

SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY		SFO Int'l Airport	
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)			
	CITY		STATE	ZIP CODE
	San Francisco		CA	94128
	ROOM NO. or OTHER LOCATION	CONTACT PERSON		
	T3-CP74/75-L1			
	PHONE NO.	FAX NO.		
	MANUFACTURER	MODEL NO.		
Smiths Heiman	6040 ATIX			
DATE OF MFR.	SERIAL NO.			
10/2008	79333			
MFR. CERTIFICATION LABEL ATTACHED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WO# 3768124	
<b>B</b> "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM			
	<input checked="" type="checkbox"/> Baggage Inspection	<input type="checkbox"/> Special Purpose	<input type="checkbox"/> General Purpose	<input type="checkbox"/> Other
<b>C</b> "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)			
	<input type="checkbox"/> State "Notice to Employees" Document Posted	<input checked="" type="checkbox"/> Operators Instruction Location	<input checked="" type="checkbox"/> N/A	
<b>D</b> "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION			
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	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	<input type="checkbox"/> NO
	Two Indicators Labeled "X-Ray ON" Present at Controls		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>E</b> "INTERLOCKS"	INTERLOCK VERIFICATION TEST			
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>F</b> "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES			
	Some Part of the Body Can Be Inserted Through A "Port" into the Primary Beam		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Some Part of the Body Can Be Inserted Through An "Aperture"		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
<b>G</b> "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY			
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

EQ: 58393  
 WO: 3768124  
 AD/MA RLS - TSA

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description			<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other		Background  9 uR/hr
	X-Ray Machine Settings			Describe Other:		
	kV: 160 mA: 500					
	Radiation Survey Instrument Used		Make/Model Number			
			Serial Number			
			Calibration Date Due			
			1/NOV/10/N 451			
			573			
			10/21/11			
Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)		Internal Exposure (mR) "Optional"		
	1	14	uR/hr		mR	
	2	18	uR/hr		mR	
	3	18	uR/hr		mR	
	4	22	uR/hr		mR	
	5	24	uR/hr		mR	
	6	24	uR/hr		mR	
	7	13	uR/hr		mR	
	8	13	uR/hr		mR	
	9	12	uR/hr		mR	
	10	12	uR/hr		mR	
	11	13	uR/hr		mR	
	12	12	uR/hr		mR	
	13	10	uR/hr		mR	
Highest External Surface Exposure Rate Reading			26 uR/hr	Location Description		
				Exit		
All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
I "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION					
	Overall Condition of Cabinet X-Ray Unit			<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Condition of Lead Curtains			<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Other Comments, Recommendations, Corrections, or Problems Encountered					
(A) 75KV -75KV 466mA 663mA (B) 84KV -82KV 512mA 732mA (C) 77KV -76KV 485mA 672mA (D) 77KV -77KV 476mA 677mA  "Ten Pass reading" = 8.1mRh						
SURVEYOR'S NAME (Print: Last, First, Middle Init.)			[REDACTED]			
SURVEYOR'S SIGNATURE			[REDACTED]			
DATE OF SURVEY AND INSPECTION			3/6/11			