smiths

Smiths Detection

Field Radiation Survey Sheet

SECTION	PART I - GENERAL PROCEDURE INFORMATION				
A "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM				
	NAME OF FACILITY	Orlando International Airport			
	Is this Facility Operated Exclusively by the Federal Government?				☑ YES ☐ NO
	ADDRESS (Street No., Rural Rt., or Airline and Airport)	9265 B Airport Blvd			
	CITY	Orlando	STATE	FL	ZIP CODE 32827
	ROOM NO. or OTHER LOCATION	West Checkpoint LL3	CONTACT PERSON	[redacted]	
	PHONE NO.	[redacted]	FAX NO.		
	MANUFACTURER	Smiths Detection	MODEL NO.	6040 aTix	
	DATE OF MFR.	12/2008	SERIAL NO.	80187	
	MFR. CERTIFICATION LABEL ATTACHED	☑ YES ☐ NO			
B "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM				
	☑ Baggage Inspection	☐ Special Purpose	☐ General Purpose	☐ Other	
	Describe Other:				
C "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)				
	☐ State "Notice to Employees" Document Posted	☐ Operators Instruction Manual on Location	☑ N/A		
	☐ Certificate of X-ray Machine Registration on Location	☐ Cabinet X-Ray Machine Maintenance Schedule Available			
D "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION				
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"				☑ YES ☐ NO
	Warning Labels Present at Ports Stating "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard"				☑ YES ☐ NO
	Two Indicators Labeled "X-Ray ON" Present at Controls				☑ YES ☐ NO
	At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel				☑ YES ☐ NO
E "INTERLOCKS"	INTERLOCK VERIFICATION TEST				
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation				☑ YES ☐ NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays				☑ YES ☐ NO
	The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation				☑ YES ☐ NO
F "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES				
	Some Part of the Body Can Be Inserted Through A "Port" Into the Primary Beam				☐ YES ☑ NO
	Some Part of the Body Can Be Inserted Through An "Aperture"				☐ YES ☐ NO ☑ N/A
G "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				☑ YES ☐ 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				☑ YES ☐ NO

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SECTION	PART II - SPECIFIC PROCEDURE INFORMATION
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01

Scattering Body Description: ☐ Lucite ☑ Paper ☐ Other

Describe Other:

X-Ray Machine Settings: kV / mA — See Comments

Radiation Survey Instrument Used: Make/Model Number: Inovision 451P-RYR; Serial Number: 405; Calibration Date Due: 9/24/11

Background: 2 uR/hr

Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		Comments
	1	11	uR/hr		mR	
	2	7	uR/hr		mR	
	3	12	uR/hr		mR	
	4	37	uR/hr		mR	
	5	8	uR/hr		mR	
	6	4	uR/hr		mR	
	7	7	uR/hr		mR	
	8	9	uR/hr		mR	
	9	8	uR/hr		mR	
	10	3	uR/hr		mR	
	11	6	uR/hr		mR	
	12	4	uR/hr		mR	
	13	12	uR/hr		mR	

Highest External Surface Exposure Rate Reading: 37 uR/hr — Location Description: Exit tunnel

All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40 ☑ YES ☐ NO

I "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION			
	Overall Condition of Cabinet X-Ray Unit	☑ SAT	☐ UNSAT *	* Describe UNSAT Condition
	Condition of Lead Curtains	☑ SAT	☐ UNSAT *	* Describe UNSAT Condition

Other Comments, Recommendations, Corrections, or Problems Encountered

Gen A = 77.37kv - 75.54kv 668uA

Gen B = 76.91kv - 78.28kv 672uA

Gen C = 77.83kv - 76.91kv 668uA

Gen D = 74.62kv - 74.62kv 645uA

Dosage per inspection = 850uR

SURVEYOR'S NAME (Print: Last, First, Middle Int.

SURVEYOR'S SIGNATURE

DATE OF SURVEY AND INSPECTION: 7/15/11

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