

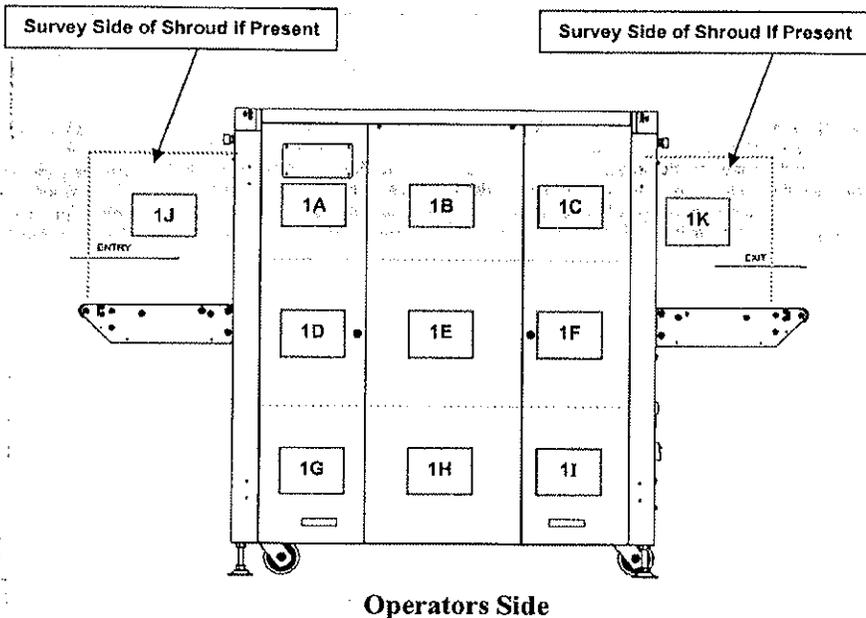
1. Name of Facility <u>O'hare Int'l Airport</u>		2. Region <u>IL</u>		3. Street Address <u>T3 Baggage Maintenance Room</u>	
4. City <u>Chicago</u>		5. State or Province Code <u>IL</u>		6. Zip Code <u>60666</u>	
7. Room No. or Other Physical Location of System <u>15 CP10 LNY</u>		8. [Redacted]		10. Tax Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: <u>FSE Shall Attach Copy of Calibration Certificate to This Form</u> Model: <u>Invision 457</u> Serial No. <u>455</u> Calibration Due Date: <u>1/11/12</u>			
Manufacturer <u>Rapiscan Systems Inc.</u>		13. System Model No. <u>6200V</u>		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>	
15. System Serial No. <u>7090308</u>		16. Date of Manufacture Mo. <u>Jan</u> Yr. <u>2009</u>		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	
17. X-ray Tube Serial Number(s) <u>P6586 / P6387</u>		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		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 Post-Station: "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 of the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		31. Scatter Block Description: <u>police case</u>		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 <u>16.08 kVp 1.007 mA</u> <u>16.8 1.007</u>		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.			
34. Background Radiation <u>5</u> uR/hr		Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.			
34.3 Record All Readings in uR/hr Unless Otherwise Noted					
Please see model specific diagram (attached)					
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): <u>[Redacted]</u>		40. Surveyor Signature: <u>[Redacted]</u>		41. Date of Survey <u>3-3-2011</u>	
42. Time of Survey <u>1430</u>		The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.			
43. I (<u>[Redacted]</u>) have received a copy of this Radiation Survey Report and understand the responsibility of this report for State inspection.		Signature: <u>[Redacted]</u> <u>3/3/11</u>			

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.

	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1 3698976
	FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY		

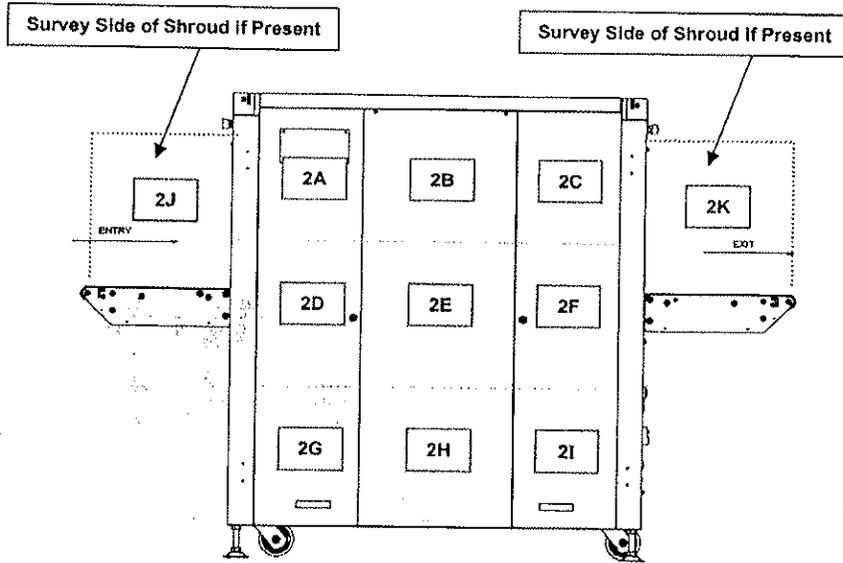
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)
 Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: 3-3-11	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> US <input checked="" type="checkbox"/>	Instrument Model No: INDVISION 451P
Time: 1:45PM	Date of Mfg: JAN 2009	Instrument Serial No: 455
Background: uSv/hr (5 uR/hr)	Serial No: 7090308	Instrument Calibration Due: 1-11-12
All Measurements Recorded In: <input type="checkbox"/> uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: 160.8 kVp 1.007 mA Settings: 160.8 kVp 1.007 mA	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 PILICAN CASE



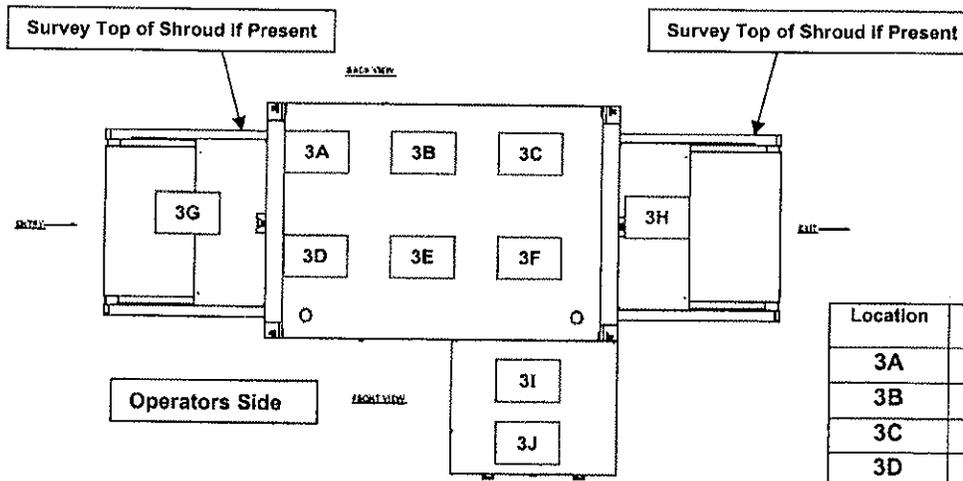
Location	Results NO Scatter Body	Results WITH Scatter Body
1A	10	4
1B	7	3
1C	11	7
1D	4	12
1E	6	11
1F	5	19
1G	7	16
1H	12	8
1I	9	7
1J	49	107
1K	95	53

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



Location	Results NO Scatter Body	Results WITH Scatter Body
2A	7	1
2B	10	8
2C	14	10
2D	17	18
2E	18	17
2F	16	6
2G	10	7
2H	11	10
2I	9	10
2J	6	4
2K	6	10

Non-Operators Side

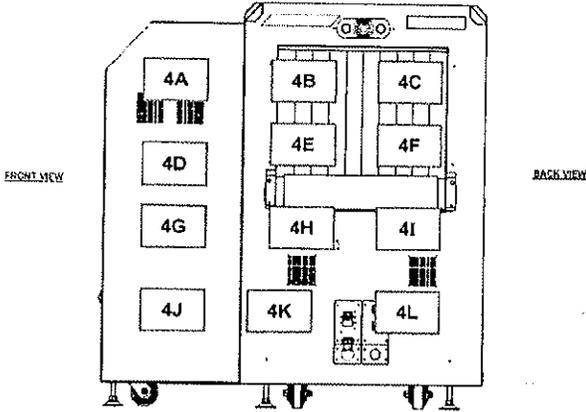


Location	Results NO Scatter Body	Results WITH Scatter Body
3A	4	9
3B	2	10
3C	21	9
3D	4	15
3E	18	12
3F	17	17
3G	16	34
3H	18	55
3I	19	28
3J	11	24

Top View

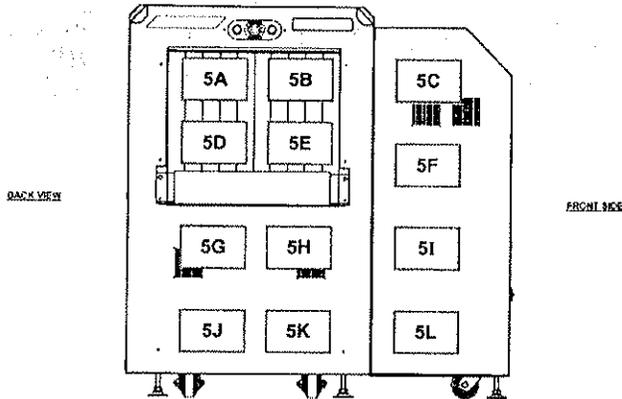
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	9	5
4B	21	17
4C	17	36
4D	7	17
4E	16	51
4F	22	35
4G	16	15
4H	18	15
4I	8	41
4J	4	12
4K	8	26
4L	12	14

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	9	21
5B	7	23
5C	3	9
5D	15	17
5E	11	23
5F	14	20
5G	21	9
5H	17	5
5I	16	2
5J	13	6
5K	6	7
5L	4	6

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: 3-3-11