

1. Name of Facility Phoenix Sky Harbor		2. Region West		3. Street Address 3800 E. Sky Harbor Blvd	
4. City Phoenix		5. State or Province Code AZ		6. Zip Code 85034	
7. Room No. or Other Physical Location of System <b>T4A Ln 6</b>		8. Person Interviewed [Redacted]		9. Telephone Number [Redacted]	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: <b>FSE Shall Attach Copy of Calibration Certificate to This Form</b> Model: <b>INNOVISION 45M</b> Serial No. <b>0607</b> Calibration Due Date: <b>11/10/12</b>			
Manufacturer <b>Rapiscan Systems Inc.</b>		13. System Model No. 620 DVAT		14. Single Source <input type="checkbox"/> Other <input type="checkbox"/> Describe: Dual Source <input checked="" type="checkbox"/>	
15. System Serial No. <b>7084405</b>		16. Date of Manufacture Mo. <b>OCT</b> Yr. <b>2008</b>		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) <b>PA-753 P-5943</b>		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		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	
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		21. Maintenance Schedule Available <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 Or X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Rapiscan Systems Test Procedure Used: Rapiscan Systems <u>WI-0023-4</u>		31. Scatter Block Description: <input checked="" type="checkbox"/> Two (2) Reams Copy Paper <input type="checkbox"/> Other, Describe:		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 <b>100.0 kVp 1.007mA</b> <b>160.8 kVp 0.07mA</b>		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.			
34.1. Background Radiation: <b>7</b> uR/hr		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 Description		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Active Actions and/or Recommendations:	
39. Surveyor Name (Print: L. F. M.) [Redacted]		40. Surveyor Signature [Redacted]		41. Date of Survey <b>8/23/11</b>	
42. Time of Survey: <b>4:15 PM</b>		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 understand and agree to receive a copy of this Radiation Survey Report and for State inspection. <b>8/25/11</b>		Signature: [Redacted]			

**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.**

WO 3802134  
EQ 58439  
GENERATOR  
PHX

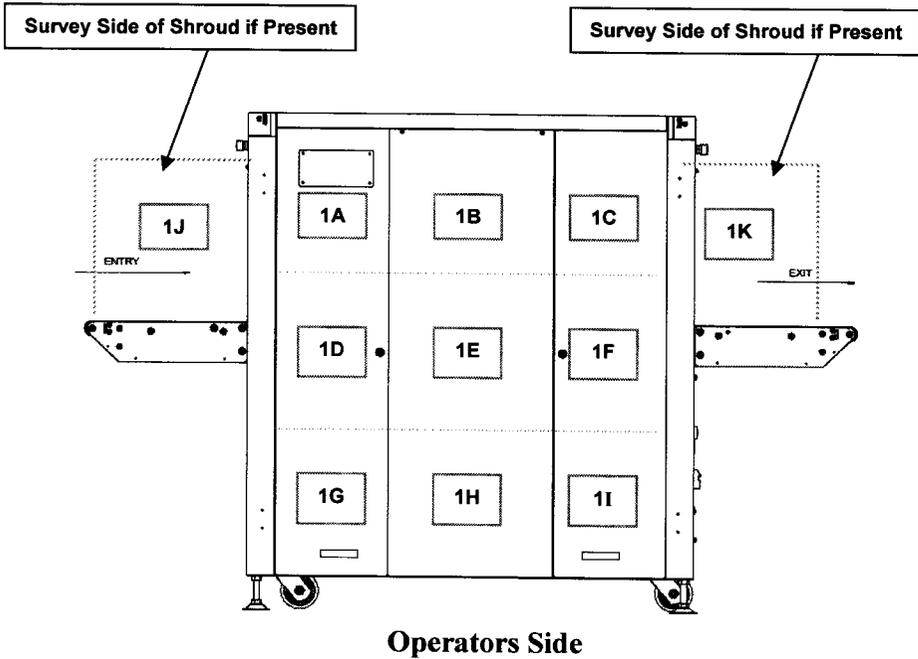
W/0 3802134

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

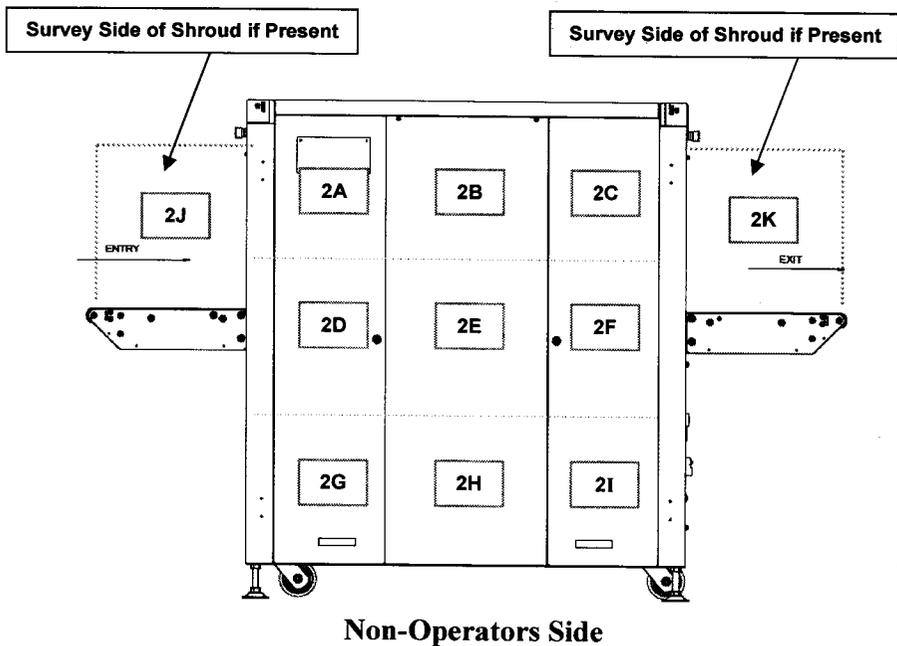
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)  
 Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <b>03/23/11</b>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> <b>US</b> <input checked="" type="checkbox"/>	Instrument Model No: <b>INOVISION 451A</b>
Time: <b>4:15 P.M.</b>	Date of Mfg: <b>OCT 2008</b>	Instrument Serial No: <b>0607</b>
Background: ___ uSv/hr ( <input checked="" type="checkbox"/> uR/hr )	Serial No: <b>7084405</b>	Instrument Calibration Due: <b>11/10/12</b>
All Measurements Recorded In: ___ uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: <b>160.8</b> kvP <b>1.007</b> mA Settings: <b>160.8</b> kvP <b>1.007</b> mA	Description of Scatter Body: (Check One) <input checked="" type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input type="checkbox"/> Other

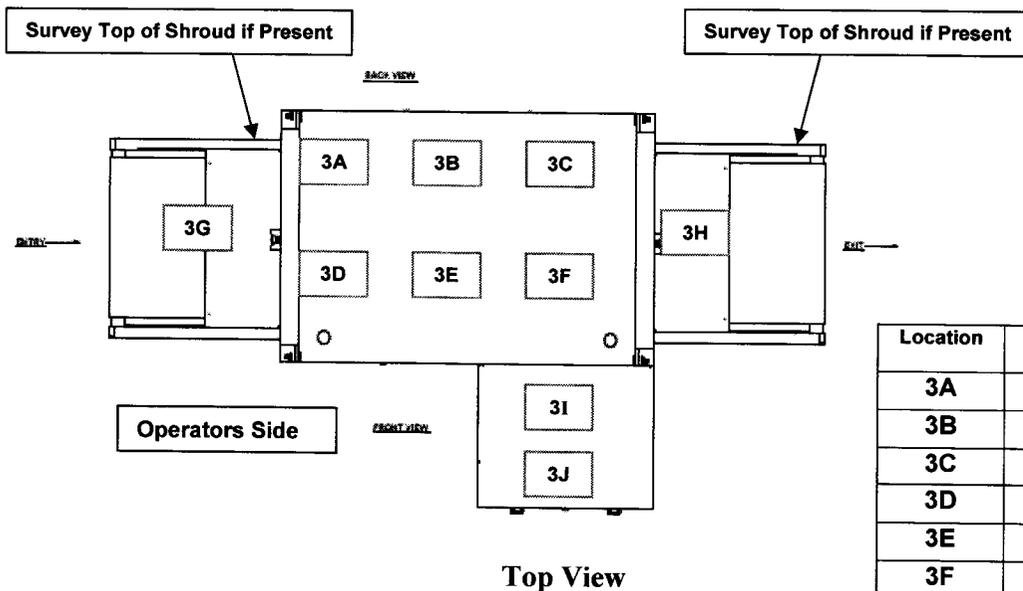


Location	Results NO Scatter Body	Results WITH Scatter Body
1A	8	20
1B	23	30
1C	12	22
1D	5	12
1E	35	28
1F	15	4
1G	13	3
1H	9	8
1I	8	15
1J	64	88
1K	22	50

**FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY**



Location	Results NO Scatter Body	Results WITH Scatter Body
2A	28	39
2B	20	20
2C	22	16
2D	12	9
2E	14	15
2F	13	18
2G	14	10
2H	16	9
2I	7	8
2J	165	191
2K	55	36

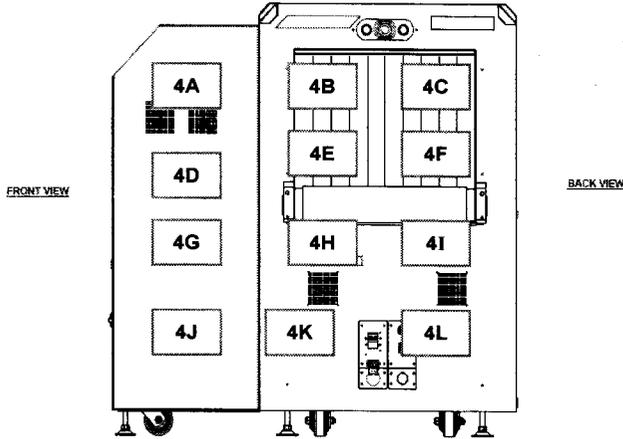


Location	Results NO Scatter Body	Results WITH Scatter Body
3A	23	14
3B	13	15
3C	17	13
3D	21	21
3E	21	14
3F	6	9
3G	56	110
3H	88	120
3I	43	17
3J	25	9

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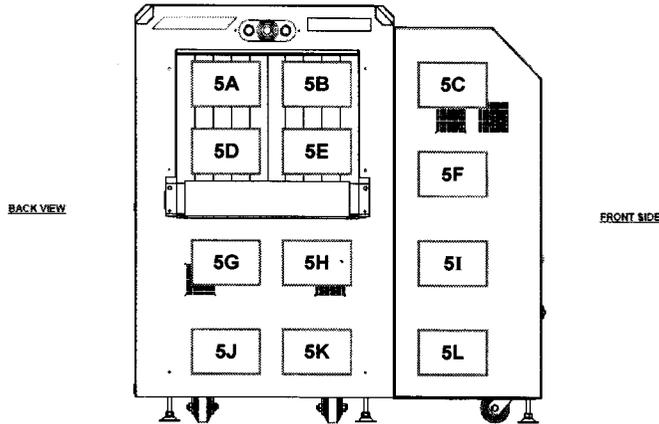
**FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY**

**EXIT TUNNEL**



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	33	41
4B	32	28
4C	20	36
4D	45	46
4E	25	23
4F	26	23
4G	13	23
4H	33	15
4I	16	16
4J	11	11
4K	13	8
4L	11	6

**ENTRANCE TUNNEL**



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	22	51
5B	26	54
5C	23 21	33
5D	26	39
5E	50	57
5F	20 32	30
5G	42	49
5H	41	55
5I	15 19	15
5J	14	23
5K	20	26
5L	10 13	10

**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 surface at the leading edges of the shrouds, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED



DATE: 3/23/2011