

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		Logan Int'l Airport	
	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)		1 Harborside Dr.	
	CITY	STATE	ZIP CODE	
	E. Boston	MA	02128	
	ROOM NO. or OTHER LOCATION	CONTACT PERSON	[REDACTED]	
	PHONE NO.	FAX NO.	[REDACTED]	
	MANUFACTURER	MODEL NO.	6040 ATIX	
	DATE OF MFR.	SERIAL NO.	80188	
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
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <i>Plastic bins</i>			<input checked="" type="checkbox"/> Lucite <input type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other:																										
	X-Ray Machine Settings <i>see notes</i>		kV		Background																									
	Radiation Survey Instrument Used		Make/Model Number	<i>Envision 451P</i>		10 uR/hr																								
			Serial Number	<i>582</i>																										
			Calibration Date Due	<i>9/1/11</i>																										
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"	Comments																								
	<i>Pax side ent</i>	1	<i>6</i>	uR/hr	mR																									
	"	2	<i>11</i>	uR/hr	mR																									
	"	3	<i>6</i>	uR/hr	mR																									
	<i>Pax side exit</i>	4	<i>85</i>	uR/hr	mR																									
	"	5	<i>75</i>	uR/hr	mR																									
	"	6	<i>105</i>	uR/hr	mR																									
	<i>OP side view</i>	7	<i>3</i>	uR/hr	mR																									
	"	8	<i>7</i>	uR/hr	mR																									
"	9	<i>11</i>	uR/hr	mR																										
<i>Pax side view</i>	10	<i>11</i>	uR/hr	mR																										
"	11	<i>10</i>	uR/hr	mR																										
"	12	<i>5</i>	uR/hr	mR																										
<i>Top view</i>	13	<i>6</i>	uR/hr	mR																										
Highest External Surface Exposure Rate Reading		<i>105</i>	uR/hr	Location Description	<i>Pax side exit #6</i>																									
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																													
	<table border="1"> <thead> <tr> <th></th> <th><u>A</u></th> <th><u>B</u></th> <th><u>C</u></th> <th><u>D</u></th> </tr> </thead> <tbody> <tr> <td>+ voltage (kV)</td> <td>79.20</td> <td>81.03</td> <td>76.45</td> <td>81.95</td> </tr> <tr> <td>- voltage (kV)</td> <td>72.83</td> <td>80.11</td> <td>76.45</td> <td>80.57</td> </tr> <tr> <td>Heater current (mA)</td> <td>471.5</td> <td>503.6</td> <td>471.5</td> <td>499</td> </tr> <tr> <td>Anode current (uA)</td> <td>786.7</td> <td>705</td> <td>668.3</td> <td>705</td> </tr> </tbody> </table>						<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	+ voltage (kV)	79.20	81.03	76.45	81.95	- voltage (kV)	72.83	80.11	76.45	80.57	Heater current (mA)	471.5	503.6	471.5	499	Anode current (uA)	786.7	705	668.3	705
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>																									
	+ voltage (kV)	79.20	81.03	76.45	81.95																									
	- voltage (kV)	72.83	80.11	76.45	80.57																									
	Heater current (mA)	471.5	503.6	471.5	499																									
	Anode current (uA)	786.7	705	668.3	705																									
SURVEYOR'S NAME (Print: Last, First, Middle Init)																														
SURVEYOR'S SIGNATURE																														
DATE OF SURVEY AND INSPECTION																														
<i>3/28/11</i>																														