

W03768052

1. Name of Facility LAX		2. Region WEST		3. Street Address 1 World way	
4. City Los Angeles		5. State or Province Code CA		6. Zip Code 90045	
7. Room No. or Other Physical Location of System TERMS LN2		9. Telephone Number		10. Fax Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail Manufacturer Rapiscan Systems Inc.		12. Radiation Measuring Instrument: FSE Shall Attach Copy of Calibration Certificate to This Form Model: 451P Serial No. 0486 Calibration Due Date: 12/22/11			
13. System Model No. 620 DU		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. 70021 1081712	
18. Date of Manufacture Mo. Yr. MAY 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) Vent P 0543 #BD8486		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 <u>WI-0023-4</u>		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: PELICAN CASE / JSA / SEP		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 16.8 kVp 1.249 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: 20 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:	
39. Surveyor Name (Print: L, F, MI)		40. Surveyor Signature		41. Date of Survey 3/9/11	
42. Time of Survey: 1:30PM		43. I () have received a copy of this Radiation Survey Report and understand () retain this report for State inspection. Signature: _____ Date 3/9/11			
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.					

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.

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ISA Adhoc*

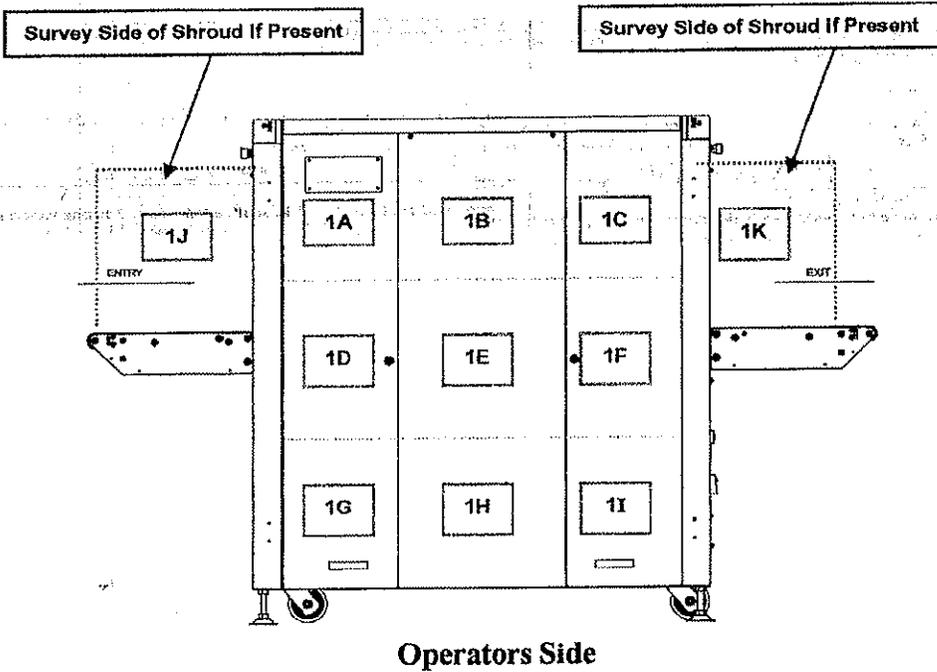
W03168057

	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1
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FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

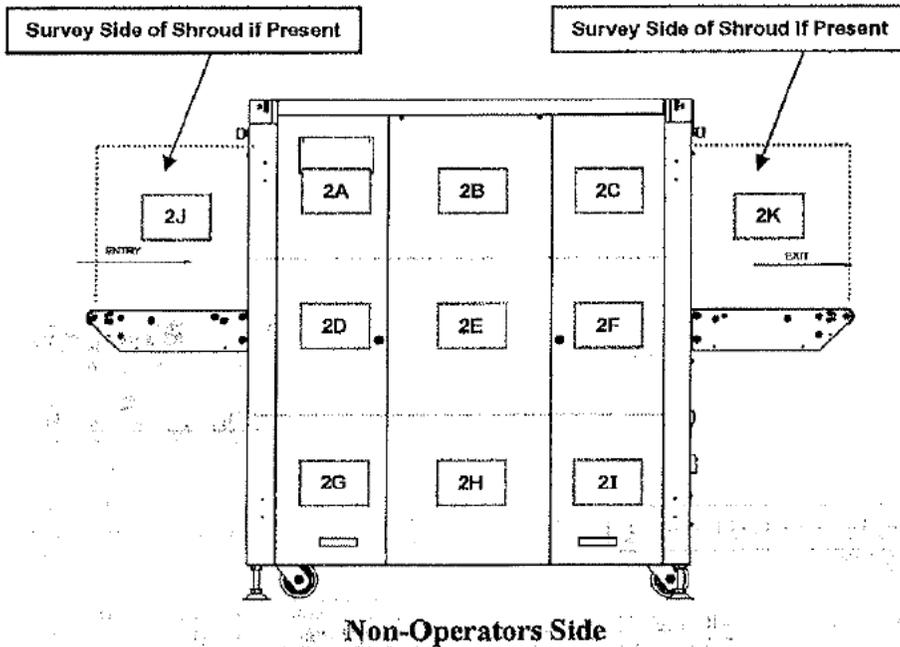
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
 Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: 3/9/11	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> US <input checked="" type="checkbox"/>	Instrument Model No: 451P
Time: 1:30 PM	Date of Mfg: MAY 2008	Instrument Serial No: 0486
Background: uSv/hr (20 uR/hr)	Serial No: 7081712	Instrument Calibration Due: 12/22/11
All Measurements Recorded In: <input type="checkbox"/> uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: 160.0 kVp 1.16 mA Settings: 168.8 kVp 1.39 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: PELLICAN CASE / FSA STEP WEDGE

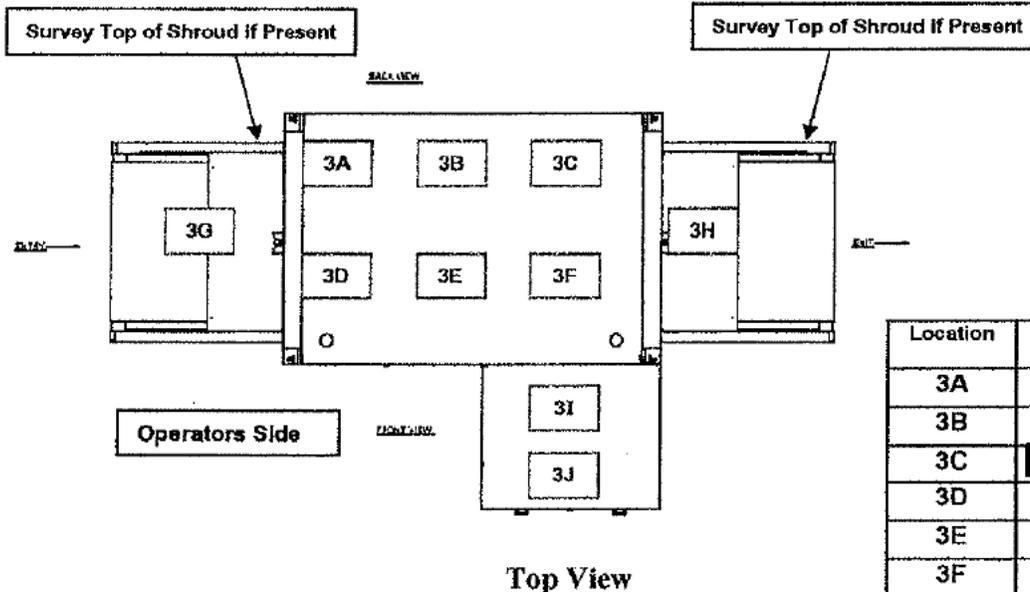


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	10	18
1B	16	13
1C	5	13
1D	11	8
1E	26	35
1F	3	6
1G	7	0
1H	0	1
1I	2	8
1J	41	29
1K	24	19

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



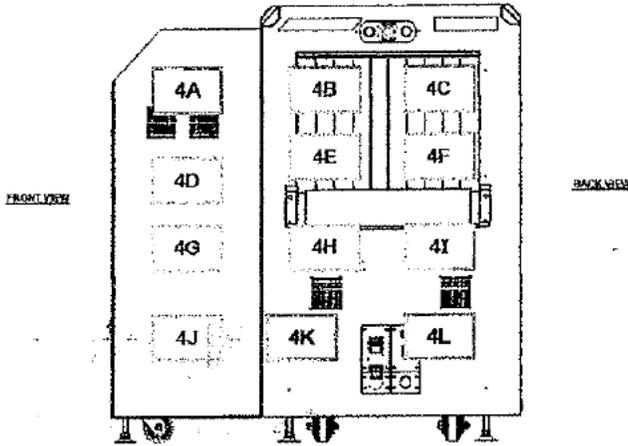
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	5	10
2B	8	15
2C	6	10
2D	5	2
2E	6	21
2F	6	19
2G	8	17
2H	4	9
2I	5	8
2J	49	49
2K	36	55



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	6	13
3B	5	3
3C	85	2
3D	14	12
3E	8	23
3F	7	13
3G	80	109
3H	23	38
3I	10	12
3J	4	9

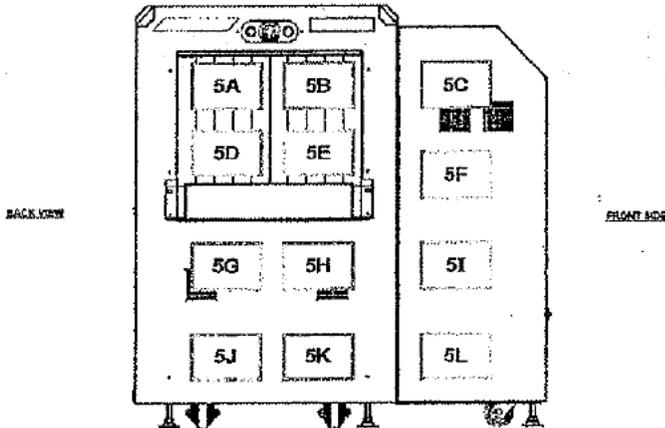
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	11	11
4B	19	22
4C	19	54
4D	13	15
4E	24	27
4F	36	31
4G	10	11
4H	9	4
4I	7	12
4J	4	9
4K	15	12
4L	9	6

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	30	49
5B	24	42
5C	25	29
5D	58	96
5E	56	79
5F	41	24
5G	7	7
5H	12	7
5I	15	9
5J	5	9
5K	12	8
5L	8	4

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: 3/9/11