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 — Name of Facility *(18.80)*: **Boise Airport Gowen Field**; FDA Region: **ID**; **BB** St. No. R.R. or Airline/Airport *(10.80)*: **3201 Airport Way**

CC City *(10.73)*: **Boise**; State Code: **ID**; Zip Code: **83705**

DD and Specific Location of X-ray System — Room No. or Other Location of System *(10.32)*: **Check Point Lane 5**; Person Interview *(33.54)*: [redacted]; Telephone No.: [redacted]

Certification Label Present: **Yes**; Instruments: *(type and serial number)*: **Inovision Model: 451P-RYR Serial No. 516**

01

1.2 Manufacture And Product ID — A. Manufacture *(Responsible Firm)*: **Rapiscan Security Products Inc.**; B. Mfr. Code: **0HU46**; C. System Model No. and/or Name: **TRX 520B**

D. Unique I.D.: **115 VAC 60 Hz**; E. System Serial No.: **70425N10**

F. Date of Manufacture: **Oct 2003**; 1.4 Operator Instructions Available: **YES**; 1.5 Maintenance Schedule Available: **N/A**

02

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**; B. At Least One Interlock Dependent on No Moving Part Except 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. 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**

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**

03

7.0 Leakage Radiation — Specific Test Procedure Used: **04**; 7.1 Scatter Block Description: **Pelican 1400 Case for the Inovision 451P Meter**

7.2 Technical Factures: **140 kVp** **.700 mA**

05 / **06**

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
.017 mR/hr	Exp	.029 mR/hr	Exp
.013 mR/hr	Exp	.041 mR/hr	Exp
.012 mR/hr	Exp	.025 mR/hr	Exp
.009 mR/hr	Exp	.034 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 8.0 Additional Information — 8.1 [redacted] **Dosage per inspection = .076 ~~mR/hr~~** UR 3/15/11

09 8.2

10 8.3

11 8.4

12 8.5

13 Surveyor Information — Surveyor Name *(10-72) (Print: L, F, MI)*: [redacted]; Surveyor Signature: [redacted]; Date of Survey: 3/7/11; Surveying Agency Code: SGS

Remarks: **Siemens Government Services**

FAA Form 165-17 (6-81) FAA HQ

WO# 3768016
RLS APHOC-TSA
BOI

SIEMENS
Government Services, Inc.

Form

Cabinet X-Ray Unit Radiation Survey Form

WO#: 376806

Location: Boz LN 5 Background Reading: 13 µR/hr Date: 3/7/11

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 70425W0	140 kV, 200 µA	.200 mA
☐ Rapiscan **522B**	s/n_____	_____kV, _____ µA	_____mA
☐ Other _____	s/n_____	_____kV, _____ µA	_____mA

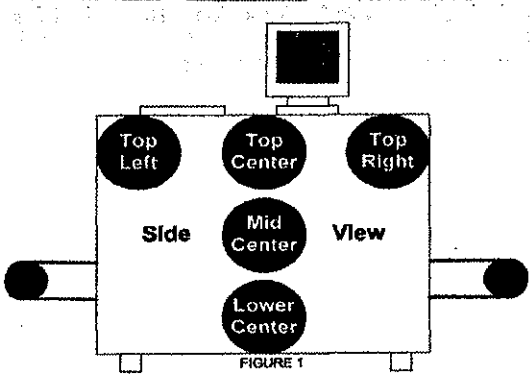

FIGURE 1

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	.009 mR/hr	TOP LEFT	.007 mR/hr
TOP CENTER	.011 mR/hr	TOP CENTER	.007 mR/hr
TOP RIGHT	.011 mR/hr	TOP RIGHT	.012 mR/hr
MID CENTER	.017 mR/hr	MID CENTER	.008 mR/hr
LOWER CENTER	.013 mR/hr	LOWER CENTER	.009 mR/hr

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

SIEMENS
Government Services, Inc.

Form

WO#: 3768016

X-Ray Serial #: 7042,5N10

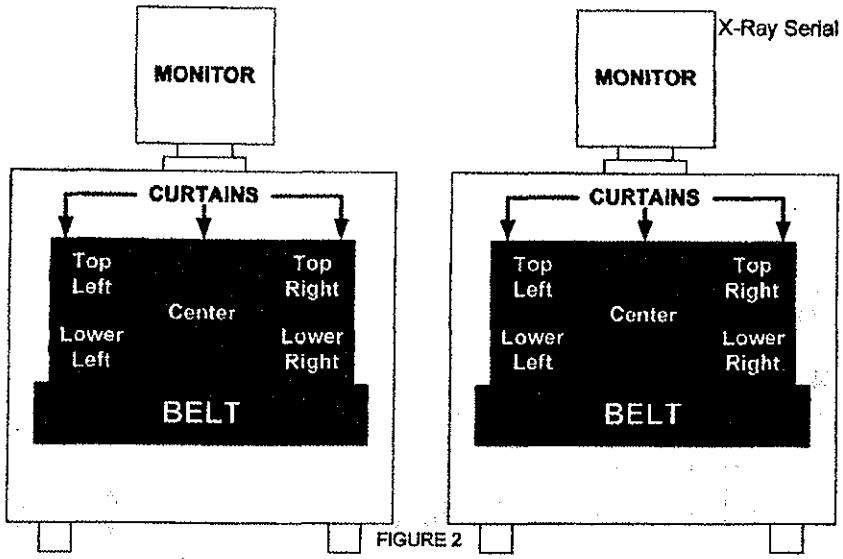

FIGURE 2

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	.024 mR/hr	TOP LEFT	.022 mR/hr
TOP RIGHT	.021 mR/hr	TOP RIGHT	.023 mR/hr
LOWER LEFT	.027 mR/hr	LOWER LEFT	.025 mR/hr
LOWER RIGHT	.029 mR/hr	LOWER RIGHT	.023 mR/hr
CENTER	.041 mR/hr	CENTER	.034 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. Perfonn **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:** .760 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:** 5/7/11