

1. Name of Facility JFK INTERNATIONAL AIRPORT		2. Region NEW YORK		3. Street Address TERMINAL 5 C/P LANE # 5	
4. City JAMAICA		5. State or Province Code NY		6. Zip Code 11430	
7. Room No. or Other Physical Location of System TERMINAL 5 C/P LANE # 5		8. Person Inspected		9. Telephone Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: FSE Shall Attach Copy of Calibration Certificate to This Form Model: 451P-RYR Serial No. 596 Calibration Due Date: 11/24/2010			
Manufacturer Rapiscan Systems Inc.		13. System Model No. 620DVAT		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>	
18. Date of Manufacture Mo. 06 Yr. 2006		15. System Serial No. 7082128		16. Other <input type="checkbox"/> Describe:	
17. X-ray Tube Serial Number(s) N/A, P-4777		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> 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" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		28. Some Part of the Body Can be Inserted Through a Port Into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail Or X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Rapiscan Systems Test Procedure Used: Rapiscan Systems WI-0023-4		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: METER CASE		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail	
33. X-Ray Generator Settings 160 kVp 1.000 mA		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of Air Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.			
34.1. Background Radiation: 1 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					
<i>Please see model specific diagram (attached)</i>					
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail Description		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Action and/or Recommendations: N/A	
39. Surveyor Name (Print: L, F, MI)		40. Signature		41. Date of Survey 11/7/10	
42. Time of Survey		43. 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.			
		I, _____ have received a copy of this Radiation Survey Report and understand the contents of this report for State inspection. Signature: _____ 11/7/10			

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.

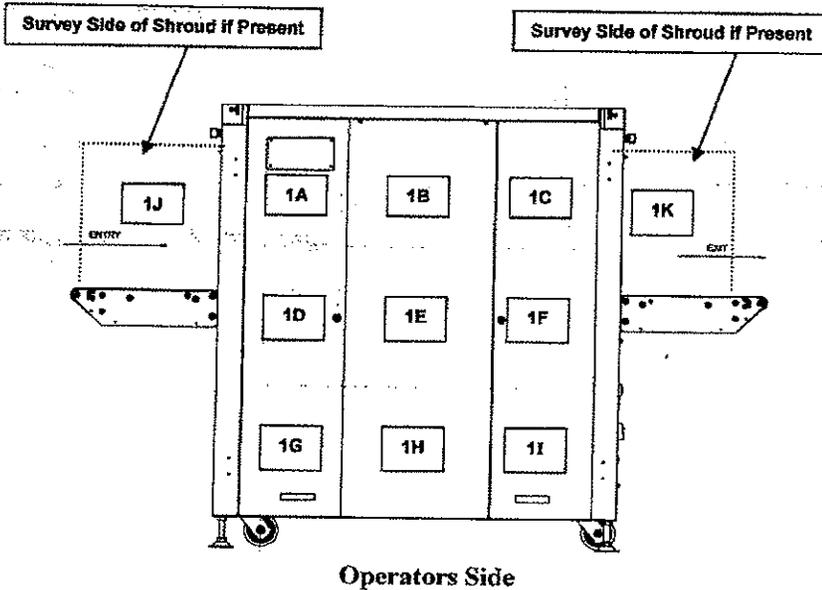
NOV 57572
PMW 3469537

Rapiscan systems	MODEL 620DV OR 600 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1
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FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

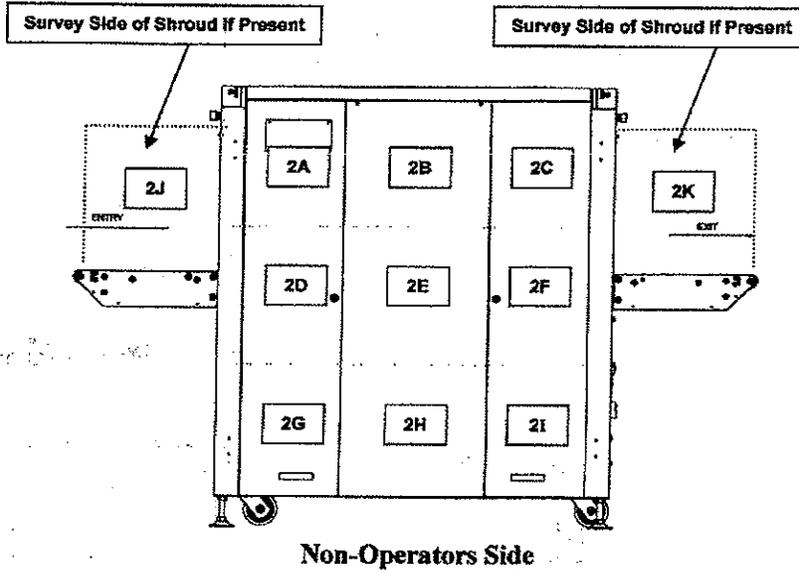
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>11/7/10</u>	Location Manufactured: (Check One) Malaysia UK <input checked="" type="checkbox"/> US	Instrument Model No: <u>951P-pyr</u>
Time:	Date of Mfg: <u>6/2008</u>	Instrument Serial No: <u>586</u>
Background: uSv/hr (<input type="checkbox"/> uR/hr)	Serial No: <u>7082128</u>	Instrument Calibration Due: <u>11/24/10</u>
All Measurements Recorded in: uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: <u>160</u> kVp <u>1.000</u> mA Settings: <u>166</u> kVp <u>1.000</u> mA	Description of Scatter Body: (Check One) <input type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input checked="" type="checkbox"/> Other <u>METAL CASE</u>

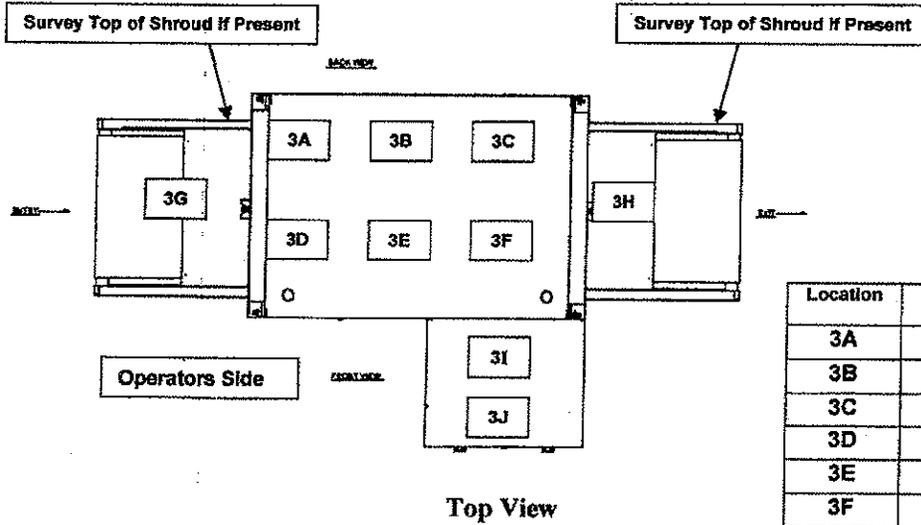


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	13	27
1B	11	23
1C	17	21
1D	21	22
1E	13	15
1F	10	16
1G	11	26
1H	17	21
1I	9	17
1J	10	16
1K	24	39

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



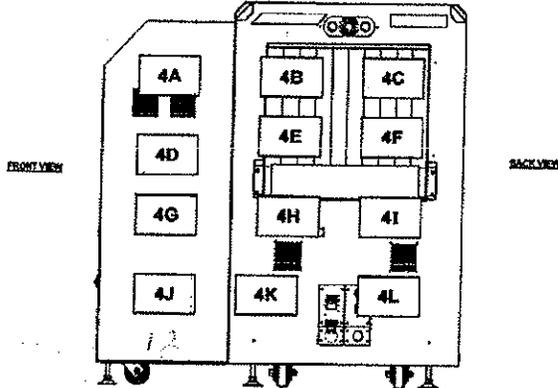
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	5	10
2B	2	19
2C	7	17
2D	12	18
2E	13	20
2F	9	19
2G	11	12
2H	10	18
2I	13	17
2J	9	13
2K	11	18



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	11	14
3B	15	12
3C	6	8
3D	12	12
3E	8	9
3F	2	4
3G	37	54
3H	12	19
3I	11	18
3J	10	12

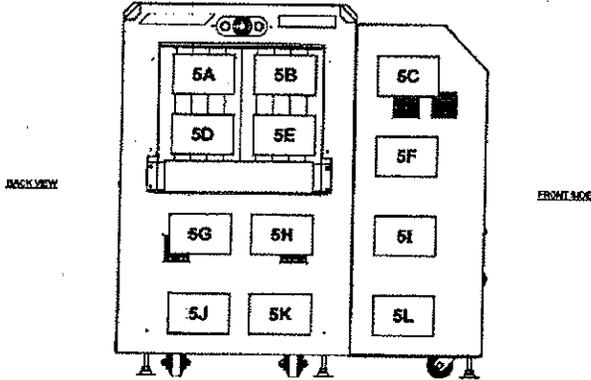
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	9	15
4B	25	29
4C	20	28
4D	15	23
4E	34	34
4F	21	25
4G	12	17
4H	7	15
4I	10	12
4J	5	8
4K	12	16
4L	9	14

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	18	24
5B	25	27
5C	12	14
5D	14	16
5E	18	18
5F	11	11
5G	5	11
5H	12	9
5I	9	13
5J	6	8
5K	7	10
5L	10	12

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: 11/7/2010

