

**Rapiscan
Secure 1000 Single Pose**



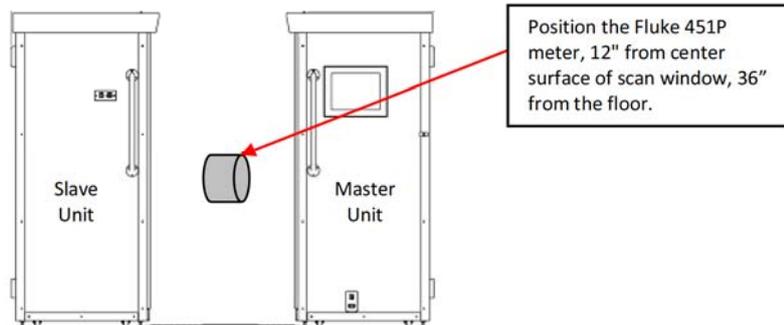
1. Rapiscan Systems Test Procedure Used: Rapiscan Systems: <u>WI-0136-2</u>	2. System Serial No. <u>S51010003</u>
3. Radiation Measuring Instrument: Model: <u>FLUKE 451P</u> Serial No: <u>0573</u> Calibration Due Date: <u>10/21/11</u>	4. Background Radiation Reading: <u>7 μR/hr</u>

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	18	1.8	5 μR/scan
12" from center of the scan window (Slave Unit)	36	10	23	2.3	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#: S51010003

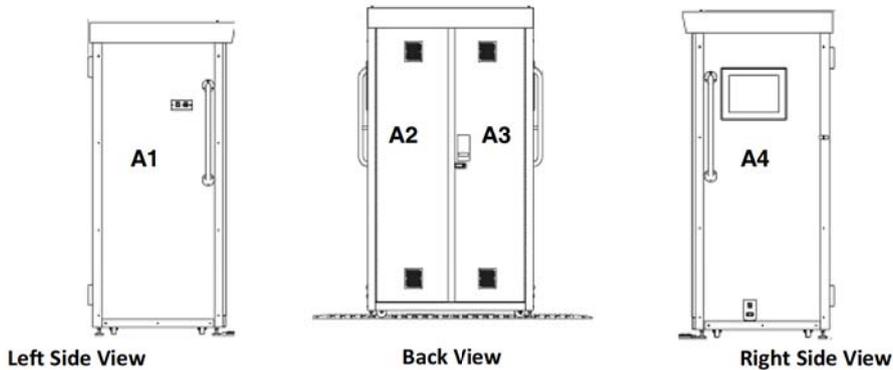
2. RADIATION LEAKAGE MEASUREMENT:

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



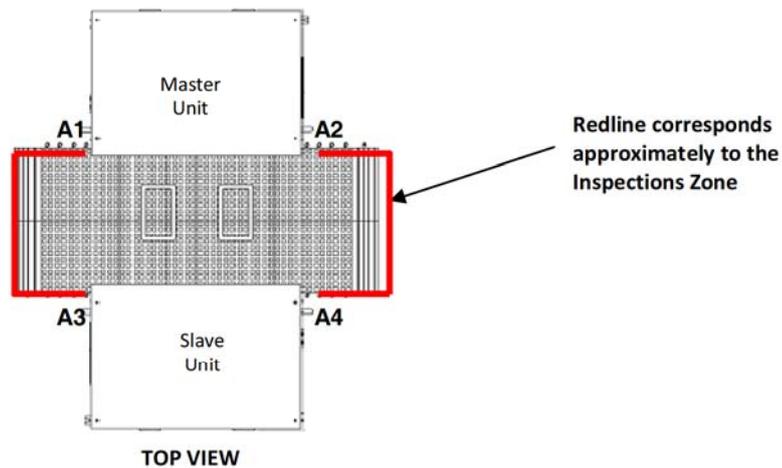
System Serial#: S51010003

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



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: 3/8/2011
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: 3/9/2011
Radiation Safety Officer Review (Print First Name, Last Name): [Redacted]	Signature: [Redacted]	Date: 3/14/2011