smiths

Smiths Detection

Field Radiation Survey Sheet WO# 3356533

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 Peña Blvd.			
	CITY	Denver	STATE	CO	ZIP CODE 80249
	ROOM NO. or OTHER LOCATION	North Check Pt Lnb	CONTACT PERSON	[redacted]	
	PHONE NO.		FAX NO.		
	MANUFACTURER	Smiths Detection	MODEL NO.	HS 6040 2TIX	
	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		

WO 3356533
EQ 57038
SEMI PM
DEN

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

smiths

Smiths Detection

Field Radiation Survey Sheet

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: Sec I mA: Sec I

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

Background: 7 uR/hr

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
Ent. Tunnel	1	19	uR/hr		mR	
PAX Ent. End	2	11	uR/hr		mR	
Oper. Ent End	3	18	uR/hr		mR	
Exit Tunnel	4	41	uR/hr		mR	
PAX Exit End	5	19	uR/hr		mR	
Oper Exit End	6	24	uR/hr		mR	
Oper Small	7	23	uR/hr		mR	
Oper Center	8	20	uR/hr		mR	
Oper Large	9	11	uR/hr		mR	
PAX Small	10	19	uR/hr		mR	
PAX Center	11	14	uR/hr		mR	
PAX Large	12	22	uR/hr		mR	
Top	13	18	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 41 uR/hr Location Description: # 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	160	503
B	154	485
C	159	485
D	154	471

Average Internal Dose .82 mRem/hour

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

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 9/29/10

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