The information in this report is required by 14 CRF 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)* *(Require by 14 CRF 108.17, 14 CRF 129.26)* | FIELD TEST SERIAL NO. 11-7 T | Form Approved OMB No.. 2120-0098 |
|---|---|---|---|

**AA** 1.1 Name and Address of Facility: Name of Facility (10.80): El Paso International Airport; FDA Region: Texas; **BB** St. No. R.R. or Airline/Airport (10.80): 6701 Convair Rd.

**CC** City (10.73): El Paso; State Code: TX; Zip Code: 79925

**DD** and Specific Location of X-ray System: Room No. or Other Location of System (10.32): Checkpoint Lane 4; Person Interview (93-94): [redacted]; Telephone No.: [redacted]

Certification Label Present: Yes; Instruments: (type and serial number) Inovision; Model: 451P; Serial No. 0482

**01** 1.2 Manufacture And Product ID: A. Manufacture (Responsible Firm): Rapiscan Security Products; B. OHU46; C. System Model No. and/or Name: Rapiscan 520B TRX X-Ray System

D. Unique I.D.: 115vac 60hz; E. System Serial No.: 70417N04

F. Date of Manufacture: Mo. 04 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; B. At Least One Interlock Dependent on No Moving Part Except Door: N/A

3.3 Prevention of X-Radiation By Interlocks: A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation: 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: Pelican 1400 case for 451P meter

7.2 Technical Factures: 140 kVp; .7 mA

**05**

| 7.3 Location | Exposure Levels | Non-Continuously Activated Systems Only Number of Exposures Initiated | Location | Exposure Levels | Non-Continuously Activated Systems Only Number of Exposures Initiated |
|---|---|---|---|---|---|
| | .044 mR/hr | Exp | **06** | .031 mR/hr | exp |
| | .038 mR/hr | Exp | | .030 mR/hr | exp |
| | .037 mR/hr | exp | | .026 mR/hr | exp |
| | .031 mR/hr | exp | | .026 mR/hr | exp |

**07** Reasonable Number of Exposures That May Be Initiated In One Hour: [redacted] OR Duty Cycle of System Indicated As a Percentage of One Hour: 100%

**08** 8.0 Additional Information: [redacted] 3-15-11

8.1 1.78 ~~mR~~ uR

**09** 8.2

**10** 8.3

**11** 8.4

**12** 8.5

**13** Surveyor Information: [redacted] (Print: L, F, M); [redacted]; Date of Survey: 3-9-11; Surveying Agency Code:

Remarks:

FAA Form 165-17 (6-01)

FAA HQ

SIEMENS

Siemens Government Services, Inc.

# Cabinet X-Ray Unit Radiation Survey Form (non-AT)

WO#: 3768024

Location: Main CP LN 4 Background Reading: .003 µR/hr Date: 3-9-11

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 **(µA)** Readings;
   d. Convert Anode Current readings from **µA** to **mA** by dividing the µA value by 1000 **(example: 100 µA = 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 µA by 1000) |
|---|---|---|---|
| ☐ Smiths Heimann **5030s** | s/n | +___ kV, - ___ kV, ___ µA | ___ mA |
| ☐ Smiths Heimann **6040i** | s/n | +___ kV, - ___ kV, ___ µA | ___ mA |
| ☐ Smiths Heimann **7555i** | s/n | +___ kV, - ___ kV, ___ µA | ___ mA |
| ☐ Rapiscan **519** | s/n | ___ kV, ___ µA | ___ mA |
| ☒ Rapiscan **520B** | s/n 70417N04 | 140 kV, 700 µA | .7 mA |
| ☐ Rapiscan **522B** | s/n | ___ kV, ___ µA | ___ mA |
| ☐ Other ___ | s/n | ___ kV, ___ µA | ___ mA |

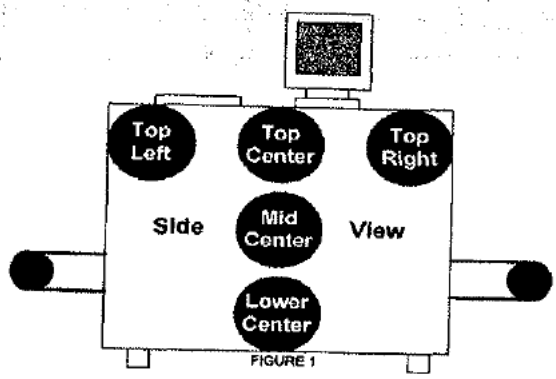

FIGURE 1

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

| FRONT | | BACK | |
|---|---|---|---|
| TOP LEFT | .012 mR/hr | TOP LEFT | .009 mR/hr |
| TOP CENTER | .011 mR/hr | TOP CENTER | .010 mR/hr |
| TOP RIGHT | .012 mR/hr | TOP RIGHT | .009 mR/hr |
| MID CENTER | .009 mR/hr | MID CENTER | .008 mR/hr |
| LOWER CENTER | .008 mR/hr | LOWER CENTER | .010 mR/hr |

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# SIEMENS

Siemens Government Services, Inc.

WO#: 3768024

X-Ray Serial #: 70417N04

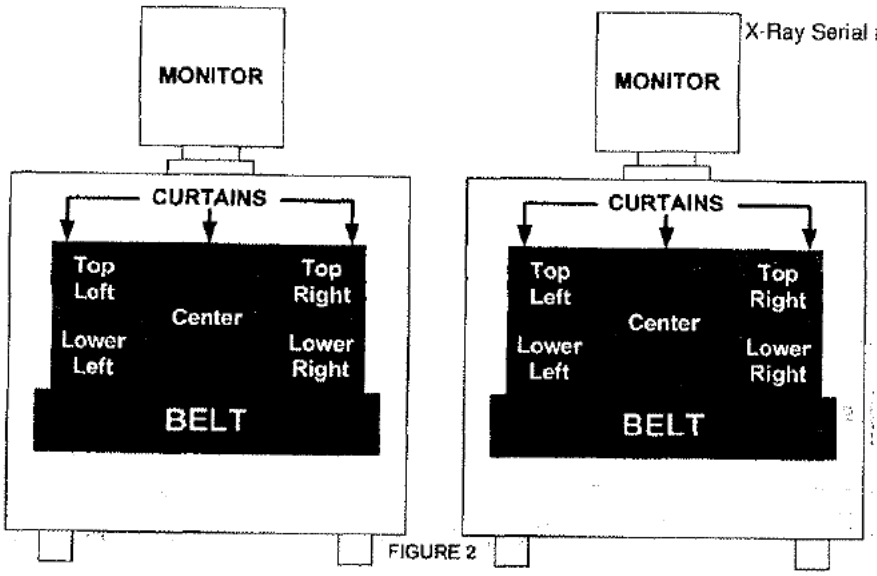


FIGURE 2

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):

| **ENTRANCE** | | **EXIT** | |
|---|---|---|---|
| TOP LEFT | .026 mR/hr | TOP LEFT | .031 mR/hr |
| TOP RIGHT | .031 mR/hr | TOP RIGHT | .026 mR/hr |
| LOWER LEFT | .026 mR/hr | LOWER LEFT | .044 mR/hr |
| LOWER RIGHT | .025 mR/hr | LOWER RIGHT | .030 mR/hr |
| CENTER | .038 mR/hr | CENTER | .037 mR/hr |

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

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

5. Perform **Cumulative Exposure Test:**
   a. Push the MODE button once on the Inovision 451P;
   b. Verify that the meter's scale changes from **µR/h** to **µR** (Cumulative Mode);
   c. Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. **Record total here:** 1.78 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection;**
   e. Record this result in Section 8.1 ([redacted] FAA Form 165-17.

**Survey Performed By** (print your name): [redacted]

**Signature:** [redacted] **Date:** 3-9-11

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