

**MEDICAL**Table 3. Sample Instrument Readings to Determine Bioassay Priority in Table 2.

<b>Instrument</b>	<b>Probe (area in square cm)</b>	<b>Activity (microCurie/100 square cm)</b>	<b>Instrument indication</b>
AN-PDR-56	*DT224B (17)	0.5	~85,000 cpm
ADM-300	#ASP 100 (100)	0.5	~222,000 cpm
E-600	‡SHP 380 (100)	0.5	~550,000 cpm
AN-PDR-56	*DT224B (17)	0.05	~8,500 cpm
ADM-300	#ASP 100 (100)	0.05	~22,200 cpm
E-600	‡SHP 380 (100)	0.05	~55,000 cpm

“High” contamination should be defined as “at or above 0.5 uCi/100 cm<sup>2</sup>” (or similar)

“Medium” contamination should be defined as “between 0.05 and 0.5 uCi/100 cm<sup>2</sup>” (or similar)

“Low” contamination should be defined as “below 0.05 uCi/100 cm<sup>2</sup>” (or similar)

\*assumed  $\alpha$  efficiency ( $4\pi$ ) for DT224B is 45%

#assumed  $\alpha$  efficiency ( $4\pi$ ) for ASP 100 is 20%

‡assumed  $\alpha$  efficiency ( $4\pi$ ) for SHP380 is 50%

If  $\alpha$  efficiencies are different from those assumed above, instrument indications must be re-calculated. Additionally, the use of activity, instead of instrument-specific count rates, will eliminate problems associated with inconsistencies in instrument calibration from facility to facility or from service to service (Air Force, Navy, National Lab, etc.).