Rapiscan Systems An OSI Systems Company	Secure 1000 Single Pose Radiation Emission Measurement	FORM R-0646-2 (Single Pose)

Rapiscan
Secure 1000 Single Pose

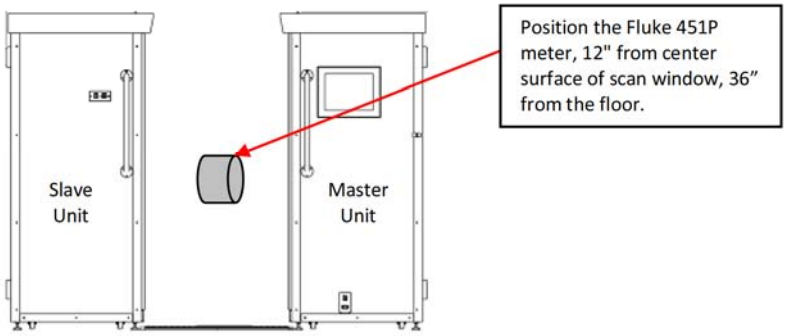
1. Rapiscan Systems Test Procedure Used: Rapiscan Systems: WI-0136-2	2. System Serial No. S51013009
3. Radiation Measuring Instrument: Model: FLUKE 451P Serial No: 0573 Calibration Due Date: 10/21/11	4. Background Radiation Reading: 8 µR/hr

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	27	2.7	**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#: S51013009

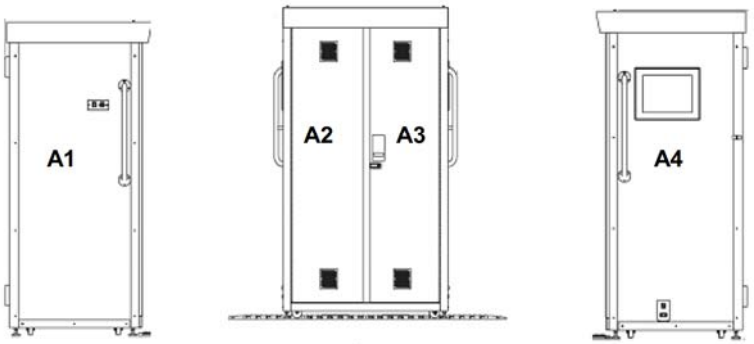
2. RADIATION LEAKAGE MEASUREMENT:

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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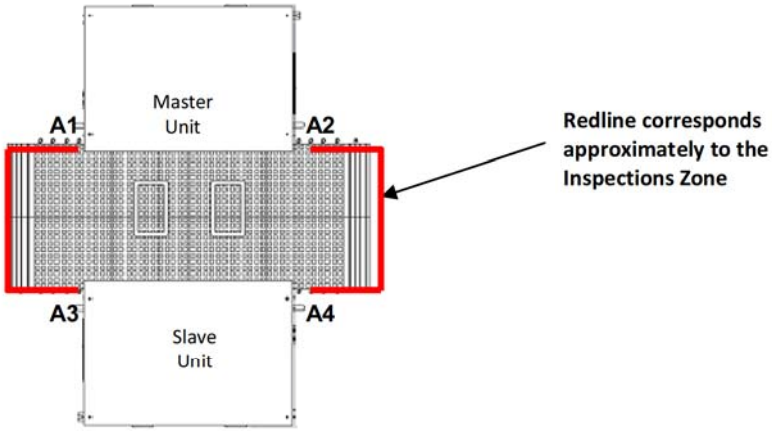
3. INSPECTION ZONE BOUNDARY RADIATION DOSE MEASUREMENT:

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]	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