Rapiscan Systems — An SAIC Systems Company

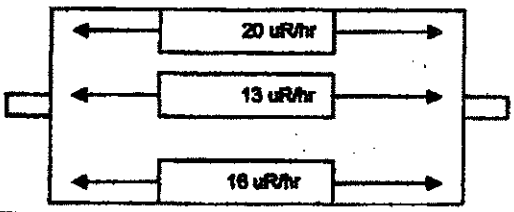
X-RAY SYSTEM RADIATION LEAKAGE SURVEY AND COMPLIANCE REPORT

FIELD TEST Baggage Partial Inspection Systems

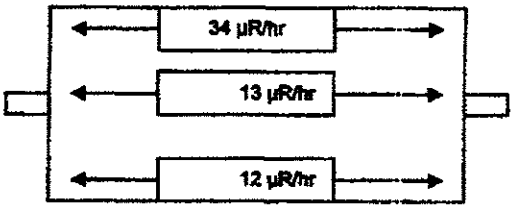
Form R-0588-1 10/2/08

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility: FORT LAUDERDALE	Region: FL	BB Street Address: 200 TERMINAL DR	
CC		City: FORT LAUDERDALE		State Code: FL	Zip Code: 33315
DD		Room No. or Other Location of System: TERMINAL 1B LANE 1	Person Interviewed: [redacted]	Telephone No.: [redacted]	
		Certification Label Present: YES	Measuring Instrument: INOVISION Model: 461PRYR	Serial No. 0357	
01	1.2 Manufacturer And Product ID	A. Manufacturer: Rapiscan Systems, Inc.	B. OHU46 Mfr. Code	C. System Model No. 620DV	
		D. V. P8458 H. P8453 X-ray Tube Serial Number (s)	E. System Serial No. 7080509		
		F. Date of Manufacture Mo. 01 Yr. 2009	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	
02		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	
	3.2 Prevention of X-Radiation By Interlocks	3.3 All Doors and Access Panels To the X-ray beam Present 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		

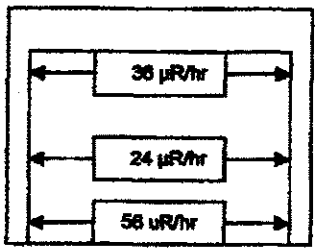
Operator's Side



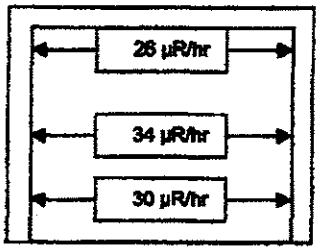
Non-Operator's Side



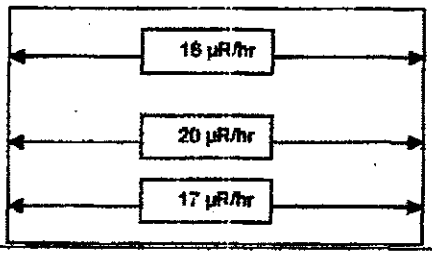
Front



Rear



Top



05	Dose per pass (to scanned object) 260 uR/hr			
06	Surveyor Information	Surveyor Name (Print: L, F, MI): [redacted]	Surveyor Signature: [redacted]	Date of Survey 09/03/2009

I have received a copy of this Radiation Survey Form. Customer Signature [redacted] Date 9/5/09

X-ray System Radiation Leakage Survey and Compliance Report, Form R-0588-1 (10/02/08)

ENTERED SEP 0 9 2009 Sept 58784 2524392