SMITHS

Smiths Detection

# Field Radiation Survey Sheet

WO # 3738672

| 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 | Denver International Airport | | | |
| | Is this Facility Operated Exclusively by the Federal Government? | ☒ YES ~~☐ NO~~ | | | [redacted] 3/28/11 |
| | ADDRESS (Street No., Rural Rt., or Airline and Airport) | 8400 Peña Blvd. | | | |
| | CITY | Denver | STATE | CO | ZIP CODE 80249 |
| | ROOM NO. or OTHER LOCATION | North checkout lane 6 | CONTACT PERSON | [redacted] | |
| | PHONE NO. | [redacted] | FAX NO. | | |
| | MANUFACTURER | Smith Detection | MODEL NO. | HS 6040 ATIX | |
| | DATE OF MFR. | NOV 2007 | SERIAL NO. | 75902 | |
| | MFR. CERTIFICATION LABEL ATTACHED | ☑ YES ☐ NO | | | |
| B "CABINET X-RAY CLASSIFICATION" | CLASSIFICATION OF CABINET X-RAY SYSTEM | | | | |
| | ☑ Baggage Inspection | ☐ Special Purpose | ☐ General Purpose | ☐ Other | |
| | | | | Describe Other: | |
| C "POSTINGS & INSTRUCTIONS" | POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government) | | | | |
| | ~~☑ State "Notice to Employees" Document Posted~~ | ~~☑ Operators Instruction Manual on Location~~ | ☒ N/A | | [redacted] 3/28/11 |
| | ~~☑ Certificate of X-ray Machine Registration on Location~~ | ~~☑ 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" | | | ☑ YES | ☐ NO |
| | Warning Labels Present at Ports Stating ""Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" | | | ☑ YES | ☐ NO |
| | Two Indicators Labeled "X-Ray ON" Present at Controls | | | ☑ YES | ☐ NO |
| | At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel | | | ☑ YES | ☐ NO |
| E "INTERLOCKS" | INTERLOCK VERIFICATION TEST | | | | |
| | The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation | | | ☑ YES | ☐ NO |
| | All Doors and Access Panels that were Tested Prevent Generation of X-Rays | | | ☑ YES | ☐ NO |
| | The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation | | | ☑ YES | ☐ 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 | | | ☐ YES | ☑ NO |
| | Some Part of the Body Can Be Inserted Through An "Aperture" | | | ☐ YES ☐ NO | ☑ 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 | | | ☑ YES | ☐ 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 | | | ☑ YES | ☐ NO |

WO 3738672
EQ 57038
Semi PM
DEN

Form # 002.SerFRSSHF
Revision Date 03/11/2008

Smiths Detection

# Field Radiation Survey Sheet

| SECTION | PART II - SPECIFIC PROCEDURE INFORMATION |
|---|---|
| H "LEAKAGE RADIATION" | LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01 |

Scattering Body Description: 8 rems — ☐ Lucite ☑ Paper ☐ Other — Describe Other:

X-Ray Machine Settings: See Comments — kV: Sec I — mA: Sec I

Radiation Survey Instrument Used — Make/Model Number: Enovision 45/P — Serial Number: 475 — Calibration Date Due: 9/16/11

Background: [redacted] ~~007~~ 3/16/11 uR/hr 7

| Survey Location Description | Survey Point | External Surface Exposure Rates (uR/hr) | | Internal Exposure (mR) "Optional" | | Comments |
|---|---|---|---|---|---|---|
| Ent. Tunnel | 1 | 28 | uR/hr | | mR | |
| PAX Ent. End | 2 | 26 | uR/hr | | mR | |
| OPER Ent. End | 3 | 22 | uR/hr | | mR | |
| Exit Tunnel | 4 | 45 | uR/hr | | mR | |
| PAX Exit End | 5 | 23 | uR/hr | | mR | |
| OPER Exit End | 6 | 27 | uR/hr | | mR | |
| OPER Small | 7 | 21 | uR/hr | | mR | |
| OPER Center | 8 | 19 | uR/hr | | mR | |
| OPER Large | 9 | 35 | uR/hr | | mR | |
| PAX Small | 10 | 26 | uR/hr | | mR | |
| PAX Center | 11 | 23 | uR/hr | | mR | |
| PAX Large | 12 | 21 | uR/hr | | mR | |
| TOP | 13 | 21 | uR/hr | | mR | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Highest External Surface Exposure Rate Reading: uR/hr 45 — Location Description: #4

All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40: ☑ YES ☐ NO

## I "ADDITIONAL INFORMATION"

ADDITIONAL INFORMATION

| | | | | |
|---|---|---|---|---|
| Overall Condition of Cabinet X-Ray Unit | ☑ SAT | ☐ UNSAT * | * Describe UNSAT Condition | |
| Condition of Lead Curtains | ☑ SAT | ☐ UNSAT * | * Describe UNSAT Condition | |

Other Comments, Recommendations, Corrections, or Problems Encountered

| | KV | mA |
|---|---|---|
| A | 159 | 508 |
| B | 154 | 485 |
| C | 158 | 485 |
| D | 151 | 471 |

Average Internal Dose .78 mRem/hour

SURVEYOR'S NAME (Print: Last, First, Middle Int.: [redacted]

SURVEYOR'S SIGNATURE: [redacted]

DATE OF SURVEY AND INSPECTION: 3/16/11

Form # 002.SerFRSSHF
Revision Date 03/11/2008