# Submission Report

# eRadHealth Menu

Introduction

# Electronic Product Radiation Safety Reporting Form

This software application is intended to automate the hard copy product reporting forms in the effort of the Center for Devices and Radiological Health (CDRH) to become capable of accepting electronic submissions from industry and to improve our review process. This FDA Electronic Submission (eSub) software is the next version of the application developed to allow us to accept all Radiological Health reports and other submissions electronically and improve the ability of CDRH to accomplish its mandated product and industry evaluations in a timely and efficient manner.

All electronic reports and correspondence can either be transferred to CD and mailed to the address below, or can be sent via the FDA Electronic Submissions Gateway to CDRH. If you follow instructions to set up an account with the FDA Gateway, it currently may take several weeks,, but when you submit through it you will receive your acknowledgement email message with Accession Number within minutes! Or, in the interest of faster turn-around for a one-time urgent report of if you submit few reports, you may simply fill out this template creating the submission and then at 'Packaging' follow the instructions to transfer the files to a CD to mail in. This method of submitting your report will be acknowledged by an email with the Accession Number within several days.

Information about the FDA Electronic Submissions Gateway can be found at <u>www.fda.gov/ForIndustry/ElectronicSubmissionsGateway/default.htm</u>. Please contact the Gateway Helpdesk with your questions about that system.

Electronic submissions on CD should be mailed directly to the Document Control Center at:

U.S. Food and Drug Administration Center for Devices and Radiological Health Attn: eSubmitter Team Document Mail Center - WO66-0609 10903 New Hampshire Avenue Silver Spring, MD 20993-0002

Submissions received in the mail on CD will be processed within a few days of receipt.

#### Note about eSubmitter software:

Instructions provided in this software briefly summarize the requirements of the regulations under the Federal Food, Drug and Cosmetic Act (FFDCA), Chapter V, Subchapter C - Electronic Product

Radiation Control, that applies to manufacturers of electronic products that emit radiation. The software provides questions relevant to requirements in the performance standards and may include explanations or clarification about the performance, labeling, and informational requirements of the standard. It does not replace the regulations, however, and if there is any conflict between the software and the regulations, the regulations must prevail. Throughout this application, pertinent sections of Title 21, Code of Federal Regulations, Chapter I, Subchapter J, are cited in parentheses. Please consult them before making design or procedural decisions.

Regulatory requirements for radiological products can be found at <u>http://www.fda.gov/Radiation-EmittingProducts/default.htm</u> and for medical devices are located at <u>www.fda.gov/M/devaDvices/default.htm</u>. If you have specific questions about the regulations, please contact us at: <u>DSMICA@fda.hhs.gov</u>.

If you have specific questions regarding this software, please contact the eSub team by email at: **eSubmitter@fda.hhs.gov**.

Thank you for using our electronic product reporting software. Please communicate your comments and suggestions to the eSub team as often as you like.

Thank you for your continued support of the FDA Electronic Submission Program (eSub).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0910-0025 (expires January 31, 2017).

Role

What is your role?

!\* Manufacturer

Information:	The following screen provides several options for you to accurately define what type of eSubmission you intend to create for FDA. Below are explanations of your options. Please feel free to review this screen, advance to the next screen and view the picklists, but if you're confused, come back to read this screen again to be certain you are selecting the correct report or correspondence type you want to create.
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#### Submission Information

Step 1	Use the radio buttons to identify the type of submission you are preparing. (Supplements should be prepared using the same document type as the original submission.)		
What Type of S selecting the sa	ubmission is this? (Supplements should be submitted ime document type as the original report.)	<ul> <li>!* (•) Radiation Safety Report (Product) Report (21 CFR 1002.10)</li> <li>( ) Annual Report (21 CFR 1002.13)</li> <li>( ) Laser Light Show Documents (all relevant documents) (21 CFR 1040.11(c))</li> <li>( ) Correspondence</li> </ul>	

() Variance Request
(General, not Laser Light Show) (21 CFR 1010.4)
() Laser Original
Equipment/Component
Manufacturer Registration
(21 CFR 1040.10(a)(3)(ii))
() Abbreviated Report
(21 CFR 1002.12)

Step 2	After answering the Submission Type question above, one of the questions below may become active and required (see the blue dot to the right of the question). If ther is an active question, select the appropriate product area or document type from the question's pick list.			
What Type of P	roduct is this Radiation Safety Report about?			
Cabinet X-Ray	Products			
What Type of P	roduct is this Annual Report about?			
What Laser Ligl	nt Show Document are you filing?			
What Type of C	orrespondence is this?			
What Type of P	roduct is this Variance Request about?			

## **Manufacturer Data**

#### Manufacturer Responsible for Product Compliance

Note: This is the firm that takes responsibility for certification that the product meets the performance standard. This firm develops and maintains the quality control and testing program that is the basis for the certification of this product. Additionally, this firm usually is the owner of the product design and manufacturing process design.

Be sure to enter address information for each tab below:

Select the Manufacturer's address from the Establishment Address book: *		
Establishment Information:		
Establishment Name		
Division Name		
Home Page		
Physical Location:		
Address		
Telephone Number		
Fax Number		
Mailing Location:		
Address		
Telephone Number		
Fax Number		

#### **Responsible Individual**

Note:	The responsible individual is the highest level and most responsible individual affiliated with
	this establishment.

Select the Responsible Individual from the Contact Address book: *		
Contact Information:		
Contact Name		
Occupation Title		
Email Address		
Establishment Inform	ation:	
Establishment Name		
Division Name		
Physical Location:		
Address		
Telephone Number		
Fax Number		

Mailing Location:	
Address	
Telephone Number	
Fax Number	

# Manufacturer's Reporting Official

Note:	This addre repor contr	is is the person at the manufacturing facility that is knowledgeable and responsible for ressing all aspects of the testing and quality control procedures for certification as prted to FDA in the product report. Documentation of changes intesting and quality trol procedures submitted to FDA must be signed by this individual.			
Select the Repo	orting (	Official from Contact Address book: *			
Contact Informa	tion:				
Contact Name	Contact Name				
Occupation Title	è				
Email Address					
Establishment li	nforma	ation:			
Establishment N	lame				
Division Name					
Physical Locatio	Physical Location:				
Address					
Telephone Num	ber				
Fax Number					
Mailing Locatior	ו:				
Address					
Telephone Num	ber				
Fax Number					

# Report Submitter

Note:	The s prepa by the repor	submitter may be a consulting individual or firm providing assistance in report aration and maintenance. Documents or submissions such as this one that are prepared a submitter must have an accompanying authorization letter from the manufacturer's rting official for authenticity.		
Select the Subm	nitter f	rom the Contact Address book: *		
Contact Informa	tion:			
Contact Name	Î			
Occupation Title	;			
Email Address				
Establishment Information:		ation:		
Establishment N	lame			
Division Name				

\*

Physical Location:			
Address			
Telephone Number			
Fax Number			
Mailing Location:			
Address			
Telephone Number			
Fax Number			
Comments:			
Internal Reference Nu	umber:		

#### Parent Establishment

Is there a parent establishment?

Select the Parent Establishment and Contact from the Contact Address book:		
Contact Information:		
Contact Name		
Occupation Title		
Email Address		
Establishment Inform	ation:	
Establishment Name		
Division Name		
Physical Location:		
Address		
Telephone Number		
Fax Number		
Mailing Location:		
Address		
Telephone Number		
Fax Number		

# Manufacturer Designated United States Agent

Note:

Manufacturers exporting to the U.S. must designate a U.S. agent, see 21 CFR 1005.25.

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Is there a United States agent that has been designated by the manufacturer?

Importer

Additional Manufacturing Locations

# Product Data

Product and Model Identification

# **Attention - Information about this section**

In this section you'll be asked to identify several required or optional things which will help FDA/CDRH staff to prioritize their reviews. You'll be asked to consider the following aspects:

(1) Identify your product's radiation type and the CDRH Product Code.

(2) Enter an Accession number if this will be a report supplment. If you are preparing a supplement, you'll see that after entering a valid 7-digit Accession number many questions will no longer be required (they will either be disabled or will be optional, meaning they will no longer have the blue dot).

(3) You will also have several questions that are of high significance for FDA/CDRH - why you might be submitting this report or correspondence. Please read these questions carefully, referring to the 21 CFR regulations on the website <u>www.FDA.gov</u> if you are unsure if the question is relevant to your firm's situation.

(4) If you find that you have more information that you want the FDA/CDRH to read but it doesn't seem to fit under other questions, we have a final "*Additional Information*" question in this section which invites you to add comments and/or attach a file that provides further information from your firm about this submission. This is the place to add that extra information.

## Product Type Reported

What is the product code?

To select the three letter product code,

- Click the plus sign. You will see a product code filter dialog box.

- Select the appropriate category name from the pick list. You will be provided a list of product codes from which to choose.

- Select the best match to your product.

- The remaining fields will be filled in for you when you select your product code.

Category		
Product Code		
Performance Standard		
If Other, provide a category name for this specific product.		

#### **Report Information**

Is this the first time you've submitted a report on the particular type of product selected \*
in the Product Type Reported section?
Since this is not the first time you've reported on this type of product, then is this a report
supplement to a previously reported model family?
Provide the Accession Number of the original report for which this is a supplement:
(Note: Do not enter any Device Premarket Application or Notification document number here,
such as PMAs, 510(k)s, IDEs, etc. See Accession number description below.)

Are you requesting a new variance, a renewal, extension or amendment to a * previous variance?		
Stop:	If you are requesting a new variance, renewal, extension, or amendment, you must file a Variance Request separate from this report. To do this, open a new report (File > New) and select either "Laser Light Show Variance Request" or "Variance Request (General, not Laser Light Show)" as your Type of Submission in the Submission Information Screen. If you select "Variance Request (General, not Laser Light Show)r" you must select the product for which you are requesting a variance with the pick list in the bottom section of the screen.	

#### **Special Considerations**

Information:	If this product will require a formally approved Variance from a certain performance requirement, you will need to complete two Reports for FDA, both (1) this Radiation Safety Report (RSR) on this product, and (2) a Variance Request report. This eSubmitter software application package includes a general Variance Request form as well as the specific Laser Light Show Variance Request form. Both the Product RSR file and the appropriate Variance Request Correspondence file must be submitted to CDRH following the regular files packaging procedures in this application. Both may be transferred to the same CD or submitted via the FDA ESG to submit to the FDA/CDRH. In addition, any Variance Request form must be printed out and the signed hard-copy sent to FDA's Division of Dockets Management at: Division of Dockets Management (HFA-305) Food and Drug Administration 5630 Fishers Lane Rockville, MD 20852
	NOTE: There is no need to send a copy of the CD to Division of Dockets Management.

#### Noncompliances or Defects

Does this document or any of its attachments contain:			
A notification of noncompliance or defect? *			
You may provide an e	You may provide an explanation and/or attach a document here:		
Details			

#### Responses to Noncompliances or Defects

Does this document or any of its attachments contain any of these responses concerning noncompliances or defects?				
A refutation of r	noncor	npliances or defects identified to your firm?	*	
A request for ar	n exem	nption from notification to purchasers (see 21 CFR 1003.21 and 1003.30)?	*	
Corrective actic past or current	on plan produc	is you intend to implement to correct noncompliances or defects discovered in ction?	*	
Note:	Note: If you are submitting a Corrective Action Plan (CAP) following 21 CFR 1004 and information on design changes for future production, the design change information must be submitted a a Radiation Safety (Product) Report or supplemental report. Both the proposed CAP and the design changes may be submitted in one document if you prepare a product report and choose to include the CAP in it as a file attachment. Alternatively, you may create a separat eSubmission for the CAP using the "Correspondence" type template and selecting "Follow- up correspondence to FDA."			
A description of	f any d	esign changes that correct noncompliances for future production?	*	
Note: If you are submitting information on product design changes for future production due to a discovery of noncompliances or defects in current production, you must use the Radiation Safety (Product) Report template to create the report . Correspondence templates may be used to submit other information such as a proposed corrective action plan pertaining to a noncompliance or defect.			a n ne a	
You may add a	You may add an explanation and/or attach a document here:			
Details	Details			

#### **Exemption Requests**

#### Does this document or any of its attachments contain:

Exemption of a product for government use from a standard (21 CFR 1010.5)?

Exemption for products for government use from reporting and recordkeeping (21 CFR 1002.51)?

Special exemption of products from reporting and/or recordkeeping (21 CFR 1002.50)?

Request for approval of alternate labeling?

Application for alternate test procedures (21 CFR 1010.13)?

You may provide an explanation and/or attach any relevant documents here:

#### Variance Requests

Information:	Please note: in addition to responding to these questions below, a separate General Variance Request or Laser Light Show Variance Request form must be completed and submitted to CDRH, with a hard copy sent to FDA's Division of Dockets Management as instructed below for any variance request. The information requested on this screen does not constitute the full structured content of the variance request. The 2 types of Variance forms can be created in eSubmitter by selecting the appropriate Variance submission type under the eRad Health Menu section of this application.
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Message: Click the plus sign to list the requirements from which you are requesting a variance.			
This sul	This submission includes an application for a variance from certain requirements.		
Item	No Inform	nation Provided.	
Provide	an explana	ation and attach supporting files, if necessary. Click on the plus sign below to attach files.	
Details			
Provide an explanation and a         Details         Stop:       For all Varia         The electron instructions         User Manual         U.S. Food at         Center for L         Attn: eSubn         Document N         10903 New         Silver Spring         Additionally         submitted to         Food and D         Division of L         5630 Fisher         Rockville, N		or all Variance requests, two submissions must be made to the FDA. the electronic version should be submitted following the Packaging Files for Submission structions located under Output in the Menu bar, and explained in subsection 4.3 of the ser Manual. If sending a CD & submittal letter, please mail to: .S. Food and Drug Administration enter for Devices and Radiological Health ttn: eSubmitter Team ocument Mail Center - WO66-0609 2903 New Hampshire Avenue ilver Spring, MD 20993-0002 dditionally, a paper version (hard-copy) of the signed Variance request document should be ubmitted to: pod and Drug Administration ivision of Dockets Management (HFA-305) 630 Fishers Lane, Room 1061 ockville, MD 20857	

Responses to Communications from FDA

Does this document or any of its attachments contain:		
A response to an FDA inspection?	*	
What was the date of the inspection?		
A response to a Warning letter or a Notification of Noncompliance or Defect from the FDA?	*	
What was the date of the Warning Letter or other notification letter?		
A response to a report review inquiry from the CDRH (the inquiry may have been in the form of a letter, email, or phone call)?	*	
What was the date of the inquiry?		
A response to any other communication from FDA?	*	
What was the date of the communication?		
Provide an explanation:		

# Additional Information

Here's your opportunity to add anything else to this submission that you want to tell the FDA!

Is there any other relevant information or additional comments that would help expedite the review of this submission? Click the plus sign below to attach any supporting files.

Details

#### Private Labeling

Is the product sold by other companies under different brand names?

#### Medical Devices

Provide the premarket 510(k), IDE, HDE, PDP, or PMA filing numbers related to this medical product, if one of these numbers has been assigned by FDA yet.

If it has not been submitted yet, or if your device is exempt from premarket clearance or approval, please provide an explanation. The device regulations can be found in 21 CFR 807 - device manufacturer registration and device listing.

# Part II: Product Description

#### Definitions

#### As used in this guide and 21 CFR 1020.40, the following definitions apply:

(1) Access panel means any barrier or panel which is designed to be removed or opened for maintenance or service purposes, requires tools to open. and permits access to the interior of the cabinet.

(2) Aperture means any opening in the outside surface of the cabinet, other than a port, which remains open during generation of x radiation.

(3) Cabinet x-ray system means an xray system with the x-ray tube installed in an enclosure (hereinafter termed cabinet) which, independently of existing architectural structures except the floor on which it may be placed, is intended to contain at least that portion of a material being irradiated, provide radiation attenuation, and exclude personnel from its interior during generation of x radiation. Included are all x-ray systems designed primarily for the inspection of carry-on baggage at airline, railroad. and bus terminals, and in similarfacilities. An x-ray tube used within a shielded part of a building, or x-ray equipment which may temporarily or occasionally incorporate portable shielding is not considered a cabinet x-ray system.

(4) Door means any barrier which is designed to be movable or opened for routine operation purposes, does not generally require tools to open, and permits access to the interior of the cabinet. For the purposes of paragraph (c)(4)(i) of this section, inflexible hardware rigidly affixed to the door shall be considered part of the door.

(5) Exposure means the quotient of dQ by dm where dQ is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass dm are completely stopped in air.

(6) External surface of the cabinet x-ray system, including the high-voltage generator. doors, access panels, latches, control knobs, and other permanently mounted hardware and including the Plane across any aperture or port.

(7) Floor means the underside external surface of the cabinet.

(8) Ground fault means an accidental electrical grounding of an electrical conductor.

(9) Port means any opening in the outside surface of the cabinet which is designed to remain open, during generation of x-rays, for the purpose of conveying material to be irradiated into and out of the cabinet, or for partial insertion for irradiation of an object whose dimensions do not permit complete insertion into the cabinet.

(10) Primary beam means the x radiation emitted directly from the from the target and passing through the window of the x-ray tube.

(11) Safety interlock means a device which is intended to prevent the generation of x radiation when access by any part of the human body to the interior of the cabinet x-ray system through a door or access panel is possible.

(12) X-ray system means an assemblage of components for the controlled generation of x-rays.

(13) X-ray tube means any electron tube which is designed for the conversion of electrical energy into x-ray energy.

#### A. Model Identification

Note:		Sections Only Sec of a syste submitted	Sections A and B are to be completed for each new cabinet x-ray system being reported. Only Section A needs to be modified to report additional brand and/or selling model numbers of a system when all other manufacturing and testing information is the same as previously submitted.				
1.0	Product <sup>-</sup>	Гуре:				*	
	If other, p	lease provid	e a description of	other product types:			
	Radiatior	Source:				*	
	If other, p	lease provid	e a description of	other radiation source	e:		
2.0	Provide t cabinet x countries	he name(s) a -ray standaro whose appli	and model numbe d is applicable. Do cable requiremen	r(s) of the product(s) not report if the item ts are met.	manufacture is intended	ed or imported to which the * solely for export to	
	Item	Model Name		Family Name		Brand Name	
3.0	0 If the reported model is sold under brand names, other than those of the manufacturer, please provide the brand name, model number, and name and address of each company under whose name the model is sold.						
	For oach	model list a	Il upop or applicati	iona far which the me	dol io intend	ad ar attach a filo	
4.0	For each	mouel, list a	ii uses or applicati	ions for which the mo	uei is intend		
	Details						

## B. Technical Information

#### 1.0 X-Ray Emission

1.0	X-Ray Emission:	
	Is the system designed to limit x-ray emission from the cabinet x-ray system to an exposure of 0.5 milliroentgen in any one hour or less at a point five centimeters outside the external surface?	*
	If no, what is the designed limit for x-ray emission and why?	

#### 1.2 Characteristics

#### 1.3 Shielding

Describe the type, thickness, and location of shielding incorporated into the product to limit x-ray emission at the external surface. Provide illustrative drawings. Details

#### 1.4 Service Adjustments

1.4 Describe all service adjustments and procedures that affect radiation leakage.

#### 1.5 Doors

1.5 Are	any doors included as part of the cabinet x-ray system?	*
1.5.1	Describe the intended purpose of each door.	

#### 1.6 Access Panels

1.6 <i>A</i>	Are any access panels included as part of the cabinet x-ray system?	*
1.6.1	Describe the intended purpose of each access panel.	

#### 2.0 X-Ray Controls and Indicators

# 2.0 X-Ray Controls and Indicators: Provide a circuit diagram as an attachment. Details

#### 2.1 Control Device(s)

Describe the control device(s) for initiating and terminating x-ray generation and the physical locations(s). Include the method by which x-ray exposure interruption is accomplished (e.g., release of exposure switch, termination of preset time, etc.) and the method of resuming operation following x-ray generation interruption by the control device(s). Details

#### 2.2 Main Power Control

Describe the characteristics, operation, and location of the main power control.

Details

#### 2.3 Key Activated Control

Describe the characteristics, operation, and location of the key activated control. Include a statement of the keycapture condition.

Details

#### 2.4 X-Ray Exposure

2.4 Can an x-ray exposure greater than a period of one-half second be made with this cabinet x-ray system?

2.4.1 Are means provided to enable the operator to terminate the exposure prior to completion of the preset exposure period?

If there are no means provided to enable the operator to terminate the exposure prior to completion of the preset exposure period, please explain:

2.4.2 Are means provided to prevent an additional x-ray exposure from being made?

If there are no means provided to prevent an additional x-ray exposure from being made, please explain:

#### 2.5 Devices Indicating X-Rays

#### 2.6 Indicators

How long are indicators actuated when the x-ray generation period is less than one-half second?

#### 2.7 Component Failure

2.7 Does failure of any single component of the cabinet x-ray system cause failure of more than one x-ray production indicator?

If the failure of any single component of the cabinet x-ray system cause failure of more than one x-ray production indicators, please explain:

#### 2.8 Other Means Indicating X-Rays

#### 2.9 Cabinet X-Ray System Designed to Admit Humans

2.9 Is this cabinet x-ray system designed to admit humans?

In queo					
Details					
2.9.2	Is a method cabinet?	Is a method provided to reset, override, or bypass the controls described in 2.9.1 from outside the cabinet?			
If there cabinet	ls a method , please expl	provided to reset, override, or bypass the controls described in 2.9.1 from outside the ain:			
2.9.3	Describe th	e audible and visible warning signals provided in the cabinet.			
2.9.4	How lo the firs door o	ong are the warning signals activated prior to t initiation of x-ray generation after closing any r access panel designed to admit humans?			
2.9.5	If any single audible or v	e component of the cabinet x-ray system fails, can x-rays be produced without either the risible warning systems indicating x-ray production?			
	Please exp	lain:			
2.9.6	Does a visi	ble signal within the cabinet remain activated for the entire period of x-ray generation?			
	Please explain:				
Provide the war	copies (or roning devices	eplicas) of all signs that are illuminated within the cabinet which explain the meanings of . Indicate the sign location with pictures and/or drawings.			
Details					

Describe all exposure controls within the cabinet and include them in the diagram provided as the attachment in question 2.0.

#### 3.0 Safety Interlocks

3.0	Safety Interlocks	s:
Des doo the	Describe the interlock system and provide circuit diagrams showing interlocks and safety systems for each door and each access panel. Include the electrical and mechanical characteristics of each interlock device in the description.	
Deta	ails	

#### 3.2 Provisions for Interlock Adjustment

#### 3.3 Door or Access Panel Movement

3.3	Indicate the amount of door or access panel movement in	
	millimeters that is possible prior to actuation of the interlock.	

# 3.4 High Voltage Generator

3.4 Is any part of the circuit physically removed from the energy supply circuit to the high voltage generator when a door is opened?

If no, explain further:

#### 3.5 Disconnect

 3.5
 Is such disconnect dependent upon any moving part other than the door?

 Please explain:

 Provide drawings, sketches or engineering drawings to clearly illustrate operation of the door's interlock.

 Details

3.6 Resuming X-Ray Production

3.6 Describe how x-ray production can be resumed after any safety interlock has been activated.

#### 3.7 Component Failure

 3.7
 Are the required interlock circuits designed to insure that the failure of one component does not result in the failure of more than one required safety interlock?

 If no, explain further:

#### 3.8 Circuit Analysis

Provide a circuit analy	sis describing the effects of critical component failure on the interlock system.
Details	

#### 4.0 Warning, Certification, and Identification Labels

4.0	Warning, Certification	rning, Certification, and Identification Labels:			
4.1	Provide an exact repl	vide an exact replica of all labels which show any of the following:			
	<ul> <li>(a) The certification s</li> <li>(b) The name and ad</li> <li>(c) The date and place</li> <li>(d) The model number</li> </ul>	The certification statement The name and address of the manufacturer (or individual or company under whose name it is sold) The date and place of manufacturer (these should be spelled out in full) The model number and serial number			
	Details	tails			
4.1.	.2				

Is this labeling permanently affixed to or inscribed on the system and legible and access when the system is fully assembled for use?	
	Please explain:

#### 4.2 Warning Label

4.2	ls a	a warning label affixed at the location of any control which can be used to indicate x-ray generation				
		Please explain:				
ļ						
4.2.	.2.1 Is this warning label permanently affixed to or inscribed at the location of the control, legible and accessible to view?					
		Please explain:				
Prov	vide	e a copy of the warning label affixed at the control(s) as an attachment.				
Deta	ails					

#### 4.3 Other Warning Labels

Describe all other warning labels and their locations and include copies of the labels as attachments. Details

### 5.0 Ports and Apertures

5.0	Ports and Apertures: Complete this section to describe the ports and apertures of the Cabinet X-Ray System.
-	Are there any ports?
-	Are there any apertures?

# 6.0 Floors of the Cabinet X-Ray System

6.0	Floors of the Cabinet X-Ray Systems:				
6.1	Does the design of the cabinet x-ray system depend upon the purchaser providing a support surface that becomes the floor of the system when installed?	*			
6.2	Describe these installation requirements.				
6.3	Does the installation described in 6.2 constitute a permanent installation?				

# 7.0 Ground Fault

# 7.0 Ground Fault:

7.1	Can a ground fault result in generation of x-rays?			
Please explain:				
Pro	vide	a ground faul	analysis.	
Deta	ails			

#### 8.0/9.0 User Information

Attach a copy of the information packet on safety, installation, and maintenance procedures, that is supplied to users as required by 1020.40 (c) (9) of the Standard for each model. Details Provide copies of any additional operating instructions, published product technical data sheets, specifications sheets, applications notes, or other published material relating to product specifications, applications, radiation emission or radiation safety as an attachment. Also include a picture or drawing of each product. Promotional sales literature may be included if appropriate. Details

#### 10.0 Systems for Screening Hand Carried Items

10. <b>Sy</b>	Systems designed primarily for screening of hand carried items in public facilities:		
Is this p	orodu	ct intended for security screening hand carried items in a public area? *	
10.1	Describe the means provided to require operator presence at the control area during generation of x radiation.		
10.2	Do the means described in 10.1 permit surveillance of all ports and doors?		
10.2.1	If no, explain:		
10.3	Do the means described in 10.1 permit the operator to terminate x-ray generation at any time?		
10.3.1		If no, explain:	

# Part III: Product Testing

#### A. Direct Testing

1.0 Message: Briefly explain the concept of each direct x-ray measurement test that is done to verify compliance with the emission limit of the standard. Include in this explanation a copy of the test method(s).

The test described shall include, but not be limited to:

(a) Testing to evaluate effects of scattering object and placement,

(b) Testing to evaluate x-ray emission prior to interruption of x-ray generation through operation of any required safety interlock,

(c) Testing to evaluate the effects on shielding from shipping, transporting or moving the cabinet system,

(d) Testing to evaluate line voltage fluctuations and critical component deterioration,

(e) Testing to evaluate effects ofservice adjustments and procedures,

(f) Final acceptance testing.

Details

#### 2.0/3.0 Stage for Compliance Testing

#### 4.0 Procedure for Maximum Radiation Intensity

4.0 Provide the procedure used to determine the location(s) of maximum radiation intensity.

5.0 Rate of Scan

If the direct test utilizes a radiation measurement instrument that scans the cabinet x-ray system, what is the rate of scan (in cm/sec)?

#### 6.0 Maximum External Surface X-Ray Exposure

#### 7.0 Distance

7.0 State the distance (in cm) between the external surface and the radiation measurement instrument.

#### B. Radiation Instrumentation Used for Testing

#### C. Indirect Testing

If the test method used to monitor compliance with the emission limit performance requirement is other than the direct measurement described in 2.0, describe the method and attach a copy of the test procedure. In addition, provide the basis for the indirect method (any method other than a radiation exposure

measurement); explain why it is an accurate indication of compliance with the emission requirements, and submit the technical data which supports this conclusion.

Details

#### 2.0 Indirect Test Information

D. Sampling

#### E. Critical Component Testing

Conducted prior to installation of the components into your product which you consider necessary and vital part of your testing program to assure compliance with the Federal Performance Standard. This shall include, but not be limited to, incoming inspection and/or sub-assembly testing of such items as x-ray sources, pressure pads, interlock switches, relays and shielding components.	1.
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Where applicable, the description should include:

(a) Vendor qualification requirements.

(b) Incoming inspection procedures, accept/reject criteria, and lot and sample size if not 100 percent tested. If 100 percent tested, so state.

(c) Corrective action following unit or lot rejection.

Details

2.	Message:	Describe all applicable life testing procedures on the x-ray system or on those critical components incorporated into the x-ray system which you consider a necessary and vital part of your testing program to assure compliance with the Federal Performance Standard for the life of the product.				
Thi	This description shall include, but not be limited to the following information:					
(a) on t	(a) The State(s) in the development or production of a specific model or design when life testing is conducted					
(b) be	(b) A copy of the life testing protocol, including the test method used. If previously addressed, reference may be made to your response to other appropriate sections of your report.					
(c) be	(c) A copy of the life testing protocol, including the test method used. If previously addressed, reference may be made to your response to other appropriate sections of your report.					
Det	ails					

# F. Test Results

1.0	Not	Note: Attach th		e results of Quality Control testing to date as follows:			
1.1		Attach the numerical results of the direct radiation tests upon which you base your certification, including: a) date of the test, b) state of development, production or installation at which the test was made.					
		Details					
1.2		Attach a summary of the numerical results of direct and/or indirect quality control tests of procline units.					
		Details					

1.3		Where sufficient of measurement. If results may be re	data are available, attach the mean, range, and standard deviation of each type of these values are unavailable, other representative statistics or expressions or ported.			
		Details				
2.0 Attach a summary of results of tests performed to determine "worst case" conditions for x-ray the external surface of the cabinet x-ray system.						
	Det	ails				
3.0	Atta	Attach a summary of the results of critical component testing.				
	Det	ails				
4.0	Atta	Attach a summary of the results of critical component or system life testing.				
	Det	ails				
5.0	Describe changes in critical components occuring with time that affect the performance of the unit with respect to applicable performance requirements.					
	Det	ails				