w/o 3788236 / 3797339

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. 2120-0096

AA	1.1 Name and Address of Facility	Name of Facility (10.80): TAMPA INTL. AIRPORT (TPA)	FDA Region: FL	BB	St. No. R.R. or Airline/Airport (10.80): 4200 GEORGE J. BEAN PARKWAY
CC		City (10.73): TAMPA	State Code: FL		Zip Code: 33607
DD	and Specific Location of X-ray System	Room No. or Other Location of System (10.32): AIRSIDE A, LANE 2B	Person Interview (33.84): [redacted]		Telephone No.: [redacted]
		Certification Label Present: YES	Instrument (type and serial number): INCVISION	Model: 451P	Serial No.: 000 000 0619
01	1.2 Manufacture And Product ID	A. Manufacture (Responsible Firm): SMITHS DETECTION	B.: HS	C. System Model No. and/or Name: HI-TRAX 6040i	
		D. Unique I.D.: 115VAC, 60 HZ	E. System Serial No.: 22963		
		F. Date of Manufacture Mo. FEB Yr. 2002	1.4 Operator Instructions Available: YES	1.5 Maintenance Schedule Available: N/A	
	2.0 Warning Labels Indicators	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		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 Interlocks	A. Minimum Number of Interlocks Visible At Any One Door: N/A	3.3 Prevention of X-Radiation By Interlocks	A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation: N/A	
		B. At Least One Interlock Dependent on No Moving Part Except Door: N/A		B. Use of X-Ray Control Necessary to Resume Operation Following Interruption: N/A	
	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: M	7.1 Scatter Block Description: PELILAN CASE		
05	7.2 Technical Factures	141.00 kVp	.407 mA		

7.3 Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated	Location	Exposure Levels	Non-Continuously Activated Systems Only Number of Exposures Initiated
	.094 mR/hr	Exp	06	.059 mR/hr	exp
	.083 mR/hr	Exp		.015 mR/hr	exp
	.077 mR/hr	exp		.014 mR/hr	exp
	.060 mR/hr	exp		.012 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 DOSAGE PER INSPECTION: 89 mR		
09	8.2		
10	8.3		
11	8.4		
12	8.5		
13	Surveyor Information: [redacted]	Date of Survey: 3/22/11	Surveying Agency Code

Remarks:

FAA Form 165-17 (6-81)

FAA HQ

SIEMENS

Siemens Government Services, Inc.

Cabinet X-Ray Unit Radiation Survey Form (non-AT)

WO#: 3788276 / 3797739

Location: TPA, AIRSIDE A, GW 2B Background Reading: 4 µR/hr Date: 3/22/11

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 22963	+70.96 kV, -70.04 kV, 407.44 µA	.407 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

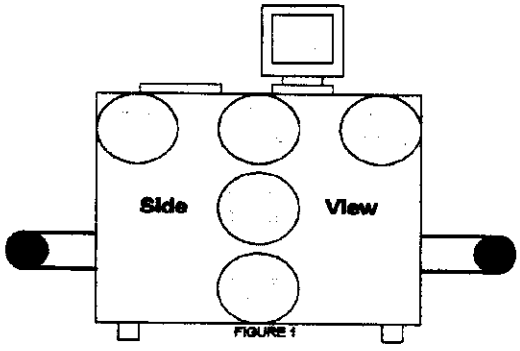

FIGURE 1

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	.008	mR/hr	TOP LEFT	.006	mR/hr
TOP CENTER	.010	mR/hr	TOP CENTER	.010	mR/hr
TOP RIGHT	.007	mR/hr	TOP RIGHT	.008	mR/hr
MID CENTER	.010	mR/hr	MID CENTER	.008	mR/hr
LOWER CENTER	.008	mR/hr	LOWER CENTER	.006	mR/hr

[redacted]

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SIEMENS

Siemens Government Services, Inc.

WO#: 3788236/3797339

X-Ray Serial #: 22963

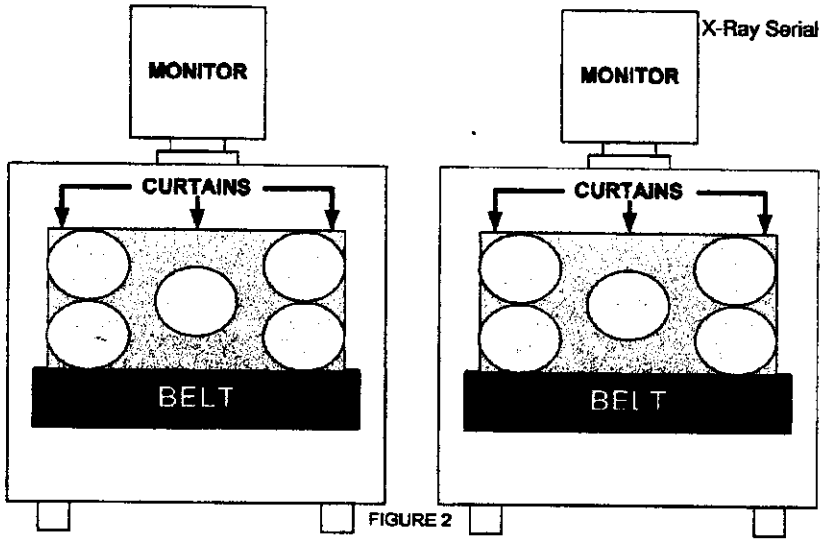

FIGURE 2

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	.014	mR/hr	TOP LEFT	.083	mR/hr
TOP RIGHT	.011	mR/hr	TOP RIGHT	.094	mR/hr
LOWER LEFT	.012	mR/hr	LOWER LEFT	.060	mR/hr
LOWER RIGHT	.012	mR/hr	LOWER RIGHT	.059	mR/hr
CENTER	.015	mR/hr	CENTER	.077	mR/hr

4. Transfer the **8 highest** readings (out of **all 20 readings**) to **Box 05, 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:** 890 mR
   d. Divide the cumulative exposure value by 10 to obtain the **Dosage per Inspection**;
   e. Record this result in Section 8.1 (Additional Information) of DOEO-0014 FAA Form 165-17.

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

Signature: [redacted] **Date:** 3/22/11

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