The information in this report is required by 14 CRF 108.17 & 129.26. Failure to report may result in a civil penalty not to exceed $1000.00 for each such violation. (Federal Aviation Act of 1958, Section 901)

Department of Transportation **Federal Aviation Administration**	***X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION)*** *(Require by 14 CRF 108.17, 14 CRF 129.26)*	FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility *(18.80)* LGA INTERNATIONAL	FDA Region N/A	BB	St. No. R.R. or Airline/Airport *(10.80)* LGA
CC		City *(10.73)* FLUSHING	State Code NY		Zip Code 11371
DD		Room No. or Other Location of System *(10.32)* CENTRAL TERM C/P D	Person Interview *(22.54)* [redacted]		Telephone No. [redacted]
		Certification Label Present YES	Instruments: *(type and serial number)* Model: 451P		Serial No. 513
01	1.2 Manufacture And Product ID	A. Manufacture *(Responsible Firm)* SMITHS DETECTION	B. HS		C. System Model No. and/or Name HITRAX 66401
		D. 115 VAC 60HZ Unique I.D.	E. System Serial No. 40373		
		F. Date of Manufacture Mo. 9 Yr. 2003	1.4 Operator Instructions Available YES		1.5 Maintenance Schedule Available N/A
	2.0 Warning Labels Indicators	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" YES	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" YES		2.3 Two Indicators Labeled "X-Ray On" Present at Controls *(One May Be Labeled "mA Meter")* YES
02		2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel YES	3.0 Interlocks		3.1 "Captured Key" Control YES
	3.2 Door Safety Inter-Locks	A. Minimum Number of Interlocks Visible At Any One Door N/A	3.3 Prevention of X-Radiation By Interlocks		A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation N/A
		B. At Least One Interlock Dependent on No Moving Part Except Door N/A			B. Use of X-Ray Control Necessary to Resume Operation Following Interruption N/A
	4.0 Ports and/or Apertures	4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam NO			4.2 Some Part of the Body Can Be Inserted Into the Aperture NO
	6.0 Baggage Inspection Systems	6.1 Means Provided to Ensure Operator Presence at the Control Area YES			6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing YES
03	7.0 Leakage Radiation	Specific Test Procedure Used 04			7.1 Scatter Block Description PELICAN CASE

05	7.2 Technical Factures	70.04 kVp		·402 mA	
	7.3 Location Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	06 Location Exposure Levels		Non-Continuously Activated Systems Only Number of Exposures Initiated
	·059 mR/hr	Exp		·042 mR/hr	exp
	·058 mR/hr	Exp		·006 mR/hr	exp
	·054 mR/hr	exp		·005 mR/hr	exp
	·048 mR/hr	exp		·005 mR/hr	exp
07	Reasonable Number of Exposures That May Be Initiated in One Hour		OR	Duty Cycle of System Indicated As a Percentage of One Hour	100%
08	8.0 Additional Information 8.1 92 MR				
09	8.2				
10	8.3				
11	8.4				
12	8.5				
13	Surveyor Information	Surveyor Name (10-72) (Print: L. F. MI) [redacted]	Surv [redacted]	Date of Surrey 3/8/11	Surveying Agency Code HE

Remarks:

FAA Form 165-17 (6-81)

FAA HQ

SIEMENS
Government Services, Inc.

Form

Cabinet X-Ray Unit Radiation Survey Form

WO#: 3730802

Location: L4A C/P D Background Reading: ·003 µR/hr Date: 3/8/11

1. Identify Cabinet X-ray Unit and X-ray Generator information:
   a. Check appropriate Make/Model box below (if '**Other**', record Make and Model on the line provided);
   b. Record the X-ray Unit's serial number next to the Make/Model;
   c. With the X-rays turned "**ON**", record the X-ray Generator Voltage (**kV**) and Anode Current (**µA**) Readings;
   d. Convert Anode Current readings from **µA** to **mA** by dividing the µA value by 1000 (**example: 100 µA = 0.100 mA**);
   e. Transfer the **Observed Voltage and Converted Anode Current** readings to **Box 05, Section 7.2** (Technical Factures) of DOEO-0014 FAA Form 165-17.

Make / Model	Serial Number	Observed Voltage and Anode Current	Convert Anode Current to mA for FAA form (divide µA by 1000)
☐ Smiths Heimann **5030s**	s/n_____	+_____kV, -_____kV,_____ µA	_____mA
☑ Smiths Heimann **6040i**	s/n 40373	+ 70·04 kV, - 70·04 kV, 402·8 µA	·402 mA
☐ Smiths Heimann **7555i**	s/n_____	+_____kV, -_____kV,_____ µA	_____mA
☐ Rapiscan **519**	s/n_____	_____kV, _____ µA	_____mA
☐ Rapiscan **520B**	s/n_____	_____kV, _____ µA	_____mA
☐ Rapiscan **522B**	s/n_____	_____kV, _____ µA	_____mA
☐ Other _____	s/n_____	_____kV, _____ µA	_____mA

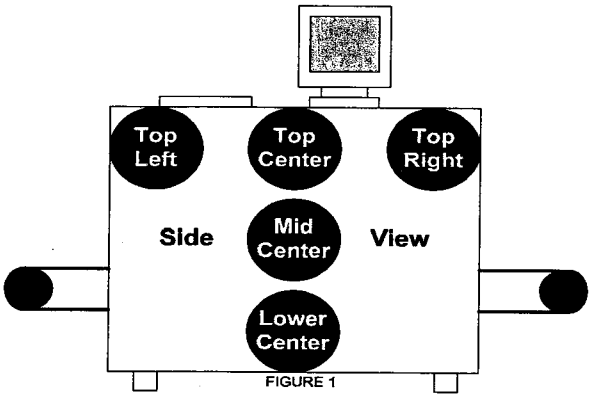

FIGURE 1

2. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 1 above) on **BOTH** sides (Left and Right) of the X-ray machine (total of **10** readings):

Note: The Inovision 451P Radiation Meter has a default range setting of **µR/hr**. Meter readings in µR/hr must be converted to mR/hr for this form and DOEO-0014 FAA Form 165-17.
Conversion: 100 µR/hr = 0.100 mR/hr.

FRONT		BACK	
TOP LEFT	·005 mR/hr	TOP LEFT	·003 mR/hr
TOP CENTER	·003 mR/hr	TOP CENTER	·006 mR/hr
TOP RIGHT	·002 mR/hr	TOP RIGHT	·002 mR/hr
MID CENTER	·001 mR/hr	MID CENTER	·005 mR/hr
LOWER CENTER	·001 mR/hr	LOWER CENTER	·003 mR/hr

[redacted]

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Form

WO#: 3730802

X-Ray Serial #: 40373

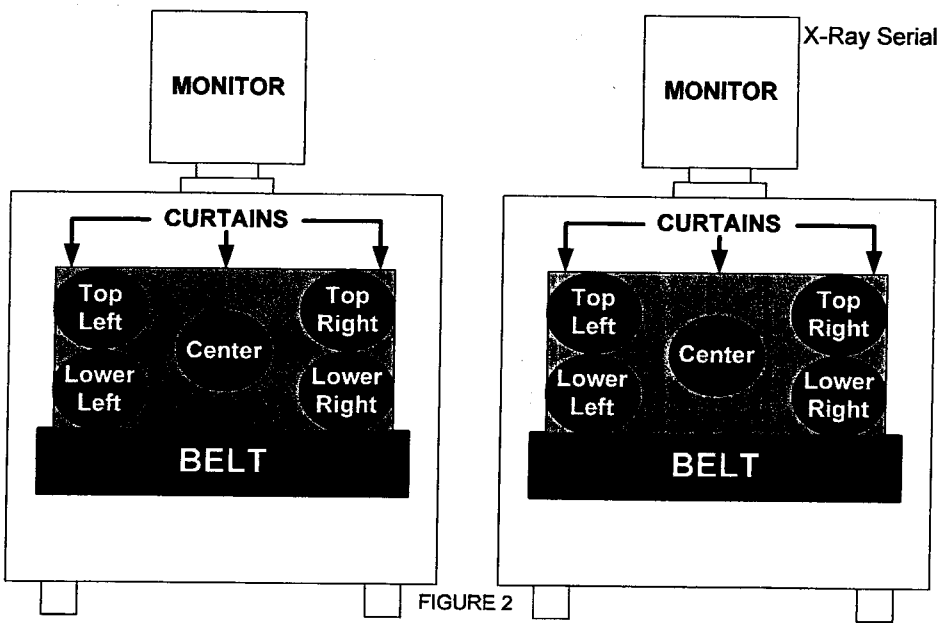

FIGURE 2

3. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 2 above) on **BOTH** sides (ENTRANCE and EXIT) of the X-ray machine (total of **10** readings):

ENTRANCE			**EXIT**		
TOP LEFT	.004	mR/hr	TOP LEFT	.058	mR/hr
TOP RIGHT	.005	mR/hr	TOP RIGHT	.048	mR/hr
LOWER LEFT	.004	mR/hr	LOWER LEFT	.054	mR/hr
LOWER RIGHT	.003	mR/hr	LOWER RIGHT	.042	mR/hr
CENTER	.005	mR/hr	CENTER	.059	mR/hr

4. Transfer the **8 highest** readings (out of **all 20** readings) to **Box 05, Section 7.3** (Exposure Levels) of DOEO-0014 FAA Form 165-17. Be sure to enter values in **mR/hr!! (100 µR/hr = 0.100 mR/hr)**.

   Note: On all X-Ray equipment, any reading of **0.5 mR/h (= 500 µR/h) or higher** is considered a **failure** of the Radiation Leak Survey.

5. Perform **Cumulative Exposure Test:**
   a. Push the MODE button once on the Inovision 451P;
   b. Verify that the meter's scale changes from **µR/h** to **µR** (Cumulative Mode);
   c. Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. **Record total here:** .920 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
   e. Record this result in Section 8.1 [redacted] 0-0014 FAA Form 165-17.

Survey Performed By (print your name): [redacted]

Signature: [redacted] **Date:** 3/8/11

Cabinet X-Ray Unit Radiation Survey Form	Version: 5	Effective Date: Oct 12, 2007	Document No.: F-ALL-049	Page: 2 of 2

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