smiths

Smiths Detection

Field Radiation Survey Sheet

1/2/10 wo#2810018

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	San Francisco International Airport			
	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	IT-CA-6	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.	[redacted]	
	MANUFACTURER	Smiths Detection	MODEL NO.	6040 ATI X	
	DATE OF MFR.	10/08	SERIAL NO.	79337	
	MFR. CERTIFICATION LABEL ATTACHED	☑ YES ☐ NO	[redacted]		
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 2 2 2010

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

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SECTION	PART II - SPECIFIC PROCEDURE INFORMATION
H "LEAKAGE RADIATION"	

Scattering Body Description: 8 reams of paper

☐ Lucite ☑ Paper ☐ Other

Describe Other:

X-Ray Machine Settings			
	kV	See	160
	mA	below	200

Background: 2 uR/hr

Radiation Survey Instrument Used		
	Make/Model Number	Inovision 4517
	Serial Number	973
	Calibration Date Due	10/5/10

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	7	uR/hr		mR	
	2	2	uR/hr		mR	
	3	3	uR/hr		mR	
	4	22	uR/hr		mR	
	5	3	uR/hr		mR	
	6	2	uR/hr		mR	
	7	3	uR/hr		mR	
	8	3	uR/hr		mR	
	9	2	uR/hr		mR	
	10	4	uR/hr		mR	
	11	6	uR/hr		mR	
	12	5	uR/hr		mR	
	13	6	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 22 uR/hr — Location Description: 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"				
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
79.66 kV	77.37	77.83	81.03
-78.74 kV	-77.37	-75.99	-78.74
494.42 mA	480.69 mA	476.11 mA	489.85 mA

.84 mR

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

[redacted]

SURVEYOR'S SIGNATURE

[redacted]

DATE OF SURVEY AND INSPECTION

1/2/10

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