

Rapiscan systems An OSI Systems Company		BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09	
1. Name of Facility: JOHN F. KENNEDY STATE INTERNATIONAL Airport		2. Region: NEW YORK		3. Street Address: TERMINAL 4 CIP A Ln 4		45. RSI W.O.# 3721188 Deferred W.O.#	
4. City: JAMAICA		5. State or Province Code: NY		6. Zip Code: 11430			
7. Room No. or Other Physical Location of System: TERMINAL 4 CIP A Ln 4		8. Telephone Number: [REDACTED]		9. Fax Number: N/A			
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		Model: 951P-P412 Serial No. 586 Calibration Due Date: 12/22/2011		13. System Model No. 620DVAT 14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. 7084607	
16. Date of Manufacture Mo. NOV Yr. 2008		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
17. X-ray Tube Serial Number(s): P5547, P2202		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. 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 - Pass <input type="checkbox"/> No - Fail		24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		28. Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		Or X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Rapiscan Systems Test Procedure Used: Rapiscan Systems WI-0023-4		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: NETA CASE		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
33. X-Ray Generator Settings: 160 kVp 1.000 mA		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.		34.1. Background Radiation: 1 uR/hr		Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.	
34.3 Record All Readings in uR/hr Unless Otherwise Noted							
<i>Please see model specific diagram (attached)</i>							
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail Description		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Active Actions and/or Recommendations: NIA			
39. Surveyor Name (Print: L. F. MI)		[REDACTED]		41. Date of Survey: 3/19/2011		42. Time of Survey: 10PM	
The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.		Signature: [REDACTED]		Date: 3/19/11			

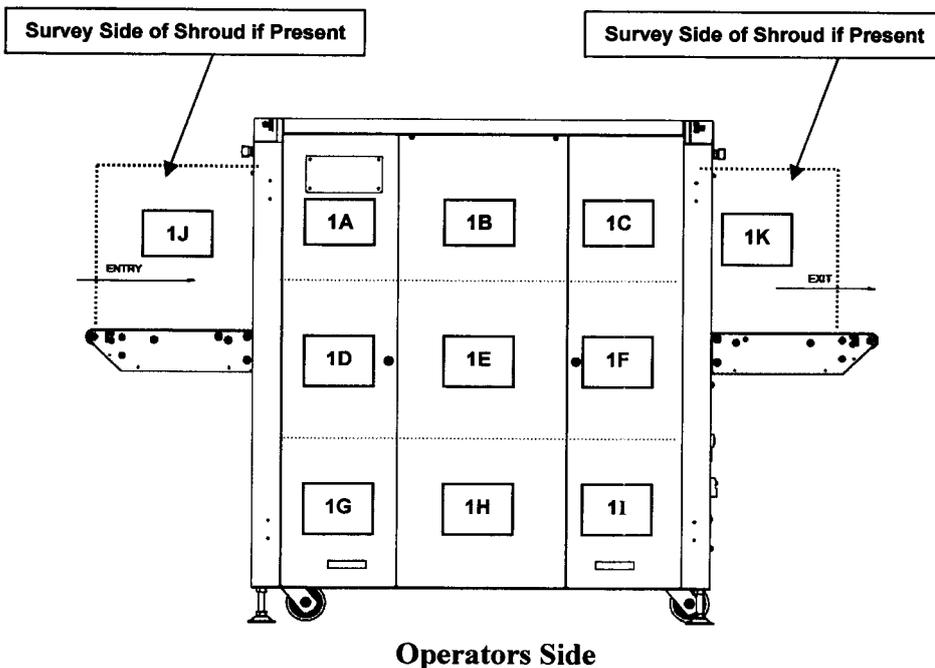
This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)

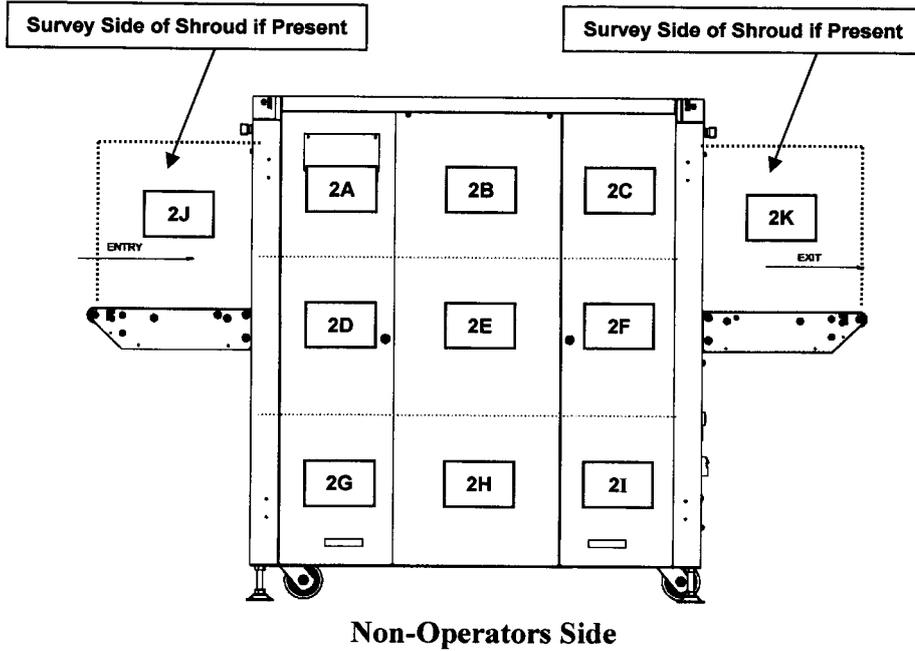
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>3/19/2011</u>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> <input checked="" type="checkbox"/> US	Instrument Model No: <u>451P-R4R</u>
Time: <u>10pm</u>	Date of Mfg: <u>NOV 2008</u>	Instrument Serial No: <u>586</u>
Background: uSv/hr (<u>1</u> uR/hr)	Serial No: <u>7084607</u>	Instrument Calibration Due: <u>12/22/2011</u>
All Measurements Recorded In: <input type="checkbox"/> uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: <u>160</u> kVp <u>1.000</u> mA Settings: <u>160</u> kVp <u>1.000</u> mA	Description of Scatter Body: (Check One) <input type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input checked="" type="checkbox"/> Other <u>METER CASE</u>



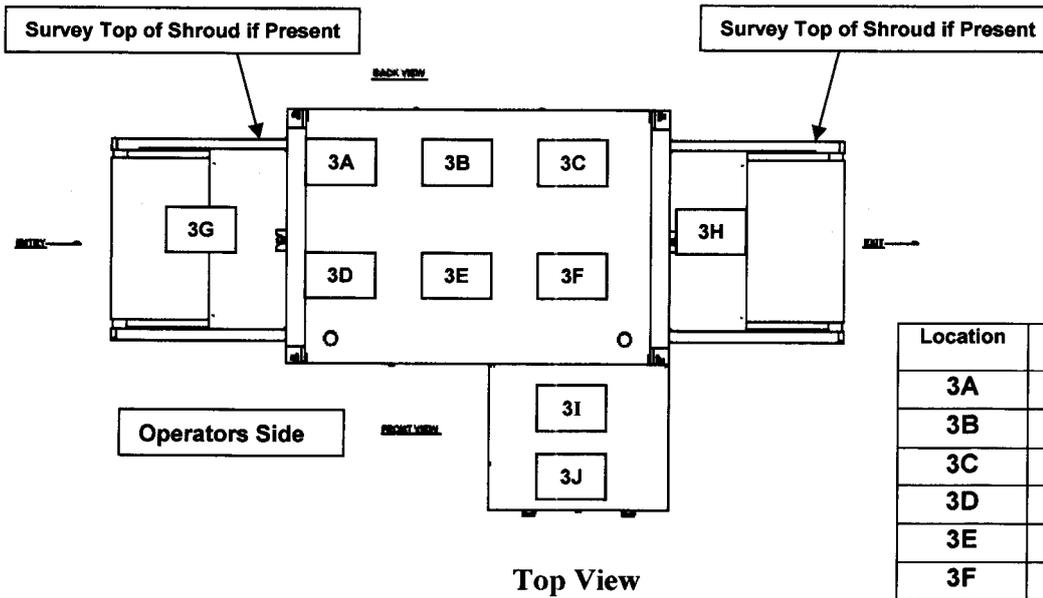
Location	Results NO Scatter Body	Results WITH Scatter Body
1A	<u>2</u>	<u>5</u>
1B	<u>5</u>	<u>2</u>
1C	<u>9</u>	<u>11</u>
1D	<u>0</u>	<u>8</u>
1E	<u>5</u>	<u>8</u>
1F	<u>11</u>	<u>12</u>
1G	<u>4</u>	<u>7</u>
1H	<u>5</u>	<u>3</u>
1I	<u>3</u>	<u>9</u>
1J	<u>25</u>	<u>47</u>
1K	<u>59</u>	<u>84</u>

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



Location	Results NO Scatter Body	Results WITH Scatter Body
2A	4	9
2B	7	5
2C	2	4
2D	9	8
2E	4	4
2F	5	11
2G	3	7
2H	11	13
2I	10	9
2J	29	45
2K	64	94

Non-Operators Side

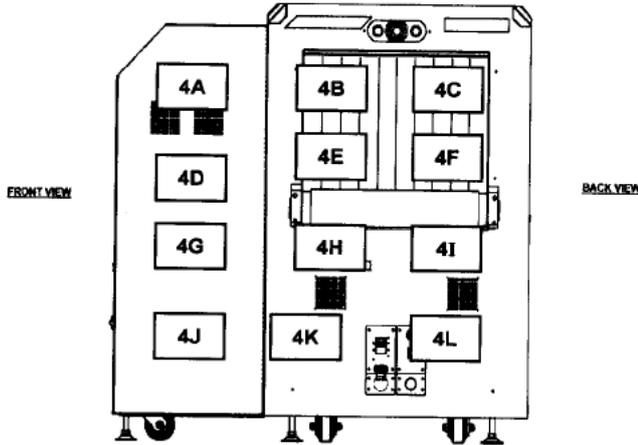


Location	Results NO Scatter Body	Results WITH Scatter Body
3A	14	19
3B	12	15
3C	17	24
3D	11	13
3E	9	8
3F	2	7
3G	69	71
3H	74	68
3I	16	15
3J	15	18

Top View

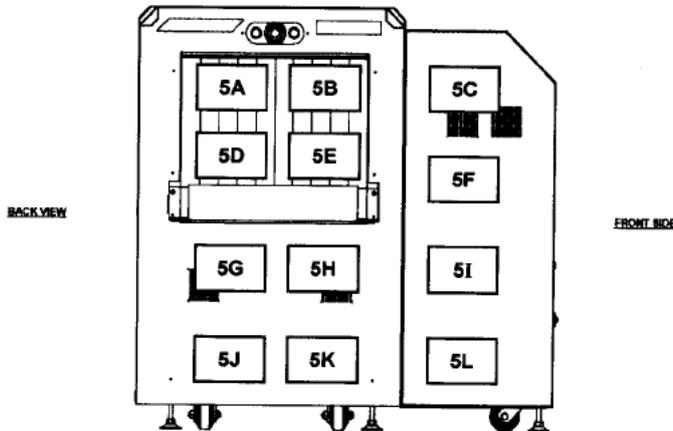
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	7	15
4B	35	49
4C	39	47
4D	11	9
4E	37	41
4F	45	50
4G	12	13
4H	11	12
4I	15	12
4J	9	10
4K	12	11
4L	14	13

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	39	55
5B	38	56
5C	9	11
5D	42	48
5E	45	52
5F	12	20
5G	15	11
5H	13	15
5I	7	12
5J	19	17
5K	12	19
5L	2	5

Instructions:

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any gaps, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED BY: _____ DATE: _____