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 — Name of Facility: ATLANTA HARTSFIELD; Region: EAST; **BB** Street Address: 6000 TERMINAL PKWY

CC City: ATLANTA; State Code: GA; Zip Code: 30320

DD and Specific Location of X-ray System — Room No. or Other Location of System: MAIN LANE 21; Person Interviewed:; Telephone No.:

Certification Label Present: Y; Measuring Instruments: INOVISION; Model: P451; Serial No.: 517

01 1.2 Manufacture And Product ID — A. Manufacture: Rapiscan Systems, Inc.; B. Mfr. Code: 0HU46; C. System Model No.: 10200VAT

D. X-ray Tube Serial Number (s): P-5088 P5020; E. System Serial No.: 7083318

F. Date of Manufacture: Mo. AUG Yr. 2008; 1.4 Operator Instructions Available: Y; 1.5 Maintenance Schedule Available: Y

02 2.0 Warning Labels Indicators — 2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized": Y; 2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard": Y; 2.3 Two Indicators Labeled "X-Ray On" Present at Controls: Y

2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port: Y; 3.0 Interlocks; 3.1 "Captured Key" Control: Y

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: Y; 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: Y

03 5.0 Baggage Inspection Systems — 5.1 Means Provided to Ensure Operator Presence at the Control Area: Y; 5.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test): Y

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; 1.007 mA

04

Operator's Side

18	µR/hr
27	µR/hr
19	µR/hr

Non-Operator's Side

11	µR/hr
9	µR/hr
17	µR/hr

Front

18	µR/hr
29	µR/hr
32	µR/hr

Rear

74	µR/hr
52	µR/hr
35	µR/hr

Top

47	µR/hr
29	µR/hr
34	µR/hr

05 Dose per pass (to scanned object): 410uR

06 Surveyor Information — Surveyor Name (Print L. F. MI): [redacted]; Surveyor Signature: [redacted]; Date of Survey: 5-27-09

I have received a copy of this Radiation Survey Form. Customer Signature: [redacted] Date: 05/27/09

MW 58128
MW 220548