

<b>Rapiscan</b> systems A GE Healthcare Company		<b>BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT</b>		<b>FIELD SERVICE ENGINEERS</b>		Form R-0588-3 9/9/09	
1. Name of Facility <i>CHICAGO O'HARE INTERNATIONAL AIRPORT</i>		2. Region <i>IL</i>		3. Street Address <i>T3 Basement TSA Maintenance Room</i>		45. RSI W.O.# Deferred W.O.# <i>3785966</i>	
4. City <i>CHICAGO</i>		5. State or Province Code <i>IL</i>		6. Zip Code <i>60666</i>			
7. Room No. or Other Physical Location of System <i>TICP3, L1</i>		8. Person Interviewed <i>[Redacted]</i>		9. Telephone Number <i>[Redacted]</i>		10. Fax Number <i>[Redacted]</i>	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Manufacturer <i>Rapiscan Systems Inc.</i>		13. System Model No. <i>620DVAR</i>		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/> Other <input type="checkbox"/> Describe:	
16. Date of Manufacture Mo. Yr. <i>10/2009</i>		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. System Serial No. <i>7084009</i>	
17. X-ray Tube Serial Number(s) <i>P5732 V P5944 H</i>		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. 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 - Pass <input type="checkbox"/> No - Fail		24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		28. Some Part of the Body Can Be Inserted Through a Port into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Rapiscan Systems Test Procedure Used: <i>Rapiscan Systems WL-0023-d</i>		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <i>Pelican</i> <input checked="" type="checkbox"/> Other, Describe: <i>1A00 Case</i>		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
33. X-Ray Generator Settings <i>160.8 kVp 1.007mA V 160.8 kVp 1.007MAH</i>		34.1. Background Radiation: <i>7 uR/hr</i>		34.2. Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.			
<b>34.3 Record All Readings in uR/hr Unless Otherwise Noted</b>							
<i>Please see model specific diagram (attached)</i>							
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Action and/or Recommendations:			
39. Surveyor Name (Print: L, F, MI) <i>[Redacted]</i>		40. Surveyor Signature <i>[Redacted]</i>		41. Date of Survey <i>3/15/11</i>		42. Time of Survey <i>9:30am</i>	
I have received a copy of this Radiation Survey Report and understand the contents of this report for State inspection.		Signature <i>[Redacted]</i>		Date <i>3/15/11</i>			
The undersigned hereby certifies that this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.							

This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

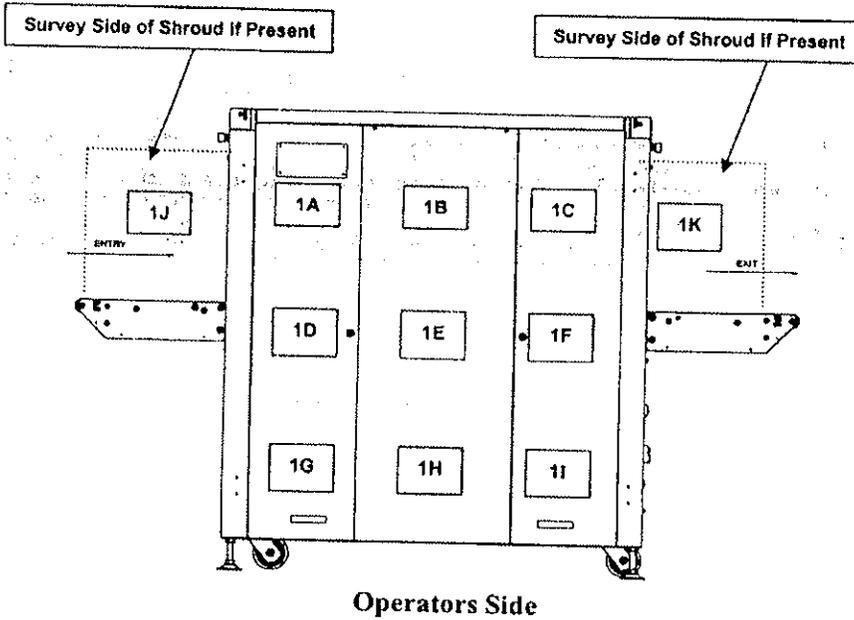
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**FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY**

United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)

Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

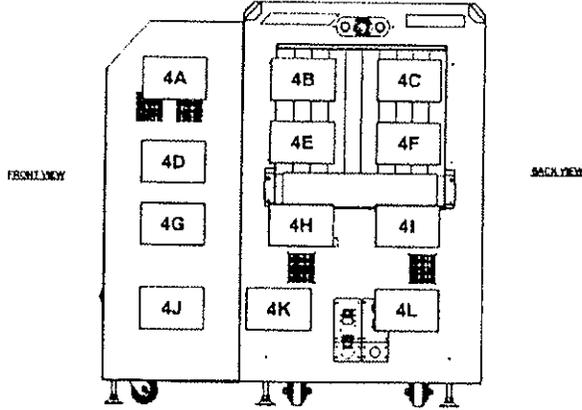
Date: <u>3/15/11</u>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> <input checked="" type="checkbox"/> US	Instrument Model No: <u>Inovision ASIP</u>
Time: <u>8:30am</u>	Date of Mfg: <u>October 2009</u>	Instrument Serial No: <u>456</u>
Background: uSv/hr ( <u>7</u> uR/hr)	Serial No: <u>7084009</u>	Instrument Calibration Due: <u>1/11/12</u>
All Measurements Recorded In: uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: <u>160.8</u> kVp <u>1.007</u> mA <u>H</u> Settings: <u>160.8</u> kVp <u>1.007</u> mA <u>V</u>	Description of Scatter Body: (Check One) <input type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input checked="" type="checkbox"/> Other <u>Pelican 1400 Case</u>



Location	Results NO Scatter Body	Results WITH Scatter Body
1A	10	24
1B	8	12
1C	3	6
1D	8	28
1E	5	21
1F	12	27
1G	16	24
1H	18	37
1I	20	32
1J	63	51
1K	58	41

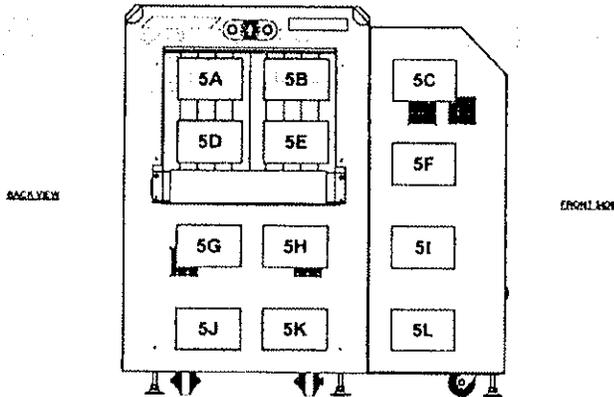
**FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY**

**EXIT TUNNEL**



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	4	32
4B	25	13
4C	4	15
4D	13	7
4E	3	10
4F	3	5
4G	6	7
4H	19	29
4I	5	11
4J	10	20
4K	12	20
4L	15	11

**ENTRANCE TUNNEL**

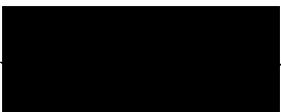


Location	Results NO Scatter Body	Results WITH Scatter Body
5A	20	4
5B	11	39
5C	6	24
5D	14	13
5E	2	30
5F	9	7
5G	30	32
5H	10	17
5I	6	5
5J	14	19
5K	7	6
5L	10	11

**Instructions:**

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any gaps, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED BY: \_\_\_\_\_



DATE: 3/15/11