The information in this report is required by 14 CRF 108.17 & 129.26. Failure to report may result in a civil penalty not to exceed $1000.00 for each such violation. (Federal Aviation Act of 1958, Section 901)

Department of Transportation **Federal Aviation Administration**	***X-RAY SYSTEM RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION)*** *(Require by 14 CRF 108.17, 14 CRF 129.26)*	FIELD TEST SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098

AA	1.1 Name and Address of Facility and Specific Location of X-ray System	Name of Facility *(18.80)*: RSW Southwest FL INTL AP	FDA Region: FL	BB	St. No. R.R. or Airline/Airport *(10.80)*: 11000 Terminal Access Rd.
CC		City *(10.73)*: Fort Myers		State Code: FL	Zip Code: 33913
DD		Room No. or Other Location of System *(10.32)*: B CKPT LN2	Person Interview *(33.04)*: [redacted]	Telephone No.: [redacted]	
		Certification Label Present: YES	Instruments: *(type and serial number)* Thermo Sci.	Model: RADEYE	Serial No.: 0974
01	1.2 Manufacture And Product ID	A. Manufacture *(Responsible Firm)*: SMITHS HEIMANN	B. HS	C. System Model No. and/or Name: 6040i	
		D. Unique I.D.: 115VAC 60 HZ	E. System Serial No.: 40509		
		F. Date of Manufacture Mo. 01 Yr 2005	1.4 Operator Instructions Available: YES	1.5 Maintenance Schedule Available: NA	
	2.0 Warning Labels	2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized": YES	2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard": YES	2.3 Two Indicators Labeled "X-Ray On" Present at Controls *(One May Be Labeled "mA Meter")*: YES	
02	Indicators	2.4 At Least One Indicator, X-Ray Marked "X-Ray On", Visible from Each Port, Door, And Access Panel: YES	3.0 Interlocks	3.1 "Captured Key" Control: YES	
	3.2 Door Safety Inter-Locks	A. Minimum Number of Interlocks Visible At Any One Door: NA	3.3 Prevention of X-Radiation By Interlocks	A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation: NA	
		B. At Least One Interlock Dependent on No Moving Part Except Door: NA		B. Use of X-Ray Control Necessary to Resume Operation Following Interruption: NA	
	4.0 Ports and/or Apertures	4.1 Some Part of the Body Can Be Inserted Through a Port Into The Primary Beam: NO		4.2 Some Part of the Body Can Be Inserted Into the Aperture: NO	
	6.0 Baggage Inspection Systems	6.1 Means Provided to Ensure Operator Presence at the Control Area: YES		6.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing: YES	
03	7.0 Leakage Radiation	Specific Test Procedure Used: 04		7.1 Scatter Block Description: PELICAN CASE TSA PROVIDED	
05	7.2 Technical Factures	72.79 kVp		.412 mA	

7.3 Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	06 Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated
	.073 mR/hr	Exp		.057 mR/hr	exp
	.068 mR/hr	Exp		.007 mR/hr	exp
	.062 mR/hr	exp		.007 mR/hr	exp
	.059 mR/hr	exp		.005 mR/hr	exp

07	Reasonable Number of Exposures That May Be Initiated in One Hour	OR	Duty Cycle of System Indicated As a Percentage of One Hour: 100%
08	8.0 Additional Information 8.1 106uR Per Inspection		
09	8.2		
10	8.3		
11	8.4		
12	8.5		
13	Surveyor Information: [redacted]	Surveyor Name (10-72) (Print: L, F, MI): [redacted]	Date of Survey: 18MAR2011 / Surveying Agency Code

Remarks:

Government Services, Inc.

Form

Cabinet X-Ray Unit Radiation Survey Form

WO#: 3735219

Location: RSW B LN2 Background Reading: 3 µR/hr Date: 3/18/11

1. Identify Cabinet X-ray Unit and X-ray Generator information:
   a. Check appropriate Make/Model box below (if 'Other', record Make and Model on the line provided);
   b. Record the X-ray Unit's serial number next to the Make/Model;
   c. With the X-rays turned "ON", record the X-ray Generator Voltage (kV) and Anode Current (µA) Readings;
   d. Convert Anode Current readings from µA to mA by dividing the µA value by 1000 (example: **100 µA = 0.100 mA**);
   e. Transfer the **Observed Voltage and Converted Anode Current** readings to **Box 05, Section 7.2** (Technical Factures) of DOEO-0014 FAA Form 165-17.

Make / Model	Serial Number	Observed Voltage and Anode Current	Convert Anode Current to mA for FAA form (divide µA by 1000)
☐ Smiths Heimann **5030s**	s/n	+ kV, - kV, µA	mA
☑ Smiths Heimann **6040i**	s/n 40509	+ 72.79 kV, - 7187 kV, 412 µA	.412 mA
☐ Smiths Heimann **7555i**	s/n	+ kV, - kV, µA	mA
☐ Rapiscan **519**	s/n	kV, µA	mA
☐ Rapiscan **520B**	s/n	kV, µA	mA
☐ Rapiscan **522B**	s/n	kV, µA	mA
☐ Other	s/n	kV, µA	mA

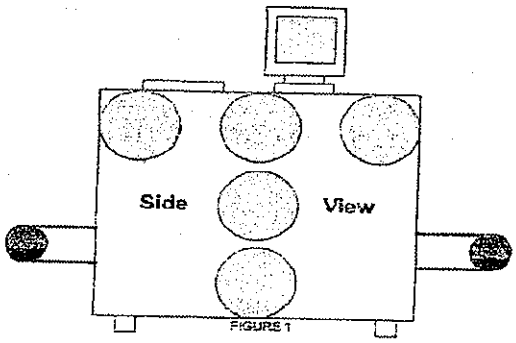

FIGURE 1

2. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 1 above) on **BOTH** sides (Left and Right) of the X-ray machine (total of **10** readings):

Note: The Inovision 451P Radiation Meter has a default range setting of **µR/hr**. Meter readings in µR/hr must be converted to mR/hr for this form and DOEO-0014 FAA Form 165-17.
Conversion: 100 µR/hr = 0.100 mR/hr.

FRONT		BACK	
TOP LEFT	.003 mR/hr	TOP LEFT	.005 mR/hr
TOP CENTER	.004 mR/hr	TOP CENTER	.003 mR/hr
TOP RIGHT	.003 mR/hr	TOP RIGHT	.004 mR/hr
MID CENTER	.004 mR/hr	MID CENTER	.003 mR/hr
LOWER CENTER	.003 mR/hr	LOWER CENTER	.004 mR/hr

[redacted]

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[redacted]

Government Services, Inc.

Form

WO#: 3735219

X-Ray Serial #: 40509

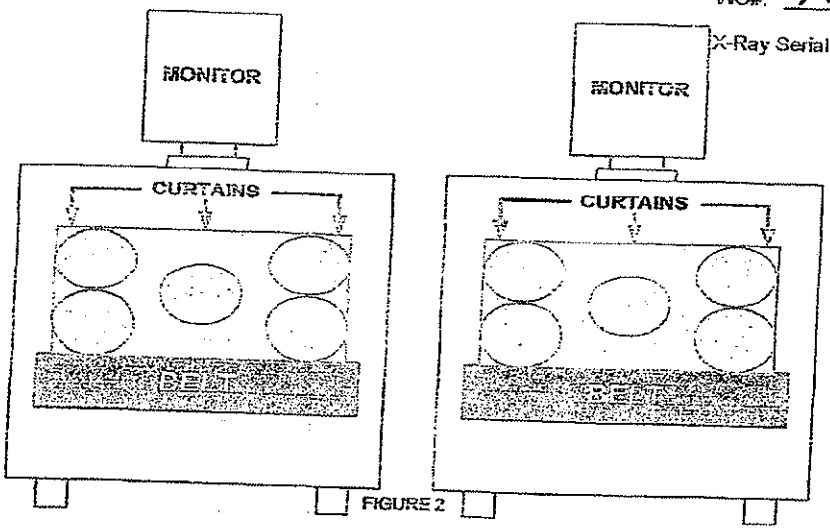

FIGURE 2

3. While holding the meter 5 centimeters (about 2 inches) from the surface, take readings in the area of the circles shown (Figure 2 above) on BOTH sides (ENTRANCE and EXIT) of the X-ray machine (total of 10 readings):

ENTRANCE			EXIT		
TOP LEFT	.007	mR/hr	TOP LEFT	.068	mR/hr
TOP RIGHT	.004	mR/hr	TOP RIGHT	.057	mR/hr
LOWER LEFT	.005	mR/hr	LOWER LEFT	.073	mR/hr
LOWER RIGHT	.003	mR/hr	LOWER RIGHT	.062	mR/hr
CENTER	.007	mR/hr	CENTER	.059	mR/hr

4. Transfer the 8 highest readings (out of all 20 readings) to Box 08, Section 7.3 (Exposure Levels) of DOEO-0014 FAA Form 165-17. Be sure to enter values in mR/hr!! (100 µR/hr = 0.100 mR/hr).

Note: On all X-Ray equipment, any reading of 0.5 mR/h (= 500 µR/h) or higher is considered a failure of the Radiation Leak Survey.

5. Perform Cumulative Exposure Test:
   a. Push the MODE button once on the Inovision 451P;
   b. Verify that the meter's scale changes from µR/h to µR (Cumulative Mode);
   c. Place the meter on the belt and run through the X-Ray beam 10 times in Cumulative Mode. Record total here: 1.06uR
   d. Divide the cumulative exposure value by 10 to obtain the Dosage per Inspection: .064 R
   e. Record this result in Section 8.[redacted] FAA Form 165-17.

Survey Performed By (print your name): [redacted]

Signature: [redacted] Date: 3/18/11

Cabinet X-Ray Unit Radiation Survey Form	Version: 5	Effective Date: Oct 12, 2007	Document No.: [redacted]	Page: [redacted]

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