The information in this report is required by 14 CRF 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) (Require by 14 CRF 108.17, 14 CRF 129.26)	FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility (10.80): HARTSFIELD JACKSON	FDA Region: ATL	BR	St. No. R.R. or Airline/Airport (10.80): 1000 Toffie Terrace
CC		City (10.73): ATLANTA		State Code: GA	Zip Code: 30354
DD		Room No. or Other Location of System (10.80): CKECK POINT	[redacted]	[redacted]	
		Certification Label Present: Yes	Instruments: (type and serial number) INOVISION Model: 451P	Serial No. 676	
01	1.2 Manufacture And Product ID	A. Manufacturer (Responsible Firm): Smith Heimann	B. HS	C. System Model No. and/or Name: 75551 HITRAX	
		D. 120VAC 60HZ Unique I.D.	E. System Serial No. 20828		
		F. Date of Manufacture Mo. 04 Yr. 2001	1.4 Operator Instructions Available: Y	1.5 Maintenance Schedule Available: N/A	
	2.0 Warning Labels Indicators	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" Y	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System Is Energized, X-Ray Hazard" Y	2.3 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") Y	
02		2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel Y	3.0 Interlocks	3.1 "Captured Key" Control Y	
	3.2 Door Safety Interlocks	A. Minimum Number of Interlocks Visible At Any One Door N/A	3.3 Prevention of X-Radiation By Interlocks	A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation N/A	
		B. At Least One Interlock Dependent on No Moving Part Except Door N/A		B. Use of X-Ray Control Necessary to Resume Operation Following Interruption N/A	
	4.0 Ports and/or Apertures	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	
	5.0 Baggage Inspection Systems	5.1 Means Provided to Ensure Operator Presence at the Control Area Y		5.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Y	
03	7.0 Leakage Radiation	Specific Test Procedure Used: 04	7.1 Brother Block Description: Pelican CASE for INOVISION		
05	7.2 Technical Factors	140 KVp	~~[illegible]~~ .499 mA [redacted]		

7.3 Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated		Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated
.023	mR/hr	Exp	06	.034	mR/hr	exp
.036	mR/hr	Exp		.013	mR/hr	exp
.048	mR/hr	exp		.033	mR/hr	exp
.036	mR/hr	exp		.013	mR/hr	exp

07	Reasonable Number of Exposures That May Be Initiated In One Hour	OR	Duty Cycle of System Initiated As a Percentage of One Hour	100%
08	8.0 Additional Information 8.1 129 u r			
09	8.2			
10	8.3			
11	8.4			
12	8.5			
13	Surveyor Information [redacted]	[redacted]	Date of Survey 3-7-2011	Surveying Agency Code

Remarks:

FAA Form 185-17 (8-81)

FAA HQ

SGS Document# DOEO-0014, Rev. Jun 81

RLS

SIEMENS

Siemens Government Services, Inc.

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

WO#: 3761919

Location: Midfield Support Background Reading: 6 µR/hr Date: 3-7-2011

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 DOEO-0014 FAA Form 165-17.

Make / Model	Serial Number	Observed Voltage and Anode Current	Convert Anode Current to mA for FAA form (divide µA by 1000)
☐ Smiths Heimann 5030s	s/n_____	+_____kV, -_____kV,_____µA	_____mA
☐ Smiths Heimann 6040i	s/n_____	+_____kV, -_____kV,_____µA	_____mA
☑ Smiths Heimann 7555i	s/n 20828	+ 67.8 kV, - 69.8 kV, 499 µA	.499 mA
☐ Rapiscan 519	s/n_____	_____kV, _____µA	_____mA
☐ Rapiscan 520B	s/n_____	_____kV, _____µA	_____mA
☐ Rapiscan 522B	s/n_____	_____kV, _____µA	_____mA
☐ Other _____	s/n_____	_____kV, _____µA	_____mA

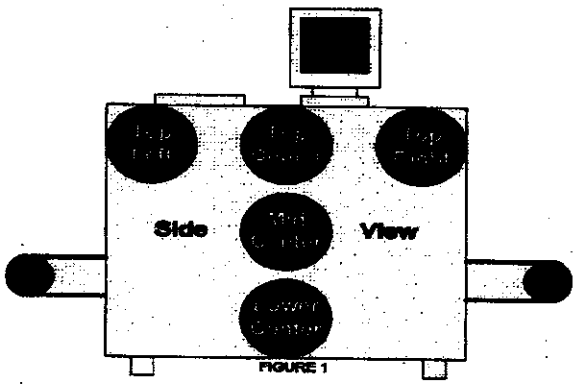

FIGURE 1

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 Inovision 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 DOEO-0014 FAA Form 165-17.
Conversion: 100 µR/hr = 0.100 mR/hr.

FRONT			BACK		
TOP LEFT	.013	mR/hr	TOP LEFT	.033	mR/hr
TOP CENTER	.007	mR/hr	TOP CENTER	.025	mR/hr
TOP RIGHT	.006	mR/hr	TOP RIGHT	.048	mR/hr
MID CENTER	.005	mR/hr	MID CENTER	.036	mR/hr
LOWER CENTER	.012	mR/hr	LOWER CENTER	.039	mR/hr

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SIEMENS

Siemens Government Services, Inc.

WO#: 3761919

X-Ray Serial #: 20828

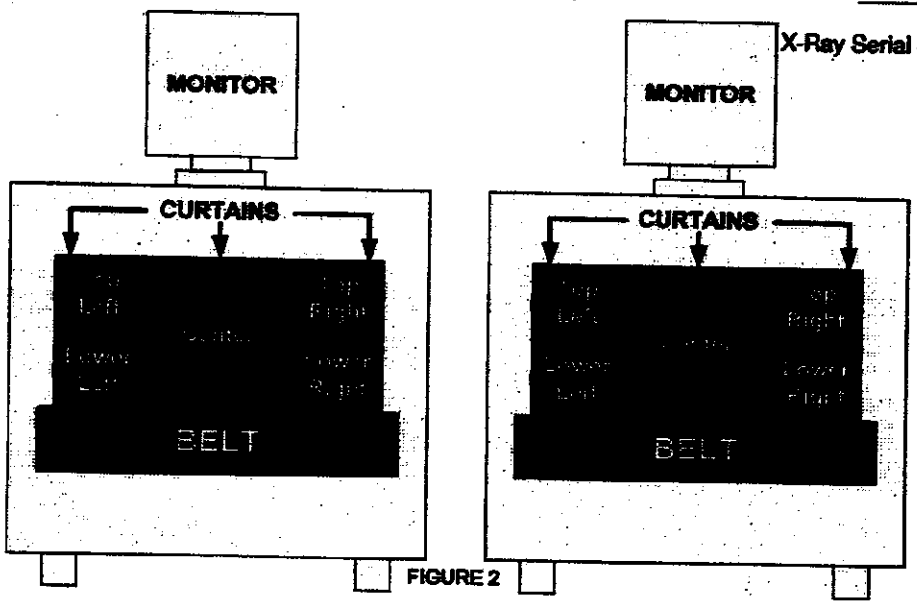

FIGURE 2

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	.017	mR/hr	TOP LEFT	.005	mR/hr
TOP RIGHT	.008	mR/hr	TOP RIGHT	.006	mR/hr
LOWER LEFT	.016	mR/hr	LOWER LEFT	.008	mR/hr
LOWER RIGHT	.023	mR/hr	LOWER RIGHT	.010	mR/hr
CENTER	.096	mR/hr	CENTER	.013	mR/hr

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

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

5. Perform **Cumulative Exposure Test:**
   a. Push the MODE button once on the Inovision 451P;
   b. Verify that the meter's scale changes from µR/h to µR (Cumulative Mode);
   c. Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. **Record total here:** 1290
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection;**
   e. Record this result in Section [redacted]A Form 165-17.

Survey Performed By (print your name) [redacted]

Signature: [redacted] **Date:** 3-7-2011

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

[redacted]

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