



**Baggage/Parcel Cabinet X-RAY 620
System Compliance Report**

1. Work Order #:

Date of Survey:

2. Name of Facility:		3. Location/Airport Code:	4. Street Address:	
5. City:		6. State or Province Code:		7. Zip Code:
8. Room No. or Physical Location of System:			9. TSA Contact:	
10. Telephone Number:	11. Reason for Report/Survey:		12. Manufacture Information & Certification Label Present:	
13. System Model Number:		14. Source:		15. System Serial Number:
16. Date of Manufacture Mo/Year:	17. X-Ray Tube Serial Number(s): H: V:		18. X-Ray Generator Settings Settings: kvp mA Settings: kvp mA	
19. Operator Instructions Available:		20. Warning Label Present at Controls Stating: <i>"Caution: X-Rays Produced When Energized"</i>		
21. Warning Labels Present at Ports Stating: <i>"Caution: Do not Insert any Part of the Body When System is Energized, X-Ray Hazard"</i> :		22. Two Indicators Labeled "X-Ray On" Present at Controls :		23. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port:
24. Captured Key – The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation:			25. All Doors and Access Panels to the X-Ray Beam Prevent Generation of X-Rays:	
26. Use of X-Ray Control Necessary to Resume Operation Following Interruption:			27. Some Part of the Body can be Inserted Through a Port into the Primary Beam:	
28. Overall Condition of Lead Drapes: Description:			29. Means Provided to Ensure Operator Presence at the X-Ray Machine Located in a Public Access Area:	
30. Means Provided to Operator for Terminating Exposures of Greater Than One-half Second and Preventing X-Rays (E-Stop Test):			31. Overall Condition of Machine:	
32. Comments, Corrective Active Actions and/or Recommendations: (N/A if <i>blank</i>)				

1. Radiation Survey Meter Model:

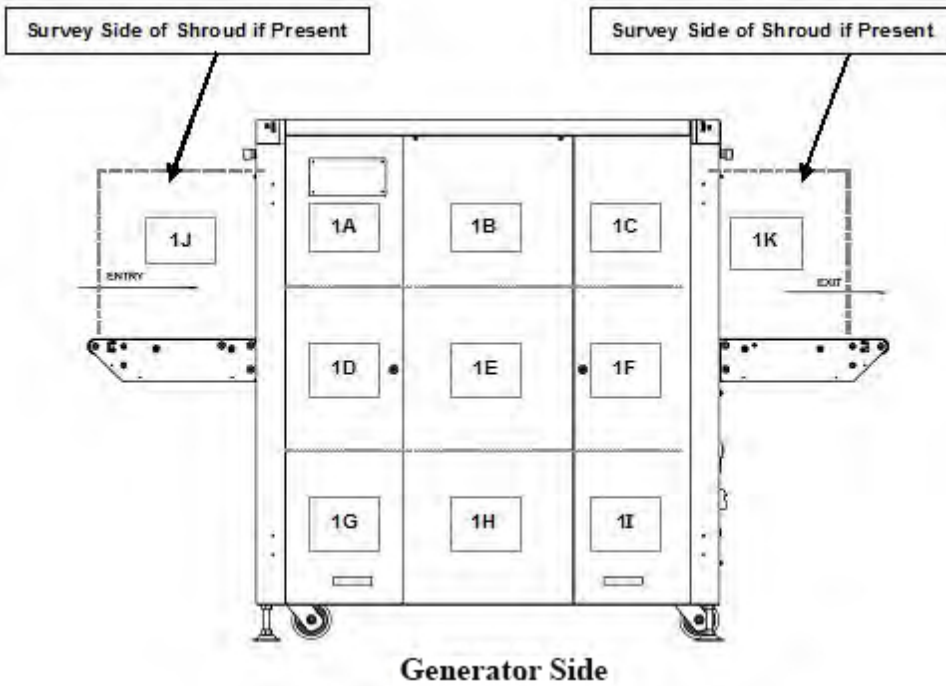
Background Reading:

$\mu\text{R/hr}$

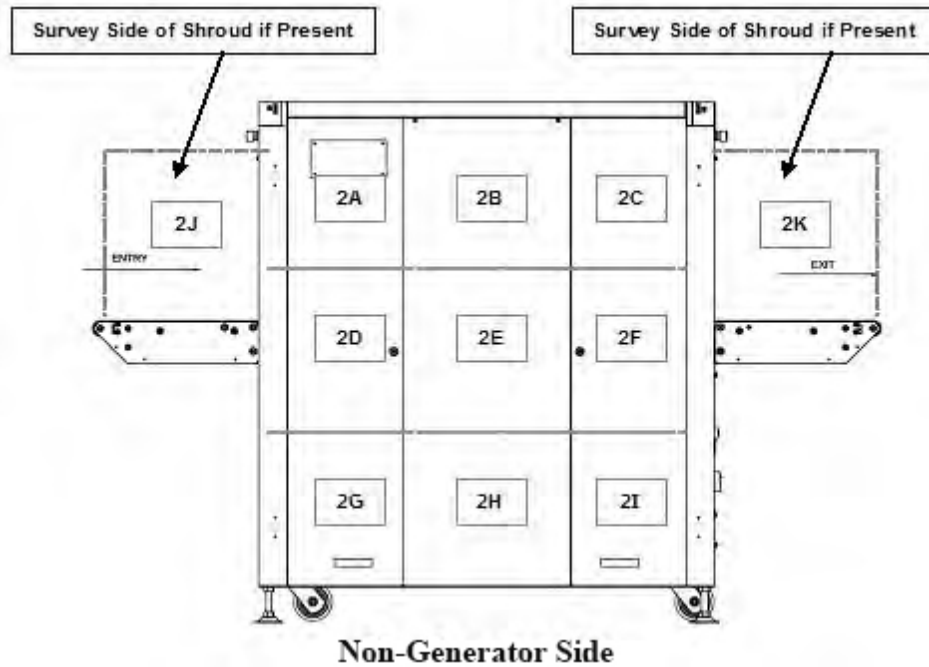
2. Radiation Survey Meter Serial #:

3. Radiation Survey Meter Calibration Due Date:

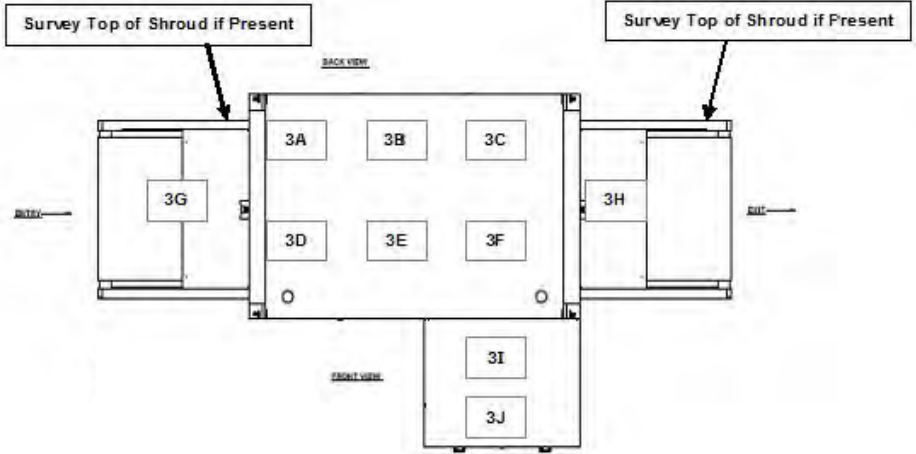
4. Description of Scatter Body:



Location	Results WITH Scatter Body ($\mu\text{r/hr}$)
1A	
1B	
1C	
1D	
1E	
1F	
1G	
1H	
1I	
1J	
1K	



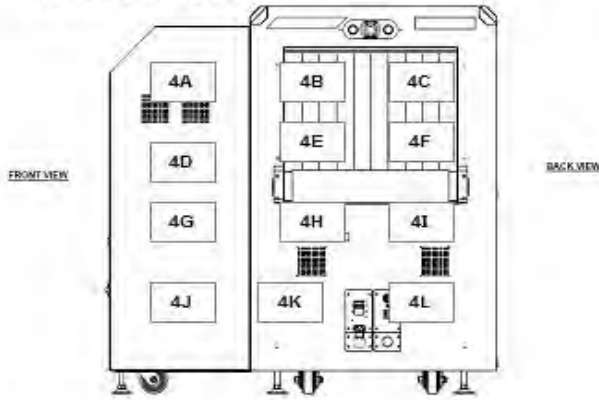
Location	Results WITH Scatter Body ($\mu\text{r/hr}$)
2A	
2B	
2C	
2D	
2E	
2F	
2G	
2H	
2I	
2J	
2K	



Location	Results WITH Scatter Body ($\mu\text{r/hr}$)
3A	
3B	
3C	
3D	
3E	
3F	
3G	
3H	
3I	
3J	

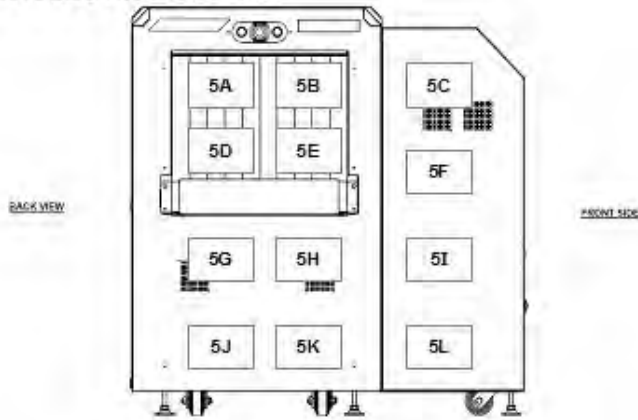
Top View

EXIT TUNNEL



Location	Results WITH Scatter Body ($\mu\text{r/hr}$)
4A	
4B	
4C	
4D	
4E	
4F	
4G	
4H	
4I	
4J	
4K	
4L	

ENTRANCE TUNNEL



Location	Results WITH Scatter Body ($\mu\text{r/hr}$)
5A	
5B	
5C	
5D	
5E	
5F	
5G	
5H	
5I	
5J	
5K	
5L	

Date of Survey/Inspection:

Field Technician Name/Signature:

Reviewer Name/Signature/Date of Review: