

Rapiscan systems An OGE Systems Company		BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09	
1. Name of Facility HARTSFIELD INTERNAT		2. Region EAST		3. Street Address 6000 TERMINAL PARKWAY		45. RSI W.O.# Deferred W.O.#	
4. City ATLANTA		5. State or Province Code GA		6. Zip Code 30320			
7. Room No. or Other Physical Location of System MAIN CP LANE 4		8. Person Interviewed [REDACTED]		9. Telephone Number [REDACTED]		10. Fax Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: Model: INOVIS 457P Serial No: 0517 Calibration Due Date: 11-24-10		FSE Shall Attach Copy of Calibration Certificate to This Form			
Manufacturer: Rapiscan Systems Inc.		13. System Model No. 620 DV		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. 7083505	
16. Date of Manufacture Mo. AUG Yr. 2008		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			
17. X-ray Tube Serial Number(s) H= P5083 V=7485		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			
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <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 YES		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: PELICAN 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 154.9 kVp 1.976 mA 160.8 kVp 1.007 mA V		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.					
34.1. Background Radiation: 3 uR/hr		DOSE PER PASS = 410 uR		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 Active Actions and/or Recommendations:			
39. Surveyor Name (Print): [REDACTED]		40. Surveyor Signature: [REDACTED]		41. Date of Survey 4-19-10		42. Time of Survey: 5:30P	
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.		43. I ([REDACTED]) have received a copy of this Radiation Survey Report and understand the responsibility to retain this report for State inspection. Signature: [REDACTED] Date: 4/22/10					

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.

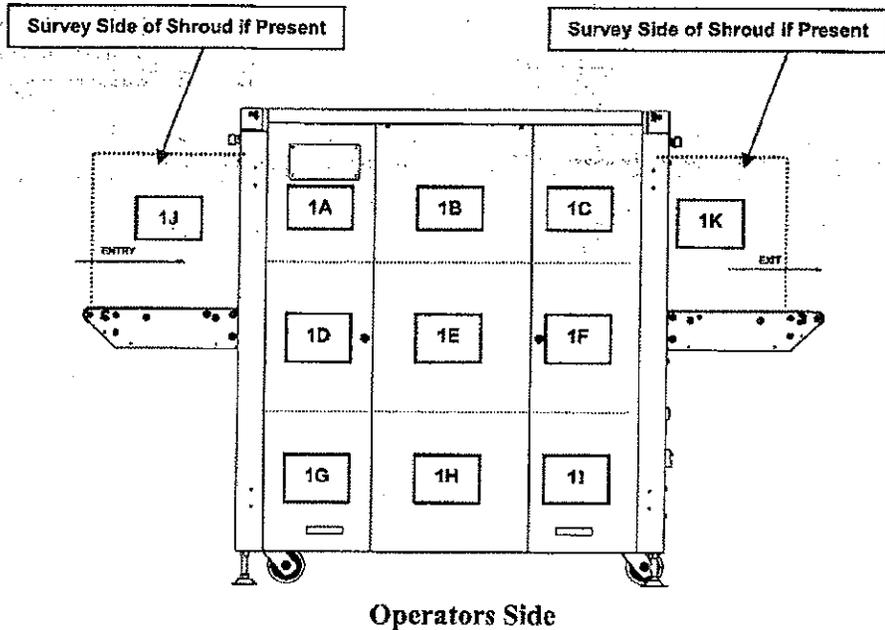
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Rapiscan systems <small>AN IRIS COMPANY</small>	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1
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FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

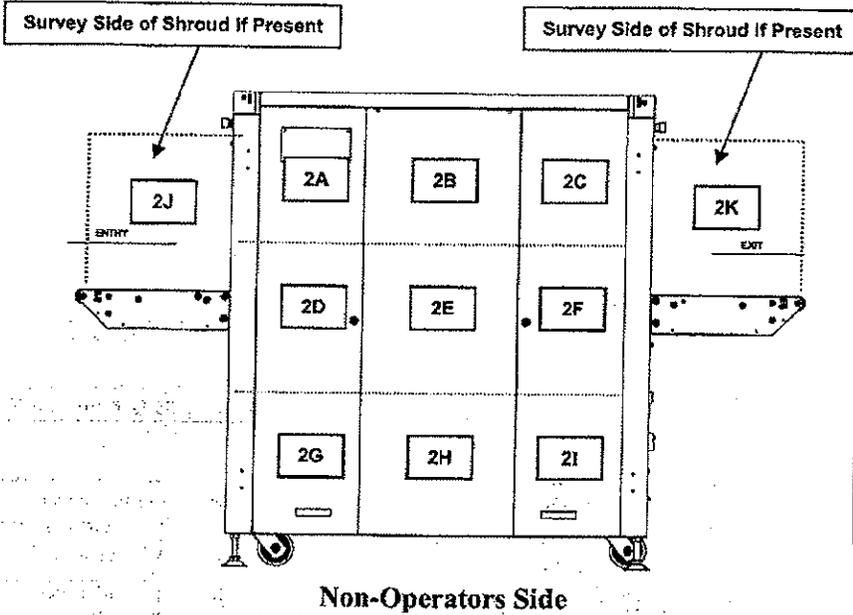
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: 4-19-10	Location Manufactured: (Check One) Malaysia UK <input checked="" type="checkbox"/> US	Instrument Model No: INOVISION 451P
Time: 5:30P	Date of Mfg: AUG 2008	Instrument Serial No: 0517
Background: uSv/hr (3 uR/hr)	Serial No: 7083505	Instrument Calibration Due: 11-24-10
All Measurements Recorded In: <input type="checkbox"/> uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: 154.9 kvP .976 mA H Settings: 160.8 kvP 1.007 mA V	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 PELICAN CASE

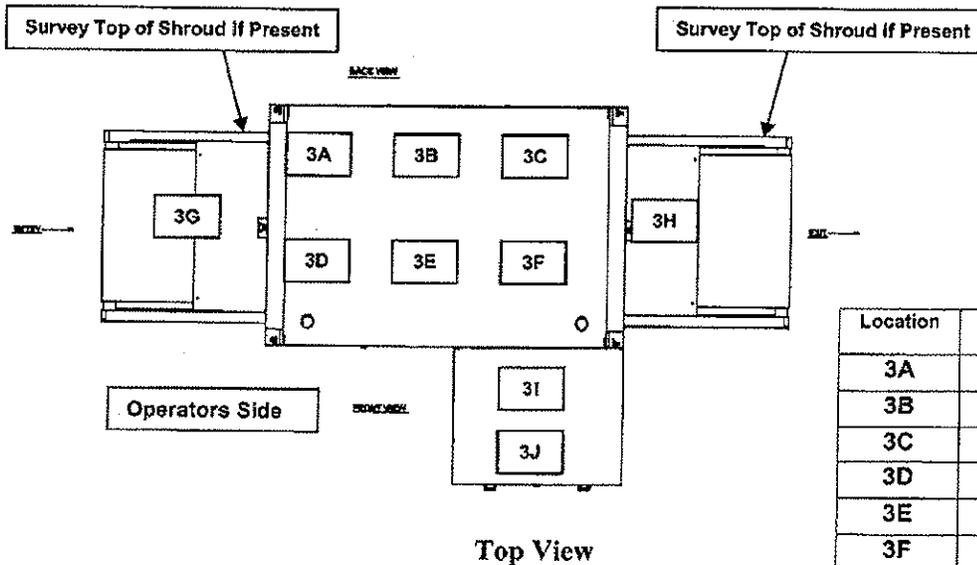


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	34	23
1B	28	21
1C	89	60
1D	28	21
1E	12	17
1F	9	11
1G	10	9
1H	12	12
1I	7	14
1J	28	38
1K	89	70

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



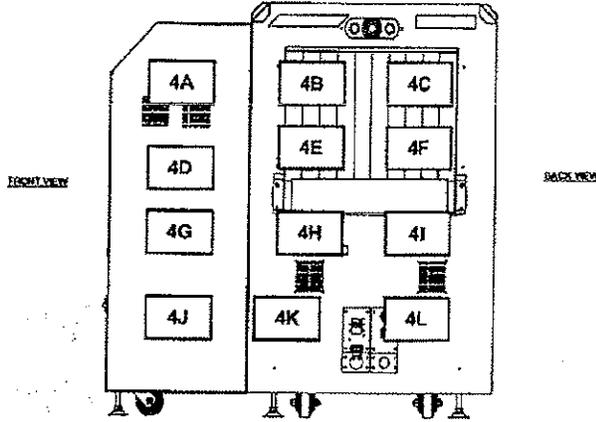
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	29	32
2B	28	42
2C	21	28
2D	9	11
2E	11	15
2F	44	35
2G	10	12
2H	9	11
2I	30	21
2J	38	24
2K	34	30



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	15	21
3B	20	24
3C	19	15
3D	12	12
3E	17	21
3F	15	24
3G	60	72
3H	52	48
3I	54	40
3J	17	22

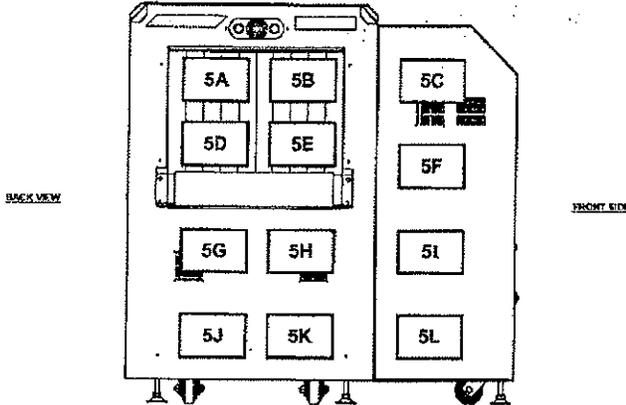
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	24	18
4B	40	33
4C	23	28
4D	14	21
4E	40	24
4F	21	28
4G	11	17
4H	21	22
4I	17	24
4J	9	17
4K	17	11
4L	11	14

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	50	61
5B	46	52
5C	30	38
5D	32	34
5E	21	22
5F	22	17
5G	44	34
5H	17	21
5I	21	24
5J	21	23
5K	16	21
5L	19	21

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: 4-19-10