource requirements; c) Management committees are utilized to bring forward and address resource requirements.
Finding / Analysis	CNSC staff observed records of regular management reviews and on-going communications between supervisors and management with respect to staffing needs to ensure that safety is not compromised during licensed activities. CNSC staff noted that SRBT is a small organization, and day to day challenges with respect to staffing, equipment and materials are communicated on an on-going basis as they occur and addressed adequately.
☒ Met ☐ Not Met	SRBT has established and maintained communication methods between, staff, supervisors and the senior management team to communicate requirements of staffing, materials and equipment to assure that safety objectives of licensed activities are met. SRBT has demonstrated adequate controls for meeting the requirements of N286-12, Clause 4.5.3.
☐ Recommendation	None

Criteria #04	**Standards**
	N286-12 Management system requirements for nuclear facilities
	4.6 Communication:
	Processes shall be in place to ensure effective communication. Workers shall be made aware of their relevance and importance of their work related to the objectives.
	Licensees Programs and Procedures:
	• MSP-005 Communication Process
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records and procedures, field observation
	Compliance Expectation
	Processes are established for the following:
	(a) process for communicating to staff for making them aware of processes relevant to their work and related objectives;
	(b) process for communicating to staff of any changes relevance relevant to their work, related objectives and organization;
	(c) Process for assessing the effectiveness of communications.
Finding / Analysis	CNSC staff observed documented processes and work instructions relevant to licensed activities in each department. Records demonstrating that staff are familiar with the documentation were observed during the walk-through.
	When changes are made to processes or work instructions, SRBT supervisors update their binders with the correct version, and obtain signatures from staff to assure that staff are aware of the latest versions.
	As SRBT is a smaller operation with small group of employees who have been working closely for a long time, the communication of changes is communicated on the floor between the management, supervisors and staff on an on-going basis. CNSC staff were able to observe the types of operations and communications during licensed activities and found to be efficient. Where necessary, official memos were also posted at the work location to remind staff of the critical changes.
☒ Met ☐ Not Met	CNSC staff observation of licensed activities and types of communication approached utilized by the SRBT is adequate to meet the requirements of N286-12, clause 4.6.
☐ **Recommendation**	None

Criteria #05	**Standards**
	N286-12 Management system requirements for nuclear facilities
	4.7 Information management
	4.7.1 Documentation of the management system
	Management shall define, document, control, and maintain the processes that comprise the management system as well as maintain objective evidence to demonstrate effective implementation of the management system.
	Licensees Programs and Procedures:
	• Quality Manual (QM), Revision L • Document and Process Structure, Revision E
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) Description of the organization's management system is documented and communicated to all staff members of all levels. (b) processes to enable and support the management system are documented, communicated, implemented, and maintained. (c) Objective evidence to demonstrate effective implementation of the management system processes is maintained.
Finding / Analysis	SRBT has documented its Quality Manual (Revision L) for describing its quality policies, objectives, and processes for meeting requirements of N86-12 requirements. The Quality Manual is regularly reviewed during self-assessments and audits and updated as required to reflect current regulatory requirements and practices. The Manual is centrally kept on the shared network for everyone's access. Staff demonstrated awareness of the manual during the walk-through.
	Processes, work instructions and associated tools are also developed, documented and maintained in the central network. Supervisors also maintain printed copies of those documents relevant to their functional areas and made them available to staff for reference when needed.
	Records to demonstrate effective implementation of processes and work instructions are maintained and made available for CNSC staff when requested.
☒ **Met** ☐ **Not Met**	SRBT has demonstrated with evidence of records for effectively defining, documenting, implementing and maintaining a management system that meets the requirements of N286-12, clause 4.7.1
☐ **Recommendation**	None

Criteria #06	N286-12 Management system requirements for nuclear facilities **4.7 Information management** **4.7.2 Information** Information shall be provided in a timely manner to those who need it, including the following: (a) the necessary information is identified (e.g., identification and labelling of systems and components, radiation dose identification, and worker identification); (b) those who need the information are identified; (c) the information is current, correct, and timely; and (d) Information systems provide adequate security and ease of use **Licensees Programs and Procedures:** • MSP-004 Information Management
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation:** (a) Staff are aware of where to obtain relevant information needed to perform required tasks, and the information is current and valid; (b) Staff demonstrate consistent understanding on the approach to obtain any missing information / address any errors found in the work package information; (c) Information required for completing the work is clearly identified in work packages/routing sheet. (d) Physical network infrastructure is maintained to protect information. (e) the necessary information is identified (e.g., identification and labelling of systems and components, calibration status, etc.)
Finding / Analysis	CNSC staff observed during the walk-through that staff performing licensed activities in each department have access to documented guidance relevant to their work activities through both central network and in binders as printed copies. Random printed copies verified by the CNSC staff are consistent with the versions posted on the shared network. Staff demonstrated awareness of documentation and access methods. Staff interviewed demonstrated clear understanding of how to obtain missing information from their supervisors when needed. Work is assigned through work packages which contains approved drawings, instructions and bill of materials. Each stage of the work is verified by the supervisor to assure that work package requirements are met. CNSC staff observed during the walk-through that Items and equipment used for the work activities are clearly separated, identified and protected as appropriate. CNSC staff observed equipment used for the licensed activities are labeled and displayed calibration status. CNSC staff observed SRBT's licensed work activities and confirmed that work is assigned through clearly documented work package which contains all necessary information,

instructions and labeling. Staff interviewed demonstrated clear understanding of the information included in the work packages. CNSC staff also observed equipment used for the licensed activities and confirmed that calibration status is compliant and attached to that equipment.	
☒ **Met** ☐ **Not Met**	SRBT has demonstrated with evidence of records for effectively defining, documenting, implementing and maintaining a management system that meets the requirements of N286-12, clause 4.7.2.
☐ **Recommendation**	None

Criteria #07	N286-12 Management system requirements for nuclear facilities **4.7 Information management** **4.7.3 Documents** Documents shall be controlled consistent with intended use. Control shall include: (a) unique identification; (b) defined format and presentation; (c) identification of status; (d) review for adequacy, and approval; (e) availability for use at the location where the work is to be performed or where the document is required for reference; and (f) prompt removal of obsolete documents from use **Licensees Programs and Procedures:** • MSP-001 Document Control • MAT-015 Document Control, Revision E • MSP-002 Process Planning and Control **Records:** • Document Matrix (Master List of Controlled Documents, as of September 18, 2025)
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation:** (a) Log of all process, procedure and work instructions applicable to licensed activities is maintained, and includes release date, review cycle, and status of reviews; (b) Documents are reviewed and updated as per organization's management system standard; (c) Documents in use for completing work reflects current approved practices, and consistent with the information presented in the log; (d) Approvals are clearly documented in documents; (e) Job aids such as forms, templates, checklists are identified in relevant process, procedure and work instruction documents; (f) all obsolete documents are removed from the point of use. (g) All changes to management system documents are managed through change control process.

Finding / Analysis	SRBT maintains a Master document list that lists all controlled management system documents. SRBT incorporated regular reviews of these documents through mechanisms such audits, NCR process, ECR process, Review of regulatory requirements, etc. Documents are updated if required based on the outcome of these reviews.
	Master document list is regularly reviewed and updated when documents are updated. CNSC staff verified and confirmed that the revision dates stated in the documents are consistent with the Master document list.
	All observed documents have clear identification numbers, release information and evidence of approvals.
	CNSC staff did not observe any obsolete documents in use.
	Changes to documents are processed through change control process with adequate demonstration for review and approvals.
	CNSC staff observed that two procedure documents (MSP-001 and MAT-015) exist with the same title of "Document Control". While CNSC staff recognize that the purpose of these documents differs once read, it still creates confusion as existence of duplicate documents within SRBT's document framework. SRBT should consider reviewing the titles of documents listed in their master control. While not identified as a non-compliance, this is viewed as an opportunity for improvement based on CNSC experience and industry best practice.
	CNSC staff observed that MSP-008 Management Review references an outdated applicable standard (eg. Section 6.3.2 of MSP-008: Note is referring to CNSC regulatory standard S-106. This document has been superseded by REGDOC 2.7.2, Volume II). SRBT should review references made within controlled documents during the document review to ensure that the correct references are listed. While not identified as a non-compliance, this is viewed as an opportunity for improvement based on CNSC experience and industry best practice.
☒ **Met** ☐ **Not Met**	Records reviewed by the CNSC staff demonstrate that SRBT has established, documented and implemented an effective document control system that meets the requirements of N286-12, clause 4.7.3.
☒ **Recommendation**	**SRBT-2025-02-R01:** SRBT should consider reviewing the titles of documents listed in the master document list and prevent duplication of titles for documents that serves different purposes. **SRBT-2025-02-R02:** SRBT should review references made within controlled documents during the document review to ensure that the correct references are listed.

Criteria #08	N286-12 Management system requirements for nuclear facilities **4.7 Information management** **4.7.4 Records** Records shall be (a) readable; (b) complete; (c) identifiable; (d) traceable to the related items and work; (e) retrievable; (f) preserved; and (g) retained as specified. **Licensees Programs and Procedures:** • MSP-003 Control of Records **Records:** • MSP-003-F-01 Master Records List (to be observed onsite)
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation** (a) Records for demonstrating compliance with regulatory requirements are identified, listed and maintained; (b) Record retention period for records required to demonstrate regulatory compliance is identified, documented and complied with; (c) Records are traceable to the related items and work, and readily available.
Finding / Analysis	SRBT process documents includes records to be maintained to demonstrate effectiveness of the implementation. All records requested by the CNSC staff during the inspection were readily available. SRBT maintains a Master records list with retention time. This list is reviewed annually by all managers. Records of annually updated master records for each program were observed by the CNSC staff. Each department maintains its own master records list.
☒ **Met** ☐ **Not Met**	SRBT was able to produce all requested records in a timely manner prior to the on-site inspection and was able to produce records requested during the on-site inspection. All requested records were easily traceable. SRBT has demonstrated an effective record control system which meets requirements of N286-12, clause 4.7.4.
☐ **Recommendation**	None

Criteria #09	N286-12 Management system requirements for nuclear facilities
	4.8 Work management
	4.8.1 Work planning
	Work shall be identified and planned with the following:
	(a) a clear description of the work, including requirements and verification;
	(b) worker requirements, including verification worker;
	(c) supply chain requirements, including lead times;
	(d) resources assignment, including the worker to perform the verification;
	(e) critical characteristics of the work to be verified, verification methods, extent, and acceptance criteria established;
	(f) the sequencing and scheduling of the work, including verification (e.g., inspection and testing requirements); and
	(g) the acceptance criteria for the finished product.
	Licensees Programs and Procedures:
	• MSP-006 Graded Approach
	Records:
	• Work Order Summary - September 2023 - August 2025
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) Work is created, controlled and issued using work package that includes:
	o Clear description of the work, including drawings, Bill of Material, special requirements by the customer, etc.;
	o clear description of the work, specific instructions or reference to specific applicable procedures, drawings, specifications, safety requirements, hazards, PPEs etc.
	o Department responsible for completing the work;
	o Engineering drawings and specifications as applicable to the work;
	o Job verification points and responsibilities;
	o Acceptance criteria used for verification;
	o Sequencing of the work to be performed using a routing sheet.
	o Supply chain requirements / contractor management program description

| Finding / Analysis | SRBT issues and controls licensed work activities by using a work package. The package includes detailed drawings, specifications, work instructions, drawings for assuring quality and safety. Staff demonstrated their responsibilities with respect to the use of work packages. The work packages also included verification records at each stage of the process.

CNSC staff also observed some examples of change controls implementation. For example, changes to drawings were reviewed and authorized by the engineering.

Departments responsible for performing the work also clearly identified in the samples reviewed by the CNSC staff.

Staff demonstrated understanding and the use of acceptance criteria for items and standards as specified within the work package.

A routing sheet was included in the work package for directing each stage of the process with verification points. CNSC staff observed evidence of authorized signatures at the defined verification points. |
|---|---|
| ☒ Met
☐ Not Met | SRBT has demonstrated an effective work management process through objective evidence during the walk-through, and through supporting records. SRBT work management process meets the requirements of N286-12, Clause 4.8.1 Work management. |
| ☐ Recommendation | None |

Criteria #10	N286-12 Management system requirements for nuclear facilities
	4.8 Work management
	4.8.2 Work control
	Conduct of work shall be authorized and carried out using controlled
	(a) documents; (b) software, including engineering tools and analytical software; (c) items; (d) tools, gauges, instruments, and other measuring and testing devices; (e) processes; and (f) practices;
	8.9.3 Monitoring
	The condition of structures, systems, and components shall be controlled through
	(a) Performance monitoring; (b) Periodic testing; and (c) Periodic inspection.
	Licensees Programs and Procedures:
	• ENG-003 Design Control, Revision E • ENG-006 Documentation issue and numbering, Revision E • ENG-008 Work Package, Revision D • ENG-009 Distribution of Documentation, Revision E • ENG-12 Computer System, Revision I • ENG-029 Production Procedures, Revision A • QAS-012 Control of Non-Conforming Product, Revision I
	Records:
	• CMP-F-04 - Contractor Work Control (Completed sample to be observed on site) • Health Physics Committee Meeting Minutes, 2025-10-16 • EFF-003-F-02 – Rig Purge Data, 2025 • Purge Data Discussion August 28, 2025

Inspection Method / Compliance Expectation	Inspection Method: Interview, review records, procedures, field observation **Compliance Expectation** (a) Work packages contain instructions and/or referenced to approved procedures; (b) Work packages are verified by authorized person prior to issuing to production supervisors; (c) Verification is completed by assigned person at control points prior to passing the work to the next stage; (d) Staff have received risk and hazard awareness training and monitor any potential risks or hazards on their day-to-day work; (e) Signs posted to alert where potential risks and hazards are present; (f) Staff demonstrate consistent understanding of how to follow work packages to perform their work.
Finding / Analysis	CNSC staff observed evidence of authorized signatures at verification points. Work is verified and authorized prior to moving to the next process in sequence. Some verifiers were using individual stamp numbers (eg: SRB 20), and some were using handwritten initials to demonstrate verification. During the walk-through, SRBT staff have demonstrated understanding of risk and hazard associated with their responsible functions, as well as safety measures to be complied with. Received goods were tested for any leaks / radiation levels by the receiving staff before accepting, and final products were tested for leaks and contamination before shipping to customers. SRBT considers the verification completed at each step of the process as "independent verification". However, any activities related to radiation risks are verified by an independent verifier who did not perform the activity. Example: radiation level monitoring report completed for the Rig room. Signs were posted to alert where potential risks and hazards are present. SRBT Staff demonstrated consistent understanding of how to follow work package specifications and instructions, as well as the safety measures. Review of Health Physics Meeting Minutes and interview with Manager Health Physics and Regulatory Affairs and Assistant Manager Health Physics provided examples of data that is collected and trended against internal goals and regulatory limits. Potential actions were described for reacting to abnormal trends and mitigating strategies with collaboration with area responsible. SRBT staff demonstrated controls in effect to assure that condition of structures, systems, and components are controlled through explaining the methods employed for conducting Performance monitoring; Periodic testing; and Periodic inspection. Maintenance records of critical equipment and calibration records for requested samples were readily available for CNSC staff observation.

☒ Met ☐ Not Met	SRBT demonstrated an effective verification, work control and maintenance program during the walk-through and records review. SRBT has implemented an effective work control methods and maintenance program to meet requirements of N286-12, Clause 4.8.2, and 8.9.3.
☐ **Recommendation**	None

Criteria #11	N286-12 Management system requirements for nuclear facilities
	4.8 Work management
	4.8.2 Work Control: Calibration of measuring equipment and maintenance of structures, systems and equipment:
	Tools, equipment, systems and components used for licensed activities are calibrated and maintained through performance monitoring, periodic testing and inspection.
	(a) Calibration stickers are attached to equipment and tools that need calibration, and checked prior to continuing the work;
	(b) Conduct of work shall be authorized and carried out using controlled:
	(a) software, including engineering tools and analytical software;
	(b) tools, gauges, instruments, and other measuring and testing devices;
	(c) Operation activities shall be controlled through authorizing of work and controlling status of equipment;
	(d) Monitoring: The condition of structures, systems, and components shall be controlled through:
	(a) performance monitoring;
	(b) periodic testing; and
	(c) periodic inspection.
	(e) Maintenance: Structures, systems, and components shall be maintained in accordance with a maintenance strategy that includes a definition of the frequency and type of maintenance to be performed.
	Licensees Programs and Procedures:
	• Maintenance Program, Revision 8
	• ENG-031 Calibration of Engineering Equipment, Revision D
	• MTC-001 Master Equipment List, Revision D
	• MTC-026 Corrective Maintenance, Revision A
	• QAS-010 Calibration of Measuring and Test Equipment, Revision N
	• MTC-016 Preventative Maintenance Schedule, Revision C
	• QAS-028 Control of Measuring and Test Equipment, Revision B
	Records to be observed on site:
	• QAS-028-F-01 Master List - Calibrated Equipment
	• QAS-010-F-02 Instrument Calibration Record
	• EFF-001-F-03 Stack Monitoring Equipment Maintenance Sheet
	• EFF-001-F-01 Stack Monitoring Equipment Check Sheet
	• EFF-001-F-02 Stack Monitoring Report Form
	• MTC-016-F-01 Preventative Maintenance Schedule

Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation** (a) Work is carried out using controlled tools, gauges, instruments, measuring and testing devices, software, structures, systems and components; (b) A list is available for all items requiring calibration with their calibration date, status and next due date; (c) A maintenance schedule is available, and maintenance is carried out as per the schedule. (d) Calibration performed in-housed are conducted by qualified personnel; (e) Maintenance is performed in a timely manner, considering the safety significance of the SSC; (f) Maintenance records are reviewed, approved and retained; (g) Out of calibration tools and equipment are identified, tagged and segregated from use.
Finding / Analysis	SRBT demonstrated controls of tools, gauges, instruments, measuring and testing devices used for licensed activities. Records were readily available for maintenance records and calibration status. Calibration stickers were also observed on critical equipment requiring calibration. SRBT maintains a list for all items requiring calibration with their calibration date, status and next due date. CNSC staff observed SRBT's maintenance schedule and confirmed that maintenance is carried out as per the schedule.
☒ **Met** ☐ **Not Met**	SRBT has demonstrated an effective system for maintenance and calibration of structures, systems and equipment critical for safety and meets requirements of N286-12, clause 4.8.2.
☐ **Recommendation**	None

Criteria #12	N286-12 Management system requirements for nuclear facilities
	8.5 Supply chain
	The supply chain process shall be established and controlled.
	8.5.2 Purchasing requirements
	Requirements shall be identified to potential suppliers, and the following shall be defined:
	(a) scope of work;
	(b) technical performance requirements;
	(c) applicable codes, standards, and specifications;
	(d) jurisdictional requirements;
	(e) management system standard and applicable requirements;
	(f) inspection, test, and acceptance requirements, including any special instructions;
	(g) delivery requirements;
	(h) documentation requirements and timing of submissions;
	(i) requirements for reporting and approving the disposition of problems;
	(j) the need for right of access to work facilities and records;
	(k) provisions for extending applicable requirements to sub-suppliers; and
	(l) provisions for controlled distribution, retention, maintenance, and disposition of records.
	8.5.3 Supplier acceptability
	8.5.3.2
	Audits shall be planned and performed to confirm the initial and ongoing acceptability of the supplier's management system
	8.5.3.3
	When supplier audits are delegated to another party, the delegating organization shall ensure that the results of the supplier's audits are acceptable.
	8.5.3.4
	Acceptable suppliers shall be included on an approved supplier list and access to the list shall be controlled
	8.5.3.5
	When there is a requirement to buy local and the supplier does not meet all requirements, the responsible organization shall apply controls to fulfill requirements.
	8.5.4 Provision of the purchasing requirements to suppliers
	Potential suppliers shall be provided with the purchasing requirements, and it shall be confirmed that the potential supplier understands these requirements.
	8.5.5 Supplier selection and award
	The suppliers' proposals shall be reviewed against the purchasing requirements and any exceptions resolved. The contract shall be awarded to the selected supplier.
	The selected supplier's technical documents that are required to be submitted shall be reviewed and accepted.
	8.5.6 Supplier-customer relationship
	The performance of the supplier-customer relationship shall be monitored to ensure purchasing requirements will to be met. The results shall be used as an input in determining the extent and frequency

of inspection, verification, and audit activities.

8.5.7 Verification of services

Purchased services shall be verified in accordance with the planned verification.

8.5.8 Receipt and inspection of items

Purchased items shall be inspected or verified to establish that each item is in accordance with the purchasing documents. Inspection or verification may be performed at the supplier's facilities, upon delivery, or a combination of both.

8.5.9 Segregation and disposition of problem items

Items that do not conform to specified requirements shall be identified as problems and segregated to prevent inadvertent installation or use.

8.5.10 Storage and handling
Storage and handling of items shall be controlled, and shall include
(a) prevention of damage, deterioration, or loss;

(b) in-storage maintenance and inspections of items and storage areas;

(c) special handling of tooling and equipment, when required;

(d) controls to ensure that repaired or returned items are fit for use; and

(e) identification and control of surplus items.

Licensees Programs and Procedures:

- Contractor Management Program (CMP), Revision H
- MAT-001 Purchasing/Contract Procedure, Revision L
- MAT-004 Modify, Closing or Deleting a Purchase Order, Revision E
- MAT-006 Receiving & Inspection Summary Procedure, Revision H
- MAT-008 Handling and Storage, Revision H
- MAT-013 Supplier Approvals, Revision F
- MAT-014 Supplier Evaluations, Revision F
- QAS-001 Inspection, Testing and Release of Product, Revision H
- QAS-006 Goods Inward Inspection, Revision L

Records completed samples to be observed on site:

- List of purchase orders issued as of October 3, 2025 (PO# 13609 to 15943)
- List of essential suppliers
- List of non-essential suppliers
- CMP-F-01 Contractor Information and Statement of Work (SOW)
- MAT-013-F-01 Completed Non-Essential Supplier Approval Form
- MAT-013-F-02 Supplier Appraisal Questionnaire
- MAT-014-F-01 Contractor Evaluation Form
- QAS-007-F-02 Supplier Quality Audit Questionnaire
- RSO-027-F-01 Contractor/Visitor Log
- RSO-027-F-03 Training Record for Contract Staff

Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) procurement activities are controlled by Purchasing / Contract procedure. Procedure identifies all controlled procurement documents.
	(b) Quality requirements and standards are included in the agreement of purchase.
	(c) Supplier evaluations / audits are conducted to determine acceptability of suppliers.
	(d) Vendor/contractor approval process is in effect, including on-going acceptability of existing suppliers.
	(e) Approved Supplier List is maintained. Evaluation records are maintained for the approved suppliers on the list.
	(f) Purchase orders are reviewed and approved by authorized authority prior to issuance.
	(g) Received items and services are verified against purchase agreement for acceptability.
	(h) Procurement documents such as purchase orders and contracts are accompanied with associated requirements and specifications, and traceable to related work or items.
	(i) Procurement records are stored and maintained as per the records retention policy / requirements.
	(j) All non-conforming items and services are controlled as per the problem identification and resolution process.

Finding / Analysis	SRBT has demonstrated an effective procurement process to assure all items procured meets the requirements and specification identified within purchase agreements.
	Purchase orders, contract agreement with conditions and scope of work / service, supplier evaluations for Black & McDonald who provide maintenance service for HVAC systems were observed to be complete, and readily available. Purchase orders are reviewed and approved by authorized authority prior to issuance.
	Received items and services are verified against purchase agreement for acceptability.
	SRBT conducts supplier evaluations and maintains approved supplier lists for essential and non-essential suppliers. Both lists are maintained and readily available.
	SRBT conducts annual supplier evaluation surveys. Records of surveys for vendors and contractors are maintained and readily available to demonstrate effective implementation. SRBT also conducts on-site supplier evaluations where appropriate to evaluate supplier quality management system. SRBT explained that supplier audits can be escalated from surveys to in-person audits when required.
	On-going acceptability of existing suppliers and contractors are assessed through annual surveys, and receiving inspections conducted for purchased items and services.
	CNSC staff reviewed and confirmed that procurement documents such as purchase orders and contracts are accompanied with associated requirements and specifications, and traceable to related work or items. Procurement records are stored and maintained, and readily available. Records are maintained to demonstrate that non-conforming items are identified, separated and processed as per the problem identification and resolution process.
☒ **Met** ☐ **Not Met**	SRBT has demonstrated a well defined and implemented procurement system, including supplier management, verification of received goods and services. SRBT's procurement system meets the requirements of N286-12, clause 8.5.
☐ **Recommendation**	None

Criteria #13	N286-12 Management system requirements for nuclear facilities
	4.8 Work management
	4.8.3 Independent verification of work
	Work activities throughout the life of the nuclear facility shall be independently verified by workers who did not perform the work to confirm that it meets requirements. The extent and timing of the verification shall be based on the potential impact of the work.
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) Work is verified by worker who did not perform the work to confirm that the work is completed correctly and meets acceptance criteria specified in the work package;
	(b) Work performed by contractors are verified against contractual requirements and acceptance criteria; records are maintained to demonstrate compliance;
	(c) Major projects such as facility modifications, equipment changes are managed through formal projects; Independent verification methods and responsibilities for conducting the verification of work performed by the contractors are defined in the project plan with assigned responsibilities;
Finding / Analysis	During the walk-through, SRBT staff in each department demonstrated the use of work package, routing sheet and the verification sheet which contained evidence of independent verification by supervisors through authorized initials or stamp at each stage of the process.
	CNSC staff observed records of contractor services purchased by SRBT which included evidence of verification of work completed against the contractual agreement and specifications.
☒ **Met** ☐ **Not Met**	SRBT's records have demonstrated effective implementation of independent verification process which meets requirements of N286-12, clause 4.8.3
☐ **Recommendation**	None

Criteria #14	N286-12 Management system requirements for nuclear facilities
	4.9 Problem identification and resolution
	When problems arise, they shall be
	(a) immediately controlled, if required;
	(b) documented;
	(c) evaluated for significance and for underlying cause if deemed by management to be systemic or having impact on meeting business objectives; and
	(d) accepted.
	Actions employed to resolve problems shall be reviewed for effectiveness
	Licensees Programs and Procedures:
	• MSP-012 Corrective Action
	Records observed on site:
	• List of Non-conformance reports (NCR Log)
	• MSP-012-F-01 Non-Conformance Report (NCR)
	• QAS-006-F-05 Quarantined Product Record
	• QAS-006-F-06 Quarantined Product Log
	• NCR 890, NCR 987, NCR 998, NCR 1006, NCR 1013, NCR 1014, NCR 1015, NCR 1016, NCR 1017, NCR 1021
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) The problem identification and resolution database used for capturing non-conformances and addressing corrective actions is controlled, maintained, kept updated and is accessible to all workers;
	(b) Problems identified are documented on a non-conformance report. The reports:
	I. provide sufficient details
	II. are reviewed and signed off by the appropriate personnel.
	III. Demonstrate that problems are evaluated for significance and root cause(s) analyzed to resolve risk significant problems
	(c) Corrective actions are implemented to resolve the problems identified;
	(d) Implemented corrective actions are tracked and followed-up to verify effectiveness of the actions to prevent recurrence.
	(e) Resources are made available for resolving the identified problems and implementing the corrective actions;
	(f) Personnel conducting the root cause analysis and corrective actions are adequately trained and qualified;
	(g) Work arising from problems identified are planned, controlled and verified;
	(h) Non-conformances are trended for tracking recurrences;

Finding / Analysis	CNSC staff reviewed the NCR log on licensee network, evidence provided that the NCRs and NCR logs are controlled, maintained, kept updated and accessible to employees. NCRs reviewed contained the appropriate amount of information with respect to the level of importance and impact of problems. All examples contained appropriate reviews and personnel signatures. All NCRs contained an assessment of priority with options of Low, High, Urgent/Critical. Root cause analysis is determined on a case-by-case basis and carried out by either the Quality Manager or a Subject Matter Expert determine by discretion. All NCRs had evidence of corrective actions developed either by the Quality Manager, committee, or responsible department personnel. Corrective Actions are implemented to resolve the specific problems. Evidence was provided of iterative process to provide multiple opportunities to resolve problems through evolving Corrective Actions. Follow-up information were recorded for multiple NCRs as applicable. During the interview with the Quality Manager, it was explained that the safety and quality culture of SRBT provides a high level of confidence that resources will be made available by top management as soon as is necessary to implement Corrective Actions. Interviews with the Quality Manager indicated that Root Cause analysis was typically performed by Quality Manager and provided examples of methodologies which they are familiar with when conducting root cause practices. The examples provided were satisfactory. Corrective actions are defined and assigned to personnel. In the event of significant changes to process/procedures, equipment, etc. additional processes are used to plan, control and verify activities, such as Engineering Change Requests and Policy Change Requests. NCRs are tracked via the NCR Log and metrics are available on demand, as well as reported to Top Management during Management Review Meetings. The NCRs and related activities were deemed to be adequate upon assessment. Metrics of Problem Identification and Resolution were reviewed to assess the current state of the Problem Identification and Resolutions program within the SRBT and found to be effective. An excerpt was produced of a 6-month window of NCR Log entries for the assessment of metrics. Log entries were completed with any outstanding items clearly identified. The process was deemed in control with 29 entries, 24 completed on time, 3 completed late, and 2 outstanding overdue. Previous assessments of Problem Identification and Resolution were reviewed with SRBT management. Improvement have been made, especially in the execution of follow-up activities.
☒ **Met** ☐ **Not Met**	The SRBT management system and underlying policy, processes, and procedures are adequate to meet the requirements of N286-12 clause 4.9.
☐ **Recommendation**	None

Criteria #15	**N286-12 Management system requirements for nuclear facilities**
	4.10 Change
	Required changes shall be
	(a) identified, including reason for change;
	(b) justified;
	(c) subject to review by relevant stakeholders;
	(d) reviewed by persons with knowledge of original intent and requirements;
	(e) approved for implementation;
	(f) implemented in accordance with the plan; and
	(g) reviewed for effectiveness
	Licensees Programs and Procedures:
	• MSP-007 Change Control
	Records observed on site:
	• Engineering Change Request Log
	• Production Change Record Log
	• MSP-007-F-01 Engineering Change Request
	• MSP-007-F-03 Temporary Change Log
	• MSP-007-F-05 Production Change Record
	• ECR 1420: CNL shipment related NCR.
	• ECR 1421: CNL shipment related. Prepare LLW shipment.
	• ECR 1424: Regulatory reporting process improvement
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) ECR log is maintained;
	(b) Proposed changes are processed through the change control process.
	(c) Proposed changes are clearly documented with detailed descriptions and justifications;
	(d) Proposed changes are reviewed by all applicable stakeholders affected by the change;
	(e) Person that review and approve the change has previous knowledge of the original intent.
	(f) Changes are approved prior to implementation;
	(g) Implemented changes are traceable to the work order, ECOs and NCRs etc.
	(h) Implemented changes are verified for effectiveness.

Finding / Analysis	CNSC staff observed SRBT's Engineering Control Registry maintained on the SRBT's network. CNSC staff observed records of engineering changes tracked from the initiation of change request to approval to completion.
	Observed records of changes demonstrate clear documentation with detailed descriptions and justifications.
	Records reviewed demonstrate that all proposed changes are reviewed by all applicable stakeholders affected by the change.
	Observed records of changes demonstrate approvals prior to implementation.
	Records reviewed demonstrate traceability to the source of initiation such as NCRs, reviews, approvals, and status of implementation and effectiveness verification.
	Records are also maintained for demonstrating controls for any document changes such as processes, procedure or work instructions.
☒ Met ☐ Not Met	Observed records and practices demonstrate a well established and controlled change management system that meets the requirements of N286-12, clause 4.10
☐ Recommendation	None

Criteria #16	N286-12 Management system requirements for nuclear facilities **4.11 Assessment** **4.11.1 Self-assessment** Management shall conduct self-assessments to identify opportunities for continual improvement and to confirm that work meets the requirements of the management system. **Licensees Programs and Procedures:** • MSP-010 Self-Assessment • MSP-009 Benchmarking **Records:** • List of Self-Assessments Completed by Organizational Managers (current to October 2, 2025) • 2024 Management Review Meeting • 2023 Management Review Meeting • 2022 Management Review Meeting

Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation** (a) Self-assessments are conducted by the functional unit managers of their own areas of responsibility to confirm that the performance objectives and the requirements of the management system are met, effective and to identify opportunities for continual improvement. (b) Self-assessments are planned and conducted at set frequencies (c) Self-assessments results are documented and shared with senior management. Results are reviewed during management review meetings. (d) Problems identified during self-assessment are processed through the problem identification and resolution process; (e) Self-assessments are evaluated for effectiveness. (f) Experience gained is shared with other functional unit managers; (g) Improvements identified through self-assessment are implemented as applicable.

| Finding / Analysis | It was observed that records of annual self-assessments were completed by all program managers. This evidence is contained within the Management Review records. Each functional unit manager is provided an opportunity to provide information about the performance objectives and requirements assigned to their area and how they were met.

Opportunities For Improvements are proposed by each functional unit manager as is appropriate.

Self-assessments are planned to be completed by March 31st of each year to coincide and be included with the Annual Management Review meetings. It was observed that the Self-Assessments were completed accordingly.

The previous Management System Inspection in 2021 identified that self-assessments had been skipped or deferred. The records presented show that SRBT has completed all required Self-Assessments since the 2021 inspection.

Self-Assessments were observed to be integrated into the Management Review process. Documents were submitted to senior management prior to the meetings and were maintained in the SRBT network file system.

Results of the self-assessments were observed within the management review records. CNSC staff observed records of performance metrics relevant to program areas are included in the reports. SRBT staff explained that senior management decides and request program managers to track specific objectives that are valuable to make management decisions.

Functional area managers were able to bring forth opportunities for improvement under their responsibility with senior management during the management review meetings and propose solutions. If agreed to, the proposals were entered into the SRBT Problem Identification and Resolution tracking system.

CNSC staff noted that some managers review all procedure and program documents within their responsible program during the self-assessments, while some managers select documents of interest for review.

During an interview with senior management, it was explained how the management get involved in day-to-day operation and understand the effectiveness of corrective actions and improvements on an on-going basis. As a small organization with employees that work closely, the assessment of effectiveness is a routine practice employed by the SRBT. The experience gained through identification and improvements is shared with staff on an on-going basis.

Staff also attend committee meetings as appropriate to get involved in decisions and actions which allows for the relevant stakeholders to get informed of any changes and improvements.

Annual reviews were conducted that included assessments of functional area responsible processes. Information was appropriately shared across areas as needed. An awareness of assessing the process for effectiveness was apparent during interviews. |
|---|---|

☒ **Met** ☐ **Not Met**	Records and practices observed by the CNSC staff demonstrate effective implementation of SRBT's Self-Assessment to meet the requirements of N286-12, clause 4.11.1.
☐ **Recommendation**	None

Criteria #17	N286-12 Management system requirements for nuclear facilities **4.11 Assessment** **4.11.2 Independent-assessment** Independent assessments shall be conducted on behalf of top management to confirm that the documented management system meets requirements, and the implementation of the management system is effective. Independent assessors shall (a) have access to the work site, workers, the work, documents, and records; and (b) neither have performed, verified, nor supervised the work being assessed. The results of independent assessments shall be reported to the level of management having sufficient authority to resolve any identified problems. **Licensees Programs and Procedures:** • QAS-007 Audits, Revision M **Records observed on site:** • SRBT Internal Audit Schedule – 2023 to 2025 • SRBT – Audit Register: 2023-2025 (Completed internal audits) • QAS-007-F-01 Audit Register
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation** (a) An audit plan/schedule established and approved by top management. (b) Independent assessors are trained and qualified; (c) Assessment reports are controlled and traceable to the activities assessed. Records are issued to those responsible for the processes for action. (d) Independent assessments are performed by assessors who have not verified, nor supervised the work being assessed and; have access to the work site, workers, the work, documents, and records; (e) Actions raised are followed up by the assessor or designate, to evaluate for completion, effectiveness and closure; (f) Changes to the audit plan/schedule is justified with rationale and approved; (g) Independent assessment results are provided to top management for review and are discussed in the management review meetings.

Finding / Analysis	An audit schedule was presented to CNSC staff that had been developed by SRBT Quality Management personnel. All programs were scheduled for audits within a 3-year cycle.
	CNSC staff observed an audit register which is used to track the completion of audits as per the approved schedule. SRBT staff explained that inline with their documented process timing of audit completing may vary based on several factors such as operational requirements, external audits, etc. However, all scheduled audits of all programs are completed at a 3-year cycle as a minimum.
	The schedule was reviewed and approved by top management.
	SRBT staff explained that unscheduled audits can also be initiated and completed as per the management request.
	Internal independent audits are conducted by the Compliance Manager. Auditor training records were presented to demonstrate competencies.
	Records of audits were presented to CNSC staff. Records are managed and maintained on the SRBT Network directory.
	The audit register presented provided all traceability requirements.
	The assignment of internal independent auditing to a Compliance Manager provided evidence that the assessor was independent of the areas audited. Quality Assurance program is also audited by another trained auditor who is not directly involved in the oversight of the quality assurance program.
	Problems identified during independent audits were shown to be logged in the SRBT Problem Identification and Resolution process. This process provided for a method of evaluating completion, effectiveness and closure.
	Changes and modifications to the audit schedule or audit plans are performed in an informal process of communicating with the relevant program owners and in agreement with senior management.
	Results of independent audits are reviewed and approved by senior management. Summaries of audit findings are also reported to senior management as part of the Management Review Process.
	NCRs and OFIs are raised by the auditor (compliance manager) and tracked and closed by the Quality manager. The auditor follows up with the NCR and the outcome of the corrective action during the next audit cycle.
	Effectiveness of the audit program is assessed by the management through review of audit reports.
	The Independent Assessment process provided by SRBT was adequate and appropriate for the size of the organization and the complexity of the process and activities conducted on site.
	Additional evidence was provided through the interview with the Compliance Manager that there is a strong culture of avoiding conflict of interest in the

	Independent Assessment process.
☒ **Met** ☐ **Not Met**	Records and practices observed by the CNSC staff confirms that SRBT has established and maintains an effective independent assessment system to meet requirements of N286-12, clause 4.11.2.
☐ **Recommendation**	None

Criteria #18	N286-12 Management system requirements for nuclear facilities
	4.3(f) Management Review
	Top management shall define, plan, and control the business so there is alignment and integration. A process shall be defined that measures and monitors to ensure the planned results are achieved.
	Licensees Programs and Procedures:
	• MSP-008 Management Review
	• MSP-013 Safety Culture Monitoring Process
	• Committee Process and Descriptions (Revision F)
	Records observed on site:
	• MSP-013-F-02 Safety Culture Review
	• 2024 Management Review Meeting
	• 2023 Management Review Meeting
	• 2022 Management Review Meeting
Inspection Method / Compliance Expectation	**Inspection Method:**
	Interview, review records, procedures, field observation
	Compliance Expectation
	(a) Management ensures that the defined management system, comprises and meets all the elements defined in the CSA N286-12 requirement.
	(b) Management ensures that the management system is continuously assessed for effectiveness, and continuously improved; Top management has sufficient data/information presented to them to assess the status and effectiveness of the management system;
	(c) Management reviews are conducted at set frequencies
	(d) Action plans and timelines for completion are established. Actions are tracked and addressed to ensure completion;
	(e) Effectiveness of completed actions are monitored and addressed as applicable;
	(f) Management review meeting minutes are documented, retained and distributed to the applicable personnel for review and action. Records are maintained.

Finding / Analysis	The document review of MSP-008 Management Review Procedure resulted in an acceptable process for the conduct of Management Review activities.
	SRBT Management Review process integrates the results of self-assessments by functional area managers into the management review meetings. The self-assessments provide for opportunity to continually assess management system processes for effectiveness and continuous improvement.
	Functional area managers provided data, metrics, benchmark assessments, and summary information in their submissions for the Management Review meeting records that were observed by CNSC staff.
	Management reviews are scheduled and completed annually in line with the Annual Compliance Report (ACR) timing such that the output from the Management Review results can be incorporated into the ACR submitted to the CNSC.
	CNSC staff observed that self-assessment reports included identified problems, trends and opportunities for improvements. This information is included as input in the management review reports / meeting minutes.
	CNSC staff observed that Opportunities For Improvement (OFIs) were identified during Management Review meetings where evidence existed to justify an undertaking. These were tracked through the SRBT Problem Identification and Resolution system.
	Actions produced as a result of Management Review meetings were recorded in the Problem Identification and Resolution registry to be assigned, monitored, completed and measured for effectiveness.
	Management review meeting minutes were provided to CNSC staff. Attendees of Management Review meetings were shown to be selected where overlap of responsibilities, activities and impacts were present. To accommodate all functional areas for Management Review meetings, multiple meetings were scheduled throughout the year.
	Management review meeting minutes includes comments by the senior management, actions generated based on the information presented, decision made based on the information provided. This observation demonstrated senior management's commitment for implementing an effective management system for the SRBT.
	The practice of scheduling multiple Management Review meetings throughout the year such that the appropriate personnel could be in attendance when best suited provided further evidence of understanding how to maintain effectiveness of the process.
☒ Met ☐ Not Met	The evidence provided through records and interviews with Functional Area Managers and Senior Management presented an adequate process being implemented by SRBT to meet the requirements of N286-12, clause 4.3(f).
☐ Recommendation	None

Criteria #19	N286-12 Management system requirements for nuclear facilities **4.12 Use of experience** Experience gained within the business and other businesses shall be (a) identified and collected; (b) reviewed for relevance and significance; (c) implemented through actions to prevent the recurrence of significant industry problems; and (d) used to initiate improvement. Experience within the business shall be made available to others based on its sensitivity Licensees Programs and Procedures: **4.13 Continual improvement** Management shall continually improve the management system. The following shall be carried out: (a) trend analysis of causes and problems; (b) periodically critically assessing the effectiveness of the management system to achieve the planned results; **Licensees Programs and Procedures:** • MSP-011 Continual Improvement • MSP-011-F-01 Opportunity For Improvement (OFI), Revision D **Records observed on site:** • MSP-011-F-02 OFI Log
Inspection Method / Compliance Expectation	**Inspection Method:** Interview, review records, procedures, field observation **Compliance Expectation** (a) Operational experience is collected, shared and used for continuous improvements.

Finding / Analysis	During the assessment of Self-Assessment activities, evidence was presented of activities conducted by functional area managers to perform industry research and measure their own areas for performance. Findings from these assessments were shared with senior management during Management Review meetings. Management review reports also include benchmark assessments completed by each Organizational Manager. CNSC staff observed reports of completed benchmark assessments and found that SRBT management uses these assessment results as inputs for business planning, business continuity planning, and continuous improvement. SRBT management has established a safety culture committee which includes representation from both management and staff. The objective of this committee is to provide a forum to staff and managers to bring forward any concerns to the attention of senior management. CNSC staff noted meeting minutes of all committees which includes all discussions and decisions made by the committees are posted in the hallway so that any staff can review and learn about what is happening in the organization. This also allows staff to know if any concerns raised by them were considered and discussed during these relevant committee meetings. SRBT provided sufficient evidence that Operational Experience opportunities are provided to functional area managers to conduct and present their findings and propose opportunities for improvement. SRBT demonstrated an effective system for learning from internal and external experience and apply those experiences where appropriate to continuously improve safety.
☒ **Met** ☐ **Not Met**	Records and practices observed demonstrate SRBT's culture of using operational experience for continuously improving safety to meet requirements of N286-12, clauses 4.12 and 4.13.
☐ **Recommendation**	None

Appendix B   Attendance Records

Canadian Nuclear Safety Commission
Commission canadienne de sûreté nucléaire

Inspection Meeting Attendance Record
Directorate of Nuclear Cycle and Facilities Regulation
Nuclear Processing Facilities Division

Licensee:	SRB Technologies (Canada) Inc.
Licence Number:	NSPFOL-13.00/2022
Inspection Title:	Management System Inspection
Inspection Number:	2025-02
Inspection Date(s):	November 4-7, 2025
Lead Inspector:	Lester Posada, NPFD
Meeting Type:	Opening Meeting

Name (print)	Role or Job Title
Alison O'Connor	Inspector-in-training
JAMIE MACDONALD	MANAGER – HP + RA.
ANANDA SEJATHIRAJAH.	MANAGEMENT SYSTEM SPECIALIST. , CNSC.
Lester Posada	Lead Inspector, CNSC
Tanya Sennett	Quality Manager, SRBT
Ken MacDougall	Management System Specialist, CNSC

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