

[REDACTED]

CTX 2500 Radiation Emissions Survey

1.0 Name and Address of Facility and Specific Location of X-ray System

A. Name of Facility	<input type="text" value="IAD"/>						
B. FDA Region	<input type="text" value="Not Applicable"/>						
C. Street Number/Name, R.R. Number or Airline/Airport	<input type="text" value="1 Sarrinen Circle"/>						
D. City	<input type="text" value="Sterling"/>						
E. State	<input type="text" value="VA"/>						
F. Zip Code	<input type="text" value="22630"/>						
G. Telephone Number	<input type="text" value="[REDACTED]"/>						
H. Certification Label Present	<input type="text" value="Yes"/>						
I. Instruments (Model Type and Serial Number)	<table border="0" style="margin-left: 20px;"> <tr> <td>Model Type</td> <td><input type="text" value="451P-RYR"/></td> </tr> <tr> <td>Serial Number</td> <td><input type="text" value="INV1513"/></td> </tr> <tr> <td>(Previous)</td> <td><input type="text" value="28-Nov-10"/></td> </tr> </table>	Model Type	<input type="text" value="451P-RYR"/>	Serial Number	<input type="text" value="INV1513"/>	(Previous)	<input type="text" value="28-Nov-10"/>
Model Type	<input type="text" value="451P-RYR"/>						
Serial Number	<input type="text" value="INV1513"/>						
(Previous)	<input type="text" value="28-Nov-10"/>						
J. Meter Calibration Date							

1.1 Manufacturer and Product ID

A. Manufacturer (Responsible Firm)	<input type="text" value="Morpho Detection, Inc."/>
B. Manufacturer Code	<input type="text" value="Not Applicable"/>
C. System Model Number and/or Name	<input type="text" value="CTX 2500"/>
D. Unique ID	<input type="text" value="Not Applicable"/>
E. System Serial Number	<input type="text" value="M150"/>
F. Date of Manufacture (Month/Year)	<input type="text" value="Feb-02"/>

1.2 (Not Used)

1.3 Operator Instructions Available	<input type="text" value="Yes"/>
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1.4 Maintenance Schedule Available	<input type="text" value="Yes"/>
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2.0 Warning Label Indicators

A. Warning Label Present at Controls Stating "Caution: X-rays Produced when Energized"	<input type="text" value="Yes"/>
B. Warning Label Present at Ports Stating "Caution: Do Not Insert Any Part of the Body When System is Energized: X-ray Hazard"	<input type="text" value="Yes"/>
C. Two Indicators Labeled "X-ray On" Present at Controls (One May be Labeled "mA Meter")	<input type="text" value="Yes"/>
Note: The two indicators for InVision Technologies' systems for "X-ray On" at the controls are the red lamp on the console and the x-ray indicator on the SP monitor.	
D. At Least One Indicator, Marked "X-ray On" Visible From Each Port, Door and Access Panel	<input type="text" value="Yes"/>

**3.0 Interlocks**

- A. "Captured Key" Control
- B. Door Safety Interlocks:
- i. Minimum Number of Interlocks Visible at Any One Door
 - ii. At Least One Interlock Dependent on No Moving Part Except Door
- C. Prevention of X-radiation by Interlocks
- i. All Doors and Access Panels That Were Tested Prevent Generation of X-radiation
 - ii. Use of X-ray Control Necessary to Resume Operation Following Interruption

4.0 Ports and/or Apertures

- A. Some Part of the Body Can Be Inserted Through a Port Into the Primary Beam
- B. Some Part of the Body Can Be Inserted Into an Aperture

5.0 (Not Used)**6.0 Baggage Inspection System**

- A. Means Provided to Ensure Operator Presence at the Control Area
- B. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Additional Exposures of Less than One-Half Second

7.0 Radiation Emissions

- A. Scatter Block Description
- B. Technical Factors
- kV mA
- C. Location and Exposure Levels
- i. Reasonable Number of Exposures That May be Initiated in One Hour
 - ~OR~
 - ii. Duty Cycle of System Indicated as a Percentage of One Hour





8.0 Additional Information

- A.
- B.
- C.
- D.

9.0 Surveyor Information

A. Surveyor Name

User Name 
 User Domain: MORPHODETECTION.COM
 Radiation Survey Client Version: 3.03
 Radiation Survey Form Revision: B

First	
Middle	
Last	

Survey Type	Full Survey
Clientele Call #	PM44503NWK_HQ

I certify that the information I am submitting on this form is accurate, complete and reflects the true record of the work I performed. *Date Certified: 9-Mar-11 10:43:55 AM*

B. Surveyor Signature (Hard Copy Only)

C. Date of Radiation Emissions Survey

9-Mar-11

D. Surveying Agency Code

Not Applicable

Employees are advised that an inaccurate certification is a violation of GE's Spirit & Letter policies and may result in disciplinary action up to and including termination.

10.0 Remarks

Date Certified: 9-Mar-11 10:43:55 AM

Status: Approved | **Date:** 3/10/2011 | **Administrator:** 

Administrator Comments:



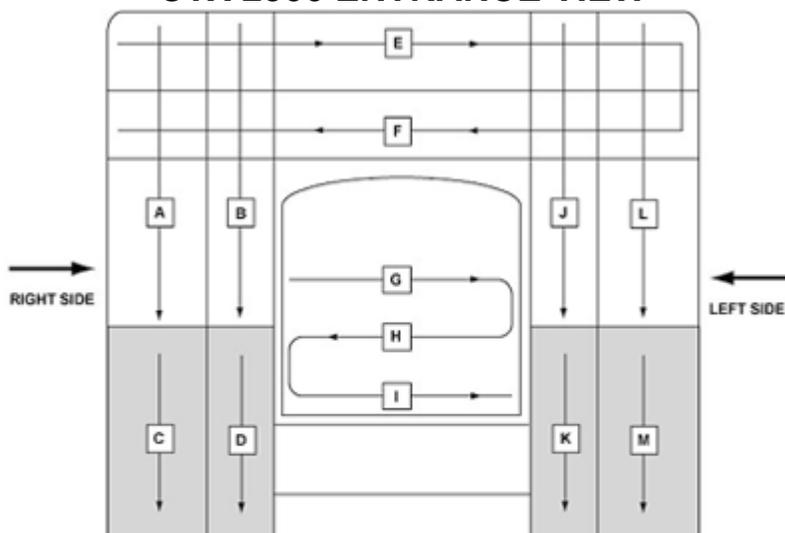
[REDACTED]

Audit Results:

No Compliance Issues Found.

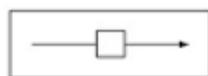
[REDACTED]

CTX 2500 ENTRANCE VIEW



All measurements are in MicroRads per hour.
All measurements should be made at the surface of the enclosure.

100 Circle the area and enter the dose value if the reading is greater than 100 MicroRads per hours.



In these areas, perform a cursory dose measurement.

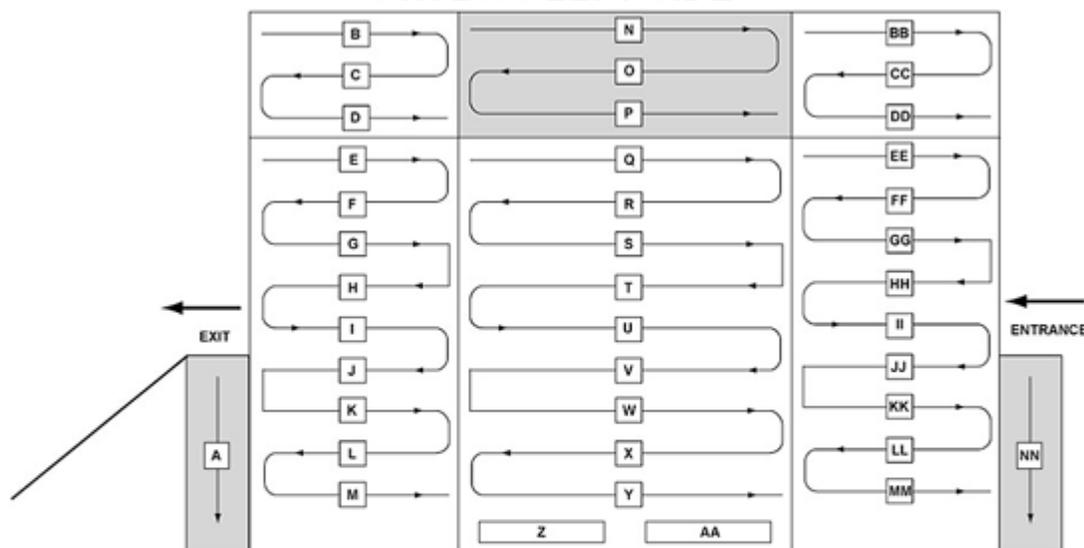


In these areas, perform a thorough dose measurement.

Record the radiation levels as indicated on the table below.

Area #	A	B	C	D	E	F	G	H	I	J	K	L	M
Radiation value in uR/Hr	10	7	9	9	7	5	25	30	48	1	5	2	10

CTX 2500 LEFT SIDE



All measurements are in MicroRads per hour.
All measurements should be made at the surface of the enclosure.

100 Circle the area and enter the dose value if the reading is greater than 100 MicroRads per hours.



In these areas, perform a cursory dose measurement.

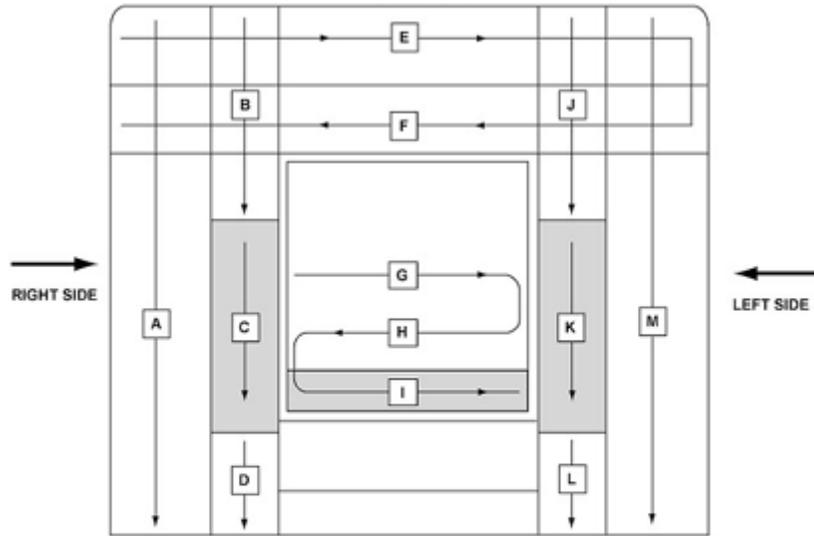


In these areas, perform a thorough dose measurement.

Record the radiation levels as indicated on the table below.

Area #	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Radiation value in uR/Hr	4	1	4	5	1	2	4	1	5	3	4	7	3	18	30	31	6	5	2	6
Area #	U	V	W	X	Y	Z	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN
Radiation value in uR/Hr	4	3	4	5	9	6	4	5	8	12	3	2	2	4	5	2	10	7	4	4

[REDACTED]
CTX 2500 EXIT VIEW



All measurements are in MicroRads per hour.
All measurements should be made at the surface of the enclosure.

100 Circle the area and enter the dose value if the reading is greater than 100 MicroRads per hours.



In these areas, perform a cursory dose measurement.



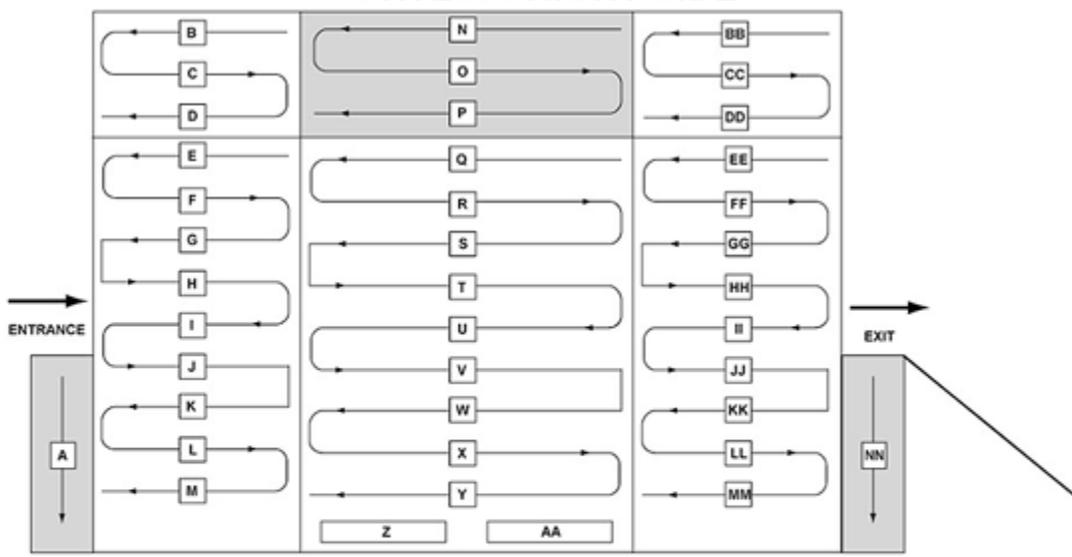
In these areas, perform a thorough dose measurement.

Record the radiation levels as indicated on the table below.

Area #	A	B	C	D	E	F	G	H	I	J	K	L	M
Radiation value in uR/Hr	7	4	33	9	8	7	7	9	11	4	7	3	5



CTX 2500 RIGHT SIDE



All measurements are in MicroRads per hour. All measurements should be made at the surface of the enclosure.

Circle the area and enter the dose value if the reading is greater than 100 MicroRads per hours.



In these areas, perform a cursory dose measurement.

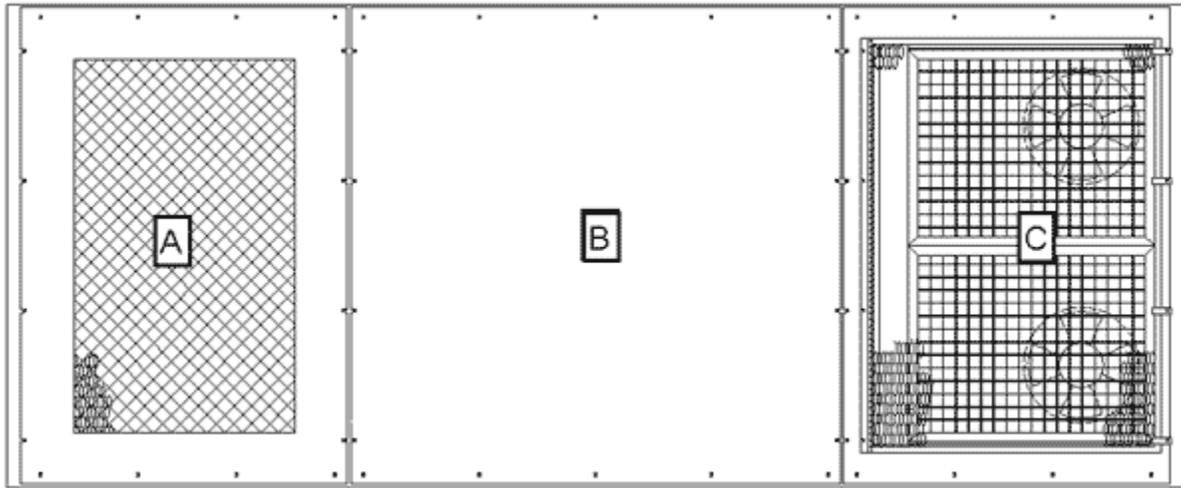


In these areas, perform a thorough dose measurement.

Record the radiation levels as indicated on the table below.

Area #	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Radiation value in uR/Hr	6	3	2	4	1	2	2	4	6	10	2	5	4	22	31	20	9	3	5	5
Area #	U	V	W	X	Y	Z	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN
Radiation value in uR/Hr	6	10	6	9	8	6	11	8	3	5	5	4	6	9	10	8	4	5	4	6

[REDACTED]
CTX 2500 TOP SIDE



Record the radiation levels as indicated on the table below.

Area #	A	B	C
Radiation value in uR/Hr	13	31	10

[REDACTED]

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