

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		2. Region NEW YORK		3. Street Address TERMINAL 7 CIP LN 2		45. RSI W.O.# 3728442 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 7 CIP LN 2		8. Telephone Number		9. Fax Number N/A			
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		Model: 451P-RYN 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"/> Other <input type="checkbox"/> Describe:	
Manufacturer Rapiscan Systems Inc.		15. System Serial No. 7091215		16. Date of Manufacture Mo. MARCH Yr. 2004		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	
17. X-ray Tube Serial Number(s) P-7401, P7178		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		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	
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: METER 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 1.00 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							
Please see model specific diagram (attached)							
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: N/A			
39. Surveyor Name (Print: L, F, MI) [Redacted]		40. Surveyor Signature [Redacted]		41. Date of Survey 3/15/2011		42. Time of Survey: 12 AM	
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 and have received a copy of this Radiation Survey Report and report for State inspection.		Signature: [Redacted] Date: 3-16-11			

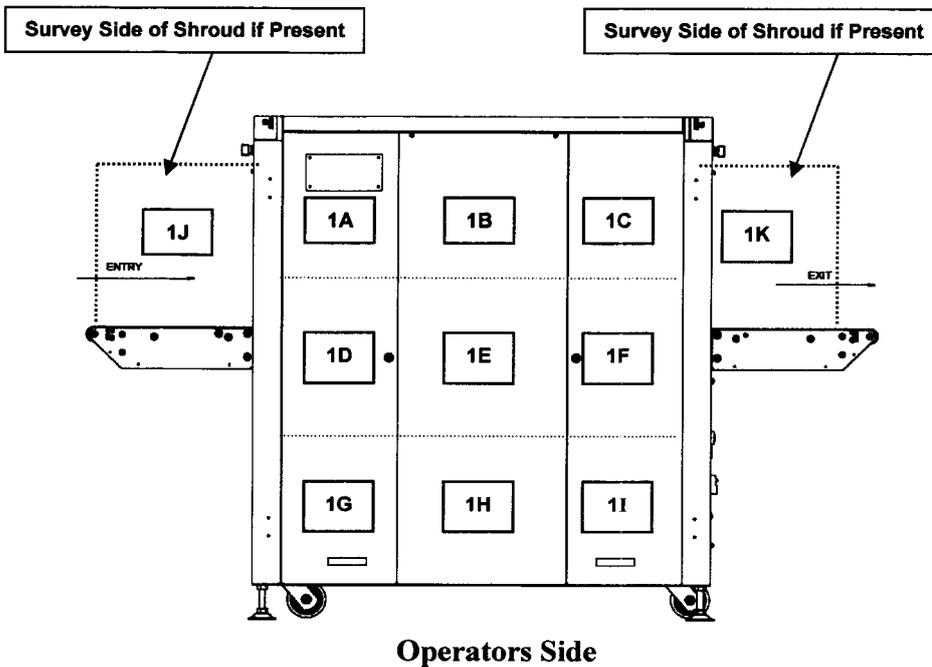
This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray 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)

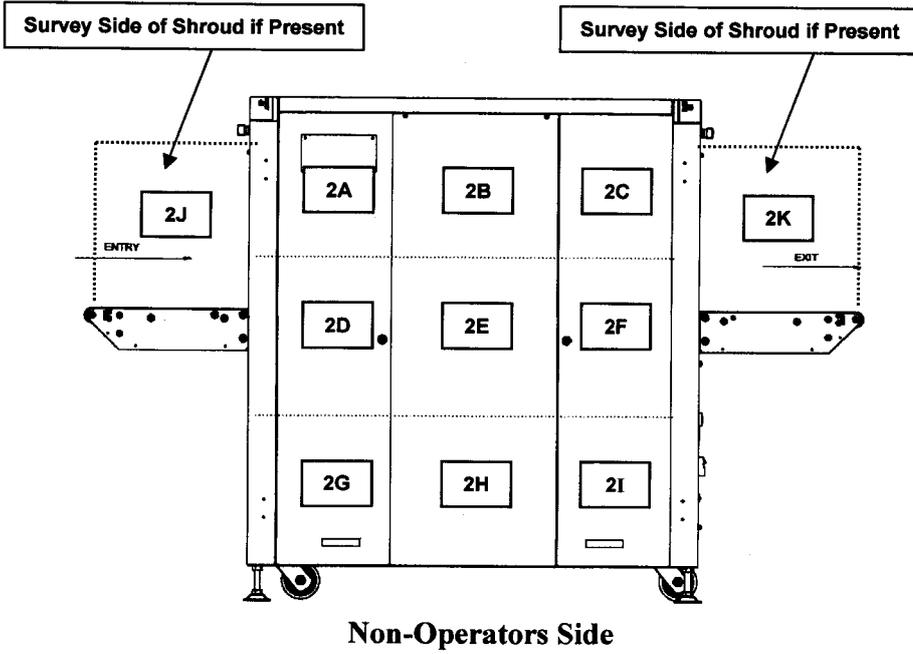
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>3/15/2011</u>	Location Manufactured: (Check One) <u>Malaysia</u> <input type="checkbox"/> UK <input type="checkbox"/> <input checked="" type="checkbox"/> US	Instrument Model No: <u>4518-RYR</u>
Time: <u>12 Am</u>	Date of Mfg: <u>MARCH 2009</u>	Instrument Serial No: <u>586</u>
Background: uSv/hr (1 uR/hr)	Serial No: <u>7091215</u>	Instrument Calibration Due: <u>12/22/2011</u>
All Measurements Recorded In: 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>

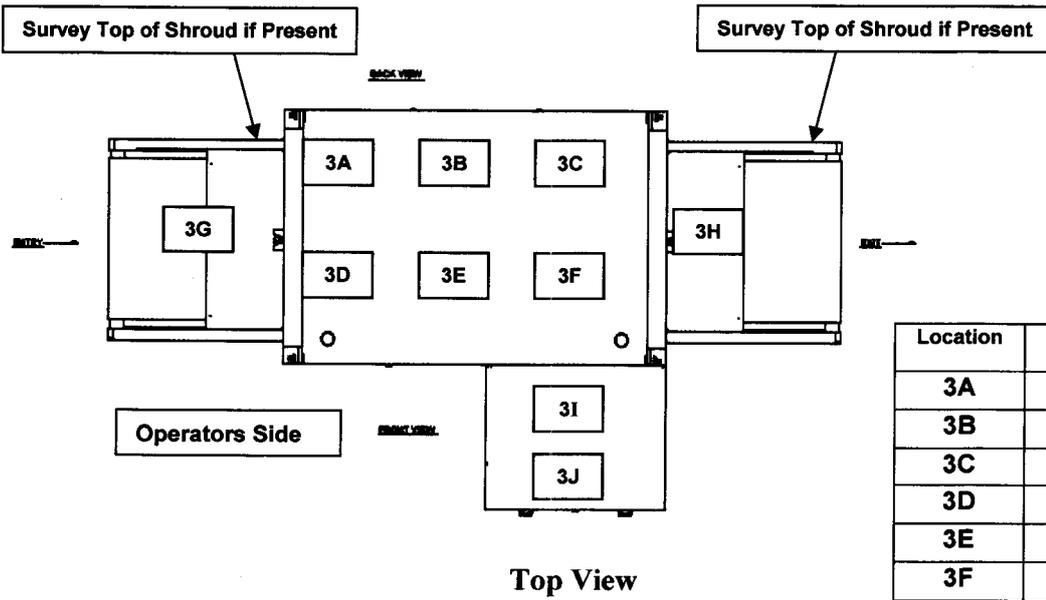


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	9	4
1B	7	6
1C	7	7
1D	12	9
1E	18	10
1F	15	16
1G	16	15
1H	25	4
1I	20	17
1J	26	19
1K	24	20

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



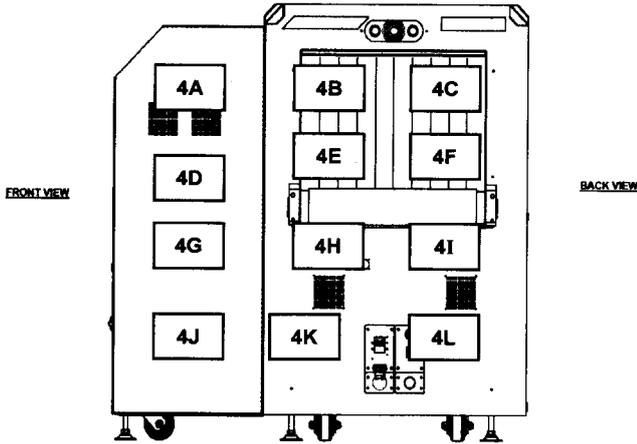
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	4	11
2B	5	12
2C	3	10
2D	3	4
2E	2	3
2F	3	5
2G	6	4
2H	8	3
2I	7	6
2J	10	16
2K	12	19



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	13	10
3B	15	17
3C	14	13
3D	16	12
3E	23	16
3F	15	22
3G	21	19
3H	17	19
3I	10	13
3J	7	6

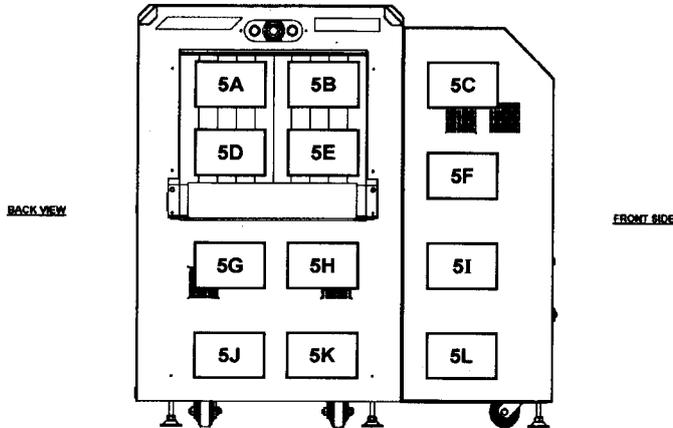
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	18	10
4B	27	33
4C	22	24
4D	19	10
4E	25	29
4F	35	42
4G	13	16
4H	8	23
4I	12	12
4J	10	11
4K	9	13
4L	8	2

ENTRANCE TUNNEL

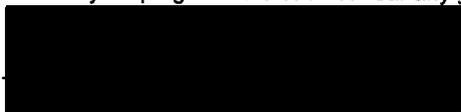


Location	Results NO Scatter Body	Results WITH Scatter Body
5A	21	27
5B	27	31
5C	29	16
5D	27	32
5E	54	101
5F	6	11
5G	25	14
5H	13	16
5I	15	15
5J	4	26
5K	8	22
5L	20	19

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:

3/15/2011