

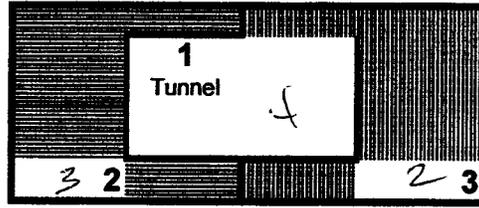
SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY		General Mitchell International Airport	
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)		5300 S Howell Ave	
	CITY	STATE	WI	ZIP CODE
	Milwaukee			53207
	ROOM NO. or OTHER LOCATION	E Concourse	CONTACT PERSON	
	PHONE NO.		FAX NO.	
	MANUFACTURER	Smiths Heimann	MODEL NO.	ATIX 6040
	DATE OF MFR.	JUNE 2008	SERIAL NO.	78497
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
<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 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

Smiths Detection

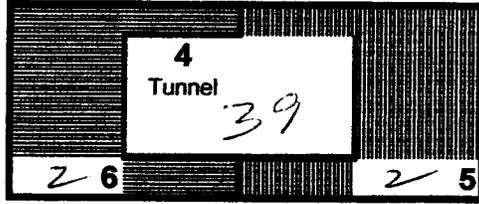
SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
<b>H</b> "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description <i>8 beams stacked</i>			<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other:		
	X-Ray Machine Settings <i>SEE COMMENTS</i>			Background		
	Radiation Survey Instrument Used		Make/Model Number <i>Thermo Rad Eye PR6-ER</i>	2 uR/hr		
			Serial Number <i>0316</i>			
			Calibration Date Due <i>28 September 2011</i>			
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR) "Optional"	Comments	
		1	<i>A</i> uR/hr	mR		
		2	<i>3</i> uR/hr	mR		
		3	<i>2</i> uR/hr	mR		
	4	<i>39</i> uR/hr	mR			
	5	<i>2</i> uR/hr	mR			
	6	<i>2</i> uR/hr	mR			
	7	<i>4</i> uR/hr	mR			
	8	<i>4</i> uR/hr	mR			
	9	<i>3</i> uR/hr	mR			
	10	<i>2</i> uR/hr	mR			
	11	<i>3</i> uR/hr	mR			
	12	<i>3</i> uR/hr	mR			
	13	<i>2</i> uR/hr	mR			
Highest External Surface Exposure Rate Reading		<i>39</i> uR/hr	Location Description	<i>Exit tunnel center</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	
<b>I</b> "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					
	Gen	+KV	-KV	ma		
	A	<i>+83.32</i>	<i>-80.11</i>	<i>0.71875</i>		
	B	<i>+84.69</i>	<i>-82.86</i>	<i>0.73406</i>		
	C	<i>+76.91</i>	<i>-73.25</i>	<i>0.65465</i>		
	D	<i>+75.99</i>	<i>-75.54</i>	<i>0.65923</i>		
	Dosage per inspection			<i>.34 mR/hr</i>		
SURVEYOR'S NAME (Print: Last, First, Middle Init.)						
SURVEYOR'S SIGNATURE						
DATE OF SURVEY AND INSPECTION		<i>3/25/2011</i>				

Field Radiation Survey Sheet

Pax  
Side  
Ent.



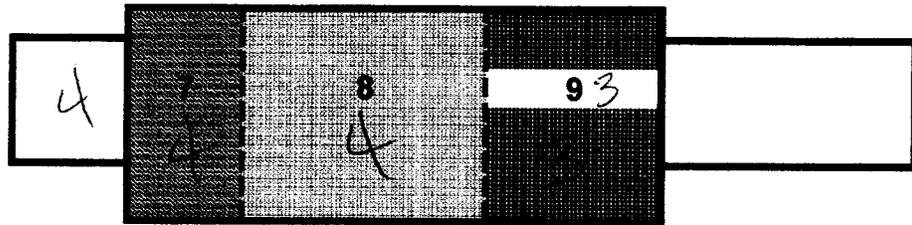
End View



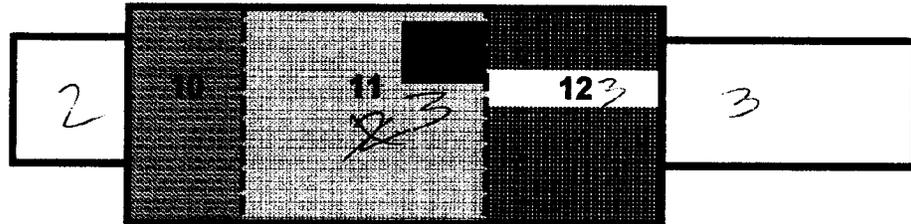
Pax  
Side  
Exit

End View

Entire Area around each  
number must be surveyed  
for leakage



Operator Side View



PAX Side View



Top View

13.4 m R

Adjusted C generator

3811900

### ASTM X-RAY TEST OBJECT LOG SHEET

DATE: 3/25/11 TIME: \_\_\_\_\_ OPERATOR: \_\_\_\_\_  
 X-RAY MAKE: HS MODEL: aTX SERIAL #: 38497 SOFTWARE VERSION: \_\_\_\_\_  
 MONITOR MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_  
 POSITION ON BELT (Left, Middle, Right): \_\_\_\_\_ ORIENTATION (Vertical, Horizontal): \_\_\_\_\_

TEST	IMAGING OPTIONS USED
1. Wire Resolution	
2. Useful Penetration	
3. Spatial Resolution	
4. Slit Penetration	
5. Thin Organic Imaging	
6. IQI Sensitivity Test	
7. Organic /Inorganic Differentiation	
8. Organic Differentiation	
9. Useful Organic Differentiation	

TEST 1: Wire resolution patterns with values 24, 30, 32, 36, 40. All boxes checked.

TEST 2: Wire resolution patterns with values 0.48, 0.32, 0.16. All boxes checked.

TEST 9: Organic/inorganic differentiation patterns. All boxes checked.

TEST 7: Organic differentiation patterns. All boxes checked.

TEST 3: Wire resolution patterns with values 10, 13, 16, 20. All boxes checked.

TEST 4: Slit penetration patterns with values 1, 2, 3, 4, 8. All boxes checked.

TEST 5: Slit penetration patterns with values 1, 2, 3, 4. All boxes checked.

TEST 6: Slit penetration patterns with values 1, 2, 3, 4, 5. All boxes checked.

ASTM Test #	1	2	3	4	5	6	7	8	9a	9b	9c	Total
Min. Acceptable Score	4	5	6	3	2	8	1	2	1	1	0	33
Score	5	9	8	3	2	14	1	6	1	1	0	50