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'84 OCT 22 P3:20

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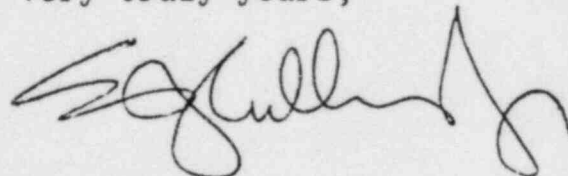
Ms. Phyllis Zitzer
Limerick Ecology Action
762 Queen Street
Pottstown, PA 19464

Re: Limerick Generating Station, Units 1 & 2
Docket Nos. 50-352 & 50-353 *OL*

Dear Ms. Zitzer:

In accordance with the Board's Order of June 1, 1982, I am enclosing copies of correspondence and documents regarding emergency planning among Applicant, NRC Staff, the Commonwealth of Pennsylvania and other responsible governmental agencies.

Very truly yours,



Edward J. Cullen, Jr.

EJC, JR:pkc

Enclosures

Box #2

8410230170 841012
PDR ADOCK 05000352
G PDR

DS03

cc: Judge Helen F. Hoyt	(w/o enclosure)
Judge Jerry Harbour	(w/o enclosure)
Judge Richard F. Cole	(w/o enclosure)
Judge Christine N. Kohl	(w/o enclosure)
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Atomic Safety & Licensing	(w/o enclosure)
Board Panel	
Docket & Service Section	(w/enclosure - 3 copies)
James Wiggins	(w/o enclosure)
Timothy R. S. Campbell	(w/o enclosure)

RELATED CORRESPONDENCE

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USNRC

'84 OCT 22 P3:26

WEST POTTSBORO TOWNSHIP
MONTGOMERY COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number _____

Draft 6



ENERGY CONSULTANTS

Riverside Office Center 3 • 2101 N. Front St. • Harrisburg, PA 17110
(717) 236-0031

October 10, 1984

Mr. Dave Christy
Emergency Management Coordinator
West Pottsgrove Township
Lemont and Monroe Streets
Stowe, PA 19464

Dear Mr. Christy:

We are forwarding herewith for your review and comment five (5) copies of Draft 6 of the West Pottsgrove Township Radiological Emergency Response Plan for Incidents at the Limerick Generating Station. This draft contains several minor changes resulting from the July 25 exercise. Additionally, most "developed" items have now been completed with the exception of the following which require input from you or your staff:

- 1). Identify an Assistant Emergency Management Coordinator (reference Attachment B).
- 2). Identify transient locations within each Route Alert Sector (reference Attachment E).

We will be contacting you in the near future to finalize insertion of this data into your plan. Upon completion, we believe it will be ready for formal review by state and federal agencies.

Thank you for your continued cooperation.

Sincerely yours,

Ronald L. Deck

RLD/mer

Enclosure

cc: Montgomery County OEP

PROMULGATION

THIS PLAN SUPERCEDES ALL OTHER WEST POTTSGRUVE TOWNSHIP PLANS DEVELOPED FOR
EMERGENCY MANAGEMENT IN THE EVENT OF AN INCIDENT AT THE LIMERICK GENERATING
STATION. THIS PLAN WAS APPROVED BY THE BOARD OF COMMISSIONERS UNDER
RESOLUTION _____ DATED _____.

BOARD OF COMMISSIONERS

EMERGENCY MANAGEMENT COORDINATOR

WEST POTTSGRUVE TOWNSHIP

RECORD OF CHANGES

[illegible]

ANNUAL REVIEW CERTIFICATION

I hereby certify that I have reviewed the West Pottsgrove Township Radiological Emergency Response Plan (RERP). All necessary changes have been coordinated through the county and incorporated into the plan. Distribution of changed pages has been made to all recorded holders of the plan.

Date	Signature

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WEST POTTS GROVE TOWNSHIP
RADIOLOGICAL EMERGENCY RESPONSE PLAN

I. INTRODUCTION

A. Authority

The West Pottsgrove Township Radiological Emergency Response Plan (RERP) has been developed under the authority of, and in accordance with, the provisions of the Pennsylvania Emergency Management Services Act of 1978, P.L. 1332.

B. References

1. U.S. Nuclear Regulatory Commission and the Federal Emergency Management Agency, "Criteria for preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants," NUREG-0654, FEMA-REP-1, Rev. 1, November 1980.
2. Montgomery County Radiological Emergency Response Plan for incidents at the Limerick Generating Station, dated _____.
3. Commonwealth of Pennsylvania, Disaster Operations Plan, July 1977, with changes.
4. Annex E, "Fixed Nuclear Facility Incidents," dated November 1981, to the Commonwealth of Pennsylvania Disaster Operations Plan.
5. Municipal Resolution No. _____.

C. Purpose

The intent of this document is to provide for the maximum protection of those persons who live, work, or transit West Pottsgrove Township in the event of an incident at the Limerick Generating Station.

D. Scope

This plan outlines the basic procedures West Pottsgrove Township will follow in the event of an incident at Limerick Generating Station. It complies with federal guidelines and details municipal actions in accordance with Annex E of the Commonwealth of Pennsylvania Disaster Operations Plan and the Montgomery County Radiological Emergency Response Plan.

All of West Pottsgrove Township is within the plume exposure pathway EPZ (reference Attachment A and Attachment J). The approximate population is 4,208.

E. Definitions

Some of the terminology presented in this document, or which one might encounter during a radiological incident, is somewhat unique. Accordingly, for a better understanding of the RERP it is essential that emergency response personnel familiarize themselves with the following definitions:

1. Access Control Point (ACP) - Control Points manned primarily by State or municipal police, augmented when necessary by the National Guard, established around the perimeter of the plume exposure pathway EPZ on roads leading into it when it is evacuated or occupants are taking shelter for the purpose of controlling access into the area.
2. Activate/Activation - To place a specific plan, or portion thereof, into action.
3. Amateur Radio - Licensed volunteer radio amateur communications personnel affiliated with county emergency management organization. Such organizations include Amateur Radio Emergency Service (ARES) and Radio Amateur Civil Emergency Services (RACES).
4. Central Resource Receiving Point - A predesignated facility operated by the county and located outside the plume exposure pathway EPZ and suitable for the reception and distribution of supplies and equipment.
5. Dosimeters - Devices that measure accumulated exposure to radiation.
6. Emergency Broadcast System (EBS) Announcements - Official announcements made at the county level for the specific purpose of providing instructions or information from the County Commissioners, or their designated representative, to the permanent and transient residents of the county. Announcements are made over the legally designated alerting and warning (EBS) Network.
7. Emergency Planning Zone (EPZ) - A generic area defined about a nuclear facility to facilitate offsite emergency planning and develop a significant response base. It is defined for the plume and ingestion exposure pathways.
 - a. Plume Exposure Pathway - The area surrounding a fixed nuclear facility which potentially is subject to radiation exposure as a result of an incident involving radioactive material emanating from the facility. Such potential exposure could involve: (a) whole body external exposure to gamma radiation from the plume and from deposited materials, and (b) inhalation exposure from the passing radioactive plume. The EPZ for this pathway consists of an area of approximately ten miles in radius around the fixed nuclear facility. (The exact size and configuration of each plume

exposure pathway EPZ for the respective fixed nuclear facility in Pennsylvania were determined in relation to local emergency response needs and capabilities as they are affected by conditions such as demography, topography, access routes, and jurisdictional boundaries).

- b. Ingestion Exposure Pathway - That area surrounding a fixed nuclear facility which, as a result of a release of radioactive material, is a potential source of exposure through the ingestion of water and foods, such as milk or fresh vegetables originating there. This EPZ consists of a circular area of 50 miles radius around the fixed nuclear facility.
8. Fixed Nuclear Facility Incident - An event or condition at a nuclear facility which could result in impact on public health and safety. Four incident classes have been developed to facilitate planning and responses:
- a. Unusual Event - An occurrence which indicates a potential degradation of the level of safety of the facility. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.
 - b. Alert - An occurrence which involves actual or potential substantial degradation of the level of safety of the facility. Any releases are expected to be limited to small fractions of the Environmental Protection Agency (EPA) protective action guideline exposure levels.
 - c. Site Emergency - An occurrence which involves actual or likely major failures of facility functions needed for the protection of the public. Radioactive releases are not expected to exceed the EPA protective action guideline exposure levels except near the site boundary.
 - d. General Emergency - An occurrence which involves actual or imminent substantial core degradation or melting with the potential for loss of containment integrity. Releases can reasonably be expected to exceed EPA protective action guideline exposure levels offsite for more than the immediate site area.

NOTE: The incident classifications of Site and General Emergency should not be confused with a gubernatorial declaration of "State of Disaster Emergency." See definition below.

9. Mass Care Center - Fixed facilities suitable for providing emergency lodging for victims of a disaster left temporarily homeless and capable of providing all essential social services. Feeding may be done within a Mass Care Center (in suitable dining facilities) or nearby.

10. Mobilize - The act of bringing a staff, department, or agency to the strength required to accomplish its mission on a 24-hour basis; including the pre-positioning or movement of equipment or personnel.
11. Municipality - For the purposes of this plan, the terms "municipality" or "municipal government" are defined as referring, singularly or collectively, to cities, boroughs, townships and incorporated towns within the Commonwealth of Pennsylvania.
12. Notify - To inform or report the occurrence of an incident.
13. Parent County - The county in which the facility is physically located.
14. Potassium Iodide (chemical symbol KI) - A drug that offers some protection to the thyroid gland from injury due to accumulation of radioiodine.
15. Protective Action - An action taken to avoid or reduce a projected dose of radiation. Some of the basic actions are:
 - a. Sheltering - Action taken by the public to take advantage of the protection against radiation exposure afforded by remaining indoors, away from doors and windows, and shutting off all sources of outside air during and following the passage of the radioactive plume. Motorists should close all windows and vents.
 - b. General Evacuation - The relocation of the entire population from the plume exposure pathway EPZ.
 - c. Selective Evacuation - The relocation of specific elements of the population, such as pregnant women, pre-school children or the infirm.
16. Protective Action Guide (PAG) - A pre-established projected radiation dose to individuals which warrants protective action.
17. Projected Radiation Dose - An estimate of the radiation dose which affected individuals could potentially receive if protective actions are not taken.
18. RACES or ARES - Radio Amateur Civil Emergency Service or Amateur Radio Emergency Services. Licensed amateur radio operators who are trained and volunteer to provide back-up radio communications as requested by state and county emergency management agencies.
19. REACT - Radio Emergency Action Citizens Team. Licensed citizens band radio operators affiliated with county emergency management agencies.

20. RECALL - The RECALL system is a computer based telephone notification system developed specifically for emergency services and emergency management applications.

Within the application for the Limerick radiological emergency response plans (RERP), the system is located at the County Office of Emergency Management and is programmed with the telephone numbers and message(s) of the key individuals, institutions and special facilities which require notification during the implementation of the RERP.

The system is activated by the county and it sequentially and simultaneously contacts the parties by telephone, provides a pre-recorded message and awaits an acknowledgement code. The system then provides a management report to indicate the calls which have been made, the status (no answer, answer, busy, etc.) and other information. If the called party does not furnish the acknowledgement code, the system will continue to call the party until the code is received or another parameter is reached. Busy lines will be re-tried and alternate numbers are used for after hours or in the event a contact cannot be made at the primary number due to busy, no-answer, or failure to acknowledge.

21. Reception Center - A predesignated site outside the plume exposure pathway EPZ through which evacuees will pass to information and directions to Mass Care Centers.
22. Risk County - A county with area located partially or wholly within the plume exposure pathway EPZ of a nuclear facility.
23. Risk Municipality - A municipality with area located partially or wholly within the plume exposure pathway EPZ of a nuclear facility.
24. Route Alerting - As a supplementary alert/notification procedure route alerting will be conducted as necessary each time the public alert system is activated. Route alerting is a municipal responsibility and is to be accomplished by pre-designated route alert teams travelling along pre-assigned routes delivering the following message: "There is an emergency at the Limerick Generating Station; please tune to your Emergency Broadcast Station."
25. Standby Status - The term used to describe state of readiness. Standard operating procedures have been reviewed; material, communications and required supplies are available and adequate for initial operations; and sufficient personnel are on hand to commence operations. Augmentation personnel necessary for sustained operations are alerted and ready to report for duty when called.

26. State of Disaster Emergency - A state of disaster emergency exists whenever the Governor issues a declaration of disaster emergency. A disaster emergency shall be declared by executive order or proclamation of the Governor at any time upon finding that a disaster has occurred or that the occurrence or the threat of a disaster is imminent. The state of disaster emergency continues until the Governor finds that the threat or danger has passed and terminates it by executive order or proclamation, but no state of disaster emergency may continue for longer than 90 days unless renewed by the Governor. The term "state of disaster emergency" is not to be confused with the emergency classification terms called Site Emergency and General Emergency.
27. Support County - The county or counties outside the plume exposure pathway EPZ of a nuclear facility that, through prior agreement, will provide support to a risk county in the event of an incident. Depending on size and location, the same county may be both a risk and support county.
28. Traffic Control Points (TCP) - Police traffic control established at critical road intersections for the purpose of controlling or limiting traffic.
29. Unmet Needs - Capabilities and/or resources required to support emergency operations but neither available nor provided at the respective levels of government.

F. Objectives

1. Define responsibilities, clarify lines of authority, and establish lines of communication.
2. Ensure that planned actions are current and in consonance with those of surrounding jurisdictions, as well as with the Montgomery County RERP.
3. Identify personnel, resource, and facility requirements necessary for the safe and efficient execution of the Plan.
4. Provide a basis for functional implementing procedures.
5. Ensure that the population of West Pottsgrove Township is informed as to the basic concepts of the Plan and their possible protective actions.

II. BASIC PLAN

A. General

Because a variety of local government jurisdictions are found within the plume exposure pathway EPZ of the Limerick Generating Station (reference Attachment A), all of which might be expected to implement their respective RERP's simultaneously, the safety of the public can best be served through an emergency plan that is in consonance with those of surrounding jurisdictions, as well as with the Montgomery County RERP. Accordingly, the West Pottsgrove Township RERP has been developed in such a manner that it will function harmoniously with other plans without risk of conflict.

B. Municipal Government Emergency Operations

1. Municipal Government - Emergency Organization Structure

- a. See Emergency Organization Chart (reference Attachment B)

2. Responsibilities

- a. Provide an emergency operations center (EUC) with a qualified person (emergency management coordinator) to coordinate the center.
- b. Develop radiological emergency response plans in consonance with the county plan.
- c. Supplement the public alert system to alert the population within the municipality who may not have received the initial alert.
- d. Provide for municipal security to include security of the area if evacuation has occurred.
- e. Provide for fire and rescue protection to include continued fire protection if the area has been evacuated.
- f. In the event of a general emergency classification, ensure that municipal traffic control points are manned in preparation for evacuation.
- g. Provide training for all volunteers operating in the emergency management agency of the municipality.
- h. Ascertain unmet needs and report these to the county emergency management agency.
- i. Maintain a current list of the location of homebound invalids and handicapped persons requiring special medical care and provide for the special needs of these persons including transportation.

j. Facilitate return of evacuees after reentry is recommended.

3. Emergency Services

a. Direction and Coordination

- (1) The Board of Commissioners has the responsibility for the safety and protection of the public within West Pottsgrove Township, as well as providing direction and control of the emergency organization.
- (2) Under a declaration of disaster emergency, the ultimate direction of emergency services (i.e., firefighting, police, medical and health, rescue, etc.) is the responsibility of the municipality (reference P.L. 1332).
- (3) Supplemental emergency support personnel shall be under the operational control of the municipality.
- (4) Support forces furnished by other political subdivisions shall be under the operational control of the jurisdiction furnishing the force (Reference P.L. 1332).
- (5) Because of the multi-jurisdictional scope of a radiological emergency, the county shall exercise responsibility for coordination and support to the area of operations (reference P. L. 1332).
- (6) Normal dispatch and operational procedures will be used whenever possible.
- (7) Coordination between the counties involved shall be accomplished by the Pennsylvania Emergency Management Agency (PEMA).

b. Functional Areas

The following functional areas and associated tasks are essential:

- (1) Emergency Management
 - (a) Develop and maintain the West Pottsgrove Township RERP.
 - (b) Coordinate emergency operations in accordance with the approved RERP and as directed by the Board of Commissioners.
 - (c) Develop and maintain any necessary Letters of Agreement (reference Attachment C).

- (d) Determine unmet needs as a result of RERP implementation and inform the County EOC.
 - (e) Maintain expense records of personnel and resource utilization resulting from RERP implementation.
 - (f) Establish and maintain EOC security during RERP implementation.
 - (g) Participate in training, drills, and exercises.
- (2) Law Enforcement (Police Services)
- (a) Ensure that designated Traffic Control Points (TCP's) located within the municipality are manned when necessary (reference Attachment D and Attachment Q).
 - (b) Provide continued area security, conditions permitting, during the emergency.
 - (c) Assist in traffic control during reentry, necessary.

(3) Fire Services

- (a) Provide for adequate fire/rescue emergency coverage during a radiological emergency.
- (b) Provide for route alerting of the population (reference Attachment E).

(4) Medical/Ambulance Services

Note: This function assigned to the Transportation Officer.

- (a) Provide for adequate ambulance coverage during a radiological emergency.
- (b) Prepare and maintain a list of non-institutionalized residents having special medical requirements (reference Attachment F).
- (c) Provide guidance to outside ambulance resources upon their arrival at the municipality.
- (d) Monitor movement of non-ambulatory individuals requiring transportation by ambulance and/or provision of special medical equipment.

(5) Public Works

Note: This function assigned to the Emergency Management Coordinator.

- (a) Maintain a current listing of equipment resources.
- (b) Assist law enforcement in obtaining material for traffic control purposes.
- (c) When directed by the Board of Commissioners ensure that municipal roadways are cleared.

(6) Radiological

Note: This function assigned to the Fire Services Officer.

- (a) Receive, prepare for distribution, and distribute to emergency workers dosimeters and radioprotective drugs when necessary.
- (b) Assist in the administration of the County's Radiological Exposure Control Program.
- (c) At termination of the emergency, collect dosimeters, forms, and unused radioprotective drugs from emergency workers, inventory, and prepare for return to the County EOC.
- (d) Ensure the training of municipal EOC personnel and emergency workers in the use of dosimeters.

(7) Transportation

- (a) Prepare and maintain a list of those residents who lack transportation (reference Attachment G).
- (b) Provide for the direction and control of outside transportation resources upon their arrival at the municipality.

(8) Communications

Note: This function assigned to the Emergency Management Coordinator.

Determine requirements for reliable communications with the county and within the municipality specific to RERP implementation.

4. Emergency Operations Center (EOC)

- a. The West Pottsgrove Township EOC is located at the Township Building, 101 Lemon Street, West Pottsgrove, PA 19465. See EOC floor plan (reference Attachment H).
- b. It shall be activated when directed by the Emergency Management Coordinator (EMC) or by the Board of Commissioners.

- c. When activated, it shall be staffed by:
 - (1) Emergency Management Coordinator
 - (2) Fire Services Officer
 - (3) Transportation Officer
 - (4) Police Services Officer
- d. The EOC shall function as a central point for coordinating the operations of the West Pottsgrove Township emergency response personnel.
- e. For incident classifications of "Site Emergency" and higher, operations shall be conducted 24-hours a day. Sufficient personnel should be available to maintain 24-hour operation.
- f. The alternate EOC is located at the Daniel Boone Senior High School*.

C. Communications

1. Telephone

The primary means of communicating to/from the Municipal Emergency Operations Center (EOC) will be the telephone.

2. Two-Way Radio

The usual police and emergency service radio nets will be used for the dispatch of emergency services and the dissemination of information.

3. RACES

The County will provide a RACES operator and radio to the EOC at an emergency classification of Alert or immediately if the initial classification is higher. This system will provide back-up communications capability.

4. Rumor Control

Rumor control will be handled at the County level. The telephone number is 631-9700.

D. Alert/Notification Systems

1. Municipality/Emergency Response Personnel

- a. In the event of an incident at the Limerick Generating Station, initial notification will be provided to the West

*Agreement under development.

Pottsgrove Emergency Management Coordinator (EMC) or his designated alternate(s) via the RECALL system as activated by Montgomery County Communications.

- b. The West Pottsgrove Township elected officials and EUC staff will be notified by the EMC or designated alternate (reference Attachment I).
- c. Incident classification and protective action information will normally be provided by the County via RACES and confirmed by a County initiated telephone call.

2. Public

a. Public Alert System

- (1) When required, the public will be alerted through a public alert system installed and maintained by Philadelphia Electric Company.
- (2) The system consists of approximately 165 high output mechanical sirens strategically located throughout the approximate ten-mile emergency planning zone. Those sirens located within Montgomery County will be activated by the County OEP.
- (3) The siren coverage areas for West Pottsgrove Township are depicted in Attachment E, Tab 1.
- (4) In coordination with PEMA, the public alert system may be activated (a) when there is significant information that will reassure the public of their safety; (b) when the public is to be informed of a plant status that may lead them to implement specific actions on their own; or (c) when specific actions (to include protective actions) are to be taken by the public. The purpose of the public alert system is to alert the public to tune to their Alert and Warning/Emergency Broadcast System (EBS) radio or TV station for information and instructions.
- (5) Notification is accomplished through the EBS. Pre-written EBS announcements are contained in Annex D of the Montgomery County RERP.

b. Route Alerting

- (1) Route alerting involves the use of vehicles/personnel traveling predesignated routes within the municipality. Public address systems are used to instruct residents to tune to their Alert and Warning/EBS station. This procedure is used as a supplement to the public alert system where there is a known system failure or area of inadequate coverage.

- (2) The municipality has been divided into sectors facilitating route alert team assignments (reference Attachment E).
- (3) Route alert teams will be dispatched via normal dispatch procedures to those areas where there is a known failure of the public alert system.

c. Hearing impaired (reference Attachment F)

Route Alert personnel will be charged with alerting the hearing impaired. They will be dispatched by the municipal EMA to the residences of previously identified hearing-impaired persons immediately upon the activation of the public alert system. The hearing-impaired will be provided a pre-printed card which indicates that an emergency situation exists, directs them to review their public information brochures and requests them to establish contact with a relative, friend or neighbor who can provide them with information being provided over the Alert and Warning/EBS network (reference Attachment E).

E. Protective Actions

1. Sheltering

The nature of an incident may be such that the most effective measure to protect the public would be to have them go indoors, stay away from windows and doors, and shut off all sources of outside air (air conditioning, vents, etc.); motorists would be instructed to close windows and vents.

2. Evacuation

Evacuation is a protective action option which involves movement of the population from the plume exposure pathway EPZ. It may be accomplished on a selective or general basis.

a. Selective Evacuation

Selective evacuation involves the relocation of specific categories of persons, such as pregnant women, pre-school children, and others who may be highly susceptible to the hazards of radiation.

b. General Evacuation

General evacuation involves the relocation of the entire population from the plume exposure pathway EPZ.

c. Authorization and Control

- (1) The Governor, or his constitutionally designated successor, has the sole authority and responsibility

for directing and compelling a selective or general evacuation.

- (2) The Governor, or the highest ranking elected county or municipal official in authority may recommend an evacuation for their respective jurisdictions.
- (3) PEMA has the primary responsibility for directing and controlling an evacuation order made by the Governor.

d. Evacuation Routes

- (1) When necessary, West Pottsgrove Township will be evacuated via local routes to Route 422 West (reference Attachment J and Attachment Q). Those who require mass care support should go to the reception center located at Reading Mall where they will be directed to an appropriate mass care center.
- (2) There will be no changes in normal traffic patterns in and out of the EPZ during an evacuation. This is necessary to accommodate the movement of support resources, i.e., buses, ambulances, etc., into the area.

e. Transportation

- (1) The primary means of evacuation will be the private automobile. Evacuees will be urged to use any available means of private transportation.
- (2) Information concerning persons without a source of private transportation is found in Attachment G. Unmet transportation resource requirements will be reported to the county transportation officer.
- (3) Individuals without transportation should contact the West Pottsgrove Township EOC at 323-7717 to arrange for pickup.
- (4) Transportation resources will be assembled at the Municipal staging area located at Township Building (reference Attachment Q). An emergency worker will be assigned to each vehicle for the purpose of providing directions to the assigned residences of those persons requiring assistance. These individuals will be taken to the designated reception center; from there they will be taken to a mass care center.
- (b) Transportation requirements for hospitals, nursing homes and public and private schools have been prearranged and will be coordinated by the county. Transportation resources allocated for evacuation of the aforementioned facilities are identified in the county RERP and are not considered as municipal transportation resources.

- (6) Individuals requiring evacuation by ambulance or other special vehicles will be relocated to St. Joseph Hospital, Reading (reference Attachment F). Unmet ambulance resource requirements will be reported to the county medical officer.

f. Traffic Control Points (TCP)

West Pottsgrove Township Police Department and State Police personnel will establish Traffic Control Points within the municipality (reference Attachment D).

g. Public/Private Schools

- (1) Separate school plans have been developed to provide for the safety of school children. A copy can be found in the Township EOC.
- (2) If school is in session at the time evacuation is recommended, children attending schools located within the emergency planning zone will be transported by bus to designated host schools outside the area. They will remain under school supervision until picked up by parents or guardians. These host schools have been planned to coincide with main evacuation routes.
- (3) Students whose homes are inside but who attend schools outside the emergency planning zone will not be sent home if a protective action is advised. They will remain at the school they attend under school supervision until picked up by parents or guardians.
- (4) Specific information concerning host schools will be provided to parents by school officials.

h. Health Care Facilities

Separate plans have been developed for hospitals and nursing homes located within the Plume Exposure Pathway EPZ. A copy can be found in the Montgomery County EOC. There are no health care facilities located in the Township at this time.

i. Access Control Points/Area Security

In the event of either protective action recommendations (sheltering and/or evacuation), Access Control Points will be established around the perimeter of the EPZ. These points are described in the Montgomery County RERP. There are however no ACP's in West Pottsgrove Township. Additionally, conditions permitting (based upon information received from the County EOC), police personnel will provide security patrols throughout the municipality during the emergency.

j. Emergency Fuel Supplies

Designated gas stations along main evacuation routes will be open to provide emergency supplies of gasoline and diesel fuel to evacuees. These stations are identified within Annex K of the county RERP.

k. Roadway Clearing

- (1) Removal of disabled vehicles from evacuation routes shall be accomplished by services dispatched through the County.
- (2) Snow and other debris on evacuation routes shall be removed by West Pottsgrove Township Public Works Department and PennDOT.
- (3) The National Guard will provide supplemental support, as necessary.

l. Continued Fire Protection

- (1) After the evacuation of the general population has been completed, essential Fire Department equipment and personnel will relocate to a point outside the EPZ (reference II, G, 2, b); non-essential equipment will be sheltered.
- (2) In the event a fire is reported in West Pottsgrove Township, the department having jurisdiction, if available and conditions permitting, will be dispatched by the County EOC. Normal turnout gear should provide adequate external contamination protection; respiratory protection should prevent the inhalation of radioactive material. See Annex M of the County RERP for additional information.

m. Agriculture

If evacuation becomes necessary, the Montgomery County OEP, through the USDA County Agent, will certify farmers as emergency workers. This will allow them to return to the EPZ in order that they may tend to their livestock. See Annex O of the County RERP for additional information.

F. Radiological Exposure Control

If it is determined that a potential radiation hazard exists from an incident at the Limerick Generating Station, steps must be taken to protect both the public and emergency workers. Procedures for radiological exposure control are addressed in Annex M of the County RERP. Municipal actions relevant to radiological exposure control follow:

1. Municipal Emergency Workers

- a. When advised by Montgomery County OEP that a Site Emergency has been declared, municipal emergency workers will be issued dosimeters and potassium iodide (KI), a radioprotective drug. A unit of dosimeters-KI contains the following:
 - * one (1) CD V 730 or DCA-622 self-reading dosimeter having a scale of 0 to 200R.
 - * one (1) CD V 742 self-reading dosimeter having a scale of 0 to 200R.
 - * one (1) thermoluminescent dosimeter (TLD) which is a machine-read crystalline dosimeter mounted in a card.
 - * one (1) Dosimetry-KI Report Form (reference Attachment K).
 - * one (1) bottle containing a fourteen day supply of potassium iodide (KI) tablets.
- b. PEMMA will supply, when available, the Montgomery OEP with enough dosimeters and KI for designated emergency workers within its portion of the plume exposure pathway EPZ. These resources will be predistributed to the Township. Attachment M lists emergency worker dosimeters-KI resource requirements.
- c. Distribution of the dosimeters and KI is as follows:
 - (1) Upon notification of an Alert (or any higher classification of emergency should it be initial notification), the equipment will be prepared for distribution to municipal emergency workers (reference Attachment L).
 - (2) Upon notification of a Site Emergency, dosimeters and KI will be distributed to municipal emergency response organizations identified in Attachment M. A signed receipt shall be obtained from each organization (reference Attachment L). Emergency organizations will maintain property control by having each worker sign for the property (reference Attachment N.)
 - (3) Emergency workers will take KI only upon the direction of the Secretary of the Pennsylvania Department of Health, notification of which will be received through emergency management channels.
- d. Dosimeters Wearing Procedures and Related Actions
 - (1) Dosimeters are to be worn in the pocket of an outer garment from the time of issue until the worker is dismissed from duty. In no case should the TLD be worn

by more than one person since there is no way of ascertaining later how much of the dose recorded on the TLD was received by each individual if more than one person was involved.

- (2) Each emergency worker is responsible for completing the Dosimetry/KI Report Form (reference Attachment K) and for reading the self-reading dosimeters at least once every thirty minutes. The protective action guide for whole body exposure is 25 rem. Therefore an emergency worker should seek to be relieved or complete the assigned task and then evacuate to an emergency worker decontamination station before receiving 25 R.
- (3) Life Saving Missions - If a life saving mission should become necessary, the West Pottsgrove Township elected official in charge may, under conditions shown below, authorize volunteer emergency workers to exceed the established 25 rem whole body limit. In no instance, however, should the emergency worker be authorized to exceed an absolute upper limit of 75 rems. This authorization may be given in advance to avoid the possibility of delay in performing life saving missions. When authorizing volunteer emergency to exceed the 25 rem limit the elected officials ensure that the following conditions are met:
 - (a) It is a life saving situation and alternative courses of action cannot be taken to accomplish the mission.
 - (b) The emergency workers are health adult male volunteers, preferably over 45 years of age.
 - (c) The emergency workers selected are persons whose normal duties might involve such missions, e.g., policemen and firemen with suitable protective clothing and respiratory equipment.
 - (d) The mission will be accomplished in the least amount of "stay time."
 - (e) The emergency workers are knowledgeable of and accept the increased risk in exceeding the 25 rem limit.
4. Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to a decontamination station. Emergency workers in West Pottsgrove Township are to report to Daniel Boone Senior High School, Birdsboro, PA*. Specifics relevant to monitoring and decontamination are contained in Annex M of the County RERP.

*Agreement under development.

- f. When the emergency is terminated, all dosimeters-KI should be returned to the Municipal EOC for forwarding to the County.

2. Public

The protective actions outlines in Section II, E, are intended to provide the necessary radiological exposure control for the general public. In addition, decontamination monitoring teams will service all mass care centers, and host health care facilities for the purpose of monitoring evacuees. A list of decontamination stations is provided in the County RERP.

G. Continuity of Government

1. Government

In the event of a general evacuation, the Board of Commissioners shall transact required business at an alternate seat of government located at the Daniel Boone Senior High School*.

2. Municipal Services

- a. The Police Department will relocate to Daniel Boone School.*
- b. The Fire Department will relocate to Daniel Boone High School.*
- c. All services will remain available to respond to emergencies within the EPZ, radiation levels permitting. Dispatch will be accomplished through the County EOC.

3. EOC

The EOC shall be relocated to the Daniel Boone Senior High School*.

H. Training

1. The Montgomery County Office of Emergency Preparedness is responsible for coordinating radiological emergency response training as outlined in Annex R of the County RERP.
2. The West Pottsgrove Township Emergency Management Coordinator shall ensure that local emergency response personnel are familiar with their responsibilities.

I. Concept of Operations

The following offers a list of general actions to be performed in the event of an incident.

*Agreement under development.

1. Unusual Event

Notification to Municipal EMC's will not take place.

2. Alert

- a. The West Pottsgrove Township Emergency Management Coordinator (EMC) will receive notification from Montgomery County OEP. The EMC in turn, notifies municipal officials and key staff personnel.
- b. The EMC and key staff will report to the Municipal EOC. Security measures will be implemented to restrict admittance.
- c. Communications systems will be tested. The County will be notified when RACES communications are established.
- d. Dosimeters/KI will be prepared for later distribution.
- e. Non-ambulatory residents shall be contacted to verify special requirements.
- f. The EMC shall notify certain public and private institutions/facilities located within the municipality of the emergency. In some instances, this will be a verification of a notification previously received through a county-initiated procedure. A listing of these facilities is maintained in the municipal EOC.
- g. Route alert teams will be placed on standby.
- h. If the public alert system is activated, the hearing impaired will be notified and Route Alert Teams dispatched as necessary.
- i. Local TCP personnel will be notified.
- j. The local Alert and Warning/EBS station KYW 1060 AM will be monitored.
- k. Review municipal and County Radiological Emergency Response Plans.
- l. Ensure all messages which provide information or require a response are verified and logged. Pertinent data will be posted on the status board.
- m. Additional unmet needs will be passed to the County.
- n. In the event of reduction of classification or termination of incident, all parties previously notified will be informed.

3. Site Emergency

- a. Same actions as Alert.
- b. Additional emergency response personnel will be mobilized, including full EOC staff.
- c. Dosimeters and KI will be distributed to emergency workers and organizations.
- d. Resource inventories (reference Attachment O and Attachment P) will be reviewed to verify that those resources indicated as being available are, in fact, available.
- e. Road conditions will be reviewed, reporting any detours or construction areas to the County Public Works Officer.
- f. Local TCP personnel will be placed on standby. West Pottsgrove Township TCP's will be manned if traffic conditions dictate.
- g. Drivers and transportation assets needed for persons without transportation will be placed on standby by the County.
- h. In the event of reduction of classification or termination of incident, all parties previously notified will be informed, dosimeters and KI will be prepared for return to the County.

4. General Emergency

- a. Same actions as Alert and Site Emergency.
- b. Alerting of special population groups, i.e., hearing impaired, will begin at the time the public alert system is activated.
- c. Route alerting will commence in those areas of known public alert system failure or inadequate coverage. Information identifying the specific areas involved will be provided by the County.
- d. If evacuation is ordered:
 - (1) Drivers and transportation assets needed for persons without transportation will be mobilized by the County.
 - (2) Guidance to outside transportation resources will be provided by the municipality to assist those without transportation.
 - (3) Homebound invalids will receive evacuation assistance.

- (4) If necessary, fire, police services and seat of government will be relocated after general population has evacuated or upon completion of assignments.
- (5) Traffic control points located within the municipality will be manned.
- e. If sheltering is recommended:

Increased security measures will be provided, conditions permitting.
- f. When directed by Pennsylvania Department of Health, instruct emergency workers to take KI.
- g. In the event of reduction of classification or termination of incident, all parties previously notified will be informed; dosimeters and KI will be prepared for return to the County.

5. Reentry

- a. Authorization for reentry will come from the Governor upon determination that it is safe to do so.
- b. The West Pottsgrove Township officials and Emergency Management Coordinator shall:
 - (1) Return to the local EUC.
 - (2) Reestablish safety and security services.
 - (3) Report damage caused by evacuation and reentry, as well as costs of support operations to County EUC.

J. Plan Maintenance and Distribution

1. Maintenance

- a. The West Pottsgrove Township Emergency Management Coordinator is responsible for ensuring the currency of the Township RERP, including the development and distribution of all changes, as well as accomplishing an annual review.
- b. All changes to the West Pottsgrove Township RERP shall be coordinated through the Montgomery County Office of Emergency Preparedness.
- c. All changes to the West Pottsgrove Township RERP which involve policy or procedure shall be approved by Board of Commissioners.
- d. The current date shall be placed on any page that is changed.

2. Distribution

- a. Montgomery County EUC (copies to accommodate distribution to PEMA and Philadelphia Electric Company)

Copy Numbers 1-4 4 copies

- b. West Pottsgrove Township elected officials

Copy Numbers 5-9 5 copies

- c. Emergency Management Coordinator and key staff

Copy Numbers 10-17 8 copies

- d. Police Department

Copy Number 18 1 copy

- e. Fire Department

Copy Number 19 1 copy

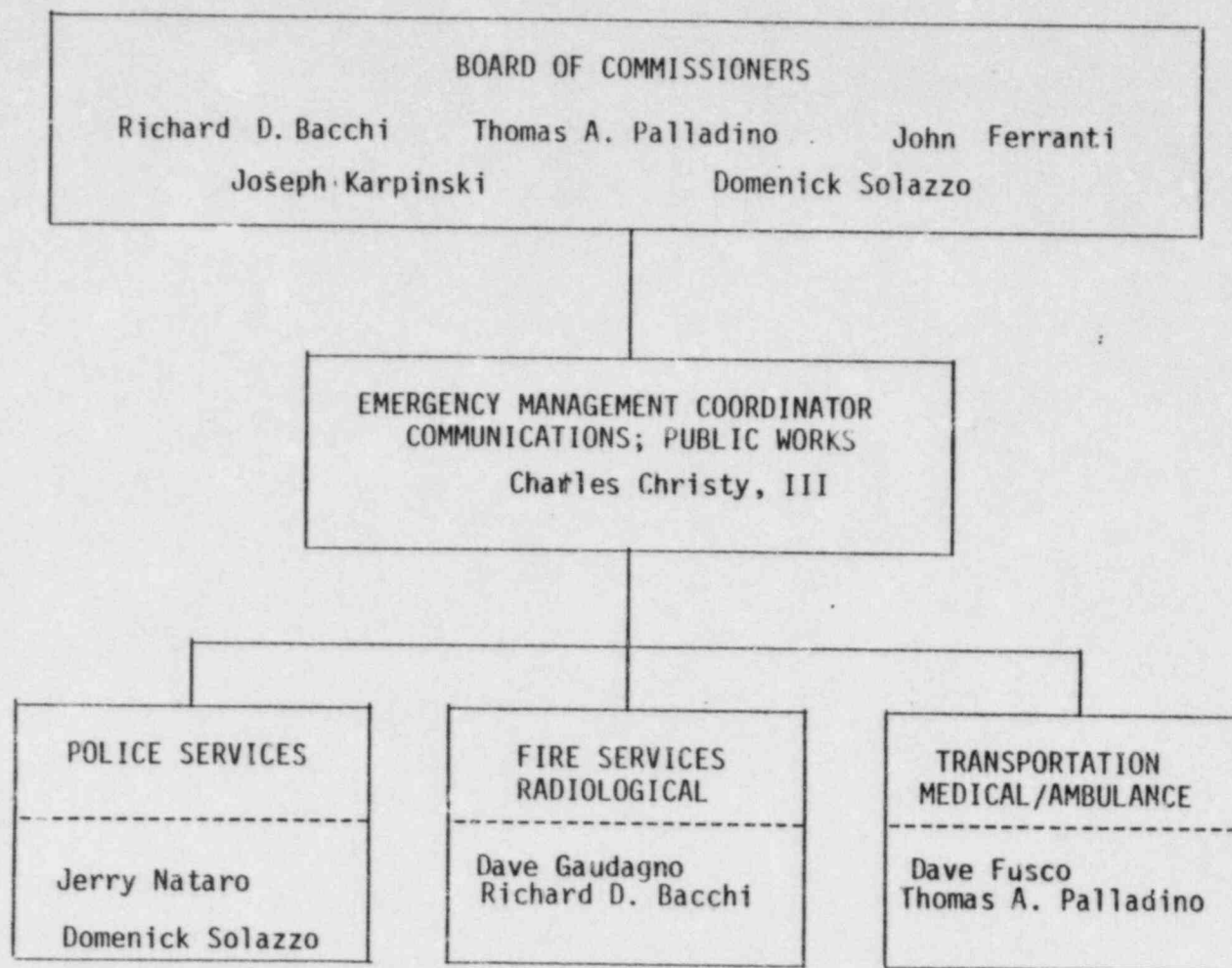
- f. Municipal library

Copy Number 20

Note: Additional copies of the plan can be made available upon specific request and justification to the West Pottsgrove Township emergency management coordinator. As revisions are made to the plan, properly identified change pages will be sent to all organizations, agencies and individuals holding a copy of the plan.

PLUME EXPOSURE PATHWAY EPZ MAP

Map will be inserted in final draft.



LETTERS OF AGREEMENT

I. Purpose

To document the arrangements made between West Pottsgrove Township and those agencies providing the personnel and resources needed to successfully implement this plan.

II. Agreement providing and Maintenance

The West Pottsgrove Township Emergency Management Coordinator shall be responsible for:

- A. Determining the need for specific letters of agreement.
- B. Developing their general content.
- C. Updating them as necessary.

III. Specific Agreements

- A. Alternate EOC Site*
- B. Alternate Seat of Government*

*Agreement under development.

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
W. Pottsgrove 1	W. High & Center Sts.	Township	1
W. Pottsgrove 2	W. High & Old Reading Pike	Township	1
W. Pottsgrove 3	W. High & Howard Sts.	Township	1
W. Pottsgrove 4	W. High St. & Grosstown Rd.	Township	1
W. Pottsgrove 5	W. High & Jay Sts.	Township	1
W. Pottsgrove 6	Manatawny & Grosstown Sts.	Township	1
W. Pottsgrove 7	Sell Rd. & Manatawny St.	Township	1

ROUTE ALERTING

At least two (2) persons will be named to each alert team.

Each route alert team will be supplied with a map of the assigned sector (reference Tab 1). Alert teams will issue the following message:

"There is an emergency at the Limerick Generating Station; please tune to your Emergency Broadcast System Station KYW 1060 AM."

Additional route alert personnel will directly contact: (1) any individuals along their designated route who have been identified as hearing impaired in this plan to ensure they have received notification, (reference Tab 2) and (2) transient locations to ensure notification has been received.

Sector No. 57-A Alert Team: West End Fire Department

Leader: ** _____

Assistant: ** _____

Transient Location: _____ (TBD) _____

Hearing Impaired Individuals*:

Sector No. 57-B Alert Team: West End Fire Department

Leader: ** _____

Assistant: ** _____

Transient Location: _____ (TBD) _____

Hearing Impaired Individuals*:

Sector No. 57-C Alert Team: West End Fire Department

Leader: ** _____

Assistant: ** _____

* There are 11 hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

** Route alerting will be conducted by fire department personnel. Sufficient trained members will be mobilized at the time of the incident to man the sector teams. Specific assignments will be made at the time of mobilization from availability lists maintained in the Township EOC.

Transient Location: _____ (TBD) _____

Hearing Impaired Individuals*:

Sector No. 57-D Alert Team: West End Fire Department

Leader: ** _____

Assistant: ** _____

Transient Location: _____ (TBD) _____

Hearing Impaired Individuals*:

Sector No. 57-E Alert Team: West End Fire Department

Leader: ** _____

Assistant: ** _____

Transient Location: _____ (TBD) _____

Hearing Impaired Individuals*:

* There are 11 hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

** Route alerting will be conducted by fire department personnel. Sufficient trained members will be mobilized at the time of the incident to man the sector teams. Specific assignments will be made at the time of mobilization from availability lists maintained in the Township EOC.

ROUTE ALERT

SECTOR MAPS

Map will be inserted in final draft.

MESSAGE - HEARING-IMPAIRED

There is an emergency at the Limerick Generating Station.

Please contact a relative, friend or neighbor so that you can receive important information being broadcast over the emergency broadcast system.

Please review your public information brochure for incidents at the Limerick Generating Station for additional important information.

If you do not have a relative, friend or neighbor nearby to assist you, please tell the individual who gave you this information immediately.

RESIDENTS WITH SPECIAL MEDICAL REQUIREMENTS

- A. There is 1* resident requiring ambulance support in the event of an evacuation. The name, address, and telephone number are on file in the municipal EOC.
- B. There are 5* residents who may require special assistance in the event of protective actions. Their names, addresses, and telephone numbers are on file in the municipal EOC.
- C. There are 11* hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

* Based upon public survey data.

Note: These individuals will be contacted by the Medical/Ambulance Service Officer at Alert to confirm the status of their medical needs. This list should be updated every six (6) months.

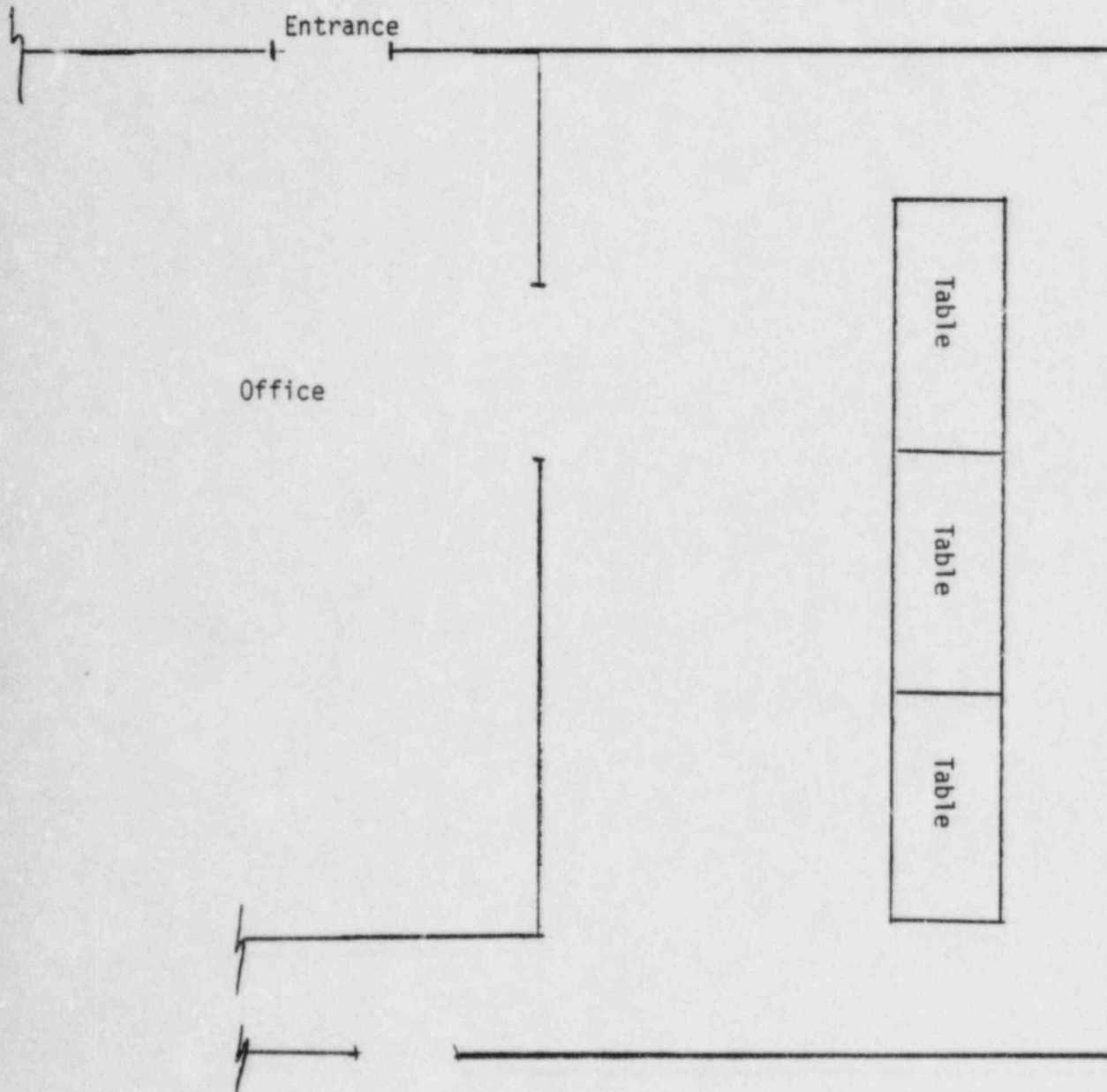
PERSONS REQUIRING TRANSPORTATION ASSISTANCE

There are 82* residents who require transportation assistance in the event of evacuation. Their names and addresses are on file at the municipal EOC.

It is understood that there may be additional individuals who will require transportation assistance on the time of evacuation. These individuals are to contact the municipal EOC to arrange for pickup.

* Based upon public survey data.

WEST POTTS GROVE TOWNSHIP

Floor Plan - Emergency Operations Center

EMERGENCY NOTIFICATION LIST*

1. Elected Officials

a. Richard A. Bacchi

Home Phone: _____

Bus. Phone: _____

b. Thomas A. Palladino

Home Phone: _____

Bus. Phone: _____

c. John R. Ferranti

Home Phone: _____

Bus. Phone: _____

d. Joseph Karpinski

Home Phone: _____

Bus. Phone: _____

e. Dominick Solazzo

Home Phone: _____

Bus. Phone: _____

2. Coordinator

Charles Christy, III

Home Phone: _____

Bus. Phone: _____

Deputy

Home Phone: _____

Bus. Phone: _____

3. Police Services
Officer

Jerry Nataro

Home Phone: _____

Bus. Phone: _____

Deputy

Domenick Solazzo

Home Phone: _____

Bus. Phone: _____

4. Fire/Rescue Officer

Dave Gaudagno

Home Phone: _____

Bus. Phone: _____

Deputy

Richard Bacchi

Home Phone: _____

Bus. Phone: _____

5. Transportation
Officer

Dave Fusco

Home Phone: _____

Bus. Phone: _____

Deputy

Thomas Palladino

Home Phone: _____

Bus. Phone: _____

* The telephone numbers are maintained in the municipal EOC and updated quarterly.

EVACUATION PLAN MAP

Map will be inserted in final draft.

(Please print legibly)

Emergency Worker's Name: _____

Home Address: _____

Social Security Number: - -

Emergency Worker's Organization:

County: _____

Emergency Worker's Signature: X

MISSION			CD V-730 or DCA-622 (0-20R)			CD V 742 (0-200R)			TLD (thermoluminescent dosimeter)		
No.	Description	Date	SERIAL #	BEFORE AFTER	MISSION TOTAL	SERIAL #	BEFORE AFTER	MISSION TOTAL	Serial # of TLD:		
1.				R	R		R	R		DATE/TIME	PERSON/ ORGANIZATION
2.				R	R		R	R	Issued		By: _____
3.				R	R		R	R	Turned In		To: _____
4.				R	R		R	R	<u>READING OF TLD</u>		
5.				R	R		R	R	m/Rem _____		
				R	R		R	R	Date of Reading _____		
			TOTAL		R		TOTAL	R			

POTASSIUM IODIDE (KI) RECORD

DOSIMETRY INSTRUCTIONS: Read the CD V-730 (DCA-622) and CD V-742 each half hour. not exceed 25 R cumulative total. The TLD gives an accurate reading of total dose and therefore should be used only by one person. Forward the TLD with this form (see form distribution below).

THYROID GLAND SCREENING CHECK

Upon completion of the mission, or as directed, each emergency worker is to undergo "decontamination monitoring" at a decontamination monitoring station or a mass care/decontamination center. Monitoring personnel at these stations will complete a "Decontamination Monitoring Report Form" for you. Additionally, emergency workers are to be screened for radioiodine uptake in the thyroid gland and the results recorded here. Medical referral action level for the thyroid check is 0.1 mR/hr or higher when using the CD V 700 survey meter.

CD V 700 Serial #: _____ Reading: _____ mR/hr
Signature of Monitor: X

DOSIMETRY-KI REPORT FORM DISTRIBUTION: Forward this completed form with the TLD through emergency management channels to BRP. When the self-reading dosimetry indicates total exposure of 25R or more, expedite delivery to BRP. BRP will forward to the individual and to the County EMA the TLD reading as well as an explanation of the reading. When expedited delivery is made to the individual and where otherwise warranted, BRP will report the TLD reading within 24 hours. Routine reporting may take a week or more.

POTASSIUM IODIDE (KI) RECORD

	Date	Time	Amount Taken
Day 1			1 tablet/130mg
Day 2			1 tablet/130mg
Day 3			1 tablet/130mg
Day 4			1 tablet/130mg
Day 5			1 tablet/130mg
Day 6			1 tablet/130mg
Day 7			1 tablet/130mg
Day 8			1 tablet/130mg
Day 9			1 tablet/130mg
Day 10			1 tablet/130mg
Day 11			1 tablet/130mg
Day 12			1 tablet/130mg
Day 13			1 tablet/130mg
Day 14			1 tablet/130mg

KI INSTRUCTIONS: Take KI only on the direction of the Secretary of the Department of Health. Take one tablet (130mg) once a day. If you have any adverse reaction to the drug, discontinue taking KI and report to your supervisor.

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____
 ADDRESS _____ ADDRESS _____
 RESPONSIBLE INDIVIDUAL _____
 TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain proper control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
3.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 RE: X _____ DATE _____

EMERGENCY WORKER DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
West Pottsgrove Township	10
101 Lemon Street	
West Pottsgrove, PA 19465	
B. Fire Company	
West End Fire Company #1	39
Vine and Rice Streets	
Pottstown, PA 19464	
C. Police Department	
West Pottsgrove Township	5
101 Lemon Street	
Stowe, PA 19464	
D. Public Works	
West Pottsgrove Township	3
Lemon & Monroe Sts.	
Stowe, PA 19464	

Total Units of Dosimetry-KI Required 57

NOTES: Emergency workers assigned to decontamination monitoring teams at decontamination monitoring stations or centers do NOT receive a CD V-700 or DCA 611 (see column 1). Only members of decontamination monitoring teams receive a CD V-700 survey meter (see column 6).

INSTRUCTIONS FOR RETURN OF ITEMS-DESCRIBED: [✓] by the organization's responsible individual indicates return of each item.

DATE _____

NAME OF EMERGENCY ORGANIZATION

RESPONSIBLE INDIVIDUAL.

ORGANIZATION ADDRESS

[illegible]

CONSOLIDATED RESOURCE LIST

	TOTAL REQUIRED	LOCALLY AVAILABLE	UNMET NEED
A. <u>VEHICLES</u>			
1. Buses ¹	3 ²	0	3
2. Ambulances	1	0	1
3. Vehicles with Loudspeakers	5	5 ⁴	0
4. Other	0	0	0
B. <u>PERSONNEL</u>			
1. Route Alerting	8	8	0
2. Transportation	3	3	0
3. TCP	7	7 ³	0
4. Special Assistance	3	3	0
5. Ambulance	1	1	0
6. Communications	2	0	2
7. Other	0	0	0
C. <u>EQUIPMENT</u>			
1. Communications (by type)	Telephones: 4 RACES: 1 Two-way Radios: 7	Telephones: 4 RACES: 0 Two-way Radios: 7	Telephones: 0 RACES: 1 Two-way Radios: 0
2. Traffic Control	0	0	0
3. Life Support	0	0	0
4. Other	0	0	0

¹Resource planning for buses excludes those required for evacuation of schools.

²Based upon an estimate of 40 persons/bus.

³Includes Fire Police.

⁴Additional PA systems to be supplied by the utility.

Note: Unmet needs will be supplied through the County/PEMA.

MUNICIPAL POLICE/FIRE/AMBULANCE RESOURCES

<u>Police Department</u>	<u>Equipment</u>	<u>Manpower</u>
West Pottsgrove Township 101 Lemon Street Stowe, PA 19464	2 cars	5

<u>Fire Department</u>	<u>Equipment</u>	<u>Manpower</u>
West End Fire Company #1 Vine and Rice Street Pottstown, PA 19464	2 pumpers 1 rescue 1 tanker	39

Ambulance

(None Located in Township)

Covered by Goodwill Fire Company
Ambulance - Pottstown

SUPPORTING PLANS

The following supporting plans are on file in the Township EUC:

Pottsgrove School District RERP

St. Gabriel's School RERP

~~RELATED CORRESPONDENCE~~

DOCKETED
USNRC

'84 OCT 22 P3:26

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

LIMERICK TOWNSHIP
MONTGOMERY COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number ____

Draft 6

IMPLEMENTING PROCEDURES

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INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Limerick Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Limerick Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event
Blue - Alert
Yellow - Site Emergency
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective Limerick Township EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Police Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Police Services Officer
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure

Emergency Management Coordinator

Emergency Management Coordinator: Edward Doman

Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

a. Elected Officials

(1) Harold A. Herr

Telephone

Ti

_____ home
_____ office

(2) Amman G. Morgan

_____ home
_____ office

(3) Christian E. Oesterle

_____ home
_____ office

b. Key Staff

(1) Fire Services Officer
Donald Andes-Limerick
or
Dennis Rumler-Linfield

_____ home
_____ office
_____ home
_____ office

(2) Police Services Officer
Barry Lenhart
or

_____ home
_____ office
_____ home
_____ office

(3) Transportation Officer
or
Deputy

_____ home
_____ office
_____ home
_____ office

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|--------------------------|-----------------|-------|
| a. Police Department | <u>489-6262</u> | _____ |
| b. Fire Departments | | |
| Limerick | <u>326-4200</u> | _____ |
| Linfield | <u>495-7561</u> | _____ |
| c. Verification Message: | | |

"This is (name & title). I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

4. Report to and activate local Emergency Operations Center (EOC).

- a. Activated _____
(time)
- b. County Operations Officer notified of EOC activation ().
_____ (time)
- c. Check communication systems for operability. _____ (time)
- d. Establish EOC security. _____ (time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. _____ (time)
- f. Ensure Route Alert Teams have been mobilized as necessary.
_____ (time)
- g. If public alert system has been activated, notify hearing impaired. _____ (time)
- h. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at
_____ (time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review fact sheet (Appendix A-1).

5. Verify that the following have been notified:

- a. Schools

		Telephone	Time
(1)	Limerick Elementary M. Joyce Principal	<u>495-7654</u> office	_____
(2)	Western Montgomery County Area Vo-Tech Richard Frank	<u>489-7272</u> office	_____
(3)	Chapel Christian Academy George Horrocks Administrator	<u>489-6215</u> office	_____

D. Major Industries

(1)	Stanley Tonis	Larry Potts	<u>323-8812</u> office	_____
(2)	Sermetel	James Boryman	<u>495-7011</u> office	_____
(3)	"D" Electric	_____	_____ office	_____
		name/title		
(4)	Airport	_____	_____ office	_____
		name/title		
(5)	Baker Equipment	_____	_____ office	_____
		name/title		
(6)	Crouse Co.	_____	_____ office	_____
		name/title		
(7)	Spring City Knitting Co.	_____	<u>948-9400</u> office	_____
		name/title		
(8)	Teleflex	_____	_____ office	_____
		name/title		
(9)	D & L Warehouse	_____	_____ office	_____
		name/title		

c. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

		Telephone	Time
a.	Special Facilities		
(1)	_____	_____	_____
		home	_____
		office	_____
		name/title	

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

Note: This is provided for informational purposes only. No actions are normally required.

7. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. _____ (time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer (____).
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
 - a. Date: _____
 - b. Time: _____
 - c. Source: _____
 - d. Disposition
 - (1) Termination _____
 - (2) Escalation _____
 - (3) Reduction _____
11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:
 - a. Verification:

	Telephone	Time
(1) Police Department	<u>489-6262</u>	_____
(2) Fire Departments		
Limerick	<u>326-4200</u>	_____
Linfield	<u>495-7561</u>	_____
(3) Schools		
(a) Limerick Elementary		
M. Joyce	<u>495-7654</u>	office _____
Principal		
(b) Western Montgomery County Area Vo-Tech		
Richard Frank	<u>489-7272</u>	office _____
(c) Chapel Christian Academy		
George Horrocks	<u>489-6215</u>	office _____
Administrator		

(4) Major Industries

(a) Stanley Tools	Larry Potts	323-8812	office	_____
(b) Sermetel	James Borgman	495-7011	office	_____
(c) "D" Electric	_____	_____	office	_____
	name/title			
(d) Airport	_____	_____	office	_____
	name/title			
(e) Baker Equipment	_____	_____	office	_____
	name/title			
(f) Crouse Co.	_____	_____	office	_____
	name/title			
(g) Spring City Knitting Co.	_____	948-9400	office	_____
	name/title			
(h) Teleflex	_____	_____	office	_____
	name/title			
(i) D & L Warehouse	_____	_____	office	_____
	name/title			

(5) Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) Harold A. Herr	_____ home _____ office	_____ _____
(b) Amman G. Morgan	_____ home _____ office	_____ _____
(c) Christian E. Oesterle	_____ home _____ office	_____ _____
(2) Special Facilities		
(a) _____	_____ home name/title _____ office	_____ _____

(3) Message:

"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold A. Herr	_____ home _____ office	_____ _____
(2) Amman G. Morgan	_____ home _____ office	_____ _____
(3) Christian E. Oesterle	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer	_____ home	_____
Donald Andes-Limerick	_____ office	_____
or		
Dennis Rumler-Linfield	_____ home	_____
	_____ office	_____
(2) Police Services Officer	_____ home	_____
Barry Lenhart	_____ office	_____
or		
	_____ home	_____
	_____ office	_____
(3) Transportation Officer	_____ home	_____
or	_____ office	_____

_____ home _____
_____ office _____

3. Verify that the following have been notified:

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

- a. Activated _____
(time)
- b. County Operations Officer notified of EOC activation (_____)

(time)
- c. Communications system checked for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. If the public alert system has been activated, notify hearing impaired. _____
(time)
- h. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at _____

(time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review fact sheet (Appendix A-1).

Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed.

6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. _____
(time)
7. Verify that the following have been notified:

		Telephone	Time
a. Schools			
(1)	Limerick Elementary M. Joyce Principal	495-7654 office	_____
(2)	Western Montgomery County Area Vo-Tech Richard Frank	489-7272 office	_____
(3)	Chapel Christian Academy George Horrocks Administrator	489-6215 office	_____
b. Major Industries			
(1)	Stanley Tools	Larry Potts	323-8812 office _____
(2)	Sermetel	James Borgman	495-7011 office _____
(3)	"D" Electric	_____	office _____
		name/title	
(4)	Airport	_____	office _____
		name/title	
(5)	Baker Equipment	_____	office _____
		name/title	
(6)	Crouse Co.	_____	office _____
		name/title	
(7)	Spring City Knitting Co.	_____	office _____
		name/title	
(8)	Teleflex	_____	office _____
		name/title	
(9)	D & L Warehouse	_____	office _____
		name/title	

c. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station."

8. Notify the following:

Telephone Time

a. Special Facilities

(1) _____ name/title _____ home _____ office _____

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. _____

(time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____

(time)

11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____

(time)

12. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. _____

(time)

13. Report all unmet needs to the County Operations Officer _____

(time)

14. Review remaining emergency procedures in the event of escalation.

15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

a. Date: _____

b. Time: _____

c. Source: _____

d. Disposition:

(1) Termination _____

(2) Escalation _____

(3) Reduction _____

16. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the following:

a. Verification:

		Telephone	Time
(1) Police Department		<u>489-6262</u>	_____
(2) Fire Departments			
Limerick		<u>326-4200</u>	_____
Linfield		<u>495-7561</u>	_____
(3) Schools			
(a) Limerick Elementary			
M. Joyce		<u>495-7654</u>	office _____
Principal			
(b) Western Montgomery County Area Vo-Tech			
Richard Frank		<u>489-7272</u>	office _____
(c) Chapel Christian Academy			
George Horrocks		<u>489-6215</u>	office _____
Administrator			
(4) Major Industries			
(a) Stanley Tools	Larry Potts	<u>323-8812</u>	office _____
(b) Sernmetel	James Borgman	<u>495-7011</u>	office _____
(c) "D" Electric	_____	_____	office _____
	name/title		
(d) Airport	_____	_____	office _____
	name/title		
(e) Baker Equipment	_____	_____	office _____
	name/title		
(f) Crouse Co.	_____	_____	office _____
	name/title		
(g) Spring City Knitting Co.	_____	<u>948-9400</u>	office _____
	name/title		
(h) Teleflex	_____	_____	office _____
	name/title		
(i) D & L Warehouse	_____	_____	office _____
	name/title		

(5) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

Telephone

Time

(1) Elected Officials

(a) Harold A. Herr

 home
office

(b) Amman G. Morgan

 home
 office

(c) Christian E. Oesterle

 home
office

(2) Special Facilities

(a) _____

name/title

_____ home
office

(3) Message:

"This is (name/title) . The emergency at the Limerick Generating Station has been terminated/reduced to

17. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

- a. Date: _____
- b. Time: _____
- c. Source: _____
- d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold A. Herr	_____ home _____ office	_____ _____
(2) Amman G. Morgan	_____ home _____ office	_____ _____
(3) Christian E. Oesterle	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer	_____ home	_____
Donald Andes-Limerick	_____ office	_____
or		
Dennis Rumler-Linfield	_____ home	_____
	_____ office	_____
(2) Police Services Officer	_____ home	_____
Barry Lenhart	_____ office	_____
or		
	_____ home	_____
	_____ office	_____
(3) Transportation Officer	_____ home	_____
	_____ office	_____
or		

_____ home _____
_____ office _____

(time)

- | | | |
|--------------------------|-----------------|-------|
| | Telephone | Time |
| a. Police Department | <u>489-6262</u> | _____ |
| b. Fire Departments | | |
| Limerick | <u>326-4200</u> | _____ |
| Linfield | <u>495-7561</u> | _____ |
| c. Verification Message: | | |

.....

- (time)
Verify the County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at [REDACTED]

		Telephone	Time
(1)	Limerick Elementary M. Joyce Principal	<u>495-7654</u> office	_____
(2)	Western Montgomery County Area Vo-Tech Richard Frank	<u>489-7272</u> office	_____
(3)	Chapel Christian Academy George Horrocks Administrator	<u>489-6215</u> office	_____

b. Major Industries

(1)	Stanley Tools	Larry Potts	<u>323-8812</u> office	_____
(2)	Sermetel	James Borgman	<u>495-7011</u> office	_____
(3)	"D" Electric	_____	_____ office	_____
		name/title		
(4)	Airport	_____	_____ office	_____
		name/title		
(5)	Baker Equipment	_____	_____ office	_____
		name/title		
(6)	Crouse Co.	_____	_____ office	_____
		name/title		
(7)	Spring City Knitting Co.	_____	<u>948-9400</u> office	_____
		name/title		
(8)	Teleflex	_____	_____ office	_____
		name/title		
(9)	D & L Warehouse	_____	_____ office	_____
		name/title		

c. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

7. Notify the following:

		Telephone	Time
a.	Special Facilities		
(1)	_____	_____	home _____
		name/title	office _____

b. Message:

"This is _____ (name/title) _____. A 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer. _____

(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. _____

(time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____

(time)

11. Ensure RACES operator contacts County RACES base upon arrival at Municipal EOC. _____

(time)

12. If sheltering is recommended:

a. When the public alert system has been activated, notify hearing impaired. _____

(time)

b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general population. _____

(time)

c. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched. _____

(time)

13. If evacuation is ordered:

a. When the public alert system has been activated, notify hearing impaired. _____

(time)

b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general public. _____

(time)

c. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched. _____

(time)

d. Ensure Traffic Control Points have been manned. _____

(time)

e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____
(time)

f. Advise County Operations Officer of any additional unmet needs
(). _____
(time)

(1) _____

(2) _____

(3) _____

g. Monitor evacuation process and report any problem areas to the County Operations Officer. _____
(time)

(1) _____

(2) _____

(3) _____

14. Maintain General Emergency status until:

a. Reduction of classification. _____
(time)

b. Termination of emergency. _____
(time)

c. EOC must be evacuated. _____
(time)

15. If reduction of classification or termination of emergency, notify/verify the following:

a. Verification:

	Telephone	Time
(1) Police Department	<u>489-6262</u>	_____
(2) Fire Departments		
Limerick	<u>326-4200</u>	_____
Linfield	<u>495-7561</u>	_____
(3) Schools		
(a) Limerick Elementary		
M. Joyce	<u>495-7654</u>	office _____
Principal		
(b) Western Montgomery County Area Vo-Tech		
Richard Frank	<u>489-7272</u>	office _____
(c) Chapel Christian Academy		
George Horrocks	<u>489-6215</u>	office _____
Administrator		

(4) Major Industries

(a) Stanley Tools	Larry Potts	<u>323-8812</u> office	_____
(b) Sermetel	James Boryman	<u>495-7011</u> office	_____
(c) "D" Electric	_____	_____ office	_____
	name/title		
(d) Airport	_____	_____ office	_____
	name/title		
(e) Baker Equipment	_____	_____ office	_____
	name/title		
(f) Crouse Co.	_____	_____ office	_____
	name/title		
(g) Spring City Knitting Co.	_____	<u>948-9400</u> office	_____
	name/title		
(h) Teleflex	_____	_____ office	_____
	name/title		
(i) D & L Warehouse	_____	_____ office	_____
	name/title		

(5) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Harold A. Herr	<u> </u> home	_____
	<u> </u> office	_____
(b) Arman G. Morgan	<u> </u> home	_____
	<u> </u> office	_____
(c) Christian E. Oesterle	<u> </u> home	_____
	<u> </u> office	_____
(2) Special Facilities		
() _____	_____	_____
	name/title	home
		office

(3) Message:

"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." Provide instructions as appropriate.

16. If the EUC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EUC.
- b. Secure the facility and proceed to alternate EUC located at the Montgomery County Library, Norristown. _____ (time)
- c. Notify Montgomery County upon your arrival at alternate EUC.

_____ (time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP Access Control Point
ARES Amateur Radio Emergency Service
EBS Emergency Broadcast System
EPA Environmental Protection Agency
EPZ Emergency Planning Zone
KI Chemical symbol for potassium iodide
PAG Protective Action Guide
RACES Radio Amateur Civil Emergency Services
REACT Radio Emergency Action Citizens Team
TCP Traffic Control Point
TLD Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local roads to 422 East
Reception Center: Willow Grove Industrial Park
Host School(s): Plymouth Whitmarsh Sr. High School
Decontamination Station: Methacton Jr. and Sr. High Schools
Transportation Staging Area: Township Building
Homebound Support Hospital: Suburban General Hospital

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B

Implementing Procedure*

Police Services

Police Services Officer: (name)

Alternate: (name)

UNUSUAL EVENT

No response necessary unless police services are required at the Limerick Generating Station.

ALERT

The Police Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
(time)
2. Ensure that normal police functions are maintained.
3. Review remaining emergency procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

*Note: This procedure has been modified to include Public Works procedures.

Police Services

SITE EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC Police Services at _____
(time)
 - c. Ensure police and public works emergency workers have been issued dosimeters-KI.
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Mobilize additional police personnel and have them report to police station (reference Appendix B-1). Make assignments as necessary. _____
(time)
 - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at _____
(time)
 - d. Public Works unmet needs should be reported to the County Field Services Officer at _____
(time)
 - e. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering,
 - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). _____
(time)
 - (2) Initiate increased security measures, i.e., increase vehicular patrols, conditions permitting. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact County Communication at _____ to have police personnel dispatched. _____
(time)
 - (2) Be prepared to conduct road clearing operations as necessary.
 - (3) Upon completion of assignments, ensure police relocate to Methacton Jr./Sr. High School. _____
(time)
 - (4) Relocate to alternate EOC after population has departed. _____
(time)

- c. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Methacton Jr./Sr. High School.
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

3 cars

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
84	Route 422 & Swamp Pike	PSP	2

ANNEX C
Implementing Procedure
Fire Services*

Fire Services Officer: Donald Andes-Limerick
Dennis Rumler-Linfield

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.
_____ (time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. _____ (time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at _____ (time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

*Note: This procedure has been modified to include Radiological procedures.

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Prepare Control TLD's for pick up by the County. _____
(time)
 - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-3); obtain a signed receipt (reference Appendix C-5). _____
(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability and report unmet needs to County EOC, Fire Services at _____
(time)
 - e. Review remaining emergency procedures in the event of escalation.

(time)
 - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. _____
(time)

Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Prepare Control TLD's for pick up by the County. _____
(time)
 - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to County Radiological Officer at [REDACTED]
 - d. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-3); obtain a signed receipt (reference Appendix C-5). _____
(time)
 - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at [REDACTED] _____
(time)
 - h. Proceed to Step 2.
 2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Monitor route alerting. _____
(time)
 - b. If evacuation is ordered, upon completion of assignments, ensure that the Fire Departments relocate to Methacton Jr. & Sr. High School. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Methacton Jr./Sr. High School. _____
(time)
 - c. Relocate to alternate EOC.
 3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. _____
(time)
- Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

Limerick Fire Company
2 pumpers
1 tanker
1 squad

Linfield Fire Company
2 pumpers
1 field truck

ROUTE ALERTING TEAMS

I. GENERAL

- A. Limerick Township is divided into 9 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

The purpose of route alerting is to supplement the public alert system in the event the system fails. It may also be used to alert the hearing impaired (reference Attachment 3).

III. PROCEDURES

- A. When dispatched by Montgomery County Communications, commence route alerting in designated sectors (reference, Attachment 2).
- B. Route Alerting is accomplished by driving slowly along designated roads, periodically activating the vehicle siren and making the following announcement on the PA system:

"There is an emergency at the Limerick Generating Station; please tune to your Alert and Warning/EBS station KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County Communications and return to station.

Note: If route alerting has taken place during a contaminating incident, proceed to the designated emergency worker/decontamination station.

ROUTE ALERT TEAMS

Sector No. 1 Alert Team: Limerick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 2 Alert Team: Limerick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 3 Alert Team: Limerick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 4 Alert Team: Limerick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 5 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List will be on file in the EOC.

Sector No. 6 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List will be on file in the EOC.

Sector No. 7 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List will be on file in the EOC.

Sector No. 8 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List will be on file in the EOC.

Sector No. 9 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List will be on file in the EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

Please contact a relative, friend or neighbor so that you can receive important information being broadcast over the emergency broadcast system.

Please review your public information brochure for incidents at the Limerick Generating Station for additional important information.

If you do not have a relative, friend or neighbor nearby to assist you, please tell the individual who gave you this information immediately.

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Limerick Township EOC 646 West Ridge Pike Limerick, PA	12
B. Fire Companies	
1. Limerick Fire Company 390 West Ridge Pike Limerick, PA 19468	40
2. Linfield Fire Company 165 Main Street Linfield, PA 19468	25
C. Police Department	
Limerick Township Police Department 646 West Ridge Pike Limerick, PA	8
D. Public Works	6
Total Units of Dosimetry-KI Required	<u>91</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____
 ADDRESS _____ ADDRESS _____
 RESPONSIBLE INDIVIDUAL _____
 TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain property control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
3.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 SIGNATURE: X _____ DATE _____

Page: _____ of _____ pages

ACKNOWLEDGMENT OF RECEIPT BY EMERGENCY WORKERS FOR DOSIMETRY-KI AND SURVEY METERS

NOTES: Emergency workers assigned to decontamination monitoring teams at decontamination monitoring stations or centers do NOT receive a CD V-730 or DCA 622 (see column 2). Only members of decontamination monitoring teams receive a CD V-700 survey meter (see column 6).

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 2 and 6. Record the serial number of the DCA-622 in column 2 and the serial number of the TLD in column 3. By signing column 8, the individual accepts responsibility for each item indicated on the respective line and agrees to return these items (less the KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

INSTRUCTIONS FOR RETURN OF ITEMS-DESCRIBED: [✓] by the organization's responsible individual indicates return of each item.

DATE _____

NAME OF EMERGENCY ORGANIZATION _____

RESPONSIBLE INDIVIDUAL _____

ORGANIZATION ADDRESS _____

1	2	3	4	5	6	7	8
CD V-742 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER) (Serial Number)	KI (POTASSIUM IODIDE) (Tablets)	DOSIMETRY- KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
✓	✓	✓	✓	✓	✓		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

C-5-1

Draft

ANNEX D

Implementing Procedure

Transportation*

Transportation Officer: (name)
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). (time)
 - a. Notify County Medical Coordinator of changes in requirements for those individuals requiring ambulance support. (time)
 - b. Notify County Transportation Officer at (time) of changes in requirements for those individuals requiring special transportation support other than ambulance. (time)
4. Review remaining procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of classification.
6. Remarks/Actions Taken:

*Note: This procedure has been modified to include Medical procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
 - (1) Notify the County Transportation Coordinator at _____ of any changes in requirements. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
(time)
 - (1) Notify County Medical Coordinator of changes in the requirements of those individuals requiring ambulance support. _____
(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. _____
(time)
 - b. Review remaining emergency procedures in the event of escalation.

(time)
 - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
 - (1) Notify the County Transportation Coordinator at _____ of any changes in requirements. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
(time)
 - (1) Notify County Medical Coordinator of changes in the requirements of those individuals requiring ambulance support. _____
(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Add to Appendix D-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (2) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix D-2), notify the County Transportation Coordinator at _____ of additional requirements. _____
(time)
 - (3) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)

- c. Prepare a list of names and addresses of persons to be picked up for each vehicle including ambulances. _____

(time)

- d. Upon the arrival of vehicles at the municipal transportation staging areas located at the EUC, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the Township staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to Suburban General Hospital in Norristown. Emergency workers need not accompany vehicles to reception facilities. _____

(time)

- e. Relocate to alternate EUC after population has departed.

(time)

3. If termination, return dosimeters and unused KI to Fire Services Officer. _____

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EUC.

TRANSPORTATION RESOURCE REQUIREMENTSVehicles Required

Buses: 3
Ambulances: 2

Vehicles Available

Buses: 0
Ambulances: 0

Unmet Needs

Buses: 3
Ambulances: 2

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

List is on file in the EOC.

B. Residents With Other Special Requirements

List is on file in the EOC.

RELATED CORRESPONDENCE

DOCKETED
USNRC

'84 OCT 22 P3:26

UPPER POTTS GROVE TOWNSHIP
MONTGOMERY COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

SEPTEMBER 1984

Copy Number _____

Draft 6

IMPLEMENTING PROCEDURES

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INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Upper Pottsgrove Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Upper Pottsgrove Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event
Blue - Alert
Yellow - Site Emergency
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective Upper Pottsgrove Township EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Police Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Emergency Management Coordinator
8. Radiological: Fire Service Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure

Emergency Management Coordinator*

Emergency Management Coordinator: Anthony Morella
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

*Note: This procedure has been modified to include Communications and Public Works procedures.

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

a. Elected Officials

Telephone

Time

(1) Charles Wunder

_____ home(unl)
_____ office

(2) Harold Moyer

_____ home
_____ office

(3) John Kochel

_____ home
_____ office

(4) William Means

_____ home
_____ office

(5) Bob Petrilla

_____ home
_____ office

b. Key Staff

(1) Fire Services Officer
Chief Ray Schaeffer

_____ home
_____ office

or

Deputy
Assistant Chief Ronald Rhoads

_____ home
_____ office

(2) Transportation Officer
Harold Moyer

_____ home
_____ office

or

Deputy

_____ home
_____ office

(3) Police Services Officer
Joseph Stednitz
or
Deputy
Donald Billig

_____	home	_____
_____	office	_____
_____	home	_____
_____	office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>326-8446</u>	_____
b. Fire Department	<u>323-9741/323-2385</u>	_____
c. Verification Message:		

"This is (name & title). I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

4. Report to and activate local Emergency Operations Center (EOC).

- a. Activated _____
(time)
- b. County Operations Officer notified of EOC activation _____
(time)
- c. Check communication systems for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. If public alert system has been activated, notify hearing impaired. _____
(time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at _____

(time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review Fact Sheet. (Appendix A-1). _____
(time)

5. Verify that the following have been notified:

		Telephone	Time
a. Major Industries			
(1)	_____	_____	_____
	name/title	home	office

b. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

		Telephone	Time
a. Special Facilities			
(1)	_____	_____	_____
	name/title	home	office

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

Note: This is provided for informational purposes only. No actions are normally required.

7. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. _____
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer.
10. Maintain Alert status until notified of termination, escalation or reduction of classification.

a. Date: _____

b. Time: _____

c. Source: _____

d. Disposition

(1) Termination _____

(2) Escalation _____

(3) Reduction _____

11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:

a. Verification:

	Telephone	Time
(1) Police Department	<u>326-8446</u>	_____
(2) Fire Department	<u>323-9741/323-2385</u>	_____
(3) Major Industries		
(a) _____	_____	_____
	name/title	home office

(4) Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) Charles Wunder	_____ home(unl) _____ office	_____
(b) Harold Moyer	_____ home _____ office	_____
(c) John Kochel	_____ home _____ office	_____
(d) William Means	_____ home _____ office	_____
(e) Bob Petrilla	_____ home _____ office	_____
(2) Special Facilities		
(a) _____	_____	_____
	name/title	home office

(3) Message:

"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:






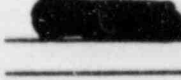
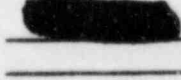

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Charles Wunder	 home(unl) office	_____ _____
(2) Harold Moyer	 home office	_____ _____
(3) John Kochel	 home office	_____ _____
(4) William Means	 home office	_____ _____
(5) Bob Petrilla	 home office	_____ _____
b. Key Staff		
(1) Fire Services Officer Chief Ray Schaeffer or Deputy Assistant Chief Ronald Rhoads	 home office  home office	_____ _____ _____ _____
(2) Transportation Officer Harold Moyer	 home office	_____ _____

or
Deputy

(3) Police Services Officer
Joseph Stednitz

or
Deputy
Donald Billig

_____	home	_____
_____	office	_____
_____	home	_____
_____	office	_____
_____	home	_____
_____	office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>326-8446</u>	_____
b. Fire Department	<u>323-9741/323-2385</u>	_____
c. Verification Message:		

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

4. Report to and activate the local Emergency Operations Center.

- a. Activated _____
(time)
- b. County Operations Officer notified of EOC activation _____
(time)
- c. Communications system checked for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station KYW 1060 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. If public alert system has been activated, notify hearing impaired.

(time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at _____
(time)

- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review Fact Sheet. (Appendix A-1) _____
(time)
5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed.
6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. _____
(time)
7. Verify that the following have been notified:
- | | Telephone | Time |
|--|-----------|--------|
| a. Major Industries | | |
| (1) _____ | _____ | _____ |
| name/title | home | office |
| | _____ | _____ |
| b. Verification Message: | | |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." | | |
8. Notify the following:
- | | Telephone | Time |
|---|-----------|--------|
| a. Special Facilities | | |
| (1) _____ | _____ | _____ |
| name/title | home | office |
| | _____ | _____ |
| b. Message: | | |
| "This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.) | | |
9. Verify Resource Availability:
- Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. _____
(time)
10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____
(time)
11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer () are aware of any problem areas.

(time)

12. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. _____
(time)
13. Report all unmet needs to the County Operations Officer _____
(time)
14. Review remaining emergency procedures in the event of escalation.
15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:
- a. Date: _____
- b. Time: _____
- c. Source: _____
- d. Disposition:
- (1) Termination _____
- (2) Escalation _____
- (3) Reduction _____
16. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the following:

a. Verification:

	Telephone	Time
(1) Police Department	<u>326-8446</u>	_____
(2) Fire Department	<u>323-9741/323-2385</u>	_____
(3) Major Industries		
(a) _____	_____	_____
	name/title	home office

(4) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Charles Wunder	_____	_____
	home(unl) office	

(b) Harold Moyer

_____ home
_____ office _____

(c) John Kochel

_____ home
_____ office _____

(d) William Means

_____ home
_____ office _____

(e) Bob Petrilla

_____ home
_____ office _____

(2) Special Facilities

(a) _____

_____ name/title _____ home
_____ office _____

(3) Message:

"This is _____ (name/title) _____. The emergency at the
Limerick Generating Station has been terminated/reduced to
_____."

17. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

a. Elected Officials

Telephone

Time

(1) Charles Wunder

_____ home(unl)
_____ office

(2) Harold Moyer

_____ home
_____ office

(3) John Kochel

_____ home
_____ office

(4) William Means

_____ home
_____ office

(5) Bob Petrilla

_____ home
_____ office

b. Key Staff

(1) Fire Services Officer
Chief Ray Schaeffer

_____ home
_____ office

or

Deputy
Assistant Chief Ronald Rhoads

_____ home
_____ office

(2) Transportation Officer
Harold Moyer

_____ home
_____ office

or
Deputy

home

office

(3) Police Services Officer
Joseph Stednitz

home

office

or
Deputy
Donald Billiy

home

office

Have key staff report to EOC. _____

(time)

3. Verify that the following have been notified:

Telephone

Time

a. Police Department

326-8446

b. Fire Department

323-9741/323-2385

c. Verification

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

4. Report to and activate the local Emergency Operations Center.

a. Activated _____
(time)

b. County Operations Officer notified of EOC activation _____
(time)

c. Communications system checked for operability. _____
(time)

d. Establish EOC security. _____
(time)

e. Monitor Alert and Warning/EBS station KYW 1060 AM. _____
(time)

f. Ensure Route Alert Teams have been mobilized as necessary. _____
(time)

g. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at _____
(time)

j. Log all messages which provide information or require action. Post pertinent data on the status board.

i. Review fact Sheet. (Appendix A-1) _____
(time)

5. Ensure that all necessary emergency response personnel have reported to the EUC, where needed, or to pre-assigned location. _____ (time)
6. Verify that the following have been notified:
- | | Telephone | Time |
|---|------------------|--------------------|
| a. Major Industries | | |
| (1) _____ | _____ home _____ | _____ office _____ |
| | name/title | |
| b. Schools | | |
| (1) Greater Pottstown Christian Academy | | |
| Rev. Smith | 326-5248 | _____ |
| Principal | | |
| c. Verification Message: | | |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____." | | |
7. Notify the following:
- | | | |
|---|------------------|--------------------|
| a. Special Facilities | | |
| (1) _____ | _____ home _____ | _____ office _____ |
| | name/title | |
| b. Message: | | |
| "This is _____ (name/title) _____. A 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____." | | |
| Note: If a protective action has not yet been determined, instruct them to tune to the EBS station. | | |
8. Verify Resource Availability:
- Ensure appropriate EUC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EUC; for example, the Municipal Transportation Officer contacts County Transportation Officer. _____ (time)
9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EUC staff. _____ (time)
10. Review road conditions with EUC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles

to/from the area. Ensure that the Transportation Officer and the County Field Services Officer () are aware of any problem areas.

- (time)
11. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. (time)
12. If sheltering is recommended:
- a. When the public alert system has been activated, notify hearing impaired. (time)
 - b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general population. (time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
13. If evacuation is ordered:
- a. When the public alert system has been activated, notify hearing impaired. (time)
 - b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general public. (time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. (time)
 - d. Ensure Traffic Control Points have been manned. (time)
 - e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. (time)
 - f. Be prepared to conduct road clearing operations, as necessary. (time)
 - g. Advise County Operations Officer of any additional unmet needs (time)
 - (1) _____
 - (2) _____
 - (3) _____
 - h. Monitor evacuation process and report any problem areas to the County Operations Officer. (time)

- (1) _____
- (2) _____
- (3) _____

14. Maintain General Emergency status until:

- a. Reduction of classification. _____
(time)
- b. Termination of emergency. _____
(time)
- c. EOC must be evacuated. _____
(time)

15. If reduction of classification or termination of emergency, notify/verify the following:

a. Verification:

	Telephone	Time
(1) Police Department	<u>326-8446</u>	_____
(2) Fire Department	<u>323-9741/323-2385</u>	_____
(3) Major Industries		
(a) _____		
	_____ name/title _____	_____ home _____ _____ office _____
(4) Schools		
(a) Greater Pottstown Christian Academy		
Rev. Smith	<u>326-5248</u>	_____
Principal		

(5) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Charles Wunder	<u>_____</u>	home(unl) _____ office _____
(b) Harold Moyer	<u>_____</u>	home _____ office _____

home _____
office _____

 home
 office

home _____
office _____

(a) _____

_____ home
name/title _____ office _____

"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." Provide instructions as appropriate.

a. If possible, wait until the municipality has been evacuated before leaving the EUC.

c. Notify Montgomery County upon your arrival at alternate EUC.

Draft 6

FACT SHEETAbbreviations:

ACP Access Control Point
 ARES Amateur Radio Emergency Service
 EBS Emergency Broadcast System
 EPA Environmental Protection Agency
 EPZ Emergency Planning Zone
 KI Chemical symbol for potassium iodide
 PAG Protection Action Guide
 RACES Radio Amateur Civil Emergency
 REACT Radio Emergency Action Citizens Team
 TCP Traffic Control Point
 TLD Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local routes to Route 100 North

Reception Center: Emmaus High School

Host School(s): Pottsgrove School District to southern Lehigh School Complex*

Decontamination Station: Daniel Boone High School*

Transportation Staging Area: EOC

Homebound Support Hospital: North Penn Hospital* in Lansdale.

*Agreement under development.

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

Police Services

SITE EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at _____
(time)
 - c. Ensure police emergency workers have been issued dosimeters. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

SITE EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, _____
Services at _____
(time)
 - c. Ensure police emergency workers have been issued dosimeters. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Mobilize additional police personnel and have them report to police station (reference Appendix B-1). Make assignments as necessary. _____
(time)
 - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at _____
(time)
 - d. Ensure police emergency workers have been issued dosimeters-KI.

(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering,
 - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). _____
(time)
 - (2) Initiate increased security measures, i.e., increase vehicular patrols. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact County Communications at 327-1441 to have Police personnel dispatched. _____
(time)
 - (2) Upon completion of assignments, ensure police relocate to Washington Township Building. _____
(time)
 - (3) Relocate to alternate EOC after population has departed.

(time)
 - (4) NOTE: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Daniel Boone High School.*

3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____

(time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

2 vehicles

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
65	Route 100 & State Road (South)	State	2
66	Route 100 & State Road (North)	State	2
67	Route 100 & Farmington Road	State	2
U. Pottsgrove 1	Route 100 & Moyer Road	Township	1
U. Pottsgrove 2	Farmington, Gilbertsville, Mauyers Mill Road	Township	2
U. Pottsgrove 3	Gilbertsville Road and Moyer Road	Township	1

ANNEX C

Implementing Procedure

Fire Services*

Fire Services Officer Chief Ray Schaeffer

Alternate Asst Chief Ronald Rhonds

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.
_____ (time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. _____ (time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at _____ (time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

Note: This procedure has been modified to include Radiological procedures.

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Prepare Control TLD's for pick up by the County.

(time)
 - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at _____.

(time)
 - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-3); obtain a signed Receipt (reference Appendix C-5).

(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at _____.

(time)
 - e. Review remaining emergency procedures in the event of escalation.
 - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters, unused KI, and forms from emergency workers and prepare for return to County. _____
(time)

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Prepare Control TLD's for pick up by the County. _____
(time)
 - c. Inventory dosimeters/KI and prepare distribution. If applicable, complete a Receipt Form and Dosimetry - Survey Meters - KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at _____. _____
(time)
 - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-3); obtain a signed Receipt (reference Appendix C-5). _____
(time)
 - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at _____. _____
(time)
 - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Monitor route alerting. _____
(time)
 - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Daniel Boone High School.* _____
(time)

NOTE: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Daniel Boone High School.

*Agreement under development.

c. Relocate to alternate EOC. _____
(time)

3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. _____
(time)

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the FOC.

FIRE - RESOURCE INVENTORY

1 pumper
1 tanker
1 field truck
1 emergency truck

ROUTE ALERTING TEAMSI. GENERAL

- A. Upper Pottsgrove Township is divided into 5 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

The purpose of route alerting is to supplement the public alert system in the event the system fails. It may also be used to alert the hearing impaired (reference Attachment 3).

III. PROCEDURES

- A. When dispatched by Montgomery County Communications, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along roads, periodically activating the vehicle siren and making the following announcement on the PA system:

"There is an emergency at the Limerick Generating Station; please tune to your EBS station KYW 1060 AM."

- C. Upon completion of route, notify Montgomery County Communications and return to station.

Note: If route alerting has taken place during a contaminating incident, proceed to the designated emergency worker/decontamination station.

ROUTE ALERT TEAMS

Sector No. 79-A Alert Team: Upper Pottsgrove Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 79-B Alert Team: Upper Pottsgrove Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 79-C Alert Team: Upper Pottsgrove Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 79-D Alert Team: Upper Pottsgrove Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 79-E Alert Team: Upper Pottsgrove Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

Please contact a relative, friend or neighbor so that you can receive important information being broadcast over the emergency broadcast system.

Please review your public information brochure for incidents at the Limerick Generating Station for additional important information.

If you do not have a relative, friend or neighbor nearby to assist you, please tell the individual who gave you this information immediately.

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Upper Pottsgrove Township	15
1420 Heather Place	
Pottstown, PA 19464	
B. Fire Company	
Upper Pottsgrove Fire Company #1	25
1409 Armington Avenue	
Pottstown, PA 19464	
C. Police Department	
Upper Pottsgrove Police Department	2
1420 Heather Place	
Pottstown, PA 19464	
D. Public Works	1
Total Units of Dosimetry-KI Required	<u>43</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____
 ADDRESS _____ ADDRESS _____
 RESPONSIBLE INDIVIDUAL _____
 TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain property control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
3.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles	14 Tablets Each)
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 S _____ URE: X _____ DATE _____

ANNEX D
Implementing Procedure
Transportation*

Transportation Officer: Harold Moyer
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.

(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
3. Update the list of those individuals requiring special assistance in event of evacuation (reference Appendix D-3). _____
(time)
 - a. Notify County Medical Officer at _____ of changes in requirements for individuals requiring ambulance support. _____
(time)
 - b. Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
4. Review remaining procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of escalation.
6. Remarks/Actions Taken:

Note: This procedure has been modified to include Medical/Ambulance Procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
(time)
 - (1) Notify County Medical Officer at _____ of changes in requirements for those individuals requiring ambulance support.

(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - e. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. _____
(time)
 - b. Review transportation resource requirements. (reference Appendix D-2)
 - c. Notify County Transportation Coordinator of any changes in requirements. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (Reference Appendix D-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3).
 - (1) Notify County Medical Officer at _____ of changes in requirements for those individuals requiring ambulance support. _____
(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Ensure that the population requiring ambulance transportation is served. _____
(time)
 - (2) Add to Appendix D-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (3) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix D-2), notify the County Transportation Officer at _____ of additional requirements. _____
(time)

- (4) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)

- c. Prepare a list of names and addresses of persons to be picked for each vehicle including ambulances. _____
(time)

- d. Upon the arrival of vehicles at the municipal transportation staging areas, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the municipal staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to St. Joseph's Hospital, Reading. Emergency workers need not accompany vehicles to reception centers. _____
(time)

- e. Relocate to alternate EOC after population has departed. _____
(time)

3. If termination, return dosimeters and unused KI to Fire Services Officer. _____
(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTSVehicles Required

Buses: 1
Ambulances: 2

Vehicles Available

Buses: 0
Ambulances: 0

Unmet Needs

Buses: 1
Ambulances: 2

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

- A. Residents Requiring Ambulance Support
List is on file in the EUC.
- B. Residents With Other Special Requirements
List is on file in the EUC.

RELATED CORRESPONDENCE

DOCKETED
USARC

*84 OCT 22 P3:27

NEW HANOVER TOWNSHIP
MONTGOMERY COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number _____

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IMPLEMENTING PROCEDURES

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INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the New Hanover Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the New Hanover Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event
Blue - Alert
Yellow - Site Emergency
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective New Hanover EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Police Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Police Services Officer
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure

Emergency Management Coordinator*

Emergency Management Coordinator: Dennis Pogany

Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

*Note: This procedure has been modified to include Communications procedures.

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

a. Elected Officials

Telephone

(1) Harold Lohmiller

_____ home _____

(2) Peter Ganovsky

_____ home _____
_____ office _____

(3) Robert Heist

_____ home _____
_____ office _____

(4) Dorothy Kline

_____ home _____
_____ office _____

(5) Prosper S. Guerre-Chaley

_____ home _____
_____ office _____

b. Key Staff

(1) Police Services Officer
Chief Lloyd Kline

_____ home _____
_____ office _____

or

Deputy
Michael Dykie

_____ home _____
_____ office _____

(2) Fire Services Officer
Elmer Specht

_____ home _____
_____ office _____

or

Glen W. Hall, Jr.

_____ home _____
_____ office _____

(3) Transportation Officer
Raymond Batchelder

_____ home _____
_____ office _____

or
Deputy

_____ home
_____ office _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>327-1441</u>	_____
b. Fire Departments		
New Hanover	<u>323-2424</u>	_____
Sassamansville	<u>754-7500</u>	_____
c. Verification Message:		

"This is (name & title) . I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

4. Report to and activate local Emergency Operations Center (EOC).

- a. Activated _____
(time)
- b. County Operations Officer notified of EOC activation .
_____ (time)
- c. Check communication systems for operability. _____ (time)
- d. Establish EOC security. _____ (time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. _____ (time)
- f. Ensure Route Alert Teams have been mobilized as necessary.
_____ (time)
- g. If public alert system has been activated, notify hearing impaired. _____ (time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
_____ (time)
- i. Log all incoming messages that provide information or require action. Post pertinent data on status board. _____ (time)
- j. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County UEP Communications Officer at
_____ (time)
- k. Review fact sheet (reference Appendix A-1).

5. Verify that the following have been notified:

Telephone Time

a. Schools

- (1) Boyertown Jr. High E.
Richard Freed
Principal 754-7831 office _____
- (2) New Hanover - Upper Frederick Elementary
Carl Yescovage
Principal 754-6427 office _____

b. Major Industries

- (1) Swann Oil 754-7811 office _____

c. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

Telephone

a. Special Facilities

- (1) Faulkner - Swamp Nursery School
_____ name/title _____
_____ home _____
_____ office _____
- (2) Swamp Creek Nursery School 323-9808 office _____
- (3) Fellowship Farm 326-3008 office _____
- (4) Girl Scouts of Philadelphia
_____ name/title _____
_____ home _____
_____ office _____

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

Note: This is provided for informational purposes only. No actions are normally required.

7. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. _____ (time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer (_____).

10. Maintain Alert status until notified of termination, escalation or reduction of classification:

a. Date: _____

b. Time: _____

c. Source: _____

d. Disposition

(1) Termination _____

(2) Escalation _____

(3) Reduction _____

11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:

a. Verification

Telephone

(1) Police Department

327-1441 _____

(2) Fire Departments

New Hanover

323-2424 _____

Sassamansville

754-7500 _____

(3) Schools

(a) Boyertown Jr. High E.

Richard Freed

Principal

754-7831 office _____

(b) New Hanover - Upper Frederick Elementary

Carl Yescavage

Principal

754-6427 office _____

(4) Major Industries

(a) Swann Oil

754-7811 office _____

(5) Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification

	Telephone	Time
(1) Elected Officials		
(1) Harold Lohmiller	<u> </u> home	_____
(2) Peter Ganovsky	<u> </u> home	_____
	<u> </u> office	_____
(3) Robert Heist	<u> </u> home	_____
	<u> </u> office	_____
(4) Dorothy Kline	<u> </u> home	_____
	<u> </u> office	_____
(5) Prosper S. Guerre-Chaley	<u> </u> home	_____
	<u> </u> office	_____
(2) Special Facilities		
(a) Faulkner - Swamp Nursery School		
<u> </u>	<u> </u> home	_____
name/title	<u> </u> office	_____
(b) Swamp Creek Nursery School	<u>323-9808</u> office	_____
(c) Fellowship Farm	<u>326-3008</u> office	_____
(d) Girl Scouts of Philadelphia		
<u> </u>	<u> </u> home	_____
name/title	<u> </u> office	_____
(3) Message:		
"This is <u> </u> (name/title) <u> </u> . The emergency at the		
Limerick Generating Station has been terminated/reduced to		
Unusual Event."		

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

c. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold Lohmiller	_____ home	_____
(2) Peter Ganovsky	_____ home _____ office	_____ _____
(3) Robert Heist	_____ home _____ office	_____ _____
(4) Dorothy Kline	_____ home _____ office	_____ _____
(5) Prosper S. Guerre-Chaley	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Services Officer Chief Lloyd Kline or Deputy Michael Dykie	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(2) Fire Services Officer Elmer Specht or	_____ home _____ office	_____ _____

Glen W. Hall, Jr.

 home
 office

(3) Transportation Officer
Raymond Batchelder
or
Deputy

 home
 office
 home
 office

Have key staff report to EOC.
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>327-1441</u>	<u> </u>
b. Fire Departments		
New Hanover	<u>323-2424</u>	<u> </u>
Sassamansville	<u>754-7500</u>	<u> </u>
c. Verification Message:		

"This is (name/title) . I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

4. Report to and activate the local Emergency Operations Center

- a. Activated
(time)
- b. County Operations Officer notified of EOC activation .

(time)
- c. Communications systems checked for operability.
(time)
- d. Establish EOC security.
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM.
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. If the public alert system has been activated, notify hearing impaired.
(time)
- h. In the event of siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
(time)
- i. Log all messages which provide information or require action. Post pertinent data on the status board.

j. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at [REDACTED]

(time)

k. Review fact sheet (reference Appendix A-1).

5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed.

6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status.

(time)

7. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) Boyertown Jr. High E. Richard Freed Principal	<u>754-7831</u> office	<u> </u>
(2) New Hanover - Upper Frederick Elementary Carl Yescovage Principal	<u>754-6427</u> office	<u> </u>
b. Major Industries		
(1) Swann Oil	<u>754-7811</u> office	<u> </u>
c. Verification Message:		
"This is <u> (name/title) </u> . I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station."		

8. Notify the following:

	Telephone	Time
a. Special Facilities		
(1) Faulkner - Swamp Nursery School		
<u> name/title </u>	<u> home </u>	<u> </u>
	<u> office </u>	<u> </u>
(2) Swamp Creek Nursery School	<u>323-9808</u> office	<u> </u>
(3) Fellowship Farm	<u>326-3008</u> office	<u> </u>
(4) Girl Scouts of Philadelphia		
<u> name/title </u>	<u> home </u>	<u> </u>
	<u> office </u>	<u> </u>

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. _____ (time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____ (time)

11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____ (time)

12. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. _____ (time)

13. Report all unmet needs to the County Operations Officer at _____

14. Review remaining emergency procedures in the event of escalation.

15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

a. Date: _____

b. Time: _____

c. Source: _____

d. Disposition:

(1) Termination _____

(2) Escalation _____

(3) Reduction _____

16. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the following:

a. Verification:

Telephone

Time

(1) Police Department

327-1441

(2) Fire Departments
New Hanover
Sassamansville

323-2424
754-7500

a. Schools

(1) Boyertown Jr. High E.
Richard Freed
Principal

754-7831 office _____

(2) New Hanover - Upper Frederick Elementary
Carl Yescovage
Principal

754-6427 office _____

(3) Schools

(a) Boyertown Jr. High E.
Richard Freed
Principal

754-7831 office _____

(b) New Hanover - Upper Frederick Elementary
Carl Yescovage
Principal

754-6427 office _____

(4) Major Industries

(a) Swann Oil

754-7811 office _____

(b) Verification Message:

"This is _____ (name/title) _____. I would like to verify you
have been notified that the emergency at the Limerick Generat-
ing Station has been terminated/reduced to _____"

b. Notification

(1) Elected Officials

(a) Harold Lohmiller

Telephone

Time

 home _____

(b) Peter Ganovsky

 home _____
 office _____

(c) Robert Heist

 home _____
 office _____

(d) Dorothy Kline

 home _____
 office _____

(e) Prosper S. Guerre-Chaley

 home _____
 office _____

(2) Special Facilities

(a) Faulkner - Swamp Nursery School

name/title

home

office

(b) Swamp Creek Nursery School

323-9808 office

(c) Fellowship Farm

326-3008 office

(d) Girl Scouts of Philadelphia

name/title

home

office

(3) Message:

"This is _____ (name/title) _____. The emergency at the
Limerick Generating Station has been terminated/reduced to
_____."

17. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

a. Elected Officials

Telephone

Time

(1) Harold Lohmiller

_____ home

(2) Peter Ganovsky

_____ home
_____ office

(3) Robert Heist

_____ home
_____ office

(4) Dorothy Kline

_____ home
_____ office

(5) Prosper S. Guerre-Chaley

_____ home
_____ office

b. Key Staff

(1) Police Services Officer
Chief Lloyd Kline

_____ home
_____ office

or

Deputy
Michael Dykie

_____ home
_____ office

(2) Fire Services Officer
Elmer Specht

_____ home
_____ office

or

Glen W. Hall, Jr.

 home
 office

(3) Transportation Officer
Raymond Batchelder
or
Deputy

 home
 office

 home
 office

Have key staff report to EOC.
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>327-1441</u>	<u> </u>
b. Fire Departments		
New Hanover	<u>323-2424</u>	<u> </u>
Sassamansville	<u>754-7500</u>	<u> </u>
c. Verification Message:		

"This is (name/title) . I would like to verify that you
been notified that a 'General Emergency' has been declared at the
Limerick Generating Station. The recommended protective action is
 ."

4. Report to and activate the local Emergency Operations Center.

- a. Activated
(time)
- b. County Operations Officer notified of EOC activation .

(time)
- c. Communications systems checked for operability.
(time)
- d. Establish EOC security.
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM.
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. Verify the County has assigned a RACES unit to the Municipal EOC by
contacting the County OEP Communications Officer at

(time)
- h. Log all messages which provide information or require action. Post
pertinent data on the status board.
- i. Review fact sheet (reference Appendix A-1).

5. Ensure that all necessary emergency response personnel have reported to the EUC, where needed, or to pre-assigned location. _____
(time)
6. Verify that the following have been notified:

- | | Telephone | Time |
|---|-----------------|-------|
| a. Schools | | |
| (1) Boyertown Jr. High E.
Richard Freed
Principal | 754-7831 office | _____ |
| (2) New Hanover - Upper Frederick Elementary
Carl Yescovage
Principal | 754-6427 office | _____ |
| b. Major Industries | | |
| (1) Swann Oil | 754-7811 office | _____ |
| c. Verification Message: | | |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____." | | |

7. Notify the following:

- | | Telephone | Time |
|---|--|-------|
| a. Special Facilities | | |
| (1) Faulkner - Swamp Nursery School
_____ name/title _____ | _____ home _____
_____ office _____ | |
| (2) Swamp Creek Nursery School | 323-9808 office | _____ |
| (3) Fellowship Farm | 326-3008 office | _____ |
| (4) Girl Scouts of Philadelphia
_____ name/title _____ | _____ home _____
_____ office _____ | |
| b. Message: | | |

"This is _____ (name/title) _____. A 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer. _____
(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. _____
(time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____
(time)

11. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. _____
(time)

12. If sheltering is recommended:

- a. When the public alert system has been activated, notify hearing impaired. _____
(time)

- b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general population. _____
(time)

- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)

13. If evacuation is ordered:

- a. When the public alert system has been activated, notify hearing impaired. _____
(time)

- b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general public. _____
(time)

- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)

- d. Ensure Traffic Control Points have been manned. _____
(time)

- e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____
(time)

- f. Advise County Operations Officer of any additional unmet needs

_____. _____
(time)

(1) _____

(2) _____

(3) _____

- g. Monitor evacuation process and report any problem areas to the County Operations Officer. _____

(time)

(1) _____

(2) _____

(3) _____

14. Maintain General Emergency status until:

a. Reduction of classification. _____

(time)

b. Termination of emergency. _____

(time)

c. EOC must be evacuated. _____

(time)

15. If reduction of classification or termination of emergency, notify/verify the following:

- a. Verification:

Telephone

Time

(1) Police Department

327-1441

(2) Fire Departments
New Hanover
Sassamansville

323-2424

754-7500

(3) Schools

(a) Boyertown Jr. High E.
Richard Freed
Principal

754-7831 office

(b) New Hanover - Upper Frederick Elementary
Carl Yescovage
Principal

754-6427 office

(4) Major Industries

(a) Swann Oil

754-7811 office

(b) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Harold Lohmiller	<u> </u> home	<u> </u>
(b) Peter Ganovsky	<u> </u> home	<u> </u>
	<u> </u> office	<u> </u>
(c) Robert Heist	<u> </u> home	<u> </u>
	<u> </u> office	<u> </u>
(d) Dorothy Kline	<u> </u> home	<u> </u>
	<u> </u> office	<u> </u>
(e) Prosper S. Guerre-Chaley	<u> </u> home	<u> </u>
	<u> </u> office	<u> </u>

(2) Special Facilities

(a) Faulkner - Swamp Nursery School	<u> </u> home	<u> </u>
<u> </u> name/title	<u> </u> office	<u> </u>
(b) Swamp Creek Nursery School	<u>323-9808</u> office	<u> </u>
(c) Fellowship Farm	<u>326-3008</u> office	<u> </u>
(d) Girl Scouts of Philadelphia	<u> </u> home	<u> </u>
<u> </u> name/title	<u> </u> office	<u> </u>

(3) Message:

"This is (name/title) . The emergency at the Limerick Generating Station has been terminated/reduced to ." Provide instructions as appropriate.

16. If the EOC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EOC located at the Upper Perkiomen Senior High School. (time)
- c. Notify Montgomery County upon your arrival at alternate EOC.

 (time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP	Access Control Point
ARES	Amateur Radio Emergency Service
EBS	Emergency Broadcast System
EPA	Environmental Protection Agency
EPZ	Emergency Planning Zone
KI	Chemical symbol for potassium iodide
PAG	Protective Action Guide
RACES	Radio Amateur Civil Emergency Services
REACT	Radio Emergency Action Citizens Team
TCP	Traffic Control Point
TLD	Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local routes to Route 633 N

Reception Center: Southern Lehigh School Complex*

Host School(s): Kutztown University, Kutztown Area Junior High School

Decontamination Station: Upper Perkiomen Senior High School

Transportation Staging Area: EOC

Homebound Support Hospital: North Penn Hospital, Lansdale*

*Agreement under development

DATE	TIME	MESSAGE	ACTION/COMMENTS

Police Services

SITE EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1) verify availability, and report unmet needs to County EUC, Police Services at _____
(time)
 - c. Ensure police emergency workers have been issued dosimeters-KI.
 - d. Monitor weather conditions. _____
(time)
 - e. Review remaining emergency procedures in the event of escalation.
 - f. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Mobilize additional police personnel and have them report to police station. Make assignments as necessary. (reference Appendix B-1).

(time)
 - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at _____
(time)
 - d. Public Works unmet needs should be prepared to the County Field Services Officer at _____
(time)
 - e. Ensure police emergency workers have been issued dosimeters-KI.

(time)
 - f. Monitor weather conditions. _____
(time)
 - g. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering,
 - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). _____
(time)
 - (2) Initiate increased security measures, i.e., increase vehicular patrols, conditions permitting. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact County Communications at 327-1441/679-4131 to have police personnel dispatched.

(time)
 - (2) Be prepared to conduct road clearing operations. _____
(time)
 - (3) Upon completion of assignments, ensure police relocate to the Upper Perkiomn Senior High School. _____
(time)

(4) Relocate to alternate EOC after population has departed.

(time)

c. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Upper Perkiomen Senior High School.

3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. (time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

3 Vehicles

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
68	Rt. 663 & Rt. 73 South	State	2
69	Rt. 663 & Rt. 73 North	State	2
70	Rt. 663 & Hoffmansville Rd.	State	2
71	Rt. 663 & Hill Rd.	State	2
New Hanover 1	Rt. 663 & Swamp Pike	New Hanover Police	1

ANNEX C

Implementing Procedure

Fire Services*

Fire Services - New Hanover: Elmer Specht

Fire Services - Sassamansville: Glen Hull, Jr.

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.

(time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. _____
(time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at
[REDACTED] _____
(time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

*Note: This procedure has been modified to include Radiological procedures.

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Prepare Control TLD's for pick up by the County. _____
(time)
 - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6).

(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EUC, Fire Services at _____
(time)
 - e. Review remaining emergency procedures in the event of escalation.

(time)
 - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County. _____
(time)
Note: All dosimeters will be returned to the County.
4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Prepare Control TLD's for pick up by the County. _____
(time)
 - c. Inventory dosimeters/KI and prepare for distribution. If applicable complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at _____
(time)
 - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed Receipt (reference Appendix C-6)).

(time)
 - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at _____
(time)
 - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Monitor route alerting. _____
(time)
 - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Departments relocates to Upper Perkioinen High School.

(time)
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Upper Perkioinen Senior High School.
 - c. Relocate to alternate EOC.
3. If termination, collect dosimeters, unused KI, and forms from emergency workers and prepare for return to County. _____
(time)
Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

New Hanover Township Fire Company

2 pumpers
1 tanker

Sassamansville Fire Company

1 pumper
2 tankers
1 rescue truck
1 mini bus fire police

ROUTE ALERTING TEAMS

I. GENERAL

- A. New Hanover Township is divided into 4 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

The purpose of route alerting is to supplement the public alert system in the event the system fails. It may also be used to alert the hearing impaired (reference Attachment 3).

III. PROCEDURES

- A. When dispatched by Montgomery County OEP, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along designated roads, periodically activating the vehicle siren and making the following announcement on the PA system:

"There is an emergency at the Limerick Generating Station; please tune to your EBS station KYW 1060 AM."

- C. Upon completion of route, notify Montgomery County OEP/EMS and return to station.

Note: If route alerting has taken place during a contaminating incident, proceed to the designated emergency worker/decontamination station.

ROUTE ALERT TEAMS

Sector No. 37-A Alert Team: New Hanover Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List is on file in EOC.

Sector No. 37-B Alert Team: New Hanover Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List is on file in EOC.

Sector No. 68-A Alert Team: Sassamanville Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List is on file in EOC.

Sector No. 68-B Alert Team: Sassamansville Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD) _____

Hearing Impaired: List is on file in EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

Please contact a relative, friend or neighbor so that you can receive important information being broadcast over the emergency broadcast system.

Please review your public information brochure for incidents at the Limerick Generating Station for additional important information.

If you do not have a relative, friend or neighbor nearby to assist you, please tell the individual who gave you this information immediately.

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
New Hanover Township	14
2943 N. Charlotte St.	
Gilbertsville, PA 19525	
B. Fire Companies	
1. New Hanover Township Fire Company	20
R. D. #1 Swamp Pike	
Gilbertsville, PA 19525	
2. Sassamansville Fire Company	25
County Line Road	
Sassamansville, PA 19472	
C. Police Department	
New Hanover Township	4
Township Building, R. D. #1	
Route 663	
Gilbertsville, PA 19525	
D. Public Works	
	5
Total Units of Dosimetry-KI Required	<u>68</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____
 ADDRESS _____ ADDRESS _____
 RESPONSIBLE INDIVIDUAL _____
 TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain property control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
3.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers THROUGH	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 SIGNED BY: X _____ DATE _____

ACKNOWLEDGMENT OF RECEIPT BY EMERGENCY WORKERS FOR DOSIMETRY-KI AND SURVEY METERS

NOTES: Emergency workers assigned to decontamination monitoring teams at decontamination monitoring stations or centers do NOT receive a CI -730 or DCA 622 (see column 2). Only members of decontamination monitoring teams receive a CD V-700 survey meter (see column 6).

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 2 and 3. Record the serial number of the DCA-622 in column 2 and the serial number of the TLD in column 3. By signing column 8, the individual accepts responsibility for each item indicated on the respective line and agrees to return these items (less the KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

INSTRUCTIONS FOR RETURN OF ITEMS DESCRIBED: [✓] by the organization's responsible individual indicates return of each item.

DATE _____

NAME OF EMERGENCY ORGANIZATION _____

RESPONSIBLE INDIVIDUAL _____

ORGANIZATION ADDRESS _____

1	2	3	4	5	6	7	8
CD V-742 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER) (Serial Number)	KI (POTASSIUM IODIDE) (Tablets)	DOSIMETRY- KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
1 each	✓	✓	1 bottle	1 each	✓		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

C-5-1

Draft

ANNEX D

Implementing Procedure

Transportation*

Transportation Officer: Raymond Batchelder
Alternate: _____

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.

(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3).

(time)
 - a. Notify County Medical Coordinator at _____ of changes in requirements of those individuals requiring ambulance support.

(time)
 - b. Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance.

(time)
4. Review remaining procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of classification.
6. Remarks/Actions Taken:

*Note: This procedure has been modified to include Medical/Ambulance procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally ave transportation available 24-hours a day (reference Appendix D-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix U-3). _____
(time)
 - (1) Notify County Medical Coordinator of changes in requirements for those individuals requiring ambulance support. _____
(time)
 - (2) Notify County Transportation Officer at [REDACTED] of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. _____
(time)
 - b. Review transportation resource requirements (reference Appendix U-2).
 - c. Notify the County Transportation Coordinator of any changes in requirements. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.

(time)
 - e. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Radiological Officer.

(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
 - (1) Notify County Medical Coordinator of changes in the list of those individuals requiring ambulance support. _____
(time)
 - (2) Notify County Transportation Officer at [REDACTED] of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. _____
(time)
 - e. Review transportation resource requirements (reference Appendix D-2).
 - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Add to Appendix D-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (2) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (Reference Appendix D-2), notify the County Transportation Coordinator at [REDACTED] of additional requirements. _____
(time)
 - (3) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)

- c. Prepare a list of names and addresses of persons to be picked for each vehicle including ambulances. _____

(time)

- d. Upon the arrival of vehicles including ambulances, at the municipal transportation staging areas, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the municipal staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to North Penn Hospital in Lansdale.* Emergency workers need not accompany vehicles to reception center.

(time)

- e. Relocate to alternate EUC after population has departed.

(time)

3. If termination, return dosimeters and unused KI to Radiological Officer.

(time)

4. Remarks/Actions Taken:

*Agreement under development.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTSVehicles Required

Buses: 2
Ambulances 1

Vehicles Available

Buses: 0
Ambulances: 0

Unmet Needs

Buses: 2
Ambulances: 1

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

List is on file in the EUC.

B. Residents With Other Special Requirements

List is on file in the EUC.

DELETED
RELATED CORRESPONDENCE

DOCKETED
USNRC

'84 OCT 22 P3:27

OFFICE OF SECRETARY

LOWER FREDERICK TOWNSHIP
MONTGOMERY COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number ____

Draft 6

IMPLEMENTING PROCEDURES

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INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Lower Frederick Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Lower Frederick Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event
Blue - Alert
Yellow - Site Emergency
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective Lower Frederick Township EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Emergency Management Coordinator
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Medical Services Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Medical Services Officer
7. Public Works: Emergency Management Coordinator
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure*

Emergency Management Coordinator

Emergency Management Coordinator: George Greeby, Jr.

Alternate: Herbert Jewson

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

*Note: This procedure has been modified to include Police, Communications, and Public Works procedures.

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold Caswell, Sr.	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home <div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> office	_____ _____
(2) Joseph Maiello	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home <div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> office	_____ _____
(3) R. Nelson Eastwood	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home <div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> office	_____ _____
b. Key Staff		
(1) Fire/Radiological Officer Herbert Jewson or Deputy Ronald Musselman	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home office <div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home office	_____ _____ _____ _____
(2) Medical Officer Katherine Mize or Deputy	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> home office home office	_____ _____ _____ _____

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

Telephone	Time
-----------	------

- | | | |
|--------------------------|-----------------|-------------------|
| a. Fire Department | <u>287-6911</u> | <u> </u> |
| b. Ambulance | <u>287-6911</u> | <u> </u> |
| c. Verification Message: | | |

"This is (name & title). I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

4. Report to and activate local Emergency Operations Center (EUC).
 - a. Activated _____
(time)
 - b. County OPS Officer notified of EUC activation (_____

(time)
 - c. Check communication systems for operability. _____
(time)
 - d. Establish EUC security. _____
(time)
 - e. Monitor Alert and Warning/EBS Station KYW 1060 AM. _____
(time)
 - f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
 - g. If public alert system has been activated, notify hearing impaired.

(time)
 - h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.

(time)
 - i. Verify the County has assigned a RACES unit to the Township EUC by contacting the County UEP Communications Officer at 631-1704.

(time)
 - j. Log all messages which provide information or require action. Post pertinent data on status board. _____
(time)
 - k. Review Fact Sheet (Appendix A-2)

5. Verify that the following have been notified:

Telephone	Time
-----------	------

- a. School
- (1) St. Mary's Sister William Clare 287-7757 office _____
Principal

b. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) JYC Camps	_____	_____	_____
	name/title	_____	_____
(2) Camp Kweebec	John Haines	_____	_____
		_____	_____
		_____	_____

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

Note: This is provided for informational purposes only. No action are normally required.

7. Ensure RACES operator contacts the County RACES base upon arrival at the Township EUC. _____
(time)
8. Report all unmet needs to the County Operations Officer. _____
9. Review remaining emergency procedures in the event of escalation.
10. Maintain Alert status until notified of termination, escalation or reduction of classification.
 - a. Date: _____
 - b. Time: _____
 - c. Source: _____
 - d. Disposition
 - (1) Termination _____
 - (2) Escalation _____
 - (3) Reduction _____
11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:

a. Verification:

	Telephone	Time
(1) Fire Department	<u>287-6911</u>	<u> </u>
(2) Ambulance	<u>287-6911</u>	<u> </u>
(3) School		
(1) St. Mary's		
Sister William Clare	<u>287-7757</u>	<u>office</u>
Principal		
(4) Verification Message:		
"This is <u> (name/title) </u> . I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."		

b. Notification:

	Telephone	
(1) Elected Officials		
(a) Harold Caswell, Sr.	<u> </u>	<u>home</u>
	<u> </u>	<u>office</u>
(b) Joseph Maiello	<u> </u>	<u>home</u>
	<u> </u>	<u>office</u>
(c) R. Nelson Eastwood	<u> </u>	<u>home</u>
	<u> </u>	<u>office</u>
(2) Special Facilities		
(a) JYC Camps	<u> </u>	<u>home</u>
name/title	<u> </u>	<u>office</u>
(b) Camp Kweebec	<u> </u>	<u>home</u>
John Haines	<u> </u>	<u>office</u>
(3) Message:		
"This is <u> (name/title) </u> . The emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."		

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:




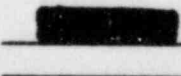


a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold Caswell, Sr.	 home office	_____ _____
(2) Joseph Maiello	 home office	_____ _____
(3) R. Nelson Eastwood	 home office	_____ _____
b. Key Staff		
(1) Fire/Radiological Officer	 home	_____
Herbert Jewson	office	_____
or		
Deputy	 home	_____
Ronald Musselman	office	_____
(2) Medical Officer	 home	_____
Katherine Mize	office	_____
or		
Deputy	home	_____
	office	_____

Have key staff report to EOC. _____
(time)

- | | Telephone | Time |
|--|-----------------|-------------------|
| a. Fire Department | <u>287-6911</u> | <u> </u> |
| b. Ambulance | <u>287-6911</u> | <u> </u> |
| c. Verification Message: | | |
| <p>"This is <u> (name/title) </u>. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."</p> | | |
| 4. Report to and activate the local Emergency Operations Center | | |
| a. Activated <u> </u> | | |
| | | (time) |
| b. County OPS Officer notified of EOC activation <u> </u> | | |
| | | (time) |
| c. Communications system checked for operability. <u> </u> | | |
| | | (time) |
| d. Establish EOC security. <u> </u> | | |
| | | (time) |
| e. Monitor Alert and Warning/EBS Station KYW 1060 AM. <u> </u> | | |
| | | (time) |
| f. Ensure Route Alert Teams have been mobilized as necessary. <u> </u> | | |
| | | (time) |
| g. If the public alert system has been activated, notify hearing impaired. <u> </u> | | |
| | | (time) |
| h. Ensure County has assigned a RACES unit to the Township EOC by contacting the County UEP Communications Officer at 631-1704. <u> </u> | | |
| | | (time) |
| i. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. <u> </u> | | |
| | | (time) |
| j. Log all messages which provide information or require action. Post Pertinent data on status board. <u> </u> | | |
| | | (time) |
| k. Review Fact Sheet (Appendix A-2) | | |
| 5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed. | | |
| 6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. <u> </u> | | |
| | | (time) |
| 7. Verify that the following have been notified: | | |

		Telephone	Time
a. School			
(1) St. Mary's	Sister William Clare Principal	287-7757 office	_____

b. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station."

8. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) JYC Camps	_____ name/title _____	_____ home _____ office	_____
(2) Camp Kweebec	John Haines	_____ home _____ office	_____

b. Message:

"This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. _____ (time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____ (time)
11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____ (time)
12. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. _____ (time)
13. Monitor weather conditions. _____ (time)
14. Report all unmet needs to the County Operations Officer. (631-1694)
15. Review remaining emergency procedures in the event of escalation.

16. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

- a. Date: _____
- b. Time: _____
- c. Source: _____
- d. Disposition:
 - (1) Termination _____
 - (2) Escalation _____
 - (3) Reduction _____

17. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the follow

a. Verification:

	Telephone	Time
(1) Fire Department	<u>287-6911</u>	_____
(2) Ambulance	<u>287-6911</u>	_____
(3) School		
(a) St. Mary's		
Sister William Clare	<u>287-7757</u>	<u>office</u> _____
Principal		

(4) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Harold Caswell, Sr.	<u> </u> home	_____
	<u> </u> office	_____
(b) Joseph Maiello	<u> </u> home	_____
	<u> </u> office	_____
(c) R. Nelson Eastwood	<u> </u> home	_____
	<u> </u> office	_____

(2) Special Facilities

(a) JYC Camps

name/title

home office _____

(b) Camp Kweebec

John Haines

home office _____

(3) Message:

"This is _____ (name/title) _____. The emergency at the
Limerick Generating Station has been terminated/reduced to
_____."

18. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Harold Caswell, Sr.	_____ home _____ office	_____ _____
(2) Joseph Maiello	_____ home _____ office	_____ _____
(3) R. Nelson Eastwood	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire/Radiological Officer Herbert Jewson or Deputy Ronald Musselman	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(2) Medical Officer Katherine Mize or Deputy	_____ home _____ office _____ home _____ office	_____ _____ _____ _____

Have key staff report to EUC. _____
(time)

- | | Telephone | Time |
|--|-----------------|-------|
| a. Fire Department | <u>287-6911</u> | _____ |
| b. Ambulance | <u>287-6911</u> | _____ |
| c. Verification Message: | | |
| <p>"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."</p> | | |
| 4. Report to and activate the local Emergency Operations Center. | | |
| a. Activated _____
(time) | | |
| b. County OPS Officer notified of EUC activation (_____)
(time) | | |
| c. Communications system checked for operability. _____
(time) | | |
| d. Establish EUC security. _____
(time) | | |
| e. Monitor Alert and Warning/EBS Station KYW 1060 AM. _____
(time) | | |
| f. Ensure Route Alert Teams have been mobilized as necessary.
_____ (time) | | |
| g. Ensure County has assigned a RACES unit to the Township
EUC. _____ (time) | | |
| h. Log all messages which provide information or require action. Post
pertinent data status board. _____ (time) | | |
| i. Review Fact Sheet. (Appendix A-2) | | |
| j. Ensure that all necessary emergency response personnel have reported to
the EUC, where needed, or to pre-assigned location. _____ (time) | | |
| k. Verify that the following have been notified: | | |

- Draft 6

b. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

7. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) JYC Camps	_____ name/title _____	_____ home _____ _____ office _____	_____
(2) Camp Kweebec	John Haines	_____ home _____ _____ office _____	_____

b. Message:

"This is _____ (name/title) _____. A 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Medical/Ambulance Officer contacts County Medical/Ambulance Officer. _____ (time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. _____ (time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. _____ (time)

11. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. _____ (time)

12. Monitor weather conditions. _____ (time)

13. If sheltering is recommended:

a. When the public alert system has been activated, notify hearing impaired. _____ (time)

- b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general population. _____ (time)
- c. In the event of a siren failure receive notification from the County that appropriate Route Alert Teams have been dispatched. _____ (time)
- d. Initiate increased security measures, i.e., increase vehicular patrols conditions permitting.

14. If evacuation is ordered:

- a. When that the public alert system has been activated, notify hearing impaired. _____ (time)
- b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general public. _____ (time)
- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert teams have been dispatched. _____ (time)
- d. Ensure Traffic Control Points have been manned (reference Appendix A-1). _____ (time)
- e. Assign sufficient emergency workers to Medical/Ambulance to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____ (time)
- f. Be prepared to initiate road clearing operations.
- g. Advise County OPS Officer () of any additional unmet needs. _____ (time)
 - (1) _____
 - (2) _____
 - (3) _____
- n. Monitor evacuation process and report any problem areas to the County Operations Officer. _____ (time)
 - (1) _____
 - (2) _____
 - (3) _____

15. Maintain General Emergency status until:

- a. Reduction of classification. _____
(time)
- b. Termination of emergency. _____
(time)
- c. EOC must be evacuated. _____
(time)

16. If reduction of classification or termination of emergency, notify/verify the following:

a. Verification:

	Telephone	Time
(1) Fire Department	<u>287-6911</u>	_____
(2) Ambulance	<u>287-6911</u>	_____
(3) School		
(a) St. Mary's		
Sister William Clare	<u>287-7757</u>	<u>office</u>
Principal		

(4) Verification Message:

"This is _____ (name/title) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Harold Caswell, Sr.	<u> </u> home office	_____ _____
(b) Joseph Maiello	<u> </u> home office	_____ _____
(c) R. Nelson Eastwood	<u> </u> home office	_____ _____
(2) Special Facilities		
(a) JYC Camps	<u> </u> home office	_____ _____
name/title		
(b) Camp Kweebec	<u> </u> home office	_____ _____
John Haines		

(3) Message:

"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." Provide instructions as appropriate.

17. If the EOC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EOC located at the Montgomery County Library in Norristown. _____ (time)
- c. Notify Montgomery County upon your arrival at alternate EOC.
_____ (time)

18. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
L. Frederick 1	Spring Mount Rd. & Route 29	Township	1
L. Frederick 2	Zieglersville Rd. & Route 29	Township	1
L. Frederick 3	Salford Station Rd. & Route 29	Township	1
L. Frederick 4	Gravel Pike & Route 29	Township	1

APPENDIX A-2

FACT SHEET

Abbreviations:

ACP	Access Control Point
ARES	Amateur Radio Emergency Service
EBS	Emergency Broadcast System
EPA	Environmental Protection Agency
EPZ	Emergency Planning Zone
KI	Chemical symbol for potassium iodide
PAG	Protective Action Guide
RACES	Radio Amateur Civil Emergency Services
REACT	Radio Emergency Action Citizens Team
TCP	Traffic Control Point
TLD	Thermoluminescent Dosimeter

Evacuation Information

Evacuation Route: Local Routes to Rt. 63E to Rt. 113 N

Reception Center: County Line Plaza

Host School (s): Perkiomen Valley School District to North Penn School District, St. Mary's to Corpus Christi School.

Decontamination Station: Upper Perkiomen Senior High School

Transportation Staging Area: EUC

Homebound Support Hospital: North Penn Hospital

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B
Implementing Procedure
Fire Services*

Fire Services Officer: Herbert Jewson
Alternate: Ronald Musselman

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.

(time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick-up by the County.

(time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to County Radiological Officer at _____

(time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

*Note: This procedure has been modified to include Radiological procedures.

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to the County Radiological Officer at _____
(time)
 - d. Prepare Control TLD's for pick-up by the County. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix B-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-4); obtain a signed receipt (reference Appendix B-6). _____
(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at _____
(time)
 - e. Review remaining emergency procedures in the event of escalation. _____
(time)
 - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. _____
(time)

NOTE: All dosimeters will be returned to the county.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Prepare Control TLD's for pickup by the County. _____
(time)
 - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to County Radiological Officer at _____
(time)
 - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-4); obtain a signed receipt (reference Appendix _____
(time)
 - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix B-1). _____
(time)
 - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - g. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at _____
(time)
 - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Monitor route alerting. _____
(time)
 - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Upper Perkiomen High School.

NOTE: Upon completion of tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Upper Perkiomen Senior High School. _____
(time)
 - d. Relocate to alternate EOC.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. _____
(time)
NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and addresses will be on file in the EUC.

FIRE - RESOURCE INVENTORY

2 pumpers
1 tanker
1 aerial truck

ROUTE ALERTING TEAMS

I. GENERAL

- A. The Lower Frederick Township is divided into 4 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

The purpose of route alerting is to supplement the public alert system in the event the system fails. It may also be used to alert the hearing impaired (reference Attachment 3).

III. PROCEDURES

- A. When dispatched by Montgomery County OEP, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along designated roads, periodically activating the vehicle siren and making the following announcement on the PA system:

"There is an emergency at the Limerick Generating Station; please tune to your EBS station KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County OEP and return to station.

Note: If route alerting has taken place during a contaminating incident, proceed to the designated emergency worker/decontamination station.

ROUTE ALERT TEAMS

Sector No. 52-A Alert Team: Lower Frederick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 52-B Alert Team: Lower Frederick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 52-C Alert Team: Lower Frederick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

Sector No. 52-D Alert Team: Lower Frederick Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EUC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

Please contact a relative, friend or neighbor so that you can receive important information being broadcast over the emergency broadcast system.

Please review your public information brochure for incidents at the Limerick Generating Station for additional important information.

If you do not have a relative, friend or neighbor nearby to assist you, please tell the individual who gave you this information immediately.

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Lower Frederick Township EOC	10
141 Spring Mount Road	
Spring Mount, PA 19478	
B. Fire Companies	
Lower Frederick Fire Co.	30
141 Spring Mount Road	
Spring Mount, PA 19478	
C. Ambulance Service	
Lower Frederick Regional	24
Main Street & Second Avenue	
Spring Mount, PA 19478	
D. Public Works	
Roadmaster Leonard Lay	3
Total Units of Dosimetry-KI Required	<u>67</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____
 ADDRESS _____ ADDRESS _____
 RESPONSIBLE INDIVIDUAL _____
 TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain property control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
3.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 S JRE: X _____ DATE _____

ACKNOWLEDGMENT OF RECEIPT BY EMERGENCY WORKERS FOR DOSIMETRY-KI AND SURVEY METERS

NOTES: Emergency workers assigned to decontamination monitoring teams at decontamination monitoring stations or centers do NOT receive a CD V-730 or DCA 622 (see column 2). Only members of decontamination monitoring teams receive a CD V-700 survey meter (see column 6).

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 2 and 6. Record the serial number of the DCA-622 in column 2 and the serial number of the TLD in column 3. By signing column 8, the individual accepts responsibility for each item indicated on the respective line and agrees to return these items (less the KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

INSTRUCTIONS FOR RETURN OF ITEMS-DESCRIBED: [✓] by the organization's responsible individual indicates return of each item.

DATE _____

NAME OF EMERGENCY ORGANIZATION _____

RESPONSIBLE INDIVIDUAL _____

ORGANIZATION ADDRESS _____

1	2	3	4	5	6	7	8
CD V-742 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER) (Serial Number)	KI (POTASSIUM IODOIDE) (Tablets)	DOSIMETRY- KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
✓	✓	✓	✓	✓	✓		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

ANNEX C

Implementing Procedure

Medical/Ambulance Services*

Medical Services Officer: Kathryn M. Mize
Alternate: (name)

UNUSUAL EVENT

No response required unless medical services are required at the Limerick Generating Station.

ALERT

The Medical Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.

(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). _____
(time)
 - a. Notify County Medical Coordinator at _____ of changes in requirements for those individuals requiring ambulance support. _____
(time)
 - b. Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
3. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3). _____
(time)
4. Ensure that normal medical/ambulance services are maintained.
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

*Note: This procedure has been modified to include Transportation procedures.

Medical/Ambulance Services

SITE EMERGENCY

The Medical Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). _____
(time)
 - (1) Notify County Medical Coordinator at _____ of changes in the list of those individuals requiring ambulance support.

(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3). _____
(time)
 - (1) Notify the County Transportation Coordinator at 631-1832 of any changes in requirements. _____
(time)
 - d. Ensure that normal medical/ambulance services are maintained.
 - e. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional medical/ambulance personnel and have them report to ambulance base (reference Appendix C-1). _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County Medical Coordinator at _____. _____
(time)
 - c. Ensure medical/ambulance emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EUC is accessible and available. _____
(time)
 - e. Review remaining emergency procedures in the event of escalation.
 - f. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.

3. If termination, have ambulance/medical personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)

4. Remarks/Action Taken:

Medical/Ambulance Services

GENERAL EMERGENCY

The Medical Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). _____
(time)
 - (1) Notify County Medical Coordinator at _____ of changes in requirements for those individuals requiring ambulance support.

(time)
 - (2) Notify County Transportation Officer at _____ of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3).

(time)
 - d. Mobilize additional medical/ambulance personnel and have them report to ambulance base (reference Appendix C-1). _____
(time)
 - e. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County Medical Coordinator at _____
(time)
 - f. Ensure medical/ambulance emergency workers have been issued dosimeters/KI.
 - g. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. _____
(time)
 - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is evacuation, ensure that population requiring ambulance transportation is served. Provide for direction and control of outside ambulance resources upon their arrival at the municipal staging area by ensuring an emergency worker is assigned to each ambulance. _____
(time)

- b. Add to Appendix C-3 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____ (time)
- c. As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix C-4), notify the County Transportation Coordinator at _____ of additional requirements. _____ (time)
3. Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____ (time)
4. Prepare a list of names and addresses of person to be picked-up for each vehicle including ambulances. _____ (time)
5. Upon the arrival of vehicles at the municipal transportation staying area located at the EOC, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the Township staying area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to North Penn Hospital in Lansdale.* Emergency workers need not accompany vehicles to reception facilities. _____ (time)
6. After population has evacuated, ensure ambulance service relocates to Upper Perkiomen High School. _____ (time)
7. Relocate to alternate EOC after population has departed. _____ (time)
8. If termination, have ambulance/medical personnel return dosimeters and unused KI to the Fire Services Officer. _____ (time)
9. Remarks/Actions Taken: _____ (time)

*Agreement pending.

MEDICAL/AMBULANCE PERSONNEL RECALL ROSTER

Names and telephone numbers will be on file in the EOC.

MEDICAL - RESOURCE INVENTORY

2 ambulances

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

- A. Residents Requiring Ambulance Support
List will be on file in the EOC.
- B. Residents With Other Special Requirements
List will be on file in the EOC.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List will be on file in the EUC.

TRANSPORTATION RESOURCE REQUIREMENTSVehicles Required

Buses: 1
Ambulances: 1

Vehicles Available

Buses: 0
Ambulances: 2*

Unmet Needs

Buses: 1
Ambulances: 0

* One ambulance will remain available for emergencies.