Rapiscan Systems

X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

FIELD TEST
Baggage Partial Inspection Systems

Form R-0588-1 10/2/08

A 1.1 Name and Address of Facility and Specific Location of X-ray System

Name of Facility: Hartfield Jackson
Region: East
Street Address: 6000 North Terminal
City: Atlanta
State Code: GA
Zip Code: 30044
Room No. or Other Location of System: Suite 314
Person Interviewed: Brian Morris
Telephone No.: 404-375-4580
Certification Label Present: Y
Measuring Instruments: Inovision
Model: 451
Serial No.: 679

H 1.2 Manufacture And Product ID

A. Manufacture: Rapiscan Systems, Inc.
B. OH1U46 Mfr. Code
C. System Model No.: 620DV
D. P5020 P5088 X-ray Tube Serial Number (s)
E. System Serial No.: 708 3318
F. Date of Manufacture Mo. Aug Yr. 2008
1.4 Operator Instructions Available: Y
1.5 Maintenance Schedule Available: Y

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"
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

3.2 Prevention of X-Radiation By Interlocks

3.3 All Doors and Access Panels To the X-ray beam Prevent Generation of X-Radiation: Y
3.4 Use of X-Ray Control Necessary to Resume Operation Following Interruption: Y
3.1 "Captured Key" Control: Y
4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam: N

02

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

03 6.0 Leakage Radiation

Rapiscan Systems Test Procedure Used: Rapiscan Systems WI-0021
6.1 Scatter Block Description: Inovision Base
6.2 Technical Factors: 160.8 kVp 1.007 mA

04

Operator's Side: 19 µR/hr; 16 µR/hr; 15 µR/hr

Non-Operator's Side: 9 µR/hr; 15 µR/hr; 16 µR/hr

Front: 11 µR/hr; 24 µR/hr; 25 µR/hr

Rear: 12 µR/hr; 10 µR/hr; 21 µR/hr

Top: 25 µR/hr; 32 µR/hr; 32 µR/hr

05 Dose per pass (to scanned object): 310 µ R/h

06 Surveyor Information

Surveyor Name (Print: L, F, MI): [redacted]
Surveyor Signature: [redacted]
Date of Survey: 11-27-09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 11/27/09

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