smiths

Smiths Detection

Field Radiation Survey Sheet

W/O 3155605

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 INTERNATIONAL 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	UCP LN 6	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.		
	MANUFACTURER	SMITHS	MODEL NO.	HS 6040 ATIX	
	DATE OF MFR.	NOV 2007	SERIAL NO.	75902	
	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			

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EQ: 57038
BRKD WO: 3155605

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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: ☐ Lucite ☒ Paper ☐ Other

Describe Other:

X-Ray Machine Settings: kV: SEE; mA: COMMENTS

Background: uR/hr

Radiation Survey Instrument Used: Make/Model Number: INVOVISION 451P-RYR; Serial Number: 0000000480; Calibration Date Due: 10/27/10

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	15	uR/hr		mR	
	2	14	uR/hr		mR	
	3	10	uR/hr		mR	
	4	30	uR/hr		mR	
	5	11	uR/hr		mR	
	6	10	uR/hr		mR	
	7	10	uR/hr		mR	
	8	19	uR/hr		mR	
	9	10	uR/hr		mR	
	10	12	uR/hr		mR	
	11	10	uR/hr		mR	
	12	10	uR/hr		mR	
	13	11	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 30 uR/hr — Location Description: (4) EXIT TUNNEL

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	160	508
B	154	485
C	159	485
D	154	476

AVERAGE DOSE PER INSPECTION .77 m REM/HR

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

[redacted]

SURVEYOR'S SIGNATURE

[redacted]

DATE OF SURVEY AND INSPECTION

5/16/10

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