



### Field Radiation Survey Sheet

Smiths Detection

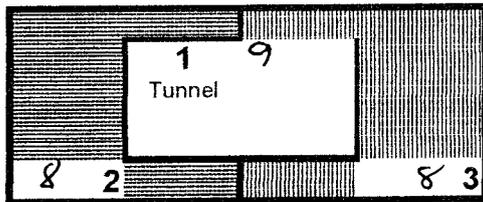
SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY		MIAMI INTERNATIONAL AIRPORT	
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)		4200 NW 21 ST.	
	CITY	STATE	FL.	ZIP CODE
	ROOM NO. or OTHER LOCATION	MIAMI		33122
	PHONE NO.	CONTACT PERSON	[REDACTED]	
	MANUFACTURER	MODEL NO.	6040i aTIX	
	DATE OF MFR.	SERIAL NO.	75735	
	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
<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
<b>G</b> "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ON: V			
	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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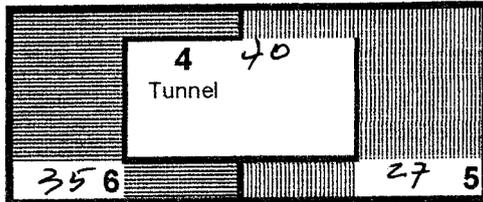
SECTION	PART II - SPECIFIC PROCEDURE INFORMATION																							
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01																							
	Scattering Body Description			<input type="checkbox"/> Lucite <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other Describe Other: <b>PELIKAN CASE</b>																				
	X-Ray Machine Settings		kV	82.86																				
			mA	508.16																				
	Radiation Survey Instrument Used		Make/Model Number	INOVISION/451P																				
			Serial Number	496																				
			Calibration Date Due	10/11/11																				
	Survey Location Description		Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR) *Optional*	Comments																		
		1	9	uR/hr	mR																			
		2	8	uR/hr	mR																			
	3	8	uR/hr	mR																				
	4	40	uR/hr	mR																				
	5	27	uR/hr	mR																				
	6	35	uR/hr	mR																				
	7	12	uR/hr	mR																				
	8	9	uR/hr	mR																				
	9	8	uR/hr	mR																				
	10	9	uR/hr	mR																				
	11	10	uR/hr	mR																				
	12	10	uR/hr	mR																				
	13	10	uR/hr	mR																				
Highest External Surface Exposure Rate Reading			40 uR/hr	Location Description: <b>Pos #4</b>																				
All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40					<input 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																							
	<table border="0" style="width:100%; text-align:center;"> <tr> <td style="width:25%;"><u>A</u></td> <td style="width:25%;"><u>B</u></td> <td style="width:25%;"><u>C</u></td> <td style="width:25%;"><u>D</u></td> </tr> <tr> <td>462.38 mA</td> <td>448.64 mA</td> <td>466.96 mA</td> <td>476.11 mA</td> </tr> <tr> <td>499.00 mA</td> <td>476.11 mA</td> <td>494.42 mA</td> <td>508.16 mA</td> </tr> <tr> <td>695.86 mA</td> <td>663.81 mA</td> <td>700.43 mA</td> <td>723.32 mA</td> </tr> <tr> <td>79.20 kV</td> <td>75.99 kV</td> <td>80.11 kV</td> <td>82.86 kV</td> </tr> </table> <p>CUMULATIVE AVERAGE = 7.4 mR / 10 PASSES = 0.74 mR</p>					<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	462.38 mA	448.64 mA	466.96 mA	476.11 mA	499.00 mA	476.11 mA	494.42 mA	508.16 mA	695.86 mA	663.81 mA	700.43 mA	723.32 mA	79.20 kV	75.99 kV	80.11 kV
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SURVEYOR'S NAME (Print: Last, First, Middle Init)			[REDACTED]																					
SURVEYOR'S SIGNATURE			[REDACTED]																					
DATE OF SURVEY AND INSPECTION			3/9/11																					

Field Radiation Survey Sheet

Pax  
Side  
Ent.



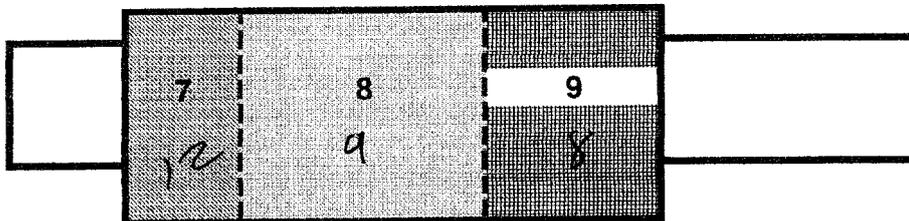
End View



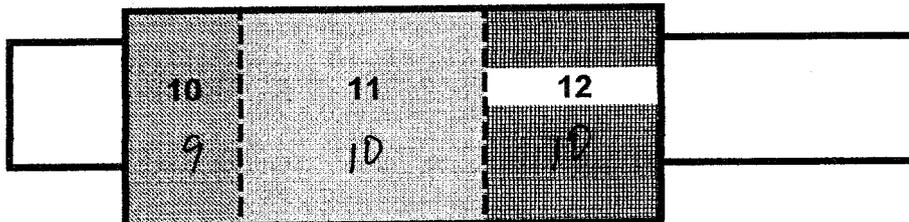
Pax  
Side  
Exit

End View

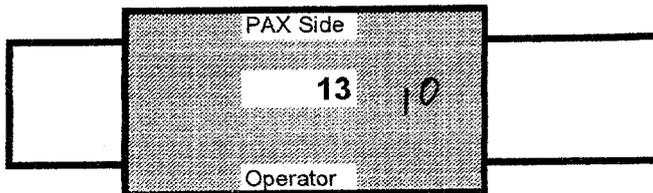
Entire Area around each  
number must be surveyed  
for leakage



Operator Side View



PAX Side View



Top View