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: TERM: 7 LN: 7	Person Interviewed: [redacted]	Telephone No.: [redacted]	
		Certification Label Present: YES	Measuring [redacted] Model: 451-RYR	Serial No. 484	
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 0HU46 Mfr Code	C. System Model No.: 828 DV	
		D. P4253, 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 PELICAN CASE		
	6.2 Technical Factors	160.8 kVp	1.002 mA		

04

Operator's Side	Non-Operator's Side
21 µR/hr	28 µR/hr
29 µR/hr	18 µR/hr
17 µR/hr	17 µR/hr

Front	Rear	Top
37 µR/hr	39 µR/hr	27 µR/hr
40 µR/hr	56 µR/hr	21 µR/hr
32 µR/hr	48 µR/hr	19 µR/hr

05 Dose per pass (to scanned object): 300 UR/MR

06 Surveyor Information	Surveyor Name (Print: L. F. MI): [redacted]	Surveyor Signature: [redacted]	Date of Survey: 10-07-09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 10/02/2009

X-ray System Radiation Leakage Survey and Compliance Report, Form R-0588-1 (10/02/08)

ENTERED OCT 08 2009 OCT 57541 PM 2594659