The information in this report is required by 14 CRF 108.17 & 129.26. Failure to report may result in a civil penalty not to exceed $1000.00 For each such violation. (Federal Aviation Act of 1958, Section 901)

Department of Transportation **Federal Aviation Administration**	**X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION)** *(Require by 14 CRF 108.17, 14 CRF 129.26)*	FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098

AA	1.1 Name and	Name of Facility *(18.80)* **Boise Airport Gowen Field**	FDA Region **ID**	BB St. No. R.R. or Airline/Airport *(10.80)* **3201 Airport Way**	
CC	Address of Facility	City *(10.73)* **Boise**		State Code **ID**	Zip Code **83705**
DD	and Specific Location of X-ray System	Room No. or Other Location of System *(10.32)* **Check Point Lane 5**	Person Interview *(33-54)* [redacted]	Telephone No. [redacted]	
		Certification Label Present **Yes**	Instruments: *(type and serial number)* **Inovision Model: 451P-RYR Serial No. 516**		
01	1.2 Manufacture And Product ID	A. Manufacture *(Responsible Firm)* **Rapiscan Security Products Inc.**	B. Mfr. Code **0HU46**	C. System Model No. and/or Name **TRX 520B**	
		D. Unique I.D. **115 VAC 60 Hz**	E. System Serial No. **70425N10**		
		F. Date of Manufacture **Oct 2003**	1.4 Operator Instructions Available **YES**	1.5 Maintenance Schedule Available **N/A**	
	2.0 Warning Labels	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" **YES**	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" **YES**	2.3 Two Indicators Labeled "X-Ray On" Present at Controls *(One May Be Labeled "mA Meter")* **YES**	
02	Indicators	2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel **YES**	3.0 Interlocks	3.1 "Captured Key" Control **YES**	
	3.2 Door Safety Inter-Locks	A. Minimum Number of Interlocks Visible At Any One Door **N/A**	3.3 Prevention of X-Radiation By Inter-locks	A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation **N/A**	
		B. At Least One Interlock Dependent on No Moving Part Except Door **N/A**		B. Use of X-Ray Control Necessary to Resume Operation Following Interruption **N/A**	
	4.0 Ports and/or Apertures	4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam **NO**		4.2 Some Part of the Body Can Be Inserted Into the Aperture **NO**	
	6.0 Baggage Inspection Systems	6.1 Means Provided to Ensure Operator Presence at the Control Area **YES**		6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing **YES**	
03	7.0 Leakage Radiation	Specific Test Procedure Used **04**	7.1 Scatter Block Description **Pelican 1400 Case for the Inovision 451P Meter**		

7.2 Technical Factures: 136 kVp .700 mA

	7.3 Location Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated		Location Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated
05	.009 mR/hr	Exp	06	.038 mR/hr	Exp
	.007 mR/hr	Exp		.024 mR/hr	Exp
	.012 mR/hr	Exp		.025 mR/hr	Exp
	.011 mR/hr	Exp		.031 mR/hr	Exp

07	Reasonable Number of Exposures That May Be Initiated in One Hour	OR	Duty Cycle of System Indicated As a Percentage of One Hour **100%**
08	8.0 Additional Information 8.1 **Dosage per inspection =** .092 mR/hr		
09	8.2		
10	8.3		
11	8.4		
12	8.5		

13	Surveyor Information	Surveyor Name *(10-72) (Print: L, F, MI)* [redacted]	Surveyor Signature [redacted]	Date of Survey 7/30/10	Surveying Agency Code SGS

Remarks:
Siemens Government Services

WO 3261400
EQ 52081
Semi PM
B01

FAA Form 165-17 (6-81)

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