

**Rapiscan  
Secure 1000 Single Pose**



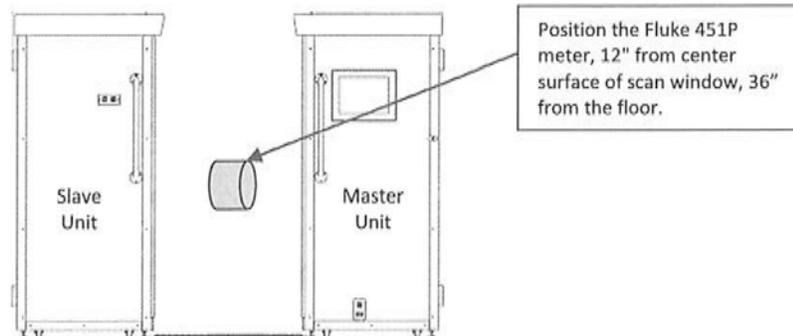
|   |  |
|---|--|
| 1. Rapiscan Systems Test Procedure Used:<br><br>Rapiscan Systems: <u>WI-0136-2</u>  | 2. System Serial No.<br><br><u>S50948004</u>       |
| 3. Radiation Measuring Instrument:<br>Model: <u>FLUKE 451P</u><br>Serial No: <u>0000000582</u><br><br>Calibration Due Date: <u>9/1/11</u> | 4. Background Radiation Reading:<br><u>5 μR/hr</u> |

**1. IN BEAM RADIATION EXPOSURE MEASUREMENT:**

*Survey Table 1*

| Column 1   | Column 2               | Column 3   | Column 4                       | Column 5 =<br>Column 4 ÷ 10         | Column 6   |
|--|------------------------|------------|--------------------------------|-------------------------------------|--|
| Measurement Location                             | Survey Height (inches) | # of scans | Total Integrated Exposure (μR) | Total Integrated Exposure (μR/scan) | Administrative Integrated Exposure Limit (μR/scan) |
| 12" from center of the scan window (Master Unit) | 36                     | 10         | 19                             | 1.9                                 | 5 μR/scan  |
| 12" from center of the scan window (Slave Unit)  | 36                     | 10         | 20                             | 2                                   | 5 μR/scan  |

Any Value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 6 shall be reported to the Service Program Manager prior to placing the system into operation



Side View

System Serial#: S50948004

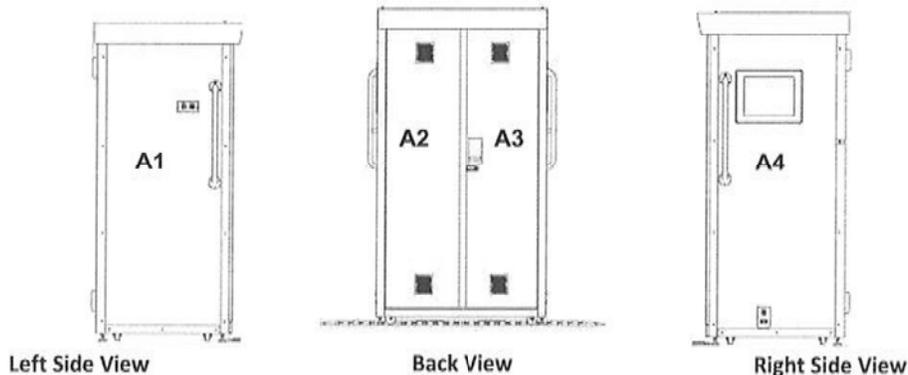
**2. RADIATION LEAKAGE MEASUREMENT:**

*Survey Table 2*

**Master Unit**

| Column 1   | Column 2               | Column 3   | Column 4                       | Column 5  |
|--|------------------------|------------|--------------------------------|---|
| Measurement Location<br>(center of the active unit external surface) | Survey Height (inches) | # of scans | Total Integrated Exposure (μR) | Administrative Integrated Exposure Limit (μR in 10 scans) |
| A1   | 36                     | 10         | 0                              | 2 μR  |
| A2   | 36                     | 10         | 0                              | 2 μR  |
| A3   | 36                     | 10         | 0                              | 2 μR  |
| A4   | 36                     | 10         | 0                              | 2 μR  |

Any Value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 5 shall be reported to the Service Program Manager prior to placing the system into operation



**Slave Unit**

| Column 1   | Column 2               | Column 3   | Column 4                       | Column 5  |
|--|------------------------|------------|--------------------------------|---|
| Measurement Location<br>(center of the active unit external surface) | Survey Height (inches) | # of scans | Total Integrated Exposure (μR) | Administrative Integrated Exposure Limit (μR in 10 scans) |
| A1   | 36                     | 10         | 0                              | 2 μR  |
| A2   | 36                     | 10         | 0                              | 2 μR  |
| A3   | 36                     | 10         | 0                              | 2 μR  |
| A4   | 36                     | 10         | 0                              | 2 μR  |

Any Value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 5 shall be reported to the Service Program Manager prior to placing the system into operation

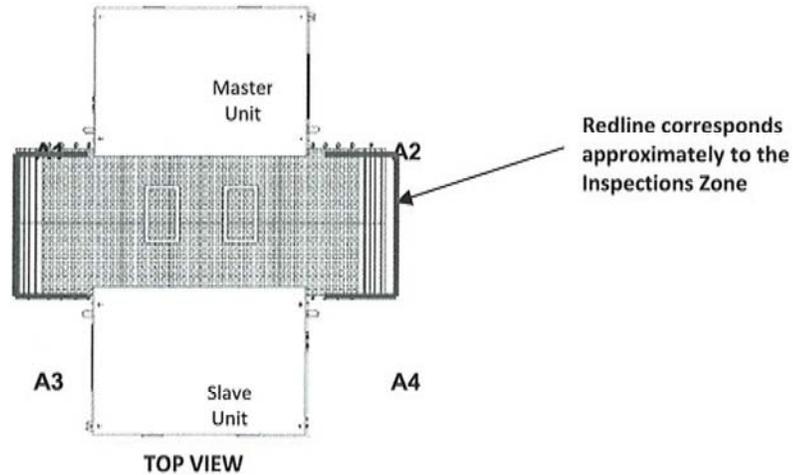
System Serial#: S50948004

**3. INSPECTION ZONE BOUNDARY RADIATION DOSE MEASUREMENT:**

*Survey Table 3*

| Column 1  | Column 2               | Column 3   | Column 4                             | Column 5  |
|---|------------------------|------------|--------------------------------------|---|
| Measurement Location                              | Survey Height (inches) | # of scans | Total Integrated Exposure ( $\mu$ R) | Administrative Integrated Exposure Limit ( $\mu$ R in 10 scans) |
| A1 (12" from edge of the master unit scan window) | 36                     | 10         | 0                                    | 2 $\mu$ R   |
| A2 (12" from edge of the master unit scan window) | 36                     | 10         | 0                                    | 2 $\mu$ R   |
| A3 (12" from edge of the slave unit scan window)  | 36                     | 10         | 0                                    | 2 $\mu$ R   |
| A4 (12" from edge of the slave unit scan window)  | 36                     | 10         | 0                                    | 2 $\mu$ R   |

Any value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 5 shall be reported to the Service Program Manager prior to placing the system into operation



**NOTICE:** Results that are within the Administrative Integrated Exposure Limits as indicated in Table 1, 2 and 3 (above) will assure that this system meets all applicable ANSI 43.17, 2009, standards with respect to limits for Reference Effective Dose and x-ray leakage.

| Service Provider Signature is REQUIRED prior to placing the system into operation                   |                          |                     |
|---|--------------------------|---------------------|
| Field Service Technician (FST)<br>(Print First Name, Last Name):<br>[Redacted]                      | Signature:<br>[Redacted] | Date:<br>3 Mar 2011 |
| Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation |                          |                     |
| Service Program Manager Review<br>(Print First Name, Last Name):<br>[Redacted]                      | Signature:<br>[Redacted] | Date:<br>3/4/2011   |
| Radiation Safety Officer Review<br>(Print First Name, Last Name):<br>[Redacted]                     | Signature:<br>[Redacted] | Date:<br>3/6/2011   |