

SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "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, TX	STATE	TX
	ROOM NO. or OTHER LOCATION	D30, LN2	CONTACT PERSON	[REDACTED]
	PHONE NO.	[REDACTED]	FAX NO.	[REDACTED]
	MANUFACTURER	Smiths	MODEL NO.	6040 A+ix
	DATE OF MFR.	7/08	SERIAL NO.	78259
	MFR. CERTIFICATION LABEL ATTACHED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>B</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
<b>C</b> "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	
<b>D</b> "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
<b>E</b> "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
<b>F</b> "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
<b>G</b> "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

Smiths Detection

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION																								
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01																								
	Scattering Body Description <i>5 Rubbermaid Tubs</i>				<input type="checkbox"/> Lucite <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other																				
	X-Ray Machine Settings			kV	Describe Other:																				
				mA	Background																				
	Radiation Survey Instrument Used			Make/Model Number	3 uR/hr																				
				Serial Number																					
				Calibration Date Due																					
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"																				
	<i>Ent CTR</i>	1	<i>2</i>	uR/hr	mR																				
	<i>Ent Lower RT</i>	2	<i>3</i>	uR/hr	mR																				
	<i>Ent Lower Lft</i>	3	<i>2</i>	uR/hr	mR																				
	<i>Exit CTR</i>	4	<i>28</i>	uR/hr	mR																				
	<i>Exit Lower RT</i>	5	<i>20</i>	uR/hr	mR																				
	<i>Exit Lower Lft</i>	6	<i>19</i>	uR/hr	mR																				
	<i>OPS side Lft</i>	7	<i>2</i>	uR/hr	mR																				
<i>OPS side CTR</i>	8	<i>3</i>	uR/hr	mR																					
<i>OPS side RT</i>	9	<i>2</i>	uR/hr	mR																					
<i>PAX side Lft</i>	10	<i>3</i>	uR/hr	mR																					
<i>PAX CTR</i>	11	<i>3</i>	uR/hr	mR																					
<i>PAX Right</i>	12	<i>3</i>	uR/hr	mR																					
<i>TOP</i>	13	<i>3</i>	uR/hr	mR																					
Highest External Surface Exposure Rate Reading			<i>28</i>	uR/hr	Location Description																				
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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td style="width:20%; text-align:center;"><i>A</i></td> <td style="width:20%; text-align:center;"><i>B</i></td> <td style="width:20%; text-align:center;"><i>C</i></td> <td style="width:20%; text-align:center;"><i>D</i></td> </tr> <tr> <td>Kv</td> <td style="text-align:center;"><i>148</i></td> <td style="text-align:center;"><i>154</i></td> <td style="text-align:center;"><i>156</i></td> <td style="text-align:center;"><i>150</i></td> </tr> <tr> <td>mA</td> <td style="text-align:center;"><i>453</i></td> <td style="text-align:center;"><i>476</i></td> <td style="text-align:center;"><i>466</i></td> <td style="text-align:center;"><i>448</i></td> </tr> <tr> <td>uA</td> <td style="text-align:center;"><i>654</i></td> <td style="text-align:center;"><i>677</i></td> <td style="text-align:center;"><i>682</i></td> <td style="text-align:center;"><i>663</i></td> </tr> </table>							<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	Kv	<i>148</i>	<i>154</i>	<i>156</i>	<i>150</i>	mA	<i>453</i>	<i>476</i>	<i>466</i>	<i>448</i>	uA	<i>654</i>	<i>677</i>	<i>682</i>
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SURVEYOR'S NAME (Print: Last, First, Middle Init.)																									
SURVEYOR'S SIGNATURE																									
DATE OF SURVEY AND INSPECTION			<i>3-24-2011</i>																						