



2805, Columbia Street
Torrance, California 90503
Phone No. 1-310-978-1457
FAX: +1 310-349-2492

WORK ORDER FORM

Request	Date	Time	Cust WO#	Serial#	Model	Request	Date	Time
Received	03/28/11	9:29:08 AM		70433N10	10-520	Dispatched	03/28/11	9:29:33 AM
Customer	DEL RIO INT'L AIRPORT		Customer#	C000544		Rapiscan WO#	SVO010551	
Facility			Address Line 1	1104 WEST INT'L AIRPORT - DRT				
City	DEL RIO		Address Line 2	DRT Terminal M Ckpt M/Lane 1				
State	TX		Country	USA		On Site Date	3-28-11	
Zip Code	78840		Travel Date	3-28-11		Total Prep Time	.5	
POC:			Travel Mode			Work Start Time	17:30	
Phone			Departure Time	14:00		Work Complete Time	20:00	
FSE	SIEMENS CENTRAL		Arrival Time	17:30		Work Complete Date	3-28-11	
Res. Code	R0013		Total Travel time	6 hrs		Total Paperwork Time	3.0	
Work Type	OTHER		Job Type	NCNW		Purchase Order#		
Scan Count			Vehicle Miles			Engine Hrs.	0.00	
PTO Hrs	0.00		Generator Hrs	0.00		Others-		

WORK DESCRIPTION

Symptom Code: Fault Reason Code: Resolution Code:

Reported Problem: System Move (Within 10 ft.) & Rad Survey

Assesment- Cause of Problem or Failure *Move Relocate X-ray*

Corrective Action Taken- Final Resolution *set a preformed RLS*

Radiation Survey Performed: YES NO (if Yes attach a copy of the survey to this form)

Status: Reported Status 2: Completed Status 2: PM Performed YES NO

The customer signature indicates acceptance and satisfaction of the work performed. Chargeable service will be calculated at current rates for travel time, work time and incurred expenses. Any installation charges will be consistent with terms of sales contract if applicable. It is agreed that Rapiscan assumes no responsibility for any part of the equipment except that upon which work has been performed.

Work Completion Reviewed by: (Please Date, Sign and Print Name)

Field Service Engineer	Date	Date
Sign:	<i>3/28/11</i>	<i>3/28/2011</i>
Print:	<i>3/28/11</i>	<i>3/28/2011</i>

The information in this report is required by 14 CFR 108.17 & 129.26. Failure to report may result in a civil penalty not to exceed \$1000.00 for each such violation. (Federal Aviation Act of 1958, Section 901)

Department of Transportation Federal Aviation Administration		X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION) <small>(Require by 14 CFR 108.17, 14 CFR 129.26)</small>		FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098	
AA	1.1 Name and Address of Facility	Name of Facility (18.80) Del Rio INTL Airport TX		FDA Region TX	St. No. R.R. or Airline/Airport (10.80) 1104 West INTL Airport-DRT	
CC	Address of Facility	City (10.73) Del Rio TX		State Code TX	Zip Code 78840	
DD	and Specific Location of X-ray System	Room No. or Other Location of System (10.32) Main ck. Point		Telephone No.		
		Certification Label Present Yes	Model: KodEye	Serial No. 965		
01	1.2 Manufacture And Product ID	A. Manufacture (Responsible Firm) Rapiscan	B. OHU46	C. System Model No. and/or Name 520-B		
		D. 115Vac Unique I.D. 60Hz	E. System Serial No. 70433 N10			
	F. Date of Manufacture Mo. Aug. Yr. 2004	1.4 Operator Instructions Available Yes	1.5 Maintenance Schedule Available N/A			
2.0 Warning Labels	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" Yes	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" Yes		2.3 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") Yes		
02	Indicators	2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel Yes		3.0 Interlocks	3.1 "Captured Key" Control Yes	
	3.2 Door Safety Interlocks	A. Minimum Number of Interlocks Visible At Any One Door N/A		A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation N/A		
		B. At Least One Interlock Dependent on No Moving Part Except Door N/A		B. Use of X-Ray Control Necessary to Resume Operation Following Interruption N/A		
	4.0 Ports and/or Apertures	4.1 Some Part of the Body Can Be Inserted Through a Port into The Primary Beam No		4.2 Some Part of the Body Can Be Inserted into the Aperture No		
6.0 Baggage Inspection Systems	6.1 Means Provided to Ensure Operator Presence at the Control Area Yes		6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Yes			
03	7.0 Leakage Radiation	Specific Test Procedure Used 04	7.1 Scatter Block Description Tool Kit			
05	7.2 Technical Factors	140 kVp		.700 mA		
	7.3 Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	Location	Exposure Levels	
		.048 mR/hr	Exp	06	.032 mR/hr	exp
		.043 mR/hr	Exp		.032 mR/hr	exp
		.041 mR/hr	exp		.031 mR/hr	exp
	.036 mR/hr	exp	.027 mR/hr		exp	
07	Reasonable Number of Exposures That May Be Initiated in One Hour	OR		Duty Cycle of System Indicated As a Percentage of One Hour	100%	
08	8.0 Additional Information	8.1 0.225 mR Dosage per Inspection = 225µR Art 3-30-11				
09	8.2					
10	8.3					
11	8.4					
12	8.5					
13	Surveyor Information	Surveyor Name (16.70) (Printed) E. MR	Surveyor Signature	Date of Survey 3/28/2011	Surveying Agency Code	
Remarks:						

Cabinet X-Ray Unit Radiation Survey Form

WO#: 3815832

Location: Main ck-Point

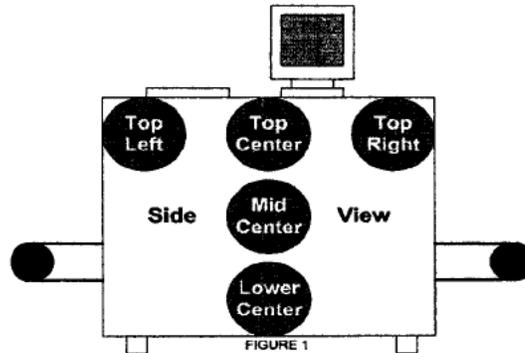
Background Reading: 2 μ R/hr

Date: 3/28/2011

1. Identify Cabinet X-ray Unit and X-ray Generator information:
 - a. Check appropriate Make/Model box below (if 'Other', record Make and Model on the line provided);
 - b. Record the X-ray Unit's serial number next to the Make/Model;
 - c. With the X-rays turned "ON", record the X-ray Generator Voltage (kV) and Anode Current (μ A) Readings;
 - d. Convert Anode Current readings from μ A to mA by dividing the μ A value by 1000 (example: 100 μ A = 0.100 mA);
 - e. Transfer the **Observed Voltage and Converted Anode Current** readings to **Box 05, Section 7.2** (Technical Factures) of DOEO-0014 FAA Form 165-17.

Make / Model	Serial Number	Observed Voltage and Anode Current	Convert Anode Current to mA for FAA form (divide μ A by 1000)
<input type="checkbox"/> Smiths Heimann 5030s	s/n _____	+ _____ kV, - _____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Smiths Heimann 6040i	s/n _____	+ _____ kV, - _____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Smiths Heimann 7555i	s/n _____	+ _____ kV, - _____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Rapiscan 519	s/n _____	_____ kV, _____ μ A	_____ mA
<input checked="" type="checkbox"/> Rapiscan 520B	s/n <u>70433N10</u>	<u>140</u> kV, <u>700</u> μ A	<u>.700</u> mA
<input type="checkbox"/> Rapiscan 522B	s/n _____	_____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Other _____	s/n _____	_____ kV, _____ μ A	_____ mA

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2. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 1 above) on **BOTH** sides (Left and Right) of the X-ray machine (total of 10 readings):

Note: The Invision 451P Radiation Meter has a default range setting of μ R/hr. Meter readings in μ R/hr must be converted to mR/hr for this form and DOEO-0014 FAA Form 165-17.
Conversion: 100 μ R/hr = 0.100 mR/hr.

FRONT		BACK	
TOP LEFT	<u>.007</u> mR/hr	TOP LEFT	<u>.007</u> mR/hr
TOP CENTER	<u>.027</u> mR/hr	TOP CENTER	<u>.003</u> mR/hr
TOP RIGHT	<u>.007</u> mR/hr	TOP RIGHT	<u>.006</u> mR/hr
MID CENTER	<u>.014</u> mR/hr	MID CENTER	<u>.010</u> mR/hr
LOWER CENTER	<u>.004</u> mR/hr	LOWER CENTER	<u>.005</u> mR/hr

WO#: 3815832

X-Ray Serial #: 70433N10

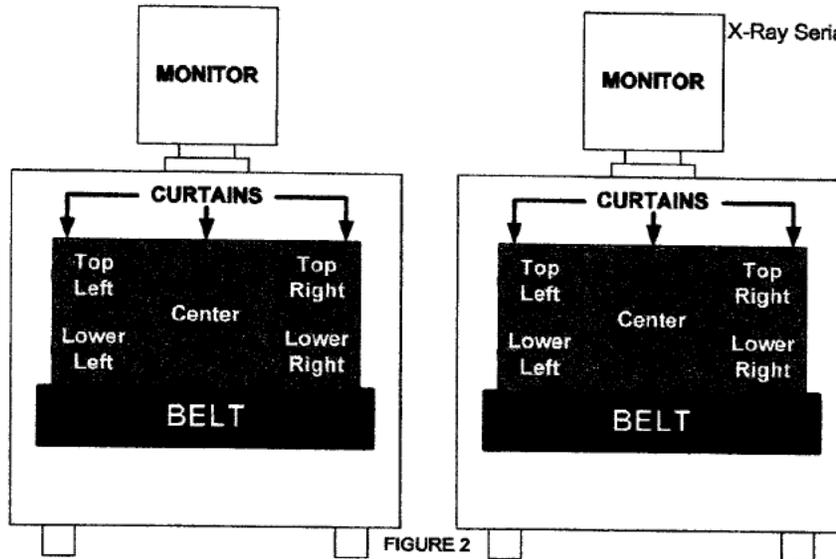


FIGURE 2

Printed copies of this document must be verified against the Document Server or Intranet for correct revision level before

3. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 2 above) on **BOTH** sides (ENTRANCE and EXIT) of the X-ray machine (total of 10 readings):

<u>ENTRANCE</u>		<u>EXIT</u>	
TOP LEFT	<u>.027</u> mR/hr	TOP LEFT	<u>.032</u> mR/hr
TOP RIGHT	<u>.031</u> mR/hr	TOP RIGHT	<u>.032</u> mR/hr
LOWER LEFT	<u>.036</u> mR/hr	LOWER LEFT	<u>.027</u> mR/hr
LOWER RIGHT	<u>.043</u> mR/hr	LOWER RIGHT	<u>.024</u> mR/hr
CENTER	<u>.048</u> mR/hr	CENTER	<u>.041</u> mR/hr

4. Transfer the **8 highest readings** (out of all 20 readings) to **Box 05, Section 7.3** (Exposure Levels) of DOE-O-0014 FAA Form 165-17. Be sure to enter values in mR/hr!! (100 μ R/hr = 0.100 mR/hr).

Note: On all X-Ray equipment, any reading of 0.5 mR/h (= 500 μ R/h) or higher is considered a failure of the Radiation Leak Survey.

5. Perform **Cumulative Exposure Test**:
- Push the MODE button once on the Invision 451P;
 - Verify that the meter's scale changes from μ R/h to μ R (Cumulative Mode);
 - Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. **Record total here:** 2.25 mR
 - Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
 - Record this result in Section 8.1 (Additional Information) of DOE-O-0014 FAA Form 165-17.

Survey Performed by: [REDACTED]

Signature: [REDACTED]

Date: 3/28/2011

Cabinet X-Ray Unit Radiation Survey Form	Version: 5	Effective Date: Oct 12, 2007	Document No.: F-ALL-049	Page: 2 of 2
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City	DEL RIO		Address Line 2	DRT Terminal M Ckpt M/Lane 1				
State	TX		Country	USA		On Site Date		
Zip Code	78840		Travel Date			Total Prep Time		
POC:			Travel Mode			Work Start Time		
Phone			Departure Time			Work Complete Time		
FSE	SIEMENS CENTRAL		Arrival Time			Work Complete Date		
Res. Code	R0013		Total Travel time			Total Paperwork Time		
Work Type	OTHER		Job Type	NCNW		Purchase Order#		
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Status: Reported Status 2: 2 Completed Status 2: PM Performed YES NO

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Work Completion Reviewed by: (Please Date, Sign and Print Name)

Field Service Engineer	Date	Customer Representative	Date
Sign:		Sign:	
Print		Print	