

# Rapiscan Secure 1000 Single



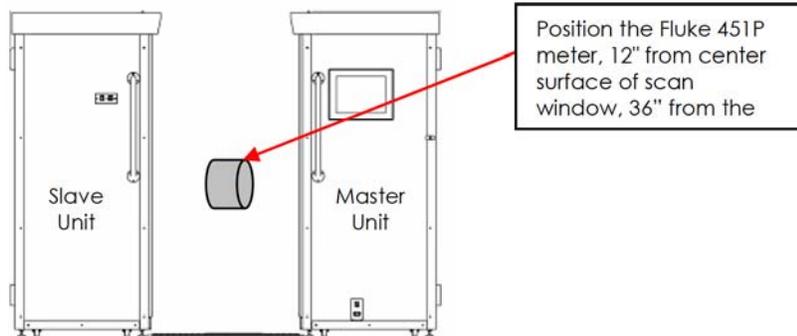
## 1. IN BEAM RADIATION EXPOSURE MEASUREMENT:

1. Rapiscan Systems Test Procedure Used:  Rapiscan Systems: WI-0136-2	2. System Serial No.  <u>S51006007</u>
3. Radiation Measuring Instrument: Model: FLUKE 451P Serial No: 0807  Calibration Due Date: <u>6.18.2011</u>	4. Background Radiation Reading:  <u>9 μR/hr</u>

**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	20	2.0	<b>5 μR/scan</b>
12" from center of the scan window (Slave Unit)	36	10	22	2.2	<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**



Side View

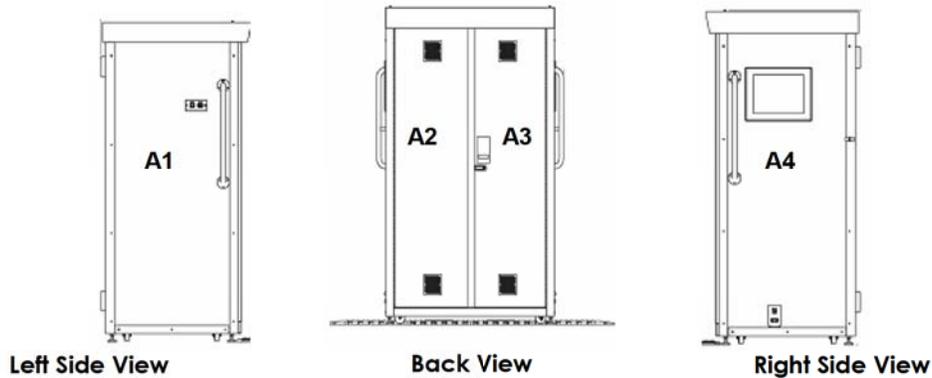
2. RADIATION LEAKAGE MEASUREMENT:

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 ( $\mu$ R in 10 scans)	Administrative Integrated Exposure Limit ( $\mu$ R in 10 scans)
A1	36	10	0	2 $\mu$ R
A2	36	10	0	2 $\mu$ R
A3	36	10	0	2 $\mu$ R
A4	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



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 ( $\mu$ R in 10 scans)	Administrative Integrated Exposure Limit ( $\mu$ R in 10 scans)
A1	36	10	0	2 $\mu$ R
A2	36	10	0	2 $\mu$ R
A3	36	10	0	2 $\mu$ R

A4	36	10	0	2 $\mu$ R
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**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**

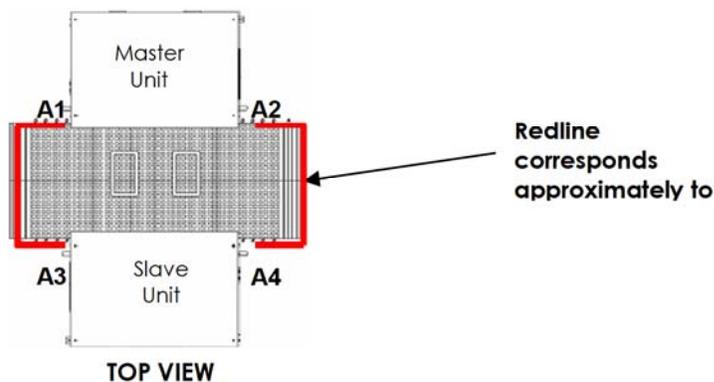
System Serial#: S51006007

**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]	Date: 3/20/2011
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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]	Date: 3/21/2011
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[REDACTED]

**S [REDACTED] ve 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
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**Signature:**

[REDACTED]

[REDACTED]