Rapiscan
Secure 1000 Single

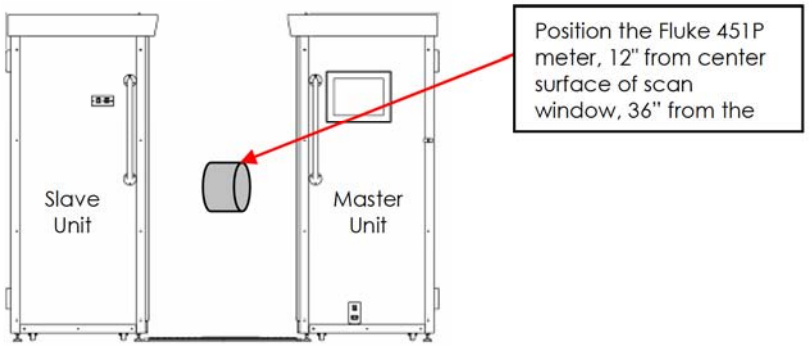
1. IN BEAM RADIATION EXPOSURE MEASUREMENT:

1. Rapiscan Systems Test Procedure Used: Rapiscan Systems: WI-0136-2	2. System Serial No. S51002002
3. Radiation Measuring Instrument: Model: FLUKE 451P Serial No: 0455 Calibration Due Date: 1.11.2012	4. Background Radiation Reading: 10 µR/hr

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	19	1.9	**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#: S51002002

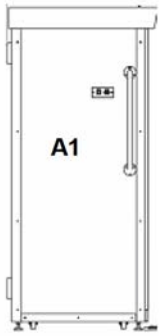
2. RADIATION LEAKAGE MEASUREMENT:

Survey Table 2

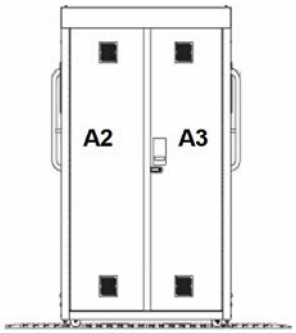
Master Unit

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**

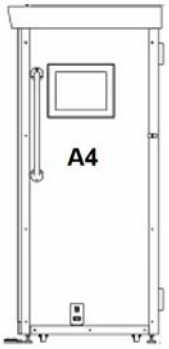
Any Value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 5 shall be reported to the Service Program Manager prior to placing the system into operation



Left Side View



Back View



Right Side View

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

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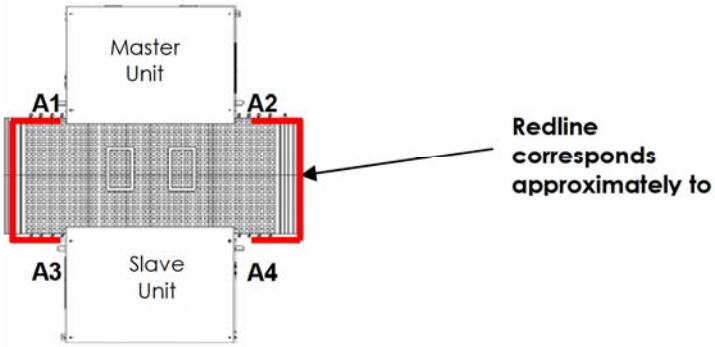
3. INSPECTION ZONE BOUNDARY RADIATION DOSE MEASUREMENT:

Survey Table 3

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



TOP VIEW

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]	Date: 3/22/2011

Signature: [redacted]

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]	Date: 3/23/2011

[redacted]

Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation	
Radiation Safety Officer Review (Print First Name, Last Name): [redacted]	Date: 3/23/2011

Signature:

[redacted]