

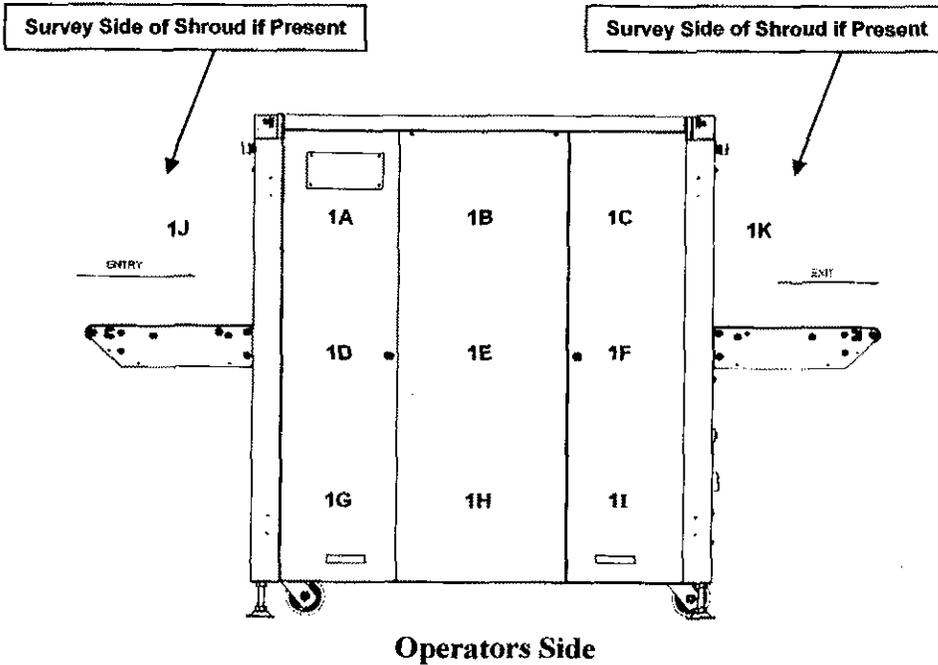
BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09
1. Name of Facility LEHIGH VALLEY INT		3. Street Address 3311 AIRPORT RD		45. RSI W.O.# Deferred W.O.#
4. City ALLENTOWN		5. State or Province Code PA		6. Zip Code 18109
7. Room No. or Other Physical Location of System CHECKPOINT		8. Person Interviewed		9. Telephone Number
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Model: RADEYE Serial No. 0938 Calibration Due Date: 25 Feb 12		10. Fax Number
Manufacturer Rapiscan Systems Inc.		13. System Model No. 620DV 14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. 7090505
16. Date of Manufacture Mo. Yr. Feb 2009		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. X-ray Tube Serial Number(s) 109-13-41 / 109-05-64		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		
27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		28. Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail Or X-ray located in a non-public access area <input type="checkbox"/> Not Required		
Rapiscan Systems Test Procedure Used: Rapiscan Systems WL-0023-4		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: WOOD BLOCK		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail
33. X-Ray Generator Settings KVp 1.007 mA 976		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.		
34.1. Background Radiation: 10 uR/hr		Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.		
34.3 Record All Readings in uR/hr Unless Otherwise Noted Please see model specific diagram (attached)				
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail Description		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Action and/or Recommendations:
39. Surveyor Name (Print: L, F, M) [Redacted]		41. Date of Survey 3-15-11		42. Time of Survey: 11:05
The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent International radiation emission leakage standards.		I received a copy of this Radiation Survey Report and for State inspection. 5/2011		

This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

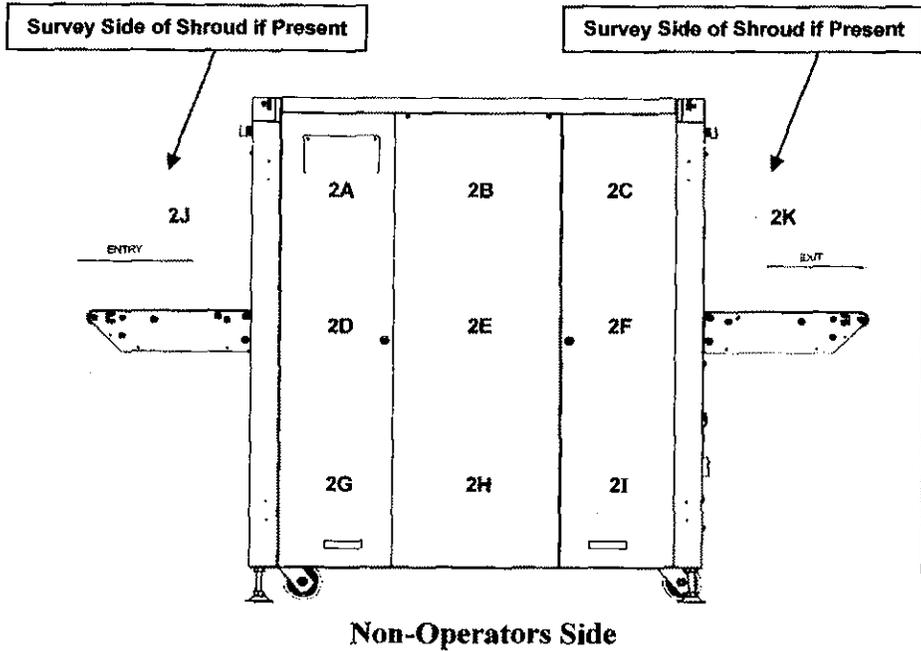
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
 Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: 3-15-11	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input checked="" type="checkbox"/> US <input type="checkbox"/>	Instrument Model No: RadEye S
Time: 11:25	Date of Mfg: Feb 2009	Instrument Serial No: 0938
Background: 10 uR/hr	Serial No: 7090505	Instrument Calibration Due: 25 Feb 12
All Measurements Recorded In: <input type="checkbox"/> uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: 10 8 kVp 1.00 mA Settings: 8 9 kVp 0.76 mA	Description of Scatter Body: (Check One) <input type="checkbox"/> Paper (2 Reams, 500 sheets each) <input checked="" type="checkbox"/> Wood Block (4" x 4" x 12" L) <input type="checkbox"/> Other

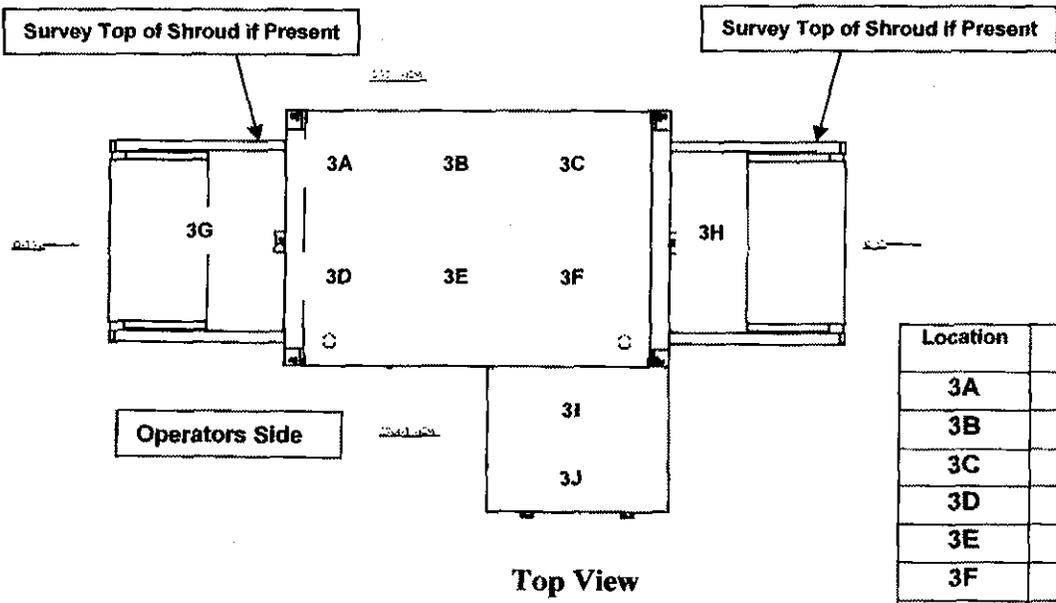


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	5	7
1B	5	7
1C	5	13
1D	5	13
1E	5	1
1F	10	13
1G	5	11
1H	5	10
1I	5	9
1J	5	11
1K	5	8

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



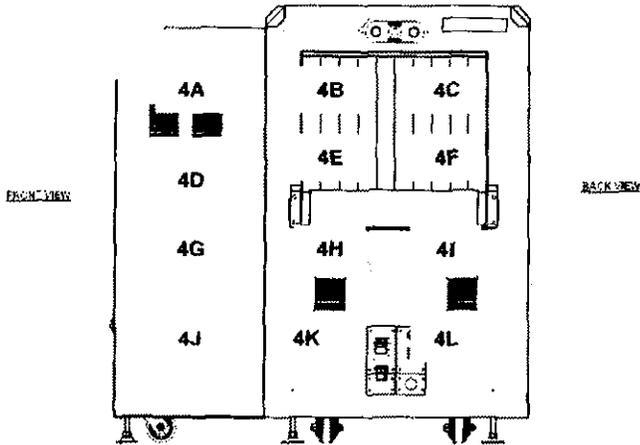
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	29	13
2B	29	13
2C	11	21
2D	11	21
2E	11	21
2F	11	21
2G	11	21
2H	11	21
2I	11	21
2J	29	21
2K	29	21



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	4	0
3B	11	0
3C	11	0
3D	11	13
3E	11	13
3F	11	13
3G	11	21
3H	11	21
3I	11	21
3J	11	21

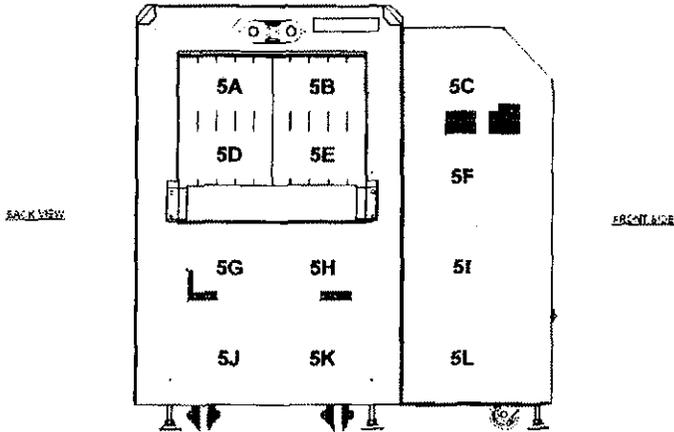
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	13	15
4B	20	20
4C	20	20
4D	20	20
4E	20	20
4F	20	20
4G	10	10
4H	10	10
4I	10	10
4J	33	30
4K	10	10
4L	7	10

ENTRANCE TUNNEL

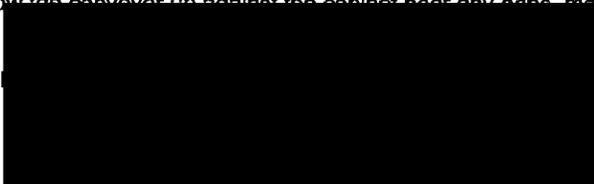


Location	Results NO Scatter Body	Results WITH Scatter Body
5A	30	30
5B	20	20
5C	20	20
5D	20	20
5E	20	20
5F	20	20
5G	20	20
5H	20	20
5I	20	20
5J	20	20
5K	20	20
5L	20	20

Instructions:

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any non-mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED



DATE: 3-15-11