

The information in this report is required by 14 CFR 108.17 & 129.26. Failure to report may result in a civil penalty not to exceed \$1000.00 for each such violation. (Federal Aviation Act of 1958, Section 901)

Department of Transportation Federal Aviation Administration		X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION) <i>(Require by 14 CFR 108.17, 14 CFR 129.26)</i>		FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098		
AA	1.1 Name and Address of Facility	Name of Facility (18.80) Albany International Airport		FDA Region NY	St. No. R.R. or Airline/Airport (10.80) 737 Albany-Shaker Road		
CC	Address of Facility	City (10.73) Albany		State Code NY	Zip Code 12211		
DD	and Specific Location of X-ray System	Room No. or Other Location of System (10.32) Checkpoint Lane #6	Person Interview (33-54) [REDACTED]	Telephone No. [REDACTED]			
01	1.2 Manufacture And Product ID	A. Manufacture (Responsible Firm) Rapiscan Systems		B. OHU46	C. System Model No. and/or Name 520B-TRX		
		D. 115 VAC 60HZ Unique I.D.		E. System Serial No. 7033208			
		F. Date of Manufacture Mo. 08 Yr. 2003		1.4 Operator Instructions Available Yes		1.5 Maintenance Schedule Available NA	
		2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" Yes		2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" Yes		2.3 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") Yes	
02	2.0 Warning Labels Indicators	2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel Yes		3.0 Interlocks Yes			
		3.1 "Captured Key" Control Yes		3.2 Door Safety Interlocks			
		A. Minimum Number of Interlocks Visible At Any One Door NA		3.3 Prevention of X-Radiation By Interlocks		A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation NA	
		B. At Least One Interlock Dependent on No Moving Part Except Door NA				B. Use of X-Ray Control Necessary to Resume Operation Following Interruption NA	
03	4.0 Ports and/or Baggage Inspection Systems	4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam No		4.2 Some Part of the Body Can Be Inserted Into the Aperture NO			
		6.0 Baggage Inspection Systems		6.1 Means Provided to Ensure Operator Presence at the Control Area Yes		6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Yes	
		7.0 Leakage Radiation	Specific Test Procedure Used 04	7.1 Scatter Block Description Pelican 1400 Case for 451P Meter			
05	7.2 Technical Factors					140 kVp .700 mA	
	7.3 Location Exposure Levels		Non-Continuously Activated Systems Only Number of Exposures Initiated		Location Exposure Levels		
	.048 mR/hr		Exp		.042 mR/hr exp		
	.044 mR/hr		Exp		.040 mR/hr exp		
	.043 mR/hr		exp		.039 mR/hr exp		
07	.043 mR/hr		exp		.035 mR/hr exp		
	Reasonable Number of Exposures That May Be Initiated in One Hour		OR		Duty Cycle of System Indicated As a Percentage of One Hour 100%		
08	8.0 Additional Information						
09	8.1 124uR						
10	8.2						
11	8.3						
12	8.4						
13	8.5						
13	Surveyor Information	Surveyor Name (10-72) (Print: L, F, MI)		Date of Survey	Surveying Agency Code		
Remarks:							

Siemens Government Services, Inc.

Cabinet X-Ray Unit Radiation Survey Form (non-AT)

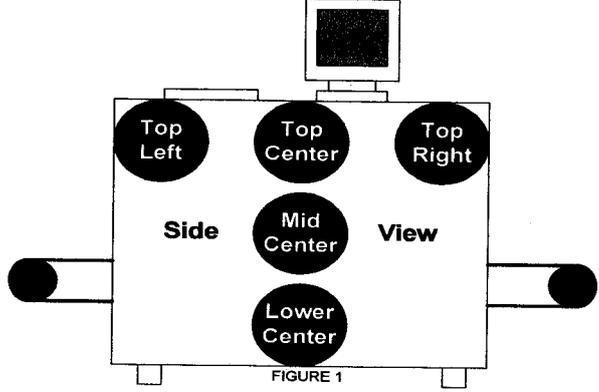
WO#: 3728414

Location: ALB CKPT LN 6 Background Reading: 5 µR/hr

Date: 3/11/11

- 1. Identify Cabinet X-ray Unit and X-ray Generator information:
a. Check appropriate Make/Model box below (if 'Other', record Make and Model on the line provided);
b. Record the X-ray Unit's serial number next to the Make/Model;
c. With the X-rays turned "ON", record the X-ray Generator Voltage (kV) and Anode Current (µA) Readings;
d. Convert Anode Current readings from µA to mA by dividing the µA value by 1000 (example: 100 µA = 0.100 mA);
e. Transfer the Observed Voltage and Converted Anode Current readings to Box 05, Section 7.2 (Technical Factures) of DOE-0014 FAA Form 165-17.

Table with 4 columns: Make / Model, Serial Number, Observed Voltage and Anode Current, Convert Anode Current to mA for FAA form (divide µA by 1000). Includes entries for Smiths Heimann and Rapiscan models.



- 2. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 1 above) on BOTH sides (Left and Right) of the X-ray machine (total of 10 readings):

Note: The Invision 451P Radiation Meter has a default range setting of µR/hr. Meter readings in µR/hr must be converted to mR/hr for this form and DOE-0014 FAA Form 165-17. Conversion: 100 µR/hr = 0.100 mR/hr.

Table for radiation readings with columns for FRONT and BACK, and rows for TOP LEFT, TOP CENTER, TOP RIGHT, MID CENTER, and LOWER CENTER.

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WO#: 3728414
 X-Ray Serial #: 7033208

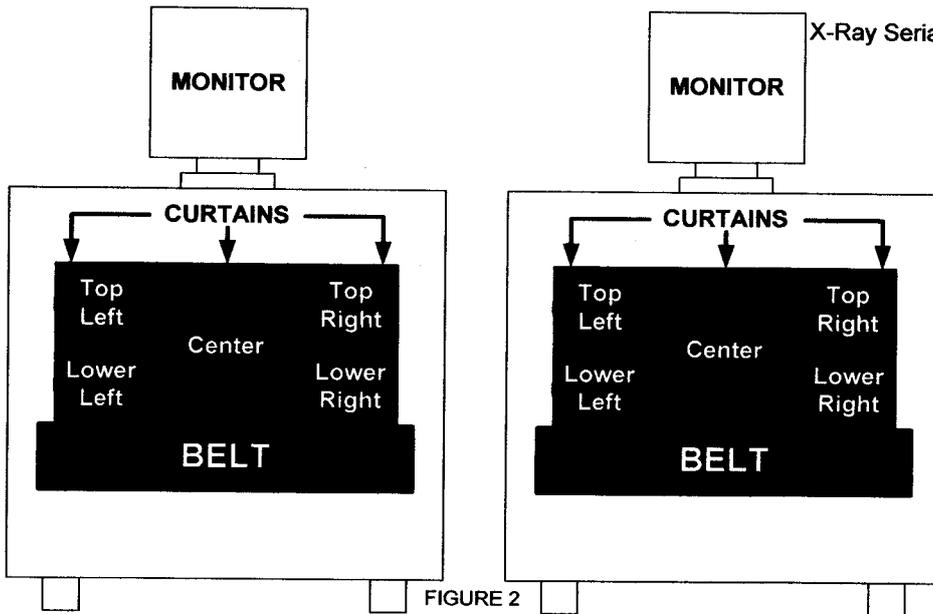


FIGURE 2

3. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 2 above) on **BOTH** sides (ENTRANCE and EXIT) of the X-ray machine (total of 10 readings):

ENTRANCE

EXIT

TOP LEFT	<u>.040</u> mR/hr	TOP LEFT	<u>.031</u> mR/hr
TOP RIGHT	<u>.042</u> mR/hr	TOP RIGHT	<u>.026</u> mR/hr
LOWER LEFT	<u>.036</u> mR/hr	LOWER LEFT	<u>.043</u> mR/hr
LOWER RIGHT	<u>.044</u> mR/hr	LOWER RIGHT	<u>.039</u> mR/hr
CENTER	<u>.048</u> mR/hr	CENTER	<u>.043</u> mR/hr

4. Transfer the **8 highest** readings (out of all 20 readings) to **Box 05, Section 7.3** (Exposure Levels) of DOE0-0014 FAA Form 165-17. Be sure to enter values in mR/hr!! (100 μ R/hr = 0.100 mR/hr).

Note: On all X-Ray equipment, any reading of 0.5 mR/h (= 500 μ R/h) or higher is considered a failure of the Radiation Leak Survey.

5. Perform **Cumulative Exposure Test:**

- Push the MODE button once on the Invision 451P;
- Verify that the meter's scale changes from μ R/h to μ R (Cumulative Mode);
- Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. Record total here: 1.24
- Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
- Record this result in Section 8.1 (Additional Information) of DOE0-0014 FAA Form 165-17.

Survey Performed By (print your name):

Signature:

Date:

3/11/11

Cabinet X-Ray Unit Radiation Survey Form (non-AT)	Version: 6	Effective Date: Apr 2, 2010	Document No.: F-ALL-049	Page: 2 of 2
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