

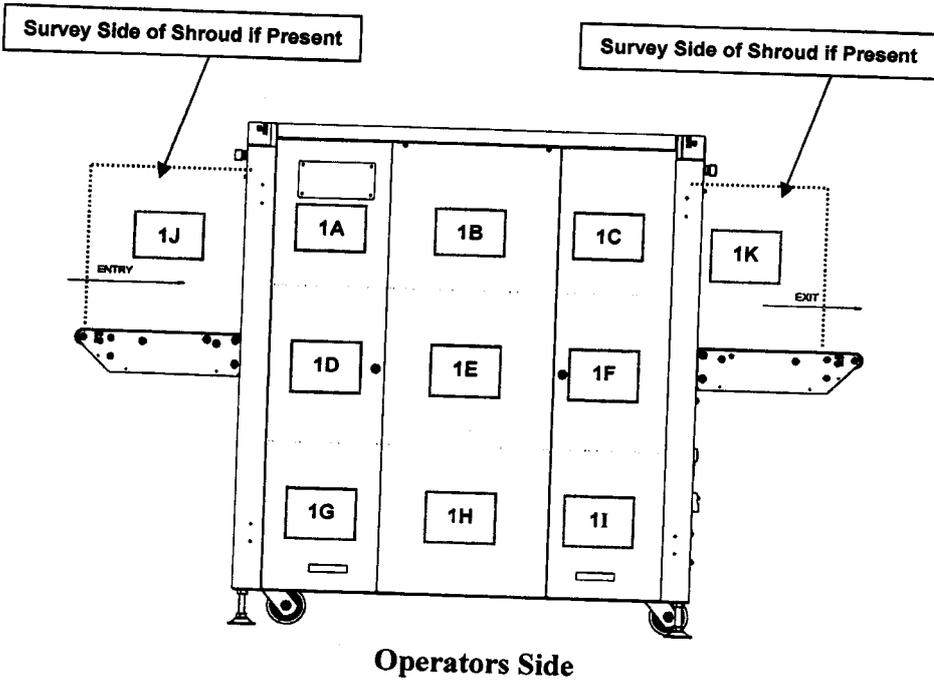
1. Name of Facility <u>JOHN F. KENNEDY International Airport</u>		2. Region <u>NEW YORK</u>		3. Street Address <u>TERMINAL 7 CIP Lm 4</u>	
4. City <u>JAMAICA</u>		5. State or Province Code <u>NY</u>		6. Zip Code <u>11430</u>	
7. Room No. or Other Physical Location of System <u>TERMINAL 7 CIP Lm 4</u>		9. Telephone Number [REDACTED]		10. Fax Number [REDACTED]	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: FSE Shall Attach Copy of Calibration Certificate to This Form			
Manufacturer <u>Rapiscan Systems Inc.</u>		Model: <u>451P-RXR</u> Serial No. <u>586</u> Calibration Due Date: <u>12/22/2011</u>		15. System Serial No. <u>7091211</u>	
13. System Model No. <u>620DVAT</u>		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		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	
16. Date of Manufacture Mo. <u>03</u> Yr. <u>2009</u>		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		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail	
17. X-ray Tube Serial Number(s) <u>P7299 P7326</u>		20. Operator Instructions Available <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	
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <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		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	
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		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			
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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			
31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: <u>METRA CAS C</u>		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			
33. X-Ray Generator Settings <u>160</u> kVp <u>1.000</u> mA		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			
34.1. Background Radiation: <u>1</u> 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: <u>NONE</u>	
39. Surveyor Name (Print Name) [REDACTED]		40. Surveyor Title (Print Title) [REDACTED]		41. Date of Survey <u>3/29/2011</u>	
42. Time of Survey: <u>2:30 AM</u>		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.			
I understand _____		I have received a copy of this Radiation Survey Report and report for State inspection.			
Signature: _____		<u>3/29/11</u>			

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

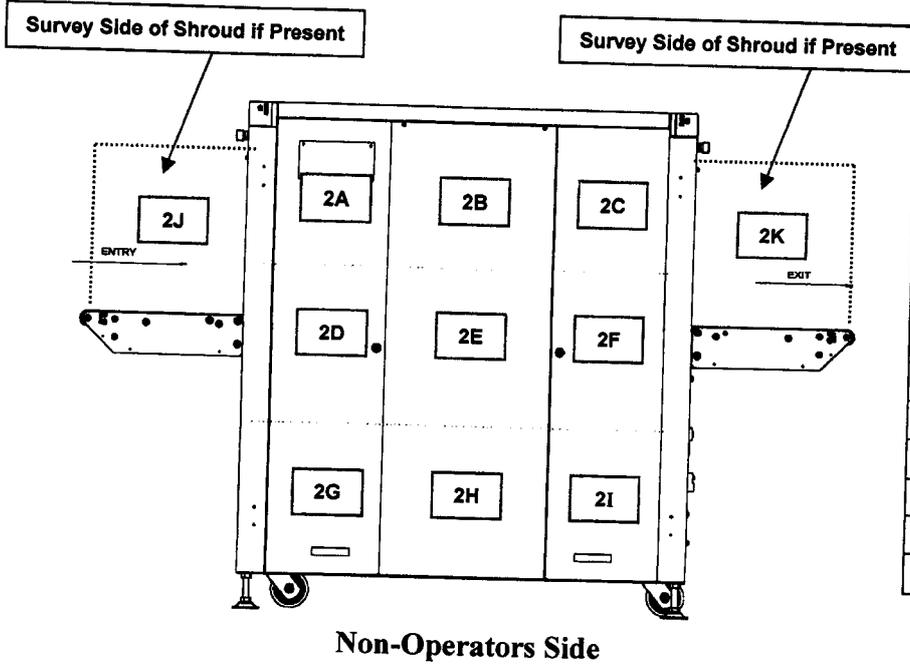
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>3/29/2011</u>	Location Manufactured: (Check One) <input type="checkbox"/> Malaysia <input type="checkbox"/> UK <input checked="" type="checkbox"/> US	Instrument Model No: <u>451P-R4R</u>
Time: <u>2:30 AM</u>	Date of Mfg: <u>03/2009</u>	Instrument Serial No: <u>586</u>
Background: <u>1</u> uSv/hr (<u>1</u> uR/hr)	Serial No: <u>7091211</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>



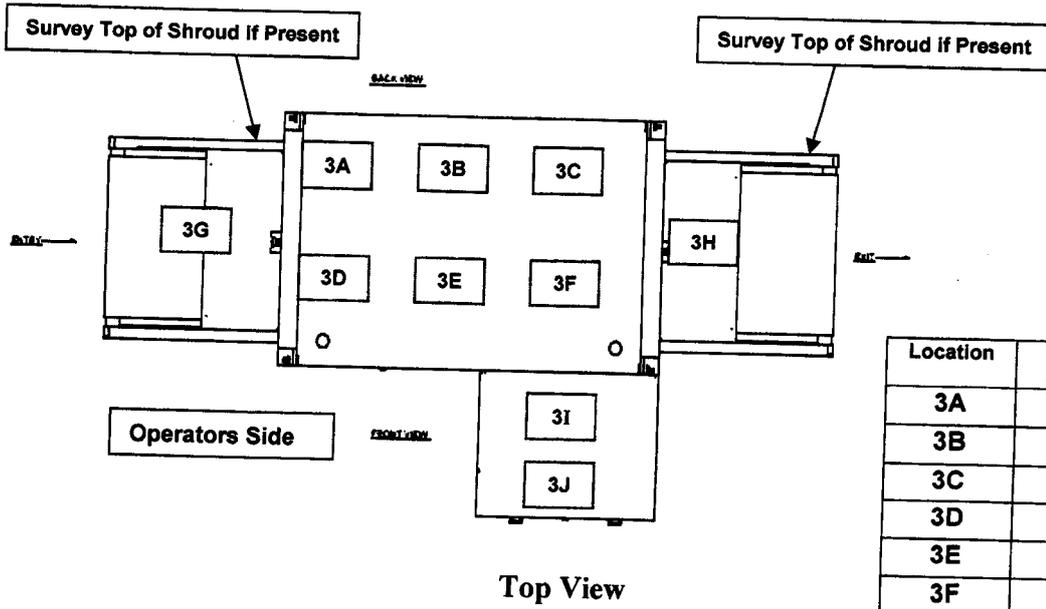
Location	Results NO Scatter Body	Results WITH Scatter Body
1A	11	15
1B	9	10
1C	10	11
1D	5	17
1E	16	11
1F	9	12
1G	10	9
1H	11	12
1I	7	11
1J	20	25
1K	25	38

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



Location	Results NO Scatter Body	Results WITH Scatter Body
2A	18	17
2B	19	20
2C	11	18
2D	12	19
2E	15	22
2F	15	29
2G	17	19
2H	14	11
2I	11	13
2J	18	20
2K	21	27

Non-Operators Side

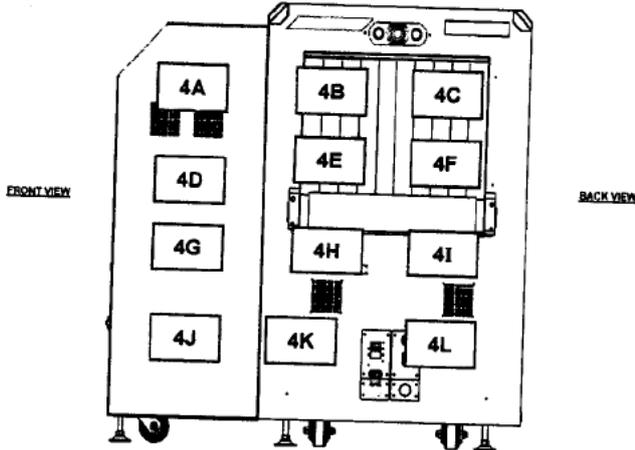


Location	Results NO Scatter Body	Results WITH Scatter Body
3A	22	27
3B	21	30
3C	27	35
3D	18	20
3E	16	25
3F	19	22
3G	20	19
3H	47	51
3I	36	49
3J	50	57

Top View

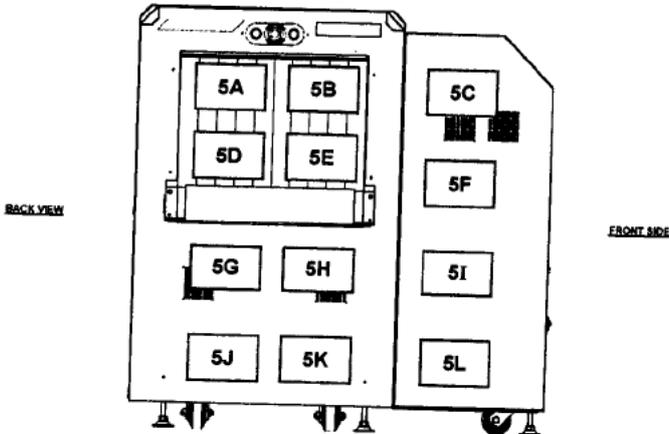
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	25	32
4B	34	40
4C	32	45
4D	35	18
4E	39	35
4F	42	34
4G	17	17
4H	18	12
4I	16	7
4J	9	12
4K	12	11
4L	15	14

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	32	39
5B	37	35
5C	12	17
5D	34	41
5E	39	45
5F	15	10
5G	12	5
5H	15	12
5I	9	11
5J	8	15
5K	17	18
5L	10	10

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: [REDACTED]

DATE: 3/29/2011