Rapiscan PRM-470 CG(N) Assessment Form

Country: _____   Site: _____

Date: _____   Name of Individual Performing Assessment (Please Print): _____

Model	Serial Number	Settings Verified (OK or Changed)	Functional Test (Pass or Fail)	Efficiency Test (if performed) %	Comments
CG	156	Changed	Pass	22%	Restrict Setup was changed to "ON"