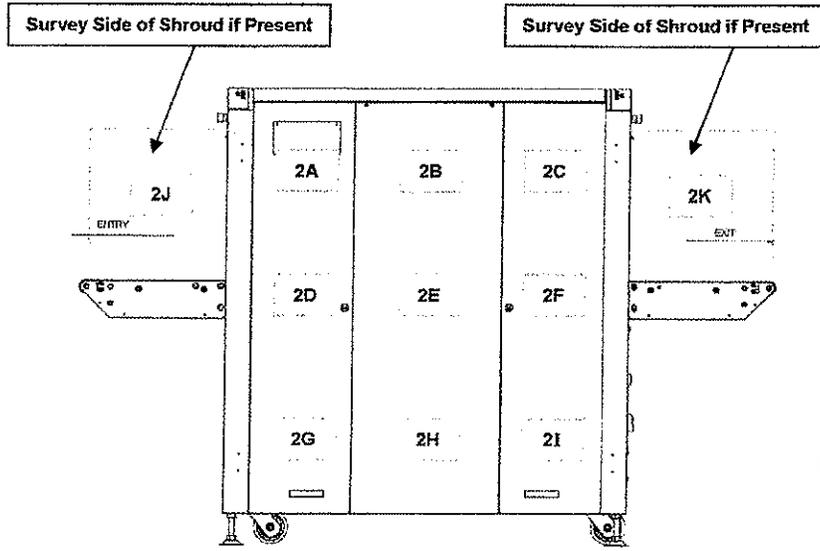


Rapiscan systems		BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09	
1. Name of Facility Pittsburgh International Airport		2. Region PA		3. Street Address 1000 Airport Blvd.		45. RSI W.O.# 3785890 Deferred W.O.#	
4. City Pittsburgh		5. State or Province Code PA		6. Zip Code 15231			
7. Room No. or Other Physical Location of System Main Checkpoint Lane #3		8. Person (Name/Title)		9. Telephone Number		10. Fax Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: Model: INDVISION 451P Serial No. 471 Calibration Due Date: 8-19-2011		FSE Shall Attach Copy of Calibration Certificate to This Form			
Manufacturer Rapiscan Systems Inc.		13. System Model No. 690 DVAT		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/> Other <input type="checkbox"/> Describe:		15. System Serial No. 7090508	
16. Date of Manufacture Mo. Yr. February 2009		17. X-ray Tube Serial Number(s) PA810 PG817		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	
20. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		22. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail	
24. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		25. 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		26. 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		27. Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. 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		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	
Rapiscan Systems Test Procedure Used: Rapiscan Systems: WI-0023-4		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 160.8 kVp 1.007 mA		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: 8 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							
<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 Actions and/or Recommendations:			
39. Surveyor Name (Print, L, F, MI) SANDUSKY, ERIC R.		[Redacted]		41. Date of Survey MARCH 14, 2011		42. Time of Survey: 15:00	
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 ([Redacted]) have received a copy of this Radiation Survey Report and understand the contents of this report for State inspection. Signature: [Redacted] Date: 3/16/11					

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.

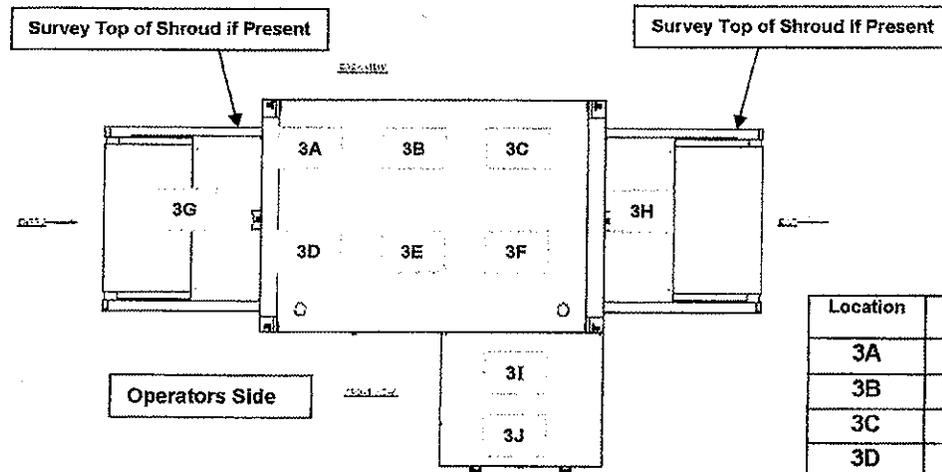
MAX 58789
NONSTICK 3775211

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



Location	Results NO Scatter Body	Results WITH Scatter Body
2A	18	24
2B	24	38
2C	22	24
2D	21	20
2E	29	32
2F	18	16
2G	16	14
2H	17	18
2I	19	17
2J	31	64
2K	54	64

Non-Operators Side

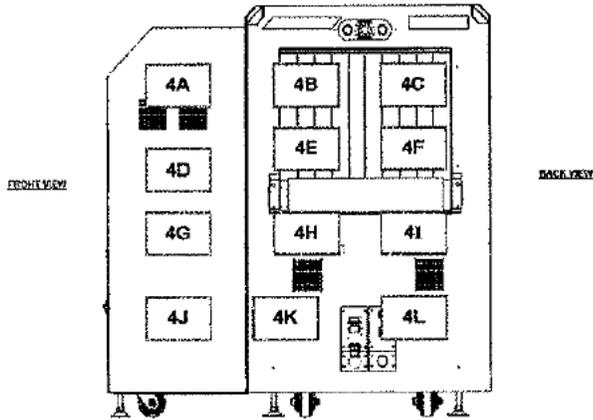


Location	Results NO Scatter Body	Results WITH Scatter Body
3A	26	24
3B	20	27
3C	28	30
3D	16	20
3E	22	27
3F	28	30
3G	104	138
3H	46	143
3I	38	24
3J	28	22

Top View

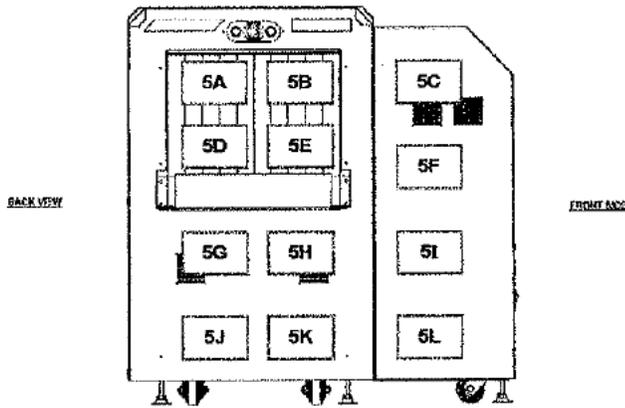
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

EXIT TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
4A	30	34
4B	52	87
4C	60	96
4D	24	31
4E	55	95
4F	57	88
4G	24	28
4H	24	73
4I	23	68
4J	17	22
4K	18	37
4L	19	51

ENTRANCE TUNNEL



Location	Results NO Scatter Body	Results WITH Scatter Body
5A	61	97
5B	45	113
5C	27	34
5D	73	94
5E	47	110
5F	47	53
5G	32	31
5H	47	29
5I	27	35
5J	23	25
5K	30	21
5L	22	24

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: [REDACTED] DATE: March 14, 2011