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 / CC / DD — Facility and Specific Location of X-ray System

1.1 Name and Address of Facility	Name of Facility (18.80): Austin Bergstrom International Blvd	FDA Region: TX	BB St. No. R.R. or Airline/Airport (10.80): 3600 Presidential Blvd	
	City (10.73): Austin		State Code: TX	Zip Code: 78719
and Specific Location of X-ray System	Room No. or Other Location of System (10.32): Check Point 1 Lane 3	Person Interview (32.54): [redacted]	Telephone No.: [redacted]	
	Certification Label Present: Yes	Instrument: (Type and Serial Number) Model: RadEye	Serial No. 0286	

01 — Manufacture and Product ID

1.2 Manufacture and Product ID	A. Manufacture (Responsible Firm): Rapiscan	B. CHV46	C. System Model No. and/or Name: 520B
	D. 115VAC Unique I.D. 60Hz	E. System Serial No. 7075209	
	F. Date of Manufacture Mo. 12 Yr. 2007	1.4 Operator Instructions Available: Yes	1.5 Maintenance Schedule Available: ~~Yes~~ [redacted]

02 — Interlocks, Indicators, Door Safety

2.0 Warning Labels / Indicators	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
	2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel: Yes	3.0 Interlocks	3.1 "Captured Key" Control: Yes
3.2 Door Safety Inter-Locks	A. Minimum Number of Interlocks Visible At Any One Door: N/A	3.3 Prevention of X-Radiation By Inter-locks	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

03

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
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: Tool Case

05 / 06

7.2 Technical Factures: 140 kVp .700 mA

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
.132 mR/hr	Exp	.105 mR/hr	exp
.117 mR/hr	Exp	.089 mR/hr	exp
.112 mR/hr	exp	.088 mR/hr	exp
.110 mR/hr	exp	.076 mR/hr	exp

07

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 / 09 / 10 / 11 / 12

8.0 Additional Information

8.1 Dosage Per Inspection ~~444 mR/h~~ [redacted] 44.4 µR

8.2

8.3

8.4

8.5

13

Surveyor Information	Date of Survey	Surveying Agency Code
[redacted]	3/18/11	

Remarks:

FAA Form 165-17 (6-81)

FAA HQ

SGS Document# DOEO-0014, Rev. Jun 81

SIEMENS

Siemens Government Services, Inc.

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

WO#: 3794280

Location: CP 1 Lane 3 Background Reading: 1 µR/hr Date: 3/18/11

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 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_____	+_____kV, -_____kV,_____ µA	_____mA
☐ Rapiscan **519**	s/n_____	_____kV, _____ µA	_____mA
☑ Rapiscan **520B**	s/n 7075209	140 kV, 700 µA	.700 mA
☐ Rapiscan **522B**	s/n_____	_____kV, _____ µA	_____mA
☐ Other _____	s/n_____	_____kV, _____ µA	_____mA

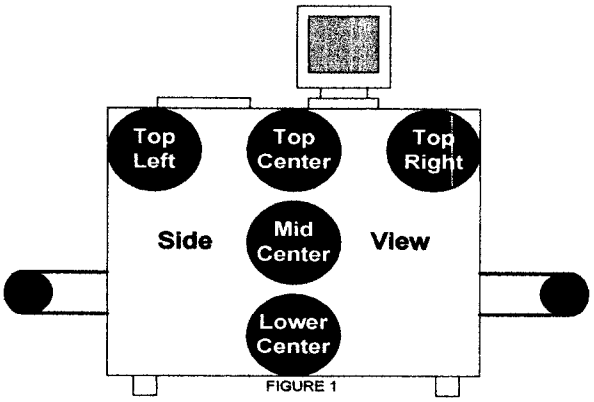

FIGURE 1

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	.011 mR/hr
TOP CENTER	.025 mR/hr	TOP CENTER	.088 mR/hr
TOP RIGHT	.016 mR/hr	TOP RIGHT	.008 mR/hr
MID CENTER	.003 mR/hr	MID CENTER	.005 mR/hr
LOWER CENTER	.008 mR/hr	LOWER CENTER	.004 mR/hr

Printed copies of this document must be verified against the Document Server or Intranet for correct revision level before being used.

SIEMENS

Siemens Government Services, Inc.

WO#: 3794280

X-Ray Serial #: 7075209

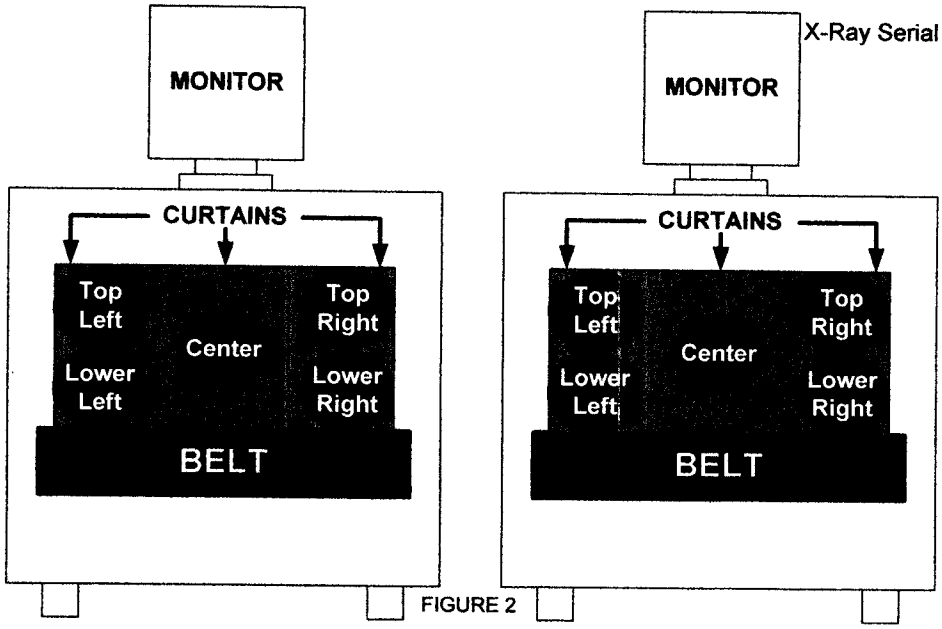

FIGURE 2

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	.088	mR/hr	TOP LEFT	.069	mR/hr
TOP RIGHT	.089	mR/hr	TOP RIGHT	.076	mR/hr
LOWER LEFT	.112	mR/hr	LOWER LEFT	.105	mR/hr
LOWER RIGHT	.117	mR/hr	LOWER RIGHT	.073	mR/hr
CENTER	.132	mR/hr	CENTER	.110	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:** 4.44 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
   e. Record this result in Section 8.1 (Additional Information) of DOEO-0014 FAA Form 165-17.

Survey Performed By (print your name): [redacted]

Signature: [redacted] **Date:** 3/18/11

[redacted]