Rapiscan systems

X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

FIELD TEST
Baggage Partial Inspection Systems

Form R-0588-1 10/2/08

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility: LAX	Region: West	BB Street Address: 1 World Way	
CC		City: Los Angeles		State Code: Ca	Zip Code: 90045
DD		Room No. or Other Location of System: Terminal 5 Lane 2	Person Interviewed: [redacted]	Telephone No.	
		Certification Label Present: Yes	Measuring Instrument: INDUSION	Model: 451P	Serial No: 0425
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 0HU46 Mfr. Code	C. System Model No.: 620DV	
		D. P2380, P3932 X-ray Tube Serial Number (s)	E. System Serial No.: 7081712		
		F. Date of Manufacture Mo. 05 Yr. 2008	1.4 Operator Instructions Available: Yes	1.5 Maintenance Schedule Available: Yes	
	2.0 Warning Labels Indicators	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: Yes	
		2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port: Yes	3.0 Interlocks	3.1 "Captured Key" Control: Yes	
02	3.2 Prevention of X Radiation By Interlocks	3.3 All Doors and Access Panels To the X-ray beam Prevent Generation of X-Radiation: Yes	4.0 Ports	4.1 Some Part of the Body Can Be Inserted Through a Port into The Primary Beam: NO	
		3.4 Use of X-Ray Control Necessary to Resume Operation Following Interruption: Yes			
	5.0 Baggage Inspection Systems	5.1 Means Provided to Ensure Operator Presence at the Control Area: Yes	5.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test): Yes		
03	6.0 Leakage Radiation	Rapiscan Systems Test Procedure Used: Rapiscan Systems WI-0021	6.1 Scatter Block Description: Pelican Case 1400		
	6.2 Technical Factors	160.8 kVp	1.007 mA		

Operator's Side

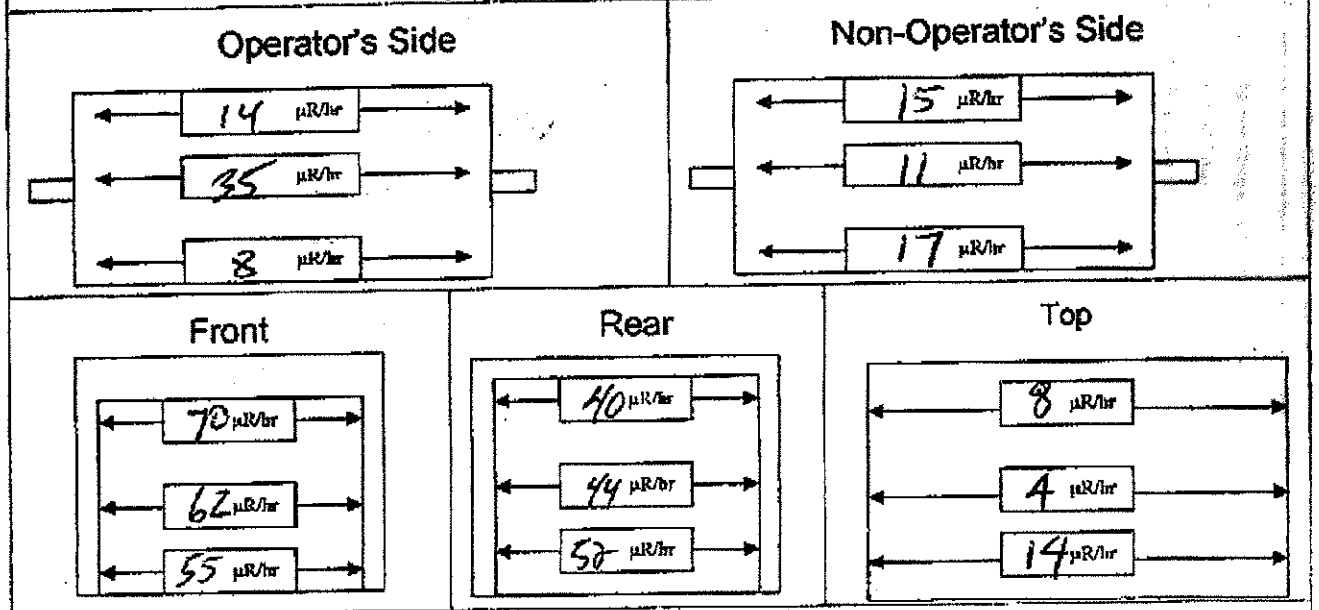
14 µR/hr	
35 µR/hr	
8 µR/hr	

Non-Operator's Side

15 µR/hr	
11 µR/hr	
17 µR/hr	

04

Front	Rear	Top
70 µR/hr	40 µR/hr	8 µR/hr
62 µR/hr	44 µR/hr	4 µR/hr
55 µR/hr	52 µR/hr	14 µR/hr



05 Dose per pass (to scanned object): 550

06 Surveyor Information: [redacted] Surveyor Sign[redacted] Date of Survey: 6/23/09

I have received a copy of this Radiation Survey Form. Customer Signature: [redacted] Date 6/23/09

ENTERED JUL 1 5 2009 MAL PMO 57433 2339583