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Smiths Detection

Field Radiation Survey Sheet

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	MEMPHIS INTL AIRPORT			
	Is this Facility Operated Exclusively by the Federal Government?				☒ YES ☐ NO
	ADDRESS (Street No., Rural Rt., or Airline and Airport)	WINCHESTER DR			
		MEMPHIS INTL AIRPORT			
	CITY	MEMPHIS	STATE	TN	ZIP CODE 38124
	ROOM NO. or OTHER LOCATION	C✓ LANE-1	CONTACT PERSON		
	PHONE NO.		FAX NO.		
	MANUFACTURER	SMITH DETECTION	MODEL NO.	76968	
	DATE OF MFR.	2/2008	SERIAL NO.	6040 ATIX	
	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	N/A			~~☒ 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 2 3 2010 C

JAN PM 57377 2/4/2008

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

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Field Radiation Survey Sheet

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: SEE COMMENTS

mA:

Background: 12 uR/hr

Radiation Survey Instrument Used

Make/Model Number: INOVISION 451P

Serial Number: 606

Calibration Date Due: 6/17/10

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	13	uR/hr		mR	
	2	12	uR/hr		mR	
	3	10	uR/hr		mR	
	4	27	uR/hr		mR	
	5	12	uR/hr		mR	
	6	12	uR/hr		mR	
	7	12	uR/hr		mR	
	8	12	uR/hr		mR	
	9	12	uR/hr		mR	
	10	12	uR/hr		mR	
	11	12	uR/hr		mR	
	12	12	uR/hr		mR	
	13	14	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 27 uR/hr — Location Description: 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

	A	B	C	D
KV	79	78	78	76
mA	462	472	463	467

Cumulative exposure .76 mR

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

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 1/22/2010