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	Name of Facility (18.80): McAllen Miller	FDA Region: TX	BB St. No. R.R. or Airline/Airport (10.80): 2500 S Bicentennial	
CC		City (10.73): McAllen		State Code: TX	Zip Code: 78503
DD	and Specific Location of X-ray System	Room No. or Other Location of System (10.32): CKPT Ln 2	Person Interview (33.54): [redacted]	Telephone No.: [redacted]	
		Certification Label Present: YES	Instrument: (type and serial number) Invision	Model: 451P	Serial No. 519
01	1.2 Manufacture And Product ID	A. Manufacturer (Responsible Firm): Rapiscan Systems	B. 04146	C. System Model No. and/or Name: 522B	
		D. 115 Vac Unique I.D. 60 Hz	E. System Serial No. 703 4015		
		F. Date of Manufacture Mo. 10 Yr. 2003	1.4 Operator Instructions Available: YES	1.5 Maintenance Schedule Available: N/A	
	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	
02		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	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. At Least One Interlock Dependent on No Moving Part Except Door 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: Scatter Block	7.1 Beam Block Description: Pelican 1400 case		

05	7.2 Technical Factures: 140 kVp		700 mA		
	7.3 Location Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	Location Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	
	.038 mR/hr	Exp	.029 mR/hr	exp	
	.034 mR/hr	Exp	.028 mR/hr	exp	
	.031 mR/hr	exp	.027 mR/hr	exp	
	.030 mR/hr	exp	.026 mR/hr	exp	
06					
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 8.1 118 mR - Dosage per Inspection				
09	8.2				
10	8.3				
11	8.4				
12	8.5				
13	Surveyor Information: [redacted]			Date of Survey: 3/8/11	Surveying Agency Code

Remarks:

FAA Form 165-17 (6-81)

FAA HQ

SIEMENS
Government Services, Inc.

Form

Cabinet X-Ray Unit Radiation Survey Form

WO#: 3712301

Location: CKPt Ln 2 Background Reading: 8 µR/hr Date: 3/8/11

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 7034015	140 kV, 700 µA	.700 mA
☐ Other _____	s/n_____	_____kV, _____ µA	_____mA

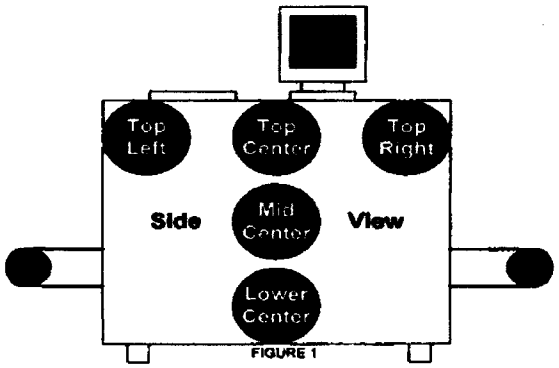

FIGURE 1

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	.013 mR/hr	TOP LEFT	.015 mR/hr
TOP CENTER	.015 mR/hr	TOP CENTER	.017 mR/hr
TOP RIGHT	.011 mR/hr	TOP RIGHT	.010 mR/hr
MID CENTER	.019 mR/hr	MID CENTER	.019 mR/hr
LOWER CENTER	.009 mR/hr	LOWER CENTER	.012 mR/hr

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Form

WO#: 37123 01

X-Ray Serial #: 7034015

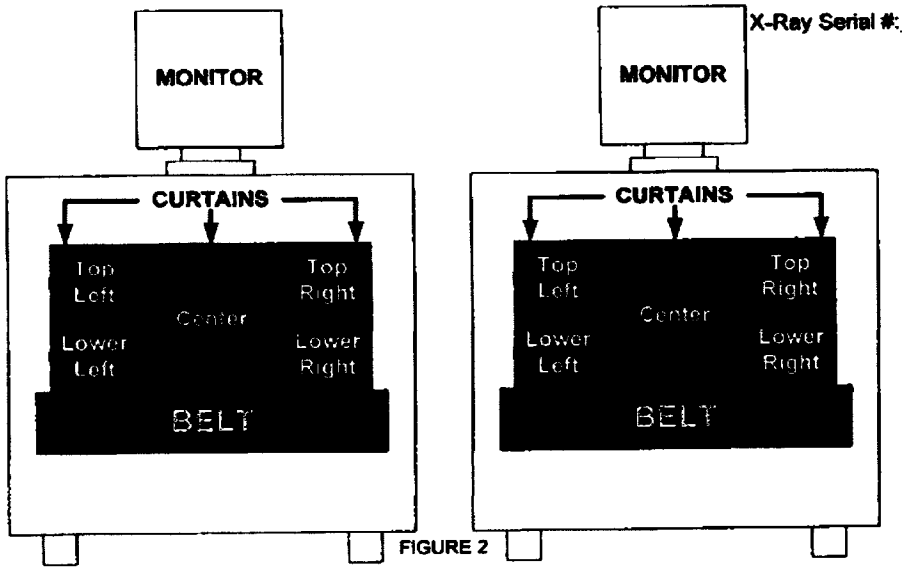

FIGURE 2

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	.024 mR/hr	TOP LEFT	.031 mR/hr
TOP RIGHT	.026 mR/hr	TOP RIGHT	.029 mR/hr
LOWER LEFT	.020 mR/hr	LOWER LEFT	.027 mR/hr
LOWER RIGHT	.028 mR/hr	LOWER RIGHT	.030 mR/hr
CENTER	.034 mR/hr	CENTER	.038 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:** 1.18 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection;**
   e. Record this result in Section [redacted] orm 165-17.

Survey [redacted]

Signatu [redacted] **Date:** 3/8/11

Cabinet X-Ray Unit Radiation Survey Form	Version: 5	Effective Date: Oct 12, 2007	Document No.: F-ALL-049	Page: 2 of 2

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