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): LA GUARDIA AIRPORT (LGA)
- FDA Region: NY
- **BB** St. No. R.R. or Airline/Airport (10.80): TERMINAL C - US AIR
- City (10.73): Flushing
- State Code: NY
- Zip Code: 11371
- Room No. or Other Location of System (10.32): Shuttle CKPT. LANE 2
- [redacted]
- Telephone No. [redacted]
- Certification Label Present: YES
- Instruments: (type and serial number) INOVISION Model: 451P Serial No. 513

01 1.2 Manufacture And Product ID
- A. Manufacture (Responsible Firm): RAPISCAN
- B. OHU46
- C. System Model No. and/or Name: S22B
- D. 115VAC Unique I.D. 60 Hz
- E. System Serial No. 7012307
- F. Date of Manufacture Mo. 5 Yr. 2001
- 1.4 Operator Instructions Available: YES
- 1.5 Maintenance Schedule Available: N/A

02 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
- 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
- B. At Least One Interlock Dependent on No Moving Part Except 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. 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 1400 Case for INOVISION 451P Meter

05 7.2 Technical Factures: 144 kVp .716 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
.026 mR/hr	Exp	.019 mR/hr	exp
.026 mR/hr	Exp	.012 mR/hr	exp
.024 mR/hr	exp	.010 mR/hr	exp
.021 mR/hr	exp	.010 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 Dosage per inspection 171 uR
- **09** 8.2
- **10** 8.3
- **11** 8.4
- **12** 8.5

13 Surveyor Information [redacted] Date of Survey: 3-17-11 Surveying Agency Code [redacted]

Remarks:

FAA Form 165-17 (6-81)

FAA HQ

[redacted]

SIEMENS

Siemens Government Services, Inc.

Cabinet X-Ray Unit Radiation Survey Form (non-AT)

WO#: 3722049

Location: LGA TERMINAL C - SHUTTLE CKPT LANE 2. Background Reading: 3 µR/hr Date: 3-17-11

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_____	+_____kV, -_____kV,_____µA	_____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 7012307	144 kV, 716 µA	.716 mA
☐ Other _____	s/n_____	_____kV, _____µA	_____mA

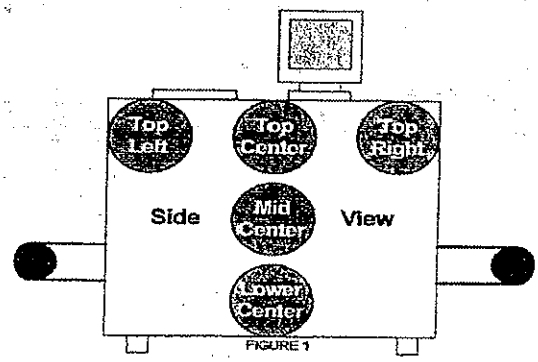

FIGURE 1

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	.009 mR/hr	TOP LEFT	.009 mR/hr
TOP CENTER	.010 mR/hr	TOP CENTER	.009 mR/hr
TOP RIGHT	.009 mR/hr	TOP RIGHT	.007 mR/hr
MID CENTER	.010 mR/hr	MID CENTER	.010 mR/hr
LOWER CENTER	.009 mR/hr	LOWER CENTER	.012 mR/hr

Printed copies of this document must be verified against the Document Server or Intranet for correct revision level before being used.

Confidential and Proprietary Data and Information of Siemens Government Services, Inc.

SIEMENS

Siemens Government Services, Inc.

WO#: 3722049

X-Ray Serial #: 7012307

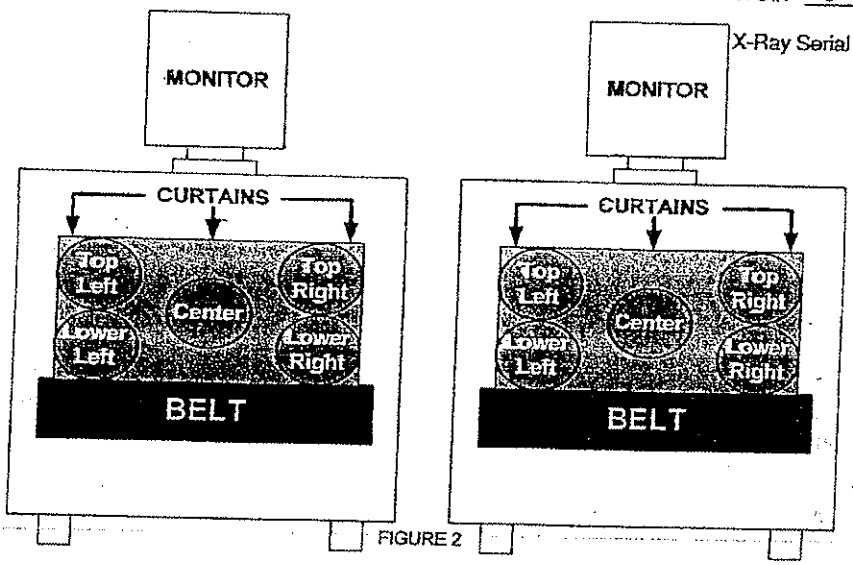

FIGURE 2

Printed copies of this document must be verified against the Document Server or Intranet for correct revision level before being used.

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	.009 mR/hr	TOP LEFT	.026 mR/hr
TOP RIGHT	.008 mR/hr	TOP RIGHT	.021 mR/hr
LOWER LEFT	.010 mR/hr	LOWER LEFT	.024 mR/hr
LOWER RIGHT	.008 mR/hr	LOWER RIGHT	.026 mR/hr
CENTER	.009 mR/hr	CENTER	.019 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:** 1.71 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection;**
   e. Record this result in Section 8.1 (Additional Information) of DOEO-0014 FAA Form 165-17.

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

Signature: [redacted] **Date:** 3-17-11

Cabinet X-Ray Unit Radiation Survey Form (non-AT)	Version: 6	Effective Date: Apr 2, 2010	Document No.: F-ALL-049	Page: 2 of 2

Confidential and Proprietary Data and Information of Siemens Government Services, Inc.

[redacted]