WO# 2203283

Rapiscan systems

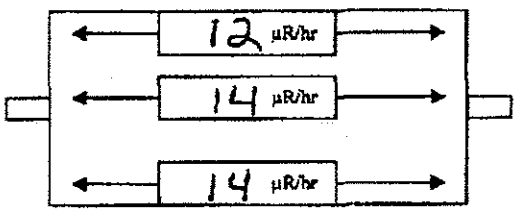
X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

FIELD TEST
Baggage Partial Inspection Systems

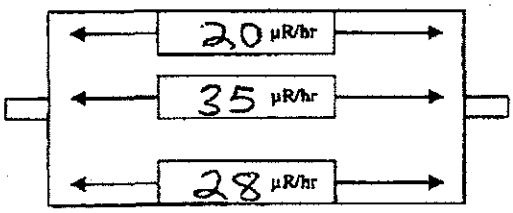
Form R-0588-1 10/2/08

AA	1.1 Name and Address of Facility	Name of Facility: FORT LAUDERDALE	Region: FL	BB Street Address: 200 TERMINAL DR.
CC		City: FORT LAUDERDALE	State Code: FL	Zip Code: 33315
DD	and Specific Location of X-ray System	Room No. or Other Location of System: TERMINAL 1C LN3	Person Interviewed: [redacted]	Telephone No.: [redacted]
		Certification Label Present: YES	Measuring Instruments: INOVISION	Model: 451PRYR Serial No. 0557
01	1.2 Manufacture And Product ID	A. Manufacture: Rapiscan Systems, Inc.	B. OHU45 Mfr. Code	C. System Model No.: 620 DV
		D. X-ray Tube Serial Number (s): V. P6479 H. P6544	E. System Serial No.: 7090303	
		F. Date of Manufacture Mo. 01 Yr. 09	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: PELICAN 1400 CASE	
04	6.2 Technical Factors	160 kVp	1 mA	

Operator's Side



Non-Operator's Side



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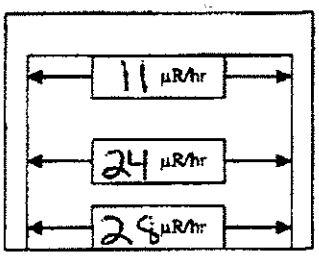
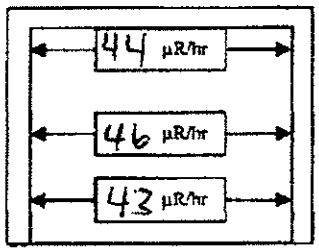
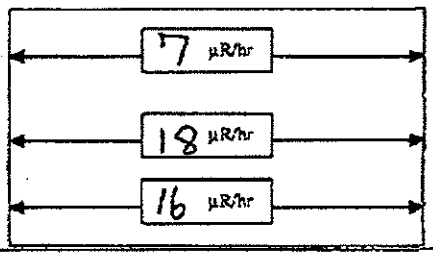


Rear



Top



05	Dose per pass (to scanned object)	350 uR/hr		
06	Surveyor Information	Surveyor Name (Print: L. F. MI): [redacted]	Surveyor Signature: [redacted]	Date of Survey: 3-24-09

I have received a copy of this Radiation Survey Form. Customer Signatu[redacted] Date 03-24-2009

ENTER 2 7 2009

MDR Non-Schedd 58774 2203283

Mar 24 09 06:20p Siemens Government Servic p.1