CARGO SCREENING EQUIPMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

X-Ray System Integrity

☐ Yes ☐ No — Lead curtains are intact and properly aligned

☐ Yes ☐ No — Emergency stop buttons are functional and accessible

☐ Yes ☐ No — Conveyor belt is free of tears and moves smoothly

☐ Yes ☐ No — External housing and panels are secure and undamaged

Imaging and Software

☐ Yes ☐ No — Monitor displays clear images without distortion

☐ Yes ☐ No — Software boots correctly and shows no error codes

☐ Yes ☐ No — Image manipulation tools function as intended

☐ Yes ☐ No — Data storage and retrieval systems are operational

Radiation Safety

☐ Yes ☐ No — Radiation warning lights are visible and working

☐ Yes ☐ No — Dosimeter readings are within acceptable limits

☐ Yes ☐ No — Safety interlocks prevent operation when panels are open

☐ Yes ☐ No — Required safety signage is posted and legible

Explosive Detection Systems

☐ Yes ☐ No — Trace detection sensors are clean and calibrated

☐ Yes ☐ No — Sampling swabs and consumables are in stock

☐ Yes ☐ No — Alarm systems trigger correctly during test cycles

☐ Yes ☐ No — Internal filters are clean and properly seated

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ **I confirm this inspection was completed accurately**