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:
DD		Room No. or Other Location of System: TERM 7 CKP LN 7	[redacted]	Telephone No.: [redacted]	
		Certification Label Present: YES	Measuring Instruments: 451P	Model: Inovision	Serial No. 484
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 0HU46 Mfr Code	C. System Model No. 620DVAT ~~[illegible]~~ ~~451P-2~~ YR	
		D. V-P4253 / H-P4021 X-ray Tube Serial Number (s)	E. System Serial No. 7082112		
		F. Date of Manufacture Mo. June 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: REAM OF COPY PAPER.		
	6.2 Technical Factors	160.8 kVp	1.007 mA		

04

Operator's Side

32 µR/hr	
35 µR/hr	
28 µR/hr	

Non-Operator's Side

23 µR/hr	
25 µR/hr	
11 µR/hr	

Front

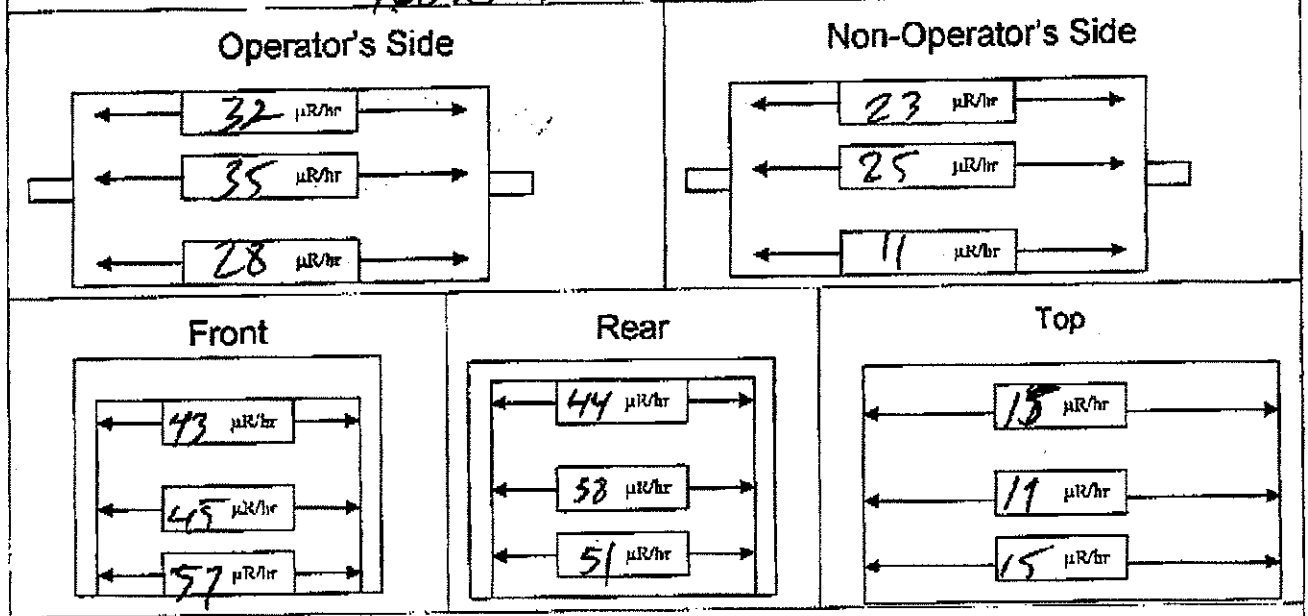
43 µR/hr	
45 µR/hr	
57 µR/hr	

Rear

44 µR/hr	
58 µR/hr	
51 µR/hr	

Top

15 µR/hr	
11 µR/hr	
15 µR/hr	



05 Dose per pass (to scanned object): 270 uR/mR

06 Surveyor Information: [redacted] Surveyor Signature: [redacted] Date of Survey: 6/16/09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 6/16/09

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