

**Rapiscan
Secure 1000 Single Pose**



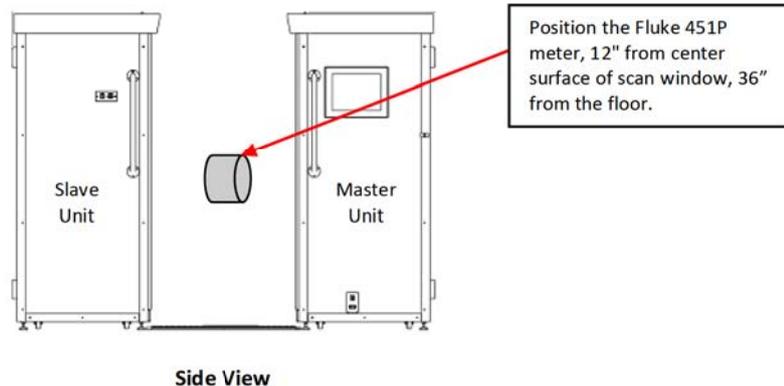
| | |
|--|---|
| 1. Rapiscan Systems Test Procedure Used: Rapiscan Systems: <u>WI-0136-2</u> | 2. System Serial No. <u>S50950005</u> |
| 3. Radiation Measuring Instrument: Model: <u>FLUKE 451P</u> Serial No: <u>0536</u> Calibration Due Date: <u>3/12/11</u> | 4. Background Radiation Reading: <u>12 μR/hr</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 | 5 μR/scan |
| 12" from center of the scan window (Slave Unit) | 36 | 10 | 14 | 1.4 | 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



System Serial#: S50950005

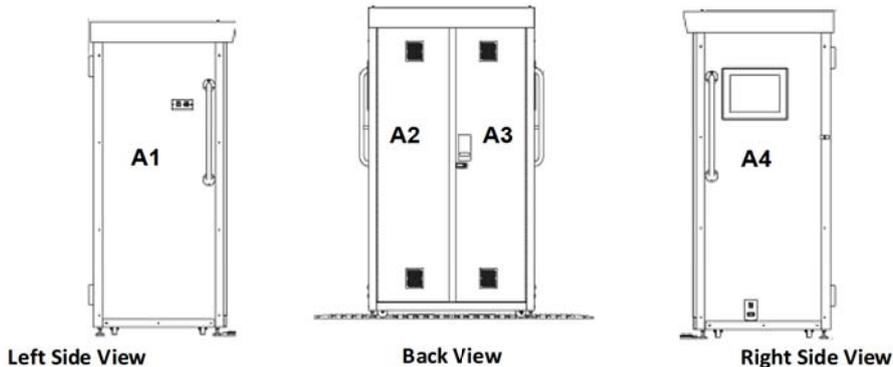
2. RADIATION LEAKAGE MEASUREMENT:

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 (μ R in 10 scans) | Administrative Integrated Exposure Limit (μ R in 10 scans) |
| A1 | 36 | 10 | 0 | 2 μ R |
| A2 | 36 | 10 | 0 | 2 μ R |
| A3 | 36 | 10 | 0 | 2 μ R |
| A4 | 36 | 10 | 0 | 2 μ 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



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 (μ R in 10 scans) | Administrative Integrated Exposure Limit (μ R in 10 scans) |
| A1 | 36 | 10 | 0 | 2 μ R |
| A2 | 36 | 10 | 0 | 2 μ R |
| A3 | 36 | 10 | 0 | 2 μ R |
| A4 | 36 | 10 | 0 | 2 μ 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

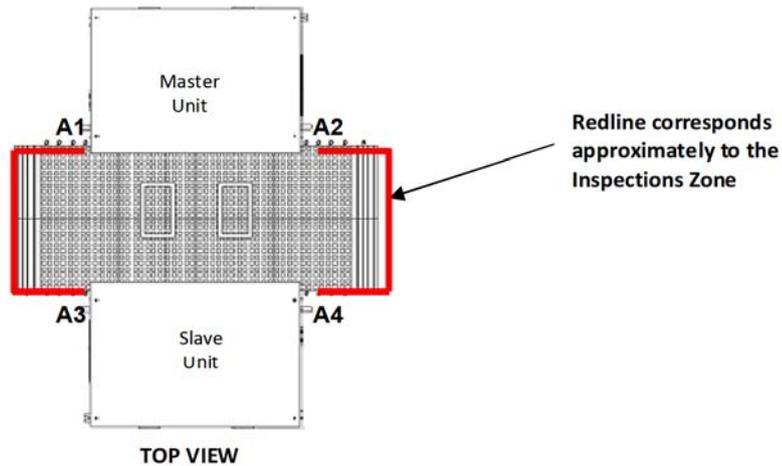
System Serial#: S50950005

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 (μ R in 10 scans) | Administrative Integrated Exposure Limit (μ R in 10 scans) |
| A1 (12" from edge of the master unit scan window) | 36 | 10 | 0 | 2 μ R |
| A2 (12" from edge of the master unit scan window) | 36 | 10 | 0 | 2 μ R |
| A3 (12" from edge of the slave unit scan window) | 36 | 10 | 0 | 2 μ R |
| A4 (12" from edge of the slave unit scan window) | 36 | 10 | 0 | 2 μ 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 |
| 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 |