

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		DFW Intl 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)		2610 Intl Pkwy	
	CITY		DFW	STATE TX ZIP CODE 75261
	ROOM NO. or OTHER LOCATION		D22, LW2	CONTACT PERSON [REDACTED]
	PHONE NO.		[REDACTED]	FAX NO. [REDACTED]
	MANUFACTURER		Smiths	MODEL NO. 6040 ATIX
	DATE OF MFR.		8/08	SERIAL NO. 74873
	MFR. CERTIFICATION LABEL ATTACHED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED]
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 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 checked="" type="checkbox"/> NO <input 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		

w/o 3720860
 s/n 7687#3

smiths

Field Radiation Survey Sheet

Smiths Detection

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description 5 Rubber maid tubs				<input type="checkbox"/> Lucite <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other Describe Other:	
	X-Ray Machine Settings		kV <u>see below</u>		Background	
			mA <u>11</u>			
	Radiation Survey Instrument Used		Make/Model Number RAD Eye		2 uR/hr	
			Serial Number 0280			
			Calibration Date Due 2/24/12			
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Interferal Exposure (mR) "Optional"	Comments
	ENT center	1	2	uR/hr	mR	
	ENT Lower Left	2	3	uR/hr	mR	
ENT Lower Right	3	3	uR/hr	mR		
Exit center	4	26	uR/hr	mR		
Exit lower left	5	18	uR/hr	mR		
Exit lower Right	6	23	uR/hr	mR		
OP side left	7	3	uR/hr	mR		
OP side center	8	2	uR/hr	mR		
OP side Right	9	3	uR/hr	mR		
PAX side left	10	3	uR/hr	mR		
PAX side center	11	4	uR/hr	mR		
PAX side Right	12	4	uR/hr	mR		
Top	13	4	uR/hr	mR		
Highest External Surface Exposure Rate Reading		26 uR/hr		Location Description EXIT CENTER		
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 completed Rad-01-NP / placed in Holder on unit					
	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					
		A	B	C	D	
KV	162	153	149	155		
MA	503	476	457	489		
UA	709	672	654	682		
SURVEYOR'S NAME (Print: Last, First, Middle In.)						
SURVEYOR'S SIGNATURE						
DATE OF SURVEY AND INSPECTION						
3/4/11						