

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 <b>Memphis Int'l. Airport</b>				
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>UNKNOWN</i>				
	ADDRESS (Street No., Rural Rt., or Airline and Airport) <b>2495 Winchester Rd.</b>				
	CITY <b>Memphis</b>		STATE <b>TN</b>	ZIP CODE <b>38116</b>	
	ROOM NO. or OTHER LOCATION <b>FIS</b>		CONTACT PERSON [REDACTED]		
	PHONE NO. [REDACTED]		FAX NO. [REDACTED]		
	MANUFACTURER <b>Smiths Hermann</b>		MODEL NO. <b>HS 6040 aTiX LH</b>		
	DATE OF MFR. <b>Dec 2007</b>		SERIAL NO. <b>96069</b>		
	MFR. CERTIFICATION LABEL ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	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	
C "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		
D "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	
E "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 <i>N/A</i>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>3-16-11</i>	
F "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES				
	Some Part of the Body Can Be Inserted Through A "Port" Into the Primary Beam			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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			<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		

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION																								
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01																								
	Scattering Body Description <i>8 Reams Paper</i>			<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other:																					
	X-Ray Machine Settings		kV	See Comments																					
			mA	See Comments																					
	Radiation Survey Instrument Used		Make/Model Number	<i>Institution 457P-RYR</i>																					
			Serial Number	<i>0606</i>																					
			Calibration Date Due	<i>8-26-11</i>																					
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR) "Optional"	Comments																				
		1	<i>11</i> uR/hr	mR																					
		2	<i>9</i> uR/hr	mR																					
		3	<i>10</i> uR/hr	mR																					
		4	<i>9</i> uR/hr	mR																					
		5	<i>9</i> uR/hr	mR																					
		6	<i>8</i> uR/hr	mR																					
		7	<i>14</i> uR/hr	mR																					
	8	<i>14</i> uR/hr	mR																						
	9	<i>14</i> uR/hr	mR																						
	10	<i>14</i> uR/hr	mR																						
	11	<i>14</i> uR/hr	mR																						
	12	<i>14</i> uR/hr	mR																						
	13	<i>14</i> uR/hr	mR																						
Highest External Surface Exposure Rate Reading		<i>14</i> uR/hr	Location Description <i>7-13</i>																						
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																					
I "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																								
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<i>Section E - No Doors/Interlocks applicable.</i>																									
<i>Average dosage per Pass = .77 mR</i>																									
SURVEYOR'S NAME (Print: Last, First, Middle Init)																									
SURVEYOR'S SIGNATURE																									
DATE OF SURVEY AND INSPECTION																									
<i>3-7-11</i>																									