smiths

Smiths Detection

Field Radiation Survey Sheet

WO # 2818941 (Break fix)
WO # 2755694 (PM)

SECTION	PART I - GENERAL PROCEDURE INFORMATION				
A "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM				
	NAME OF FACILITY	Denver Int'l Airport			
		Is this Facility Operated Exclusively by the Federal Government?		☐ YES	☑ NO
	ADDRESS (Street No., Rural Rt., or Airline and Airport)	8400 Pená Blvd.			
	CITY	Denver	STATE CO	ZIP CODE	80249
	ROOM NO. or OTHER LOCATION	A-Bridge Ln 2	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.		
	MANUFACTURER	Smith Heimann	MODEL NO.	HS 6040 2TIX	
	DATE OF MFR.		SERIAL NO.	75635	
	MFR. CERTIFICATION LABEL ATTACHED	☑ YES ☐ NO			
B "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM				
	☑ Baggage Inspection	☐ Special Purpose	☐ General Purpose	☐ Other	
			Describe Other:		
C "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)				
	☑ State "Notice to Employees" Document Posted	☑ Operators Instruction Manual on Location		☐ N/A	
	☑ Certificate of X-ray Machine Registration on Location	☑ Cabinet X-Ray Machine Maintenance Schedule Available			
D "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION				
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"			☑ YES	☐ NO
	Warning Labels Present at Ports Stating "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard"			☑ YES	☐ NO
	Two Indicators Labeled "X-Ray ON" Present at Controls			☑ YES	☐ NO
	At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel			☑ YES	☐ NO
E "INTERLOCKS"	INTERLOCK VERIFICATION TEST				
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation			☑ YES	☐ NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays			☐ YES	☑ NO
	The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation			☑ YES	☐ NO
F "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES				
	Some Part of the Body Can Be Inserted Through A "Port" into the Primary Beam			☐ YES	☑ NO
	Some Part of the Body Can Be Inserted Through An "Aperture"			☐ YES ☐ NO	☑ N/A
G "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY				
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation			☑ YES	☐ NO
	Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second			☑ YES	☐ NO

DEC
PM
& DEC N/S

EQ: 57032
WO: 2755694
aTiX D.O.W. Semi-Annual PM
& Unscheduled RLS for WO 2818941

Form # 002.SerFRSSHF
Revision Date 03/11/2008

ENTERED

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Field Radiation Survey Sheet

SECTION H "LEAKAGE RADIATION"

PART II - SPECIFIC PROCEDURE INFORMATION

LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01

Scattering Body Description: 8 rems

☐ Lucite ☑ Paper ☐ Other

Describe Other:

X-Ray Machine Settings: See Comments kV / mA

Radiation Survey Instrument Used: Make/Model Number: Inovision 451P 480; Serial Number:; Calibration Date Due: 10/27/10

Background: 8 uR/hr

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	25	uR/hr		mR	
	2	31	uR/hr		mR	
	3	24	uR/hr		mR	
	4	49	uR/hr		mR	
	5	17	uR/hr		mR	
	6	18	uR/hr		mR	
	7	17	uR/hr		mR	
	8	19	uR/hr		mR	
	9	12	uR/hr		mR	
	10	17	uR/hr		mR	
	11	16	uR/hr		mR	
	12	19	uR/hr		mR	
	13	14	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 49 uR/hr — Location Description: Exit tunnel # 4

All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40: ☑ YES ☐ NO

I "ADDITIONAL INFORMATION"

ADDITIONAL INFORMATION

Overall Condition of Cabinet X-Ray Unit	☑ SAT	☐ UNSAT *	* Describe UNSAT Condition	
Condition of Lead Curtains	☑ SAT	☐ UNSAT *	* Describe UNSAT Condition	

Other Comments, Recommendations, Corrections, or Problems Encountered

	KV	mA
A	156	489
B	159	499
C	155	457
D	150	467

Average Internal Dose .88 mRem/hour

SURVEYOR'S NAME (Print: Last, First, Middle Int.): [redacted]

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 12/16/09

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