

Field Radiation Survey Sheet

Smiths Detection

SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY		Kansas City International Airport	
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)		80 Beirut Circle	
	CITY	STATE	MO	ZIP CODE
	Kansas City		Mo	64153
	ROOM NO. or OTHER LOCATION	Terminate 80 Lane 2		CONTACT PERSON
	PHONE NO.			
	MANUFACTURER	Smiths Detection	MODEL NO.	6040 ATIX
	DATE OF MFR.	11-2008	SERIAL NO.	80257
MFR. CERTIFICATION LABEL ATTACHED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>B</b> "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM			
	<input checked="" type="checkbox"/> Baggage Inspection	<input type="checkbox"/> Special Purpose	<input type="checkbox"/> General Purpose	<input type="checkbox"/> Other
<b>C</b> "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)			
	<input type="checkbox"/> State "Notice to Employees" Document Posted	<input type="checkbox"/> Operators Instruction Manual on Location	<input checked="" type="checkbox"/> N/A	
<b>D</b> "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION			
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	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 <input type="checkbox"/> NO
	Two Indicators Labeled "X-Ray ON" Present at Controls			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>E</b> "INTERLOCKS"	INTERLOCK VERIFICATION TEST			
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>F</b> "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES			
	Some Part of the Body Can Be Inserted Through A "Port" Into the Primary Beam			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Some Part of the Body Can Be Inserted Through An "Aperture"			<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<b>G</b> "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY			
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

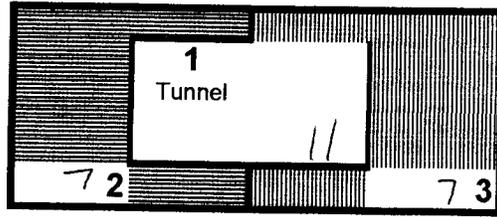
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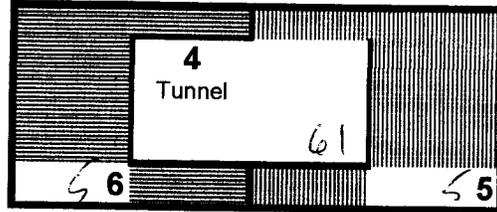
SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
<b>H</b> "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 0:					
	Scattering Body Description				<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other	
	X-Ray Machine Settings <i>See comments</i>				Describe Other:	
	Radiation Survey Instrument Used		Make/Model Number		Background	
			Serial Number		3 uR/hr	
			Calibration Date Due			
	Survey Location Description		Survey Point		External Surface Exposure Rates (uR/hr)	
					Internal Exposure (mR) "Optional"	
			1		11 uR/hr	
			2		7 uR/hr	
			3		7 uR/hr	
			4		7 uR/hr	
			5		61 uR/hr	
			6		5 uR/hr	
			7		5 uR/hr	
		8		5 uR/hr		
		9		7 uR/hr		
		10		8 uR/hr		
		11		7 uR/hr		
		12		3 uR/hr		
		13		15 uR/hr		
Highest External Surface Exposure Rate Reading				Location Description		
101 uR/hr				TUNNEL EXIT		
All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
<b>I</b> "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION					
	Overall Condition of Cabinet X-Ray Unit			<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT *		* Describe UNSAT Condition
	Condition of Lead Curtains			<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT *		* Describe UNSAT Condition
	Other Comments, Recommendations, Corrections, or Problems Encountered					
	A +77.37 kV    -75.59 kV    406 mA    668 mA B +76.91 kV    -75.49 kV    476 mA    668 mA C +82.40 kV    -81.95 kV    499 mA    718 mA D +76.45 kV    -74.16 kV    448 mA    659 mA					
SURVEYOR'S NAME (Print: Last, First, Middle Init)						
<i>change all inspection 760 uR</i>						
SURVEYOR'S SIGNATURE						
DATE OF SURVEY AND INSPECTION						
3-4-11						

### Field Radiation Survey Sheet

Pax  
Side  
Ent.



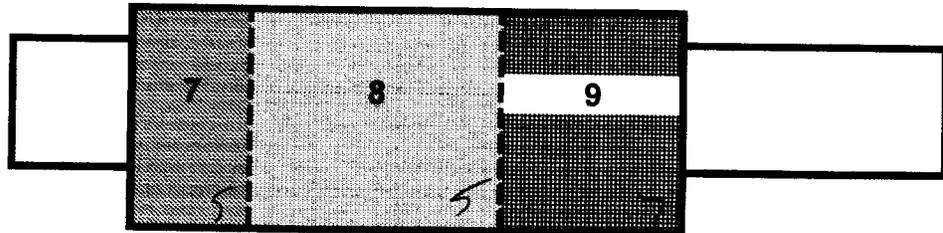
End View



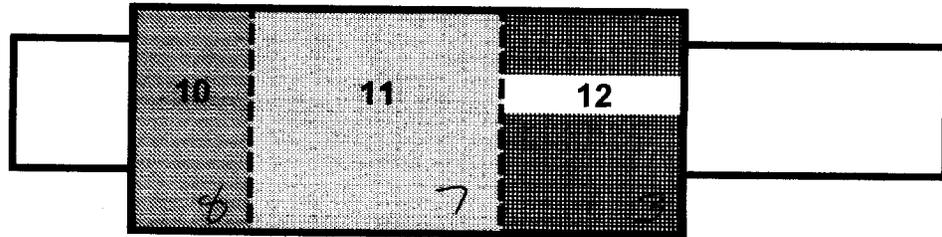
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End View

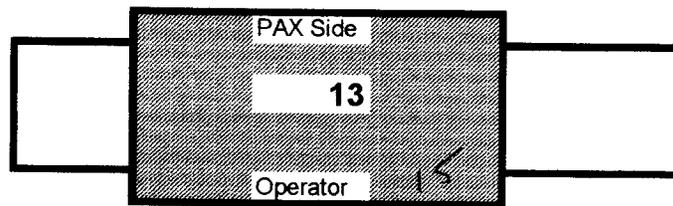
Entire Area around each  
number must be surveyed  
for leakage



Operator Side View



PAX Side View



Top View