Rapiscan systems
An OSI Systems Company

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: John F Kennedy Airport	Region: NY	BB	Street Address: Terminal 5
CC		City: Jamaica		State Code: NY	Zip Code: 11430
DD		Room No. or Other Location of System: Terminal 5	Person Interviewed: [redacted]	Telephone No.: [redacted]	
		Certification Label Present: Yes	Measuring Instruments: INOVISON	Model: 451P	Serial No. 552
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 0HU46 Mfr. Code	C. System Model No.: 620 DV	
		D. P4569 P4585 X-ray Tube Serial Number (s)	E. System Serial No.: 7082128		
		F. Date of Manufacture Mo. 6 Yr. 08	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"	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: Meter Case		
	6.2 Technical Factors	160 kVp	1 mA		

04

Operator's Side	Non-Operator's Side
9 µR/hr	13 µR/hr
4 µR/hr	9 µR/hr
12 µR/hr	8 µR/hr

Front	Rear	Top
23 µR/hr	25 µR/hr	13 µR/hr
26 µR/hr	26 µR/hr	22 µR/hr
29 µR/hr	20 µR/hr	8 µR/hr

05 Dose per pass (to scanned object): 280 uR

06 Surveyor Information: Surveyor Name (Print: L. F. M.I.) [redacted] Surveyor [redacted] Date of Survey: 5/14/09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 5/14/09

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

57572 May not sched

2182056 BRED Leakage Generator