

**Rapiscan  
Secure 1000 Single Pose**



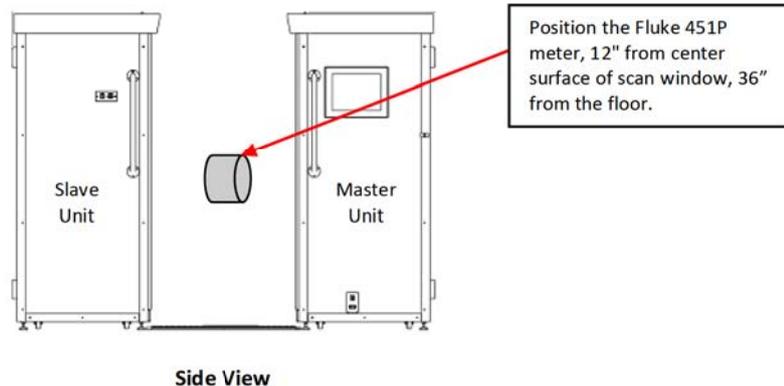
1. Rapiscan Systems Test Procedure Used:  Rapiscan Systems: <u>WI-0136-2</u>	2. System Serial No.  <u>S50950003</u>
3. Radiation Measuring Instrument: Model: <u>FLUKE 451P</u> Serial No: <u>0536</u>  Calibration Due Date: <u>3/12/11</u>	4. Background Radiation Reading: <u>10 μR/hr</u>

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

*Survey Table 1*

Column 1	Column 2	Column 3	Column 4	Column 5 = Column 4 ÷ 10	Column 6
Measurement Location	Survey Height (inches)	# of scans	Total Integrated Exposure (μR in 10 scans)	Total Integrated Exposure (μR/scan)	Administrative Integrated Exposure Limit (μR/scan)
12" from center of the scan window (Master Unit)	36	10	16	1.6	<b>5 μR/scan</b>
12" from center of the scan window (Slave Unit)	36	10	19	1.9	<b>5 μR/scan</b>

**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**



System Serial#: S50950003

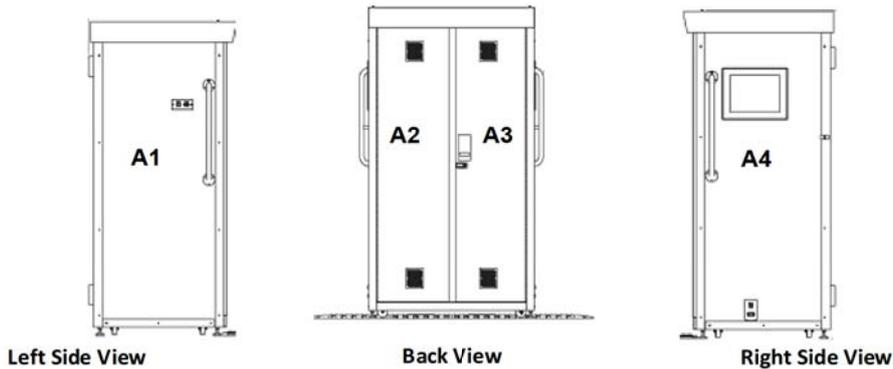
**2. RADIATION LEAKAGE MEASUREMENT:**

*Survey Table 2*

**Master Unit**

Column 1	Column 2	Column 3	Column 4	Column 5
Measurement Location (center of the active unit external surface)	Survey Height (inches)	# of scans	Total Integrated Exposure (μR in 10 scans)	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 (center of the active unit external surface)	Survey Height (inches)	# of scans	Total Integrated Exposure (μR in 10 scans)	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**



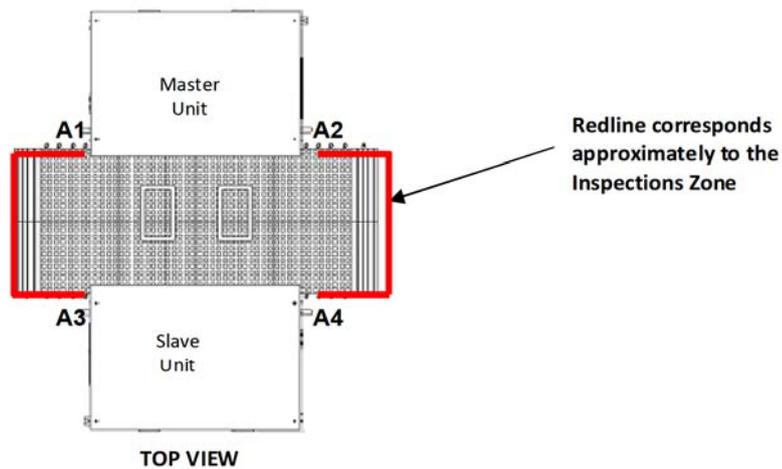
System Serial#: S50950003

**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 in 10 scans)	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) (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/4/2011
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**Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation**

Service Program Manager Review (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/5/2011
Radiation Safety Officer Review (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/8/2011