

**Rapiscan  
Secure 1000 Single Pose**



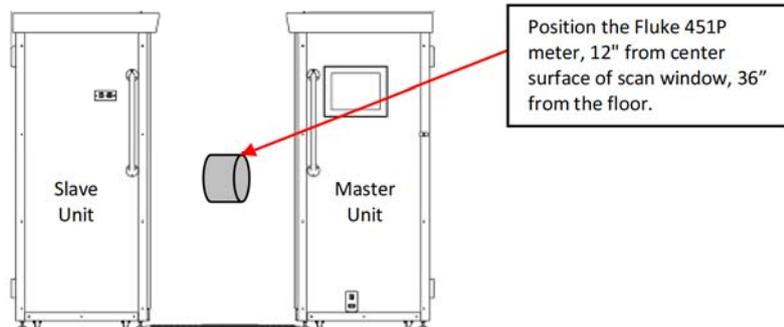
1. Rapiscan Systems Test Procedure Used:  Rapiscan Systems: <u>WI-0136-2</u>	2. System Serial No.  <u>S51010002</u>
3. Radiation Measuring Instrument: Model: <u>FLUKE 451P</u> Serial No: <u>0682</u>  Calibration Due Date: <u>8/19/11</u>	4. Background Radiation Reading: <u>5 μR/hr</u>

**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	15	1.5	<b>5 μR/scan</b>
12" from center of the scan window (Slave Unit)	36	10	13	1.3	<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

System Serial#: S51010002

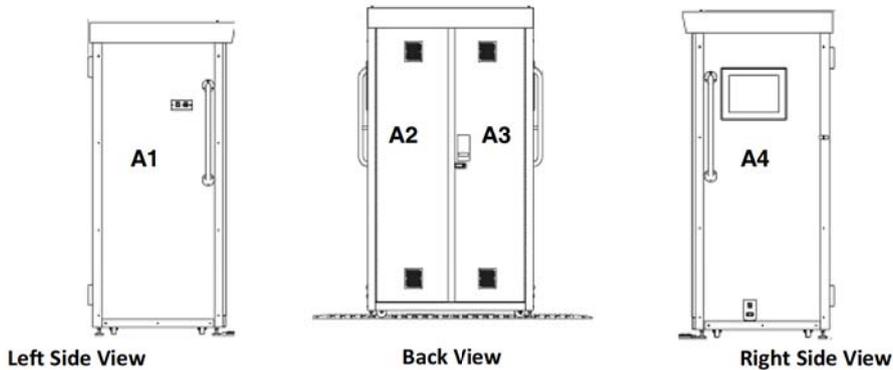
**2. RADIATION LEAKAGE MEASUREMENT:**

*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**

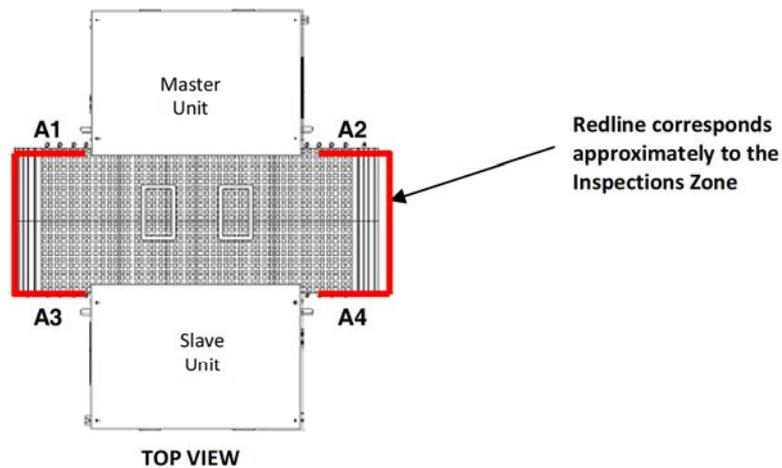
System Serial#: S51010002

**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 ( $\mu\text{R}$ in 10 scans)	Administrative Integrated Exposure Limit ( $\mu\text{R}$ in 10 scans)
A1 (12" from edge of the master unit scan window)	36	10	0	2 $\mu\text{R}$
A2 (12" from edge of the master unit scan window)	36	10	0	2 $\mu\text{R}$
A3 (12" from edge of the slave unit scan window)	36	10	0	2 $\mu\text{R}$
A4 (12" from edge of the slave unit scan window)	36	10	0	2 $\mu\text{R}$

**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: 3/9/2011
<b>Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation</b>		
Service Program Manager Review (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/9/2011
Radiation Safety Officer Review (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/10/2011