Rapiscan systems

X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

FIELD TEST
Baggage Partial Inspection Systems

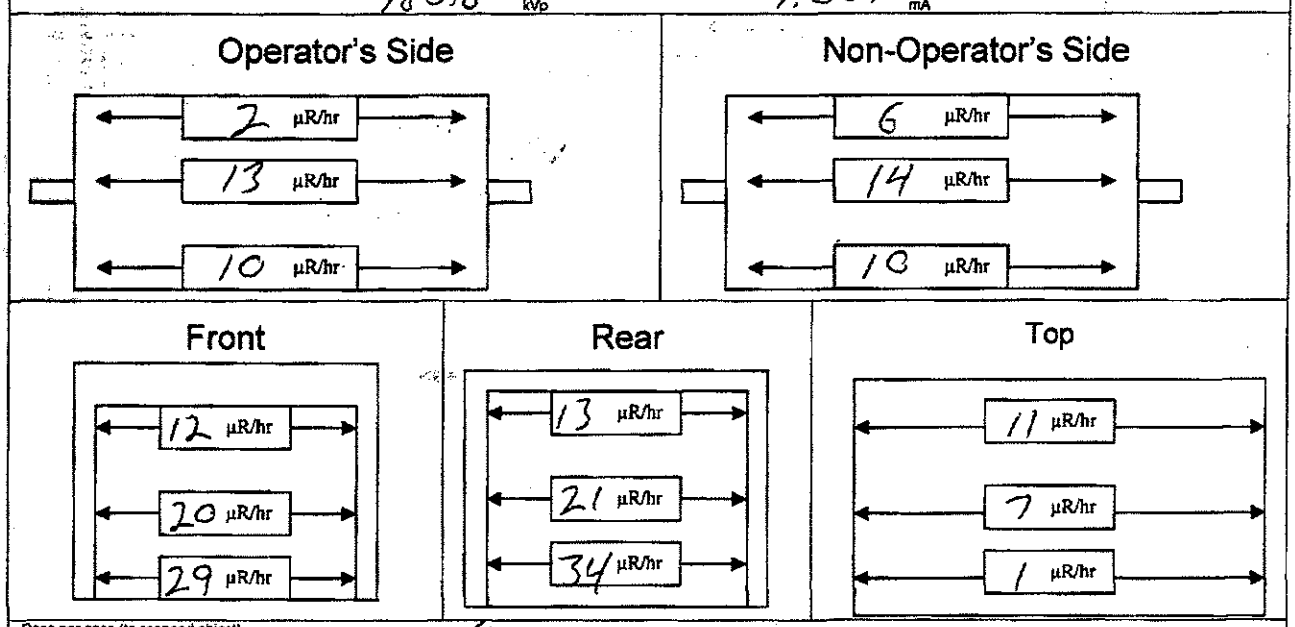
Form R-0588-1 10/2/08

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility: HARTSFIELD INTERNATIONAL	Region: ATL	BB	Street Address: 6000 TERMINAL PKWY
CC		City: ATLANTA		State Code: GA	Zip Code: 30320
DD		Room No. or Other Location of System: 314	Person Interviewed: [redacted]	Telephone: [redacted]	
		Certification Label Present: YES	Measuring Instruments: P-451	Model: INOVISION	Serial No. 473
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 0HU46 Mfr. Code	C. System Model No. 620DV	
		D. H=P5083 V=7485 X-ray Tube Serial Number (s)	E. System Serial No. 7083505		
		F. Date of Manufacture Mo. 08 Yr. 2008	1.4 Operator Instructions Available: YES	1.5 Maintenance Schedule Available: YES	
	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	
02	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	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 YES			
	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		
	6.2 Technical Factors	160.8 kVp	1.007 mA		

04

Operator's Side	Non-Operator's Side
2 µR/hr	6 µR/hr
13 µR/hr	14 µR/hr
10 µR/hr	10 µR/hr

Front	Rear	Top
12 µR/hr	13 µR/hr	11 µR/hr
20 µR/hr	21 µR/hr	7 µR/hr
29 µR/hr	34 µR/hr	1 µR/hr



05 Dose per pass (to scanned object) 290 ur/hr

06 Surveyor Information	Surveyor Name (Print: [redacted]	Surveyor Signature [redacted]	Date of Survey 06/27/09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 07/02/09

Jun 58133
Non sched 2436376