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: JFK INTERNATIONAL AIRPORT
Region: NEW YORK
BB Street Address: TERMINAL 5 C/P LN 3
CC City: JAMAICA
State Code: NY
Zip Code: 11430
DD Room No. or Other Location of System: TERMINAL 5 C/P LN 3
Person Interviewed: [redacted]
Telephone No.: [redacted]
Certification Label Present: YES
Measuring Instruments: INOVISION Model: 451P-RYR Serial No. 0000000552

01

1.2 Manufacture And Product ID
A. Manufacture: Rapiscan Systems, Inc.
B. 0HU46 Mfr. Code
C. System Model No. 620DVAT
D. X-ray Tube Serial Number (s): P-7562, P-4582
E. System Serial No. 7082711
F. Date of Manufacture Mo. 06 Yr. 08
1.4 Operator Instructions Available: YES
1.5 Maintenance Schedule Available: YES

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
3.4 Use of X-Ray Control Necessary to Resume Operation Following Interruption YES
4.0 Ports
4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam NO

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

04

6.2 Technical Factors: 160 kVp 1.000 mA

Operator's Side: 12 µR/hr; 13 µR/hr; 5 µR/hr

Non-Operator's Side: 34 µR/hr; 15 µR/hr; 18 µR/hr

Front: 30 µR/hr; 89 µR/hr; 45 µR/hr

Rear: 49 µR/hr; 70 µR/hr; 72 µR/hr

Top: 39 µR/hr; 31 µR/hr; 28 µR/hr

05

Dose per pass (to scanned object): 450 uR

06

Surveyor Information
Surveyor Name (Print / Sign) [redacted]
Date of Survey 11/29/09
HE

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 12/3/09

DEC 0 1 2009 NY PM 57765 2714408