Rapiscan systems

X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

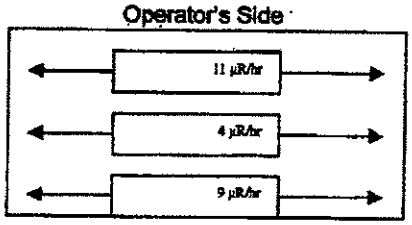
FIELD TEST
Baggage Partial Inspection Systems

Form R-0588-1 10/2/08

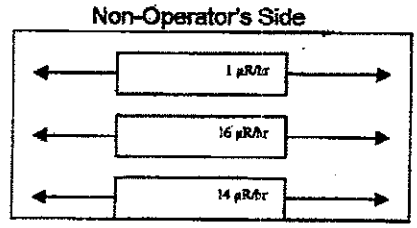
AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility: Atlanta International Airport	Region: ATL	BB Street Address: 6000 North Terminal Parkway
CC		City: Atlanta	State Code: GA	Zip Code: 30320
DD		Room No. or Other Location of System: Main # 4	Person Interviewed: [redacted]	Telephone No.: [redacted]
		Certification Label Present: Y	Measuring Instruments: Model: Innovision 451P-RYR	Serial No. 0000000473
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. 6HU46 Mfr. Code	C. System Model No.: 620 DVAT
		D. P-7455 P-5063 X-ray Tube Serial Number (s)	E. System Serial No. 7083505	7083505
		F. Date of Manufacture Mo. 08 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": 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	[redacted]	3.1 "Captured Key" Control: Y
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: Y	[redacted]	4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam: N
		3.4 Use of X-Ray Control Necessary to Resume Operation Following Interruption: Y		
	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 Pelican case x 2	
	6.2 Technical Factors	160.8 kVp	1.007 mA	

04

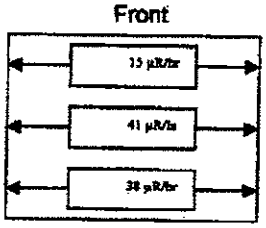
Operator's Side



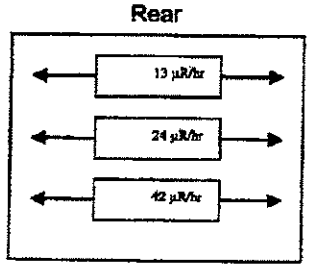
Non-Operator's Side



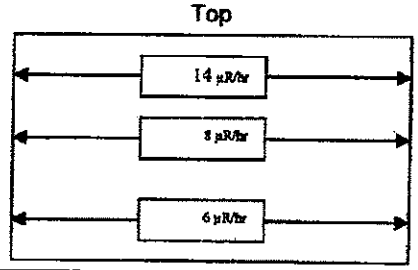
Front



Rear



Top



05 Dose per pass (to scanned object) 390 micro R/hr

06	Surveyor Information	Surveyor Name (Print: L, F, MI): [redacted]	Surveyor Signature: [redacted]	Date of Survey: 10/24/09

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 10/26/09

ENTERED OCT 2 0 2009 OCT 58133 2629395