smiths

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	SFO			
		Is this Facility Operated Exclusively by the Federal Government?			☒ YES ☐ NO
	ADDRESS (Street No., Rural Rt., or Airline and Airport)				
	CITY	San Francisco	STATE	CA	ZIP CODE 94128
	ROOM NO. or OTHER LOCATION	T3- CP 74/75 LN 1	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.		
	MANUFACTURER	Smiths Heimann	MODEL NO.	6040i GTIX	
	DATE OF MFR.	8-2008	SERIAL NO.	75333	
	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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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: 8 reams paper — ☐ Lucite ☒ Paper ☐ Other — Describe Other:

X-Ray Machine Settings: kV: See below; mA:

Radiation Survey Instrument Used: Make/Model Number: Inovision 451P; Serial Number: 573; Calibration Date Due: 10/5/10

Background: 2 uR/hr

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

Highest External Surface Exposure Rate Reading: 13 uR/hr — Location Description: 4 and 9

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 75.54	kV 84.23	kV 77.83	kV 77.83
mA 462.39	mA 508.16	mA 480.69	mA 476.11

.76 mR

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

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 1-12-10

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