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	Name of Facility: JFK International Airport	Region: New York	BB Street Address: Terminal 5 C/P Lw 14
CC		City: Jamaica	State Code: NY	Zip Code: 11430
DD	and Specific Location of X-ray System	Room No. or Other Location of System: Terminal 5 C/P Lw 14	Person Interviewed: [redacted]	Telephone No.: [redacted]
		Certification Label Present: Yes	Measuring Instruments: Innovision Model: 450 Serial No. 0000-00467	

01

1.2 Manufacturer And Product ID	A. Manufacturer: Rapiscan Systems, Inc.	B. 0HU46 Mfr. Code	C. System Model No. 620DV4T
	D. 97456 X-ray Tube Serial Number (s)	E. System Serial No. 7052128	
	F. Date of Manufacture Mo. Yr. 2008	1.4 Operator Instructions Available: Yes	1.5 Maintenance Schedule Available: N/A

02

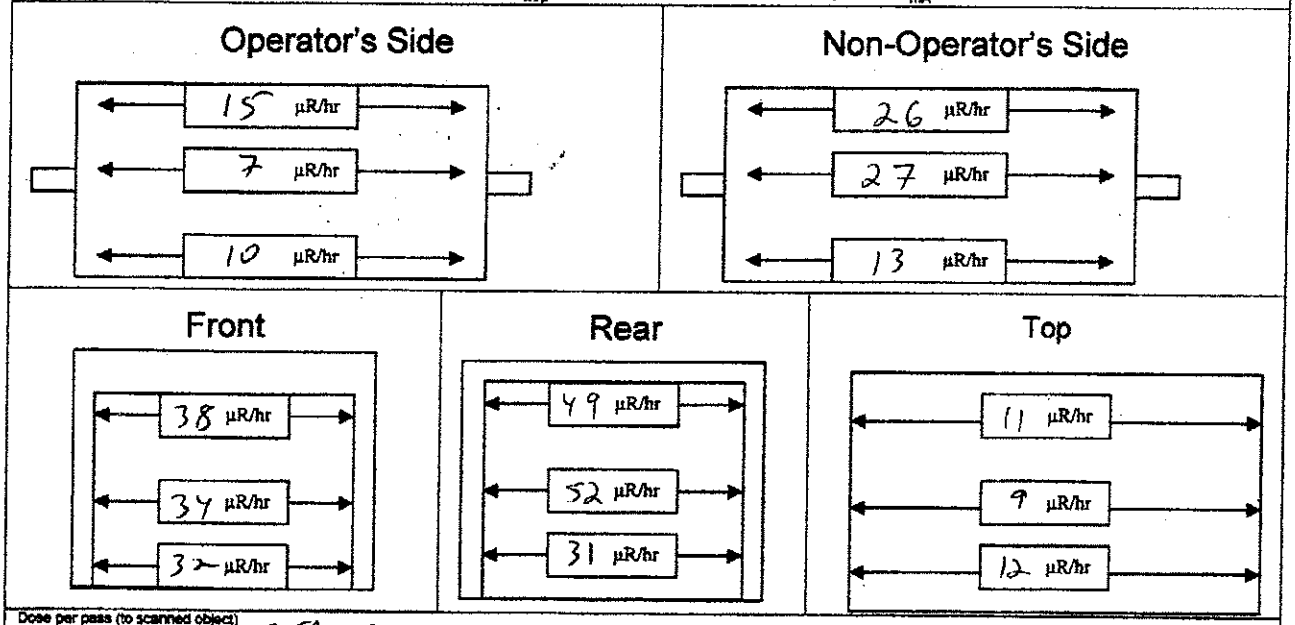
2.0 Warning Labels Indicators	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" Yes	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" Yes	2.3 Two Indicators Labeled "X-Ray On" Present 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
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		

03

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
6.0 Leakage Radiation	Rapiscan Systems Test Procedure Used Rapiscan Systems WI-0021	6.1 Scatter Block Description: Metal Case

04

6.2 Technical Factors: 160 kVp, 1.00 mA



05

Dose per pass (to scanned object): 250 µR

06

Surveyor Information	Surveyor Name (Print: L, F, MI) [redacted]	[redacted]	Date of Survey 5/18/09 HE

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 6/9/09

ENTERED JUN 1 1 2009

May 57572 2200429