

The information in this report is required by 14 CFR 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) <i>(Require by 14 CFR 108.17, 14 CFR 129.26)</i>		FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098
AA	1.1 Name and	Name of Facility (18.80) Chicago Midway Airport		FDA Region I1	St. No. R.R. or Airline/Airport (10.80) 5757 S. Cicero Ave
CC	Address of Facility	City (10.73) Chicago		BB State Code I1	Zip Code 60638
DD	and Specific Location of X-ray System	Room No. or Other Location of System (10.32) CHECKPOINT LANE 7		Person Interview (33.54) [REDACTED]	Telephone No. [REDACTED]
01	1.2 Manufacture And Product ID	A. Manufacture (Responsible Firm) Smith Hiemann		B. HS	C. System Model No. and/or Name Hi TRAK 75551
		D. 115 V Unique I.D. 60 Hz		E. System Serial No. 21214	
	F. Date of Manufacture Mo. JUNE Yr. 2001		1.4 Operator Instructions Available YES		1.5 Maintenance Schedule Available N/A
	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 Interlocks
3.2 Door Safety Interlocks	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. 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 Box of 6 reams of paper	
05	7.2 Technical Factors r 71.42kV -68.67 kV , 39371 mA				
	7.3 Location Exposure Levels		Non-Continuously Activated Systems Only Number of Exposures Initiated		Location Exposure Levels
	.033 mR/hr	Exp	.063 mR/hr	exp	.063 mR/hr
	.036 mR/hr	Exp	.004 mR/hr	exp	.004 mR/hr
	.046 mR/hr	exp	.004 mR/hr	exp	.004 mR/hr
1037 mR/hr	exp	.004 mR/hr	exp	.004 mR/hr	
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				
09	8.1 98 mR - Dosage per Inspection				
10	8.2				
11	8.3				
12	8.4				
13	8.5				
13	Surveyor Information	[REDACTED]		Date of Survey	3/5/11
Remarks:		[REDACTED]		Surveying Agency Code	505

Cabinet X-Ray Unit Radiation Survey Form

WO#: 3712508

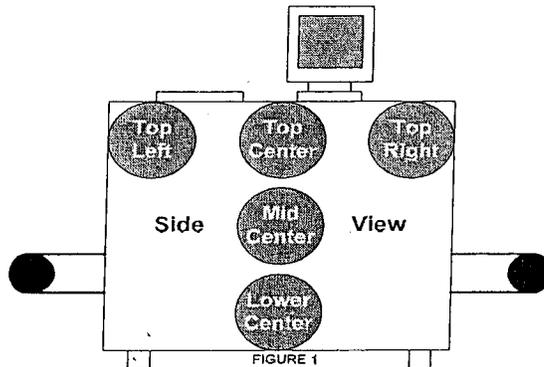
Location: MDW Checkpoint Lane 7 Background Reading: .002 μ R/hr

Date: 3/5/11

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 (μ A) Readings;
 - d. Convert Anode Current readings from μ A to mA by dividing the μ A value by 1000 (example: 100 μ A = 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 μ A by 1000)
<input type="checkbox"/> Smiths Heimann 5030s	s/n _____	+ _____ kV, - _____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Smiths Heimann 6040i	s/n _____	+ _____ kV, - _____ kV, _____ μ A	_____ mA
<input checked="" type="checkbox"/> Smiths Heimann 7555i	s/n <u>21214</u>	+ <u>71.42</u> kV, - <u>68.67</u> kV, <u>393.71</u> μ A	<u>.39371</u> mA
<input type="checkbox"/> Rapiscan 519	s/n _____	_____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Rapiscan 520B	s/n _____	_____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Rapiscan 522B	s/n _____	_____ kV, _____ μ A	_____ mA
<input type="checkbox"/> Other _____	s/n _____	_____ kV, _____ μ A	_____ mA

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



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

FRONT		BACK	
TOP LEFT	<u>.002</u> mR/hr	TOP LEFT	<u>.002</u> mR/hr
TOP CENTER	<u>.002</u> mR/hr	TOP CENTER	<u>.002</u> mR/hr
TOP RIGHT	<u>.002</u> mR/hr	TOP RIGHT	<u>.003</u> mR/hr
MID CENTER	<u>.004</u> mR/hr	MID CENTER	<u>.002</u> mR/hr
LOWER CENTER	<u>.003</u> mR/hr	LOWER CENTER	<u>.003</u> mR/hr

WO#: 3712508

X-Ray Serial #: 21214

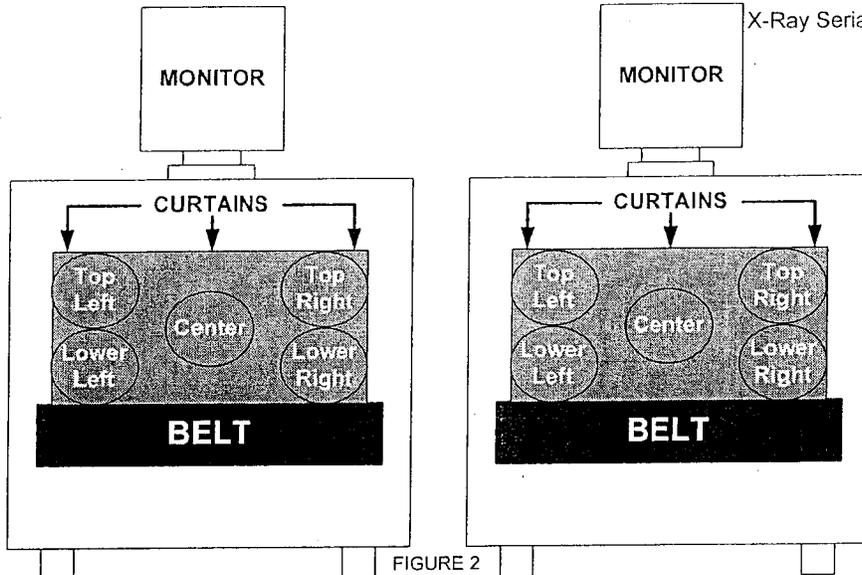


FIGURE 2

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

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):

<u>ENTRANCE</u>		<u>EXIT</u>	
TOP LEFT	<u>.1003</u> mR/hr	TOP LEFT	<u>.033</u> mR/hr
TOP RIGHT	<u>.004</u> mR/hr	TOP RIGHT	<u>.036</u> mR/hr
LOWER LEFT	<u>.004</u> mR/hr	LOWER LEFT	<u>.046</u> mR/hr
LOWER RIGHT	<u>.1003</u> mR/hr	LOWER RIGHT	<u>.037</u> mR/hr
CENTER	<u>.003</u> mR/hr	CENTER	<u>.063</u> mR/hr

4. Transfer the 8 highest readings (out of all 20 readings) to **Box 05, Section 7.3** (Exposure Levels) of DOE0-0014 FAA Form 165-17. Be sure to enter values in mR/hr!! (100 μ R/hr = 0.100 mR/hr).

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

5. Perform **Cumulative Exposure Test**:
- Push the MODE button once on the Inovision 451P;
 - Verify that the meter's scale changes from μ R/h to μ R (Cumulative Mode);
 - Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. Record total here: 987 μ R / 10 = 98.7
 - Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
 - Record this result in Section 8.1 (Additional Information) of DOE0-0014 FAA Form 165-17.

Survey Performed by: _____

Signature: _____

Date: 3/5/11

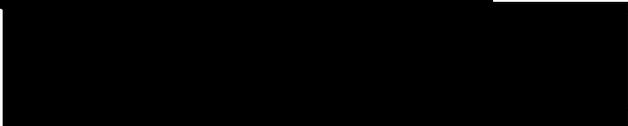
Work Order #: 3712508

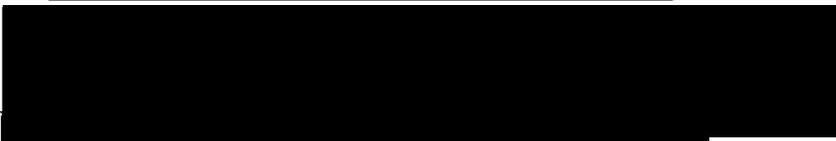
Software Version: HiTRAX HX-02-09-S

Technician Comments: _____

Customer Comments: Power Cord Retention Clip Ordered (Part# 34423739)
Quantity 1 SMO 4092552 ETA Tues. March 8, 2011

Technician Name: 

Technician Signature:  Date: 3/5/11

Customer Name: 

Customer Signature:  Date: 3/5/11