Form R-0588-3 9/9/09

Replicon	BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT	FIELD SERVICE ENGINEERS	45. RSI W.O.# ____ Deferred W.O.# ____

1. Name of Facility: LOS ANGELES INTERNATIONAL AIRPORT	2. Region: WEST	3. Street Address: 1 WORLD WAY	
4. City: LOS ANGELES		5. State or Province Code: CA	6. Zip Code: 90045
7. Room No. or Other Physical Location of System: TERMINAL 7, LANE 7	8. Person Interviewed: [redacted]	9. Telephone Number: [redacted]	10. Fax Number: [redacted]
11. Manufacture Information & Certification Label Present ☒ Yes - Pass ☐ No - Fail	12. Radiation Measuring Instrument: Model: 451P Serial No. 0587	FSE Shall Attach Copy of Calibration Certificate to This Form. Calibration Due Date: 7/17/10	
Manufacturer: Replicon Systems Inc.	13. System Model No. 0200V	14. Single Source ☐ Dual Source ☒ Other ☐, Describe:	15. System Serial No. 7082112
16. Date of Manufacture Mo. Yr. 2008: JUNE	18. Facility Owner has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency ☒ Yes ☐ No	19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View ☒ Yes ☐ No	
17. X-ray Tube Serial Number(s): VERT. P4253 HORIZ. P4021	20. Operator Instructions Available ☒ Yes - Pass ☐ No - Fail	21. Maintenance Schedule Available ☒ Yes - Pass ☐ No - Fail	
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" ☒ Yes - Pass ☐ No - Fail	23. Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" ☒ Yes - Pass ☐ No - Fail	24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) ☒ Yes - Pass ☐ No - Fail	
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port ☒ Yes - Pass ☐ No - Fail	26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation ☒ Yes - Pass ☐ No - Fail		
27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation ☒ Yes - Pass ☐ No - Fail	28. Some Part of the Body Can Be Inserted Through a Port into The Primary Beam ☐ Yes ☒ No		
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption ☒ Yes ☐ No	30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area ☒ Yes - Pass ☐ No - Fail. Or X-ray located in a non-public access area ☐ Not Required		
Replicon Systems Test Procedure Used: Replicon Systems WI-0023-4	31. Scatter Block Description: ☐ Two (3) Reams Copy Paper ☒ Other, Describe: PELICAN CASE 1400	32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (F-Stop Test) ☒ Yes - Pass ☐ No - Fail	
33. X-Ray Generator Settings: 160.8 kVp 1.007 mA	Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.		
34.1. Background Radiation: 13 uR/hr	–	Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.	

34.3 Record All Readings in uR/hr Unless Otherwise Noted

Please see model specific diagram (attached)

36. Overall Condition of Land Drapes: ☒ SAT - Pass ☐ UNSAT - Fail Description	37. Overall Condition of Machine: ☒ SAT - Pass ☐ UNSAT - Fail	38. Comments, Corrective Active Actions and/or Recommendations:	
39. Surveyor Name (Print: L, F, MI): [redacted]	40. Surveyor Signature: [redacted]	41. Date of Survey: 4/11/10	42. Time of Survey: 1:07 pm
The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.	43. I [redacted]) have received a copy of this Radiation Survey Report and understand the responsibility to retain this report for State inspection. Signature [redacted] Date 4/11/10		

This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

EQ: 57541 Apr (PM) WO: 2997763 D.O.W. Semi-Annual PM

Form R-0588-3

Apr 12 10 08:00a

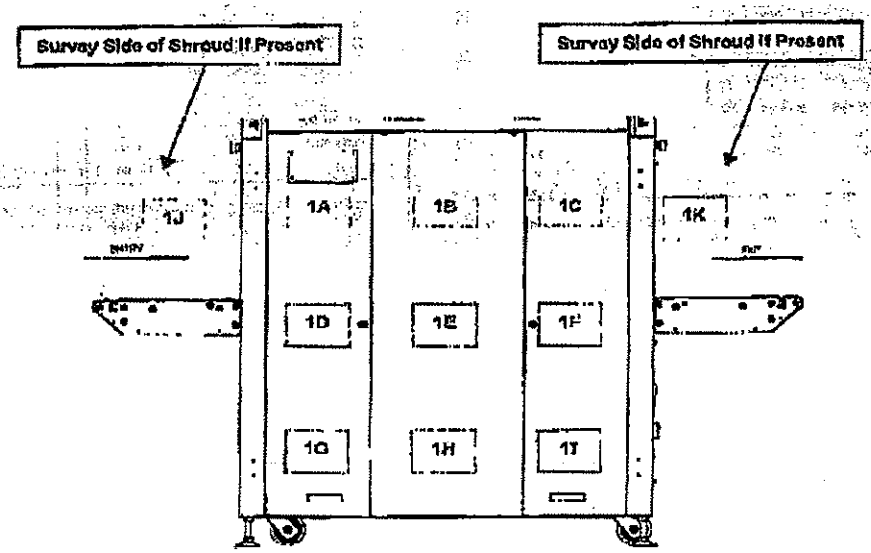
Rapiscan	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)

Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: 7/11/10	Location Manufactured: (Check One) ___ Malaysia ___ UK ✓ US	Instrument Model No: 451P
Time: 1:07PM	Date of Mfg: June 2008	Instrument Serial No: 0587
Background: ___ uSv/hr (13 uR/hr)	Serial No: 7082112	Instrument Calibration Due: 7/17/10
All Measurements Recorded In: ___ uSv/hr ✓ uR/hr (Check One)	Settings: 160.8 kvP 1.007 mA Settings: 160.8 kvP 1.007 mA	Description of Scatter Body: (Check One) ___ Paper (2 Reams, 500 sheets each) ___ Wood Block (4" x 4" x 12" L) ✓ Other PETILANCASE & 4 stack Trays.

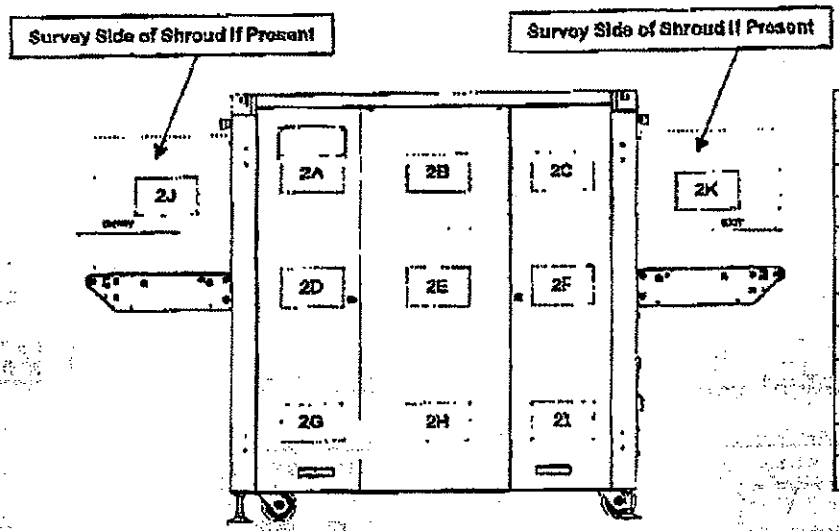


Operators Side

Location	Results NO Scatter Body	Results WITH Scatter Body
1A	21	37
1B	36	86
1C	13	17
1D	31	35
1E	32	46
1F	9	11
1G	3	14
1H	5	19
1I	10	8
1J	21	112
1K	35	54

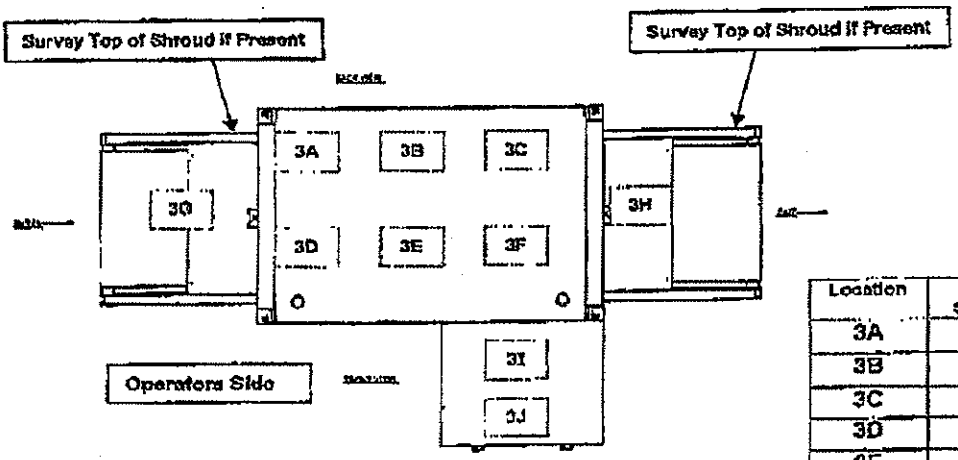
Rapiscan Systems	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



Non-Operators Side

Location	Results NO Scatter Body	Results WITH Scatter Body
2A	16	23
2B	16	33
2C	11	25
2D	7	13
2E	11	25
2F	17	25
2G	6	9
2H	6	14
2I	8	12
2J	42	210
2K	54	270



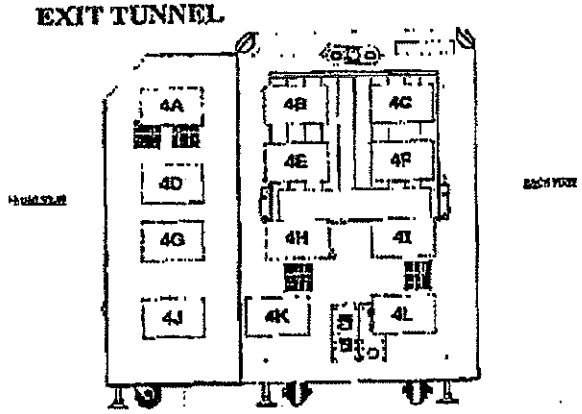
Top View

Location	Results NO Scatter Body	Results WITH Scatter Body
3A	19	31
3B	18	53
3C	11	16
3D	19	32
3E	27	52
3F	6	19
3G	33	62
3H	62	121
3I	13	14
3J	22	24

Rapiscan Systems	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1

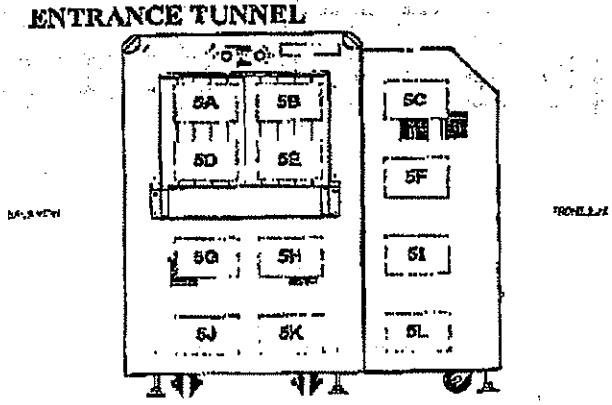
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	25	54
4B	21	97
4C	35	105
4D	11	23
4E	23	117
4F	26	101
4G	12	17
4H	17	12
4I	18	56
4J	13	17
4K	9	28
4L	13	25

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	25	111
5B	39	168
5C	28	75
5D	28	118
5E	21	152
5F	29	82
5G	8	25
5H	15	29
5I	12	24
5J	6	13
5K	25	14
5L	8	13

Instructions:

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any gaps, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED BY: [redacted] DATE: 2/11/10

ONE COMPANY - TOTAL SECURITY [redacted]