

Field Radiation Survey Sheet

Smiths Detection

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 Int. 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)		2300 S. Int. Pkwy	
	CITY	STATE	TX	ZIP CODE
	DFW AIRPORT			75261
	ROOM NO. or OTHER LOCATION	C 30 L12	CONTACT PERSON	[REDACTED]
	PHONE NO.	[REDACTED]	FAX NO.	[REDACTED]
	MANUFACTURER	NEIMANN	MODEL NO.	6040 A+IX
	DATE OF MFR.	5/08	SERIAL NO.	78301
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	
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	
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	
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>Passenger Bins</i>			<input type="checkbox"/> Lucite <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other		
	X-Ray Machine Settings		kV	<i>160</i>	Describe Other: <i>PLASTIC</i>	
			mA	<i>7</i>	Background	
	Radiation Survey Instrument Used		Make/Model Number <i>INOVISION 451P</i>		3 uR/hr	
			Serial Number <i>677</i>			
			Calibration Date Due <i>3/19/11</i>			
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"	
	<i>entry C</i>	1	<i>8</i>	uR/hr	mR	
	<i>entry L</i>	2	<i>12</i>	uR/hr	mR	
	<i>entry R</i>	3	<i>13</i>	uR/hr	mR	
	<i>exit C</i>	4	<i>17</i>	uR/hr	mR	
	<i>exit L</i>	5	<i>21</i>	uR/hr	mR	
	<i>exit R</i>	6	<i>24</i>	uR/hr	mR	
	<i>PAX L</i>	7	<i>11</i>	uR/hr	mR	
<i>PAX C</i>	8	<i>13</i>	uR/hr	mR		
<i>PAX R</i>	9	<i>3</i>	uR/hr	mR		
<i>OPER. L</i>	10	<i>9</i>	uR/hr	mR		
<i>OPER. C</i>	11	<i>8</i>	uR/hr	mR		
<i>OPER. R</i>	12	<i>7</i>	uR/hr	mR		
<i>TCP</i>	13	<i>5</i>	uR/hr	mR		
Highest External Surface Exposure Rate Reading			<i>24</i> uR/hr	Location Description <i>exit R</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					
	<i>A - 165 kV .727 mR</i> <i>B - 152 kV .672 mR</i> <i>C - 157 kV .682 mR</i> <i>D - 159 kV .695 mR</i>					
SURVEYOR'S NAME (Print: Last, First, Middle Init.)			[REDACTED]			
SURVEYOR'S SIGNATURE						
DATE OF SURVEY AND INSPECTION						