smiths

Smiths Detection

Field Radiation Survey Sheet

WO # 2823979

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 Pena Blvd.			
	CITY	Denver	STATE	CO	ZIP CODE 80249
	ROOM NO. or OTHER LOCATION	A Bridge Ln 4	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.		
	MANUFACTURER	Smith Heimann	MODEL NO.	HS 6040 2TIX	
	DATE OF MFR.	Nov 2007	SERIAL NO.	75636	
	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		

ENTERED

JAN 57033
PM 2823979

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

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SECTION	PART II - SPECIFIC PROCEDURE INFORMATION
H "LEAKAGE RADIATION"	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 — Serial Number: 480 — Calibration Date Due: 10/27/10

Background: 9 uR/hr

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	20	uR/hr		mR	
	2	12	uR/hr		mR	
	3	19	uR/hr		mR	
	4	38	uR/hr		mR	
	5	18	uR/hr		mR	
	6	15	uR/hr		mR	
	7	19	uR/hr		mR	
	8	16	uR/hr		mR	
	9	13	uR/hr		mR	
	10	25	uR/hr		mR	
	11	16	uR/hr		mR	
	12	17	uR/hr		mR	
	13		uR/hr		mR	
Highest External Surface Exposure Rate Reading		38	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	153	476
B	166	526
C	150	457
D	161	485

Average Internal Dose .81 mRem/hour

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

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 1/15/10

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