

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 DETROIT METRO 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) MacNamara Terminal			
	CITY DETROIT		STATE MI	ZIP CODE 48242
	ROOM NO. or OTHER LOCATION RED 2 Lane 3		CONTACT PERSON	[REDACTED]
	PHONE NO.		FAX NO.	[REDACTED]
	MANUFACTURER		MODEL NO.	6040 MIX
	DATE OF MFR. 7108		SERIAL NO.	78300
	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	
	<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 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 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 type="checkbox"/> YES <input checked="" 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 type="checkbox"/> NO <input checked="" 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

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description Bios				<input type="checkbox"/> Lucite <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other Describe Other:	
	X-Ray Machine Settings		kV	60		Background 2 uR/hr
			mA	480		
	Radiation Survey Instrument Used		Make/Model Number	Thermo Scientific		
			Serial Number	328		
			Calibration Date Due	9/27/11		
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR) "Optional"	Comments	
	Tunnel	1	45 uR/hr	mR		
	Tunnel	2	4 uR/hr	mR		
	Tunnel	3	2 uR/hr	mR		
	Exit tunnel	4	53 uR/hr	mR		
	Exit tunnel	5	3 uR/hr	mR		
Exit tunnel	6	4 uR/hr	mR			
Operator Side	7	2 uR/hr	mR			
Operator Side	8	3 uR/hr	mR			
Operator Side	9	2 uR/hr	mR			
Pax Side	10	3 uR/hr	mR			
Pax Side	11	3 uR/hr	mR			
Pax Side	12	3 uR/hr	mR			
Top	13	3 uR/hr	mR			
Highest External Surface Exposure Rate Reading		53 uR/hr	Location Description		Exit	
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					
	A. 75.99 kV -75.54 kV 457.80 mA 659.23 uA B. 85.61 kV -84.23 kV 521.89 mA 741.64 uA C. 77.37 kV -75.54 kV 466.96 mA 663.81 uA D. 81.03 kV -78.28 kV 480.69 mA 695.86 uA					
SURVEYOR'S NAME (Print: Last, First, Middle Init)			[REDACTED]			
SURVEYOR'S SIGNATURE			[REDACTED]			
DATE OF SURVEY AND INSPECTION			3/8/11			