

SECTION	PART I - GENERAL PROCEDURE INFORMATION				
A "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM				
	NAME OF FACILITY <i>Logan International Airport</i>				
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	ADDRESS (Street No., Rural Rt., or Airline and Airport) <i>2 Service Rd</i> <i>Building 11 3rd Floor</i>				
	CITY <i>Boston</i>		STATE <i>MA</i>	ZIP CODE <i>02128</i>	
	ROOM NO. or OTHER LOCATION <i>Term B</i> <i>AA CP Lane 6</i>		CONTACT PERSON [REDACTED]		
	PHONE NO. [REDACTED]		FAX NO. [REDACTED]		
	MANUFACTURER <i>Smiths Detection</i>		MODEL NO. <i>H5 6040 ATIX</i>		
	DATE OF MFR. <i>Oct. 2008</i>		SERIAL NO. <i>80178</i>		
	MFR. CERTIFICATION LABEL ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
B "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM				
	<input checked="" type="checkbox"/> Baggage Inspection <input type="checkbox"/> Special Purpose <input type="checkbox"/> General Purpose <input type="checkbox"/> Other Describe Other:				
C "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)				
	<input type="checkbox"/> State "Notice to Employees" Document Posted <input type="checkbox"/> Operators Instruction Manual on Location <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Certificate of X-ray Machine Registration on Location <input type="checkbox"/> Cabinet X-Ray Machine Maintenance Schedule Available				
D "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION				
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	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 <input type="checkbox"/> NO	
	Two Indicators Labeled "X-Ray ON" Present at Controls			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
E "INTERLOCKS"	INTERLOCK VERIFICATION TEST				
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays			<input type="checkbox"/> YES <input type="checkbox"/> NO <i>N/A</i>	
The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
F "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES				
	Some Part of the Body Can Be Inserted Through A "Port" Into the Primary Beam			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Some Part of the Body Can Be Inserted Through An "Aperture"			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
G "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY				
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description				<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other: _____	
	X-Ray Machine Settings		kV	SEE		Background 5 uR/hr
			mA	Comments		
	Radiation Survey Instrument Used		Make/Model Number	TJouision 451P-RYR		
			Serial Number	468		
			Calibration Date Due	12-22-2011		
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"	Comments
	Pax side Exit	1	12	uR/hr	mR	
	Pax side Exit	2	16	uR/hr	mR	
	Pax side Exit	3	18	uR/hr	mR	
	Pax side Exit	4	62	uR/hr	mR	
	Pax side Exit	5	45	uR/hr	mR	
	Pax side Exit	6	40	uR/hr	mR	
	Ops side view	7	11	uR/hr	mR	
Ops side view	8	10	uR/hr	mR		
Ops side view	9	14	uR/hr	mR		
Pax side view	10	7	uR/hr	mR		
Pax side view	11	14	uR/hr	mR		
Pax side view	12	10	uR/hr	mR		
Top View	13	11	uR/hr	mR		
Highest External Surface Exposure Rate Reading			62 uR/hr	Location Description	Pax side Exit	
All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION					
	Overall Condition of Cabinet X-Ray Unit		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Condition of Lead Curtains		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Other Comments, Recommendations, Corrections, or Problems Encountered					
	Generator <u>A</u>		<u>B</u>		<u>C</u>	
	+ 79.66 kV		+ 77.83 kV		+ 79.20 kV	
	- 79.20 kV		- 75.99 kV		- 79.20 kV	
	Anode .695 mA		.668 mA		.686 mA	
					<u>D</u>	
					+ 76.91 kV	
				- 78.74 kV		
				.677 mA		
Average Internal Dose .86 mR						
SURVEYOR'S NAME (Print: Last, First, Middle Init)			[REDACTED]			
SURVEYOR'S SIGNATURE			[REDACTED]			
DATE OF SURVEY AND INSPECTION			3-10-2011			