# Rapiscan
# Secure 1000 Single Pose

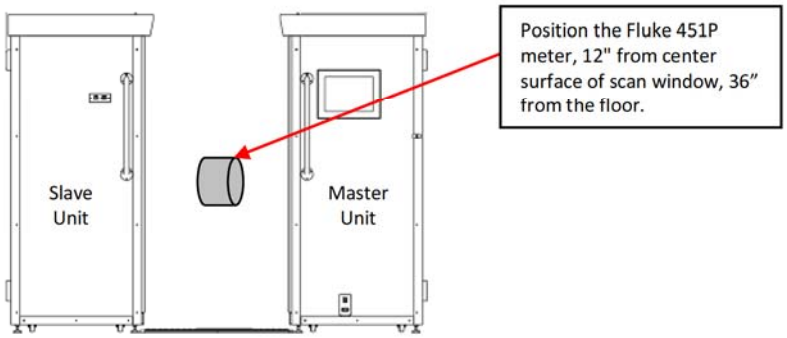
## 1. IN BEAM RADIATION EXPOSURE MEASUREMENT:

| | |
|---|---|
| 1. Rapiscan Systems Test Procedure Used:<br><br>Rapiscan Systems: WI-0136-2 | 2. System Serial No.<br><br>S51030007 |
| 3. Radiation Measuring Instrument:<br>Model: FLUKE 451P<br>Serial No: 6388<br><br>Calibration Due Date: 1/10/2012 | 4. Background Radiation Reading:<br>9 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 | 17 | 1.7 | **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#:** S51030007

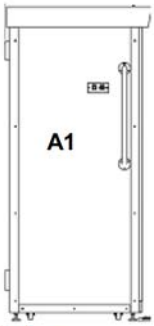
## 2. RADIATION LEAKAGE MEASUREMENT:

***Survey Table 2***

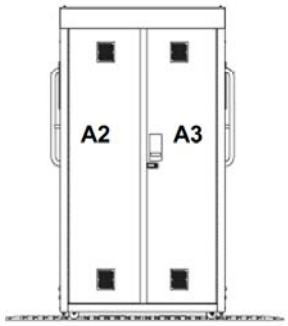
**Master Unit**

| 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** |

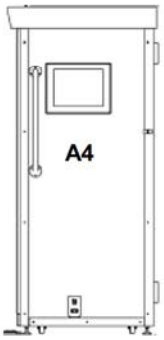
**Any Value which exceeds the Rapiscan Administrative Exposure Limit shown in Column 5 shall be reported to the Service Program Manager prior to placing the system into operation**




**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**

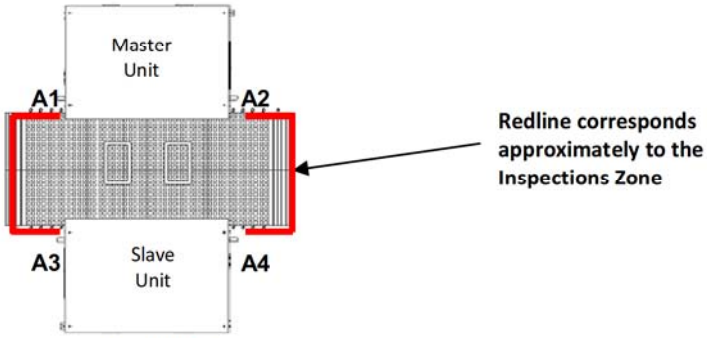
**System Serial#:** S51030007

**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)<br>(Print First Name, Last Name):<br>[redacted] | Date:<br>3/13/2011 |

[redacted]

| Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation | |
|---|---|
| Service Program Manager Review<br>(Print First Name, Last Name):<br>[redacted] | Date:<br>3/14/2011 |

[redacted]

| Signatures below are administrative and are NOT REQUIRED prior to placing the system into operation | |
|---|---|
| Radiation Safety Officer Review<br>(Print First Name, Last Name):<br>[redacted] | Date:<br>3/14/2011 |

**Signature:**
[redacted]