

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 <i>JOHN F. Kennedy (A) International Airport</i>		2. Region <i>New York</i>		3. Street Address <i>TERMINAL 7 CIP Ln 1</i>		45. RSI W.O.# <i>372846</i> Deferred W.O.#	
4. City <i>JAMAICA</i>		5. State or Province Code <i>NY</i>		6. Zip Code <i>11430</i>		10. Fax Number <i>N/A</i>	
7. Room No. or Other Physical Location of System <i>TERMINAL 7 CIP Ln 1</i>		8. Person Inspected		9. Telephone Number		10. Fax Number	
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 Model: <i>YSR-842</i> Serial No. <i>586</i> Calibration Due Date: <i>12/22/2011</i>					
Manufacturer <i>Rapiscan Systems Inc.</i>		13. System Model No. <i>620DVAT</i>		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. <i>7091408</i>	
16. Date of Manufacture Mo. <i>April</i> Yr. <i>2009</i>		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) <i>P6137, P7676</i>		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: <i>Rapiscan Systems WI-0023-4</i>		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: <i>METER CASE</i>		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 <i>160 kVp 1.000 mA</i>		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: <i>1</i> 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: <i>N/A</i>			
[Redacted]		[Redacted]		41. Date of Survey <i>3/15/2011</i>		42. Time of Survey: <i>2:30 AM</i>	
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.		43. [Redacted] Signature <i>3-16-11</i>		[Redacted] have received a copy of this Radiation Survey Report and report for State inspection.			

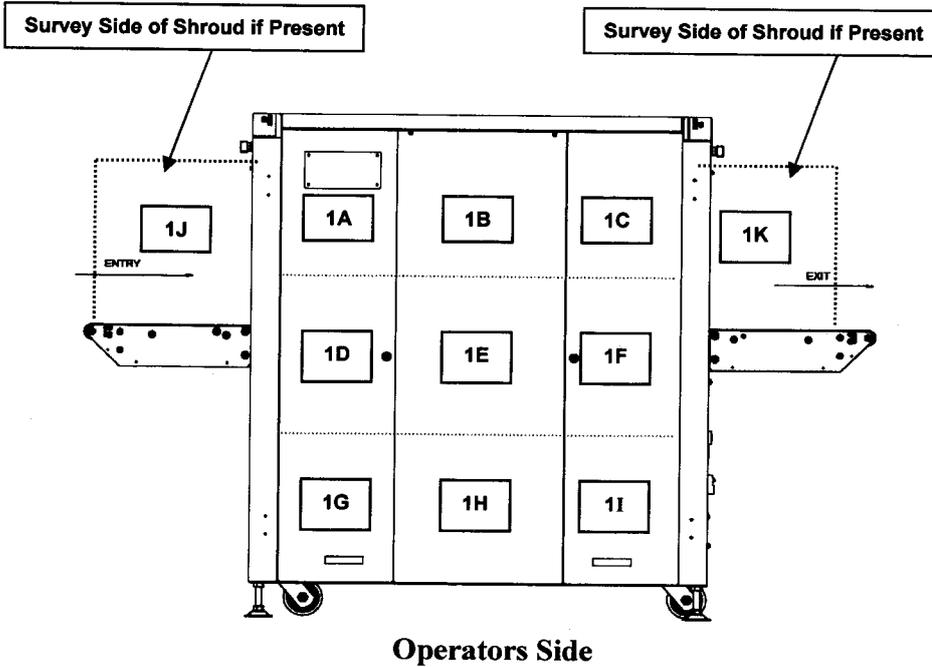
This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray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

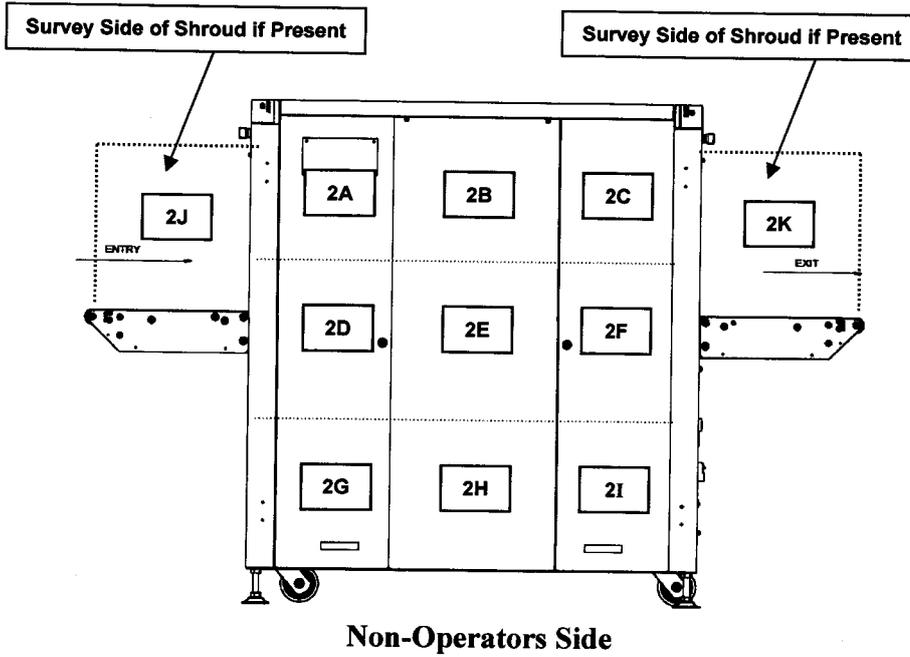
Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>3/15/2011</u>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> <u>US</u>	Instrument Model No: <u>Y51P-RYR</u>
Time: <u>2:30 AM</u>	Date of Mfg: <u>APRIL 2009</u>	Instrument Serial No: <u>586</u>
Background: uSv/hr (<u>1</u> uR/hr)	Serial No: <u>7091408</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>METAL CASE</u>

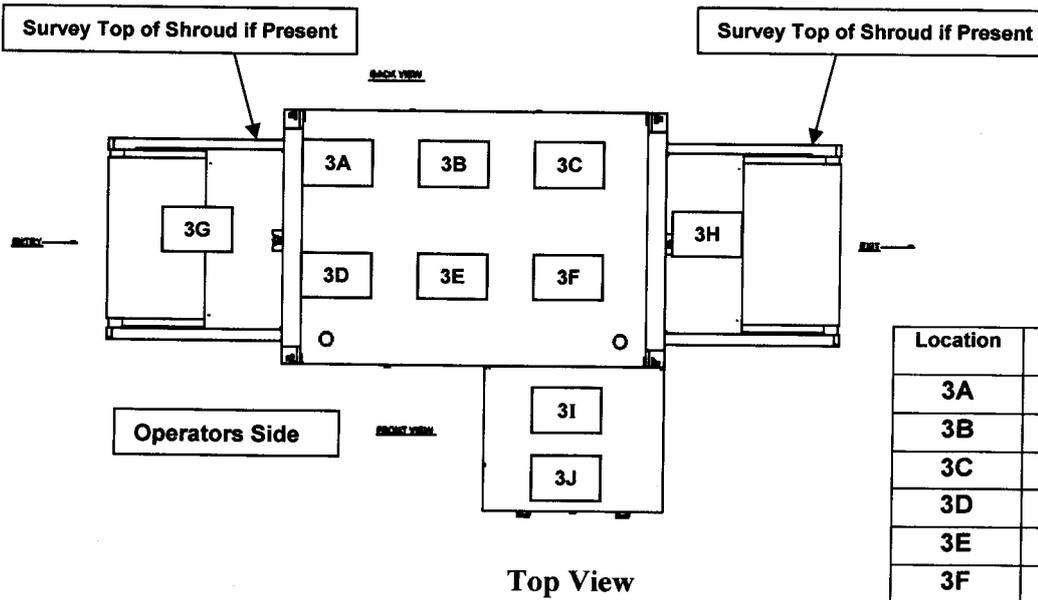


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	18	20
1B	9	19
1C	16	21
1D	18	21
1E	15	17
1F	22	15
1G	19	22
1H	28	19
1I	31	17
1J	38	23
1K	37	50

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



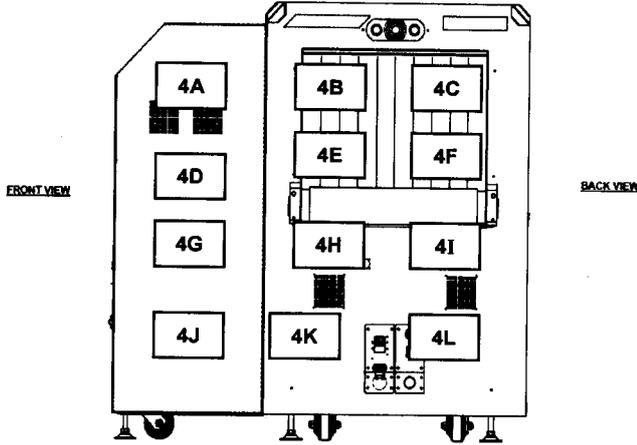
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	20	16
2B	14	13
2C	11	19
2D	2	5
2E	3	3
2F	2	4
2G	16	10
2H	19	10
2I	20	13
2J	25	15
2K	39	23



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	23	26
3B	16	22
3C	27	13
3D	42	17
3E	33	26
3F	37	27
3G	25	26
3H	39	37
3I	11	29
3J	7	12

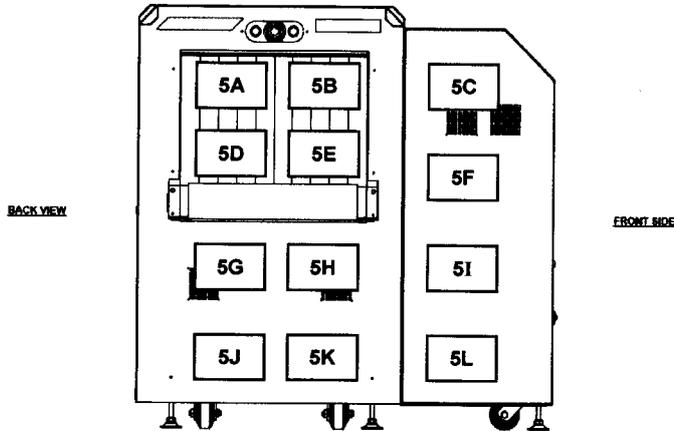
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	17	16
4B	12	23
4C	24	60
4D	8	12
4E	10	38
4F	28	85
4G	16	15
4H	25	9
4I	10	37
4J	22	16
4K	7	21
4L	5	11

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	21	25
5B	18	17
5C	17	25
5D	16	31
5E	18	19
5F	6	14
5G	33	23
5H	26	27
5I	17	10
5J	29	17
5K	23	16
5L	13	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: _____

DATE: 3/15/2011

Preventive Maintenance (PM) Checklist for Baggage / Partial Inspection (BPI) X-ray Systems

Job Number:	N/A	Serial Number:	709/408	Maximo Work Order Number:	3728446
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NOTIFY SUPERVISORS OF ANY DESCREPCENCIES OR DEFERRED ITEMS.

XVI. Check idler and tension rollers for:

	Checked	Corrected	Deferred / NA
1. Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Excessive noise (Ex. Clunking, grinding & rubbing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Idler Rollers			
a. End Play (Check specs in Manual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 2mm feeler gage - Between the roller end plate and mounting brackets			
b. Hardware (present and tightened properly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Excessive wear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tension Rollers			
a. Bearing Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 2mm feeler gage - Between the roller end plate and mounting brackets			
b. Hardware (present and tightened properly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Excessive wear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XVII. Check main conveyor belt for:

	Checked	Corrected	Deferred / NA
1. Physical Damage. Replace as judged by technician. (Ex. Holes, splits & tears)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Excessive or un-even wear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Zipper condition (Ex. Splits & tears)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tracking: No visible idler or drive roller exposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Track belt to center of the tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XVIII. Check exit (high speed) conveyor belt for:

	Checked	Corrected	Deferred / NA
1. Physical Damage. Replace as judged by technician. (Ex. Holes, splits & tears)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Excessive or un-even wear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Zipper condition (Ex. Splits & tears)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tracking: No visible idler or drive roller exposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Track belt to center of the tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any deferred items:

N/A

Signature:		Date:	3/15/2011
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