

MWO# 2919314

rapiscan
systems
An OSI Systems Company

BAGGAGE/PARCEL CABINET X-RAY
SYSTEM RADIATION LEAKAGE REPORT

FIELD SERVICE ENGINEERS

Form R-0588-3 9/9/09

45. RSI W.O.#
Deferred W.O.#

1. Name of Facility Ft. Lauderdale - Hollywood International Airport		2. Region Florida		3. Street Address 200 Terminal Drive	
4. City Ft. Lauderdale		5. State or Province Code Florida		6. Zip Code 33315	
7. Room No. or Other Physical Location of System FTH CKPT Lane 1		8. Person Interviewed [REDACTED]		9. Telephone Number [REDACTED]	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Regulation Measuring Instrument: Inovision FSE Shall Attach Copy of Calibration Certificate to this Form Model: W51P-RPR Serial No. 0558 Calibration Due Date: 11/11/10		15. System Serial No. 7090408	
Manufacturer Rapiscan Systems Inc.		13. System Model No. 620 DV		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>	
16. Date of Manufacture Mo. Yr. Jan 2009		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) P-6366, P-6578		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-00234		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: Pelican 1100 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 160.8 kVp 1.007 mA		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: 2 uR/hr		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 Action Actions and/or Recommendations:	
39. Surveyor Name (Print: L, F, M) [REDACTED]		40. Surveyor Signature [REDACTED]		41. Date of Survey 3/1/10	
42. Time of Survey: 9:00 PM		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: 3.1.10			
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.					

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.

MARK
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MODEL 620DV OR 500 SERIES EQUIVALENT
RADIATION LEAKAGE SURVEY FORM

MODEL 620DV
FSE SURVEY FORM

FORM FSE-R-0047-620DV-1

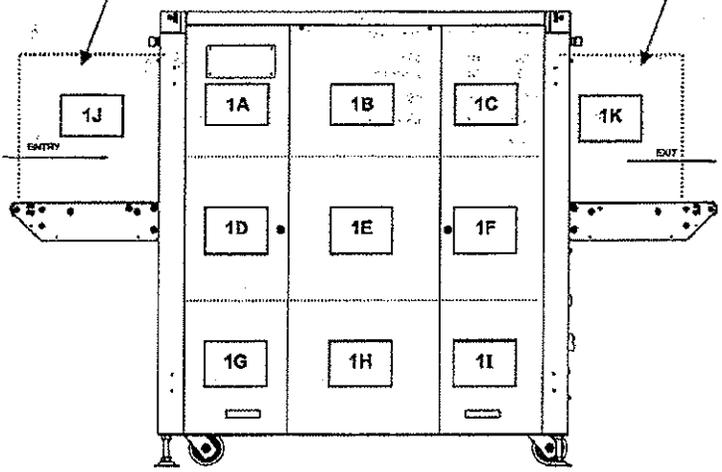
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

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: 3/1/10	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> US <input checked="" type="checkbox"/>	Instrument Model No: Inovision H51P-RYR
Time: 9:00 PM	Date of Mfg: Jan. 2009	Instrument Serial No: 0558
Background: uSv/hr (uR/hr)	Serial No: 7090408	Instrument Calibration Due: 11/11/10
All Measurements Recorded In: uSv/hr uR/hr (Check One)	Settings: 160.8 kVp 1.007 mA Settings: 160.8 kVp 1.007 mA	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 1400 Case

Survey Side of Shroud if Present

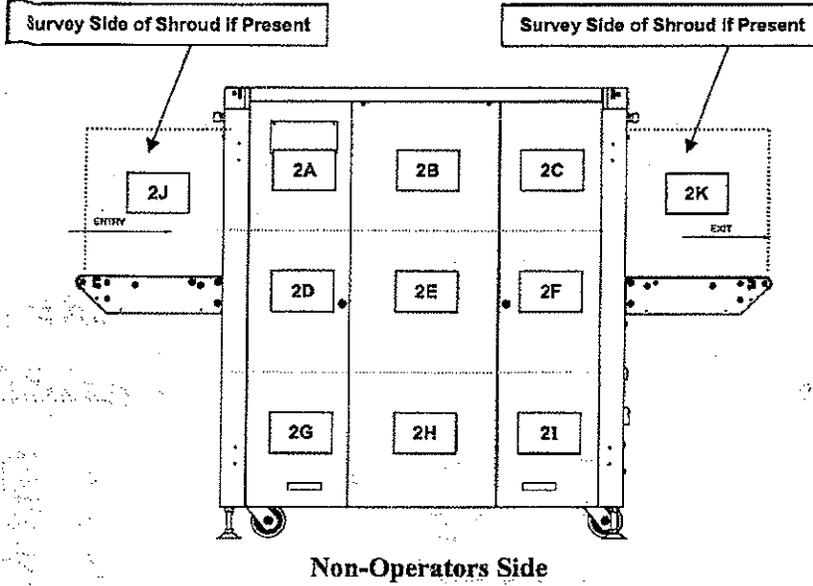
Survey Side of Shroud if Present



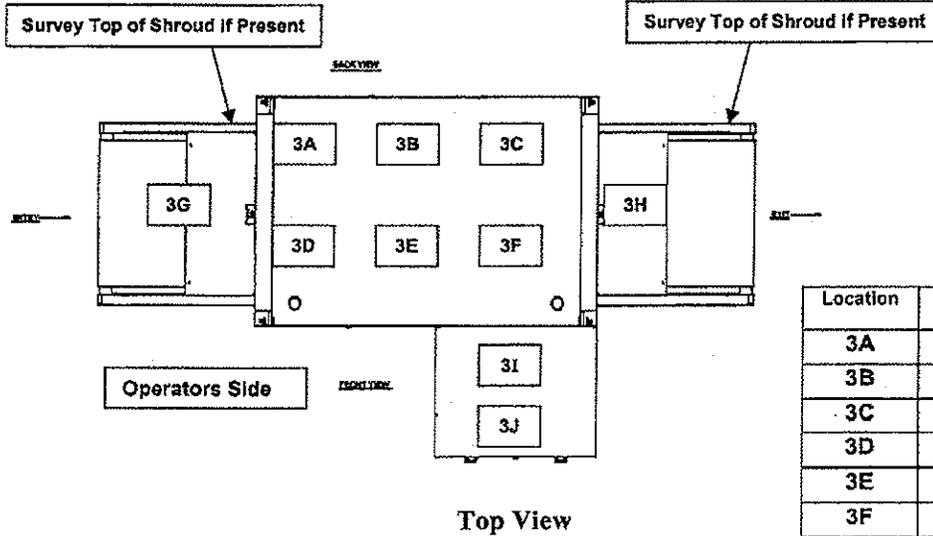
Location	Results NO Scatter Body	Results WITH Scatter Body
1A	25	17
1B	17	20
1C	13	23
1D	14	17
1E	25	20
1F	16	18
1G	12	13
1H	15	25
1I	11	12
1J	114	121
1K	66	113

Operators Side

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



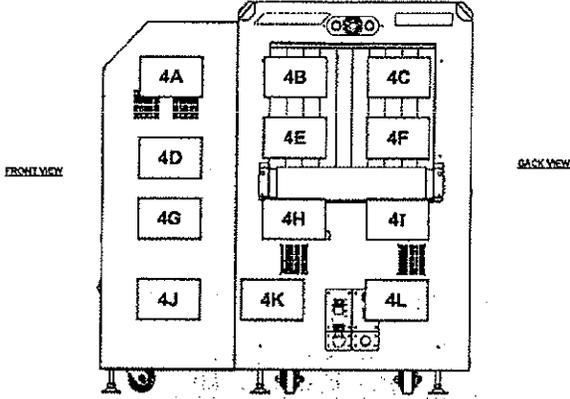
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	27	22
2B	24	37
2C	16	12
2D	41	20
2E	30	31
2F	19	11
2G	12	15
2H	13	13
2I	11	15
2J	42	70
2K	38	31



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	13	17
3B	16	42
3C	13	12
3D	19	15
3E	24	20
3F	14	10
3G	80	61
3H	46	44
3I	34	11
3J	25	16

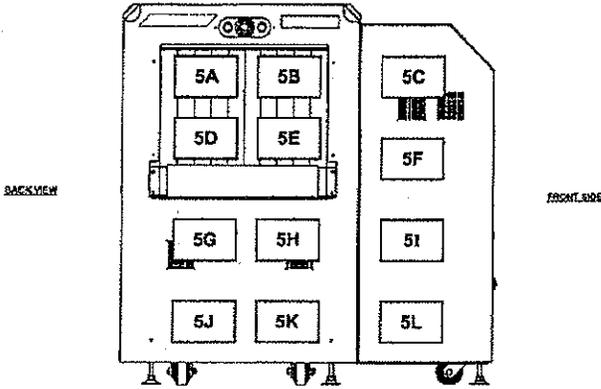
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	37	25
4B	35	50
4C	36	45
4D	34	16
4E	42	49
4F	35	40
4G	19	18
4H	35	34
4I	25	28
4J	12	11
4K	16	11
4L	21	16

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	51	62
5B	39	71
5C	28	27
5D	42	86
5E	45	120
5F	35	35
5G	14	17
5H	19	24
5I	16	24
5J	13	12
5K	13	16
5L	13	15

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: 3/1/10