

EAST COVENTRY TOWNSHIP
CHESTER COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

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IMPLEMENTING PROCEDURES

Table of Contents

	<u>Page</u>
Introduction.....	ii
Annex A. Emergency Management Coordinator.....	A-1
Appendix A-1 - Traffic Control Points and Access Control Points.....	A-1-1
Appendix A-2 - Fact Sheet.....	A-2-1
Annex B. Fire Services.....	B-1
Appendix B-1 - Recall Roster and Resource Inventory.....	B-1-1
Appendix B-2 - Route Alerting.....	B-2-1
Attachment 1 - Route Alert Teams.....	B-2-2
Attachment 2 - Route Alerting Sector Map.....	B-2-5
Attachment 3 - Message - Hearing Impaired.....	B-2-6
Appendix B-3 - Municipal Dosimetry/KI List.....	B-3-1
Appendix B-4 - Municipality Dosimetry/KI Receipt Form.....	B-4-1
Appendix B-5 - Emergency Worker Dosimetry/KI Receipt Form.....	B-5-1
Annex C. Transportation.....	C-1
Appendix C-1 - Persons Requiring Transportation Assistance.....	C-1-1
Appendix C-2 - Transportation Resource Requirement.....	C-2-1
Appendix C-3 - Special Assistance.....	C-3-1

INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the East Coventry 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 Chester County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the East Coventry 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 East Coventry 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: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation
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: Theresa E. Foose
Alternate: Bill Gorman

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, Public Works and Police Services 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) Ronald F. Elliott	 home _____ office _____	_____
(2) Robert J. Megay	 home _____ office _____	_____
(3) Douglas E. Kulp	 home _____	_____
b. Key Staff		
(1) Fire Services Officer Linwood Kolb or Deputy Roland Kolb	 home _____ office _____ home _____ office _____	_____ _____ _____ _____
(2) Transportation Officer Bill Moore or Deputy Norman Segner	 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>495-7308</u>	_____
b. Fire Department	<u>495-6063 soc.</u>	_____
c. Verification Message:		
<p>"This is <u> </u> (name & title) <u> </u>. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."</p>		
4. Report to and activate local Emergency Operations Center (EOC).		
a. Activated <u> </u>		
		(time) _____
b. County Municipal Liaison Officer notified of EOC activation. (431-6160) <u> </u>		
		(time) _____
c. Check communication systems for operability. <u> </u>		
		(time) _____
d. Establish EOC security. <u> </u>		
		(time) _____
e. Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. <u> </u>		
		(time) _____
f. Ensure Route Alert Teams have been mobilized as necessary. <u> </u>		
		(time) _____
g. If public alert system has been activated, notify hearing impaired. <u> </u>		
		(time) _____
h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.		
i. Log all incoming messages that provide information or require action. Post all pertinent data on the status board. <u> </u>		
		(time) _____
j. Review fact sheet (Appendix A-2). <u> </u>		
		(time) _____
5. Verify that the following have been notified:		
a. Schools	Telephone	Time
(1) East Coventry Elementary Sch.	Kenneth Smart <u> </u> office <u> </u>	_____
b. Nursing Home		
(1) Manatawny Manor	<u>327-0840</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."

6. Notify the following:

a. Special Facilities

- (1) Judith A. Stamy Group Day Care Home 323-5059 office _____
(2) Cathleen Hanrahan Day Care 495-6608 office _____

b. Message:

"This is _____ Name/Title _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

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

9. Report all unmet needs to the County Municipal Liaison Officer (431-6160). _____
(time)

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, verify/notify the following:

a. Verification:

	Telephone	Time
(1) Police Department	495-7308	_____
(2) Fire Department	495-6063 soc.	_____
(3) Schools		

(a) East Coventry Elementary School
Kenneth Smart

 home

(4) Nursing Home

(a) Manatawny Manor

327-0840

(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) Ronald F. Elliott

 home
 office

(b) Robert J. Megay

 home
 office

(c) Douglas E. Kulp

 home

(2) Special Facilities

(a) Judith A. Stamy Group

Day Care Home

323-5059 office

(b) Cathleen Hanrahan Day Care

495-6608 office

(3) Message:

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

11. 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) Ronald F. Elliott	<div>_____ home</div> <div>_____ office</div>	<div>_____</div> <div>_____</div>
(2) Robert J. Megay	<div>_____ home</div> <div>_____ office</div>	<div>_____</div> <div>_____</div>
(3) Douglas E. Kulp	<div>_____ home</div>	<div>_____</div>
b. Key Staff		
(1) Deputy Coordinator	<div>_____ home</div> <div>_____ office</div>	<div>_____</div> <div>_____</div>
(2) Fire Services Officer Linwood Kolb or Deputy Roland Kolb	<div>_____ home</div> <div>_____ office</div> <div>_____ home</div> <div>_____ office</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>
(3) Transportation Officer Bill Moore or Deputy Norman Segner	<div>_____ home</div> <div>_____ office</div> <div>_____ home</div> <div>_____ office</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	495-7308	_____
b. Fire Department	495-6063 soc.	_____
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 Municipal Liaison Officer notified of EOC activation (431-6160). _____
(time)
 - c. Communications system checked for operability. _____
(time)
 - d. Establish EOC security. _____
(time)
 - e. Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. _____
(time)
 - f. Ensure Route Alert Teams have been mobilized. _____
(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. _____
(time)
 - i. Log all messages that provide information or require action. Post pertinent data on status board. _____
(time)
 - j. Review fact sheet (Appendix A-2). _____
(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. Schools			
	(1) East Coventry Elementary Sch.	Kenneth Smart <u> </u> home	<u> </u>

b. Nursing Home			
	(1) Manatawny Manor	<u>327-0840</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 'Site Emergency' has been declared at the Limerick Generating Station."

8. Notify the following:

a. Special Facilities

(1) Judith A. Stamy Group Day Care Home	323-5059 office <u> </u>
(2) Cathleen Hanrahan Day Care	495-6608 office <u> </u>

b. Message:

"This is Name/Title . An incident classification of "Site Emergency" has been declared at the Limerick Generating Station."

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 Public Works Officer are aware of any problem areas.

(time)

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

(time)

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

14. 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 _____

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

a. Verification:

	Telephone	Time
(1) Police Department	<u>495-7308</u>	_____
(2) Fire Department	<u>495-6063</u> soc.	_____
(3) Schools		
(a) East Coventry Elementary School Kenneth Smart	<u> </u> home	_____
(4) Nursing Home		
(a) Manatawny Manor	<u>327-0840</u>	_____
(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) Ronald F. Elliott	<u> </u> home office	_____ _____
(b) Robert J. Megay	<u> </u> home office	_____ _____
(c) Douglas E. Kulp	<u> </u> home	_____

(2) Special Facilities

(a) Judith A. Stamy Group
Day Care Home

323-5059 office

(2) Cathleen Hanrahan Day Care

495-6608 office

(3) Message:

"This is Name/Title . An incident classification of
"Alert" has been declared at the Limerick Generating Station."

16. 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) Ronald F. Elliott	 home office	_____ _____
(2) Robert J. Megay	 home office	_____ _____
(3) Douglas E. Kulp	 home	_____
b. Key Staff		
(1) Deputy Coordinator	 home office	_____ _____
(2) Fire Services Officer Linwood Kolb or Deputy Roland Kolb	 home office  home office	_____ _____ _____ _____
(3) Transportation Officer Bill Moore or Deputy Norman Segner	 home office  home office	_____ _____ _____ _____

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	495-7308	_____
b. Fire Department	495-6063 soc.	_____
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 _____."

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

- a. Activated _____
(time)
- b. County Municipal Liaison Officer notified of EOC activation (431-6160). _____
(time)
- c. Communications system checked for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM or WCUJ 1420 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized. _____
(time)
- g. Log all messages which provide information or require action. Post pertinent data on status board. _____
(time)
- h. Review fact sheet (Appendix A-2). _____
(time)
- i. Ensure that all necessary emergency response personnel have reported to the EOC, where needed, or to pre-assigned location. _____
(time)
- 6. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) East Coventry Elementary Sch.	Kenneth Smart _____ home	_____
b. Nursing Home		
(1) Manatawny Manor	327-0840	_____

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) Judith A. Stamy Group Day Care Home 323-5059 office _____
(2) Cathleen Hanrahan Day Care 495-6608 office _____

b. Message:

"This is Name/Title . An incident classification of "Alert" has been declared at the Limerick Generating 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 Public Works Officer are aware of any problem areas.

(time)

11. Ensure ARES operator contacts the County ARES 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 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. Ensure increased security measure have been implemented, i.e., increased security patrols by Township police, PSP, etc.

13. If evacuation is ordered:

- a. When the public alert system has been activated, notify hearing impaired. _____ (time)
- b. Monitor 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 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 Municipal Liaison Officer of any additional unmet needs (431-6160). _____ (time)
- (1) _____
- (2) _____
- (3) _____
- h. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer (431-6160). _____ (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 notification of the following:
- a. Verification:

	Telephone	Time
(1) Police Department	<u>495-7308</u>	_____

- (2) Fire Department 495-6063 soc. _____
- (3) Schools
- (a) East Coventry Elementary School
Kenneth Smart home _____
- (4) Nursing Home
- (a) Manatawny Manor 327-0840 _____
- (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) Ronald F. Elliott | <u> </u> home
<u> </u> office | _____
_____ |
| (b) Robert J. Megay | <u> </u> home
<u> </u> office | _____
_____ |
| (c) Douglas E. Kulp | <u> </u> home | _____ |
| (2) Special Facilities | | |
| (a) Judith A. Stamy Group
Day Care Home | <u>323-5059</u> office | _____ |
| (b) Cathleen Hanrahan Day Care | <u>495-6608</u> office | _____ |

(3) Message:

"This is Name/Title . An incident classification of "Alert" has been declared at the Limerick Generating Station."

16. If the EOC must be evacuated:

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

 (time)

17. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
East Coventry 1	Bethel Church Rd. & Rt. 23	Township	1
East Coventry 2	Bethel Church Rd. & Rt. 724	Township	1
East Coventry 3	Old Schuylkill Rd. & Rt. 724	Township	1
East Coventry 4	Sanatoga Rd. & Rt. 724	Township	1

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 Route 23 West

Reception Center: Morgan Corporation

Host School(s): Twin Valley School District

Decontamination Station: Elverson Fire Co.

Transportation Staging Area: EUC

Homebound Support Hospital: Pocopson Home, West Chester

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

*Agreement under development.

ANNEX B
Implementing Procedure
Fire Services*

Fire Services Officer: Linwood Kolb
Alternate: Ronald Kolb

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; complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix B-4). Report unmet needs to County Radiological Officer at 431-6160.

(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; complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at 431-6160. _____
(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-3); obtain a signed receipt (reference Appendix B-5). _____
(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 431-6160. _____
(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; complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at 431-6160. _____
(time)
 - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed Receipt (reference Appendix B-5). _____
(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 431-6160. _____
(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 Elverson Fire Company. _____
(time)
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Elverson Fire Company.
 - 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 EOC.

FIRE - RESOURCE INVENTORY

2 - pumpers
1 - brush truck
1 - tanker

ROUTE ALERTING TEAMS

I. GENERAL

- A. The East Coventry 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 Chester County DES, 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 WCOJ 1420 AM or WCAU 1210 AM."
- C. Upon completion of route, notify Chester County DES 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. 62-A Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-B Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-E Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-F Alert Team: Ridge 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. Emergency Management Agency	
East Coventry Township EOC	7
Ridge Fire Co.	
Ridge Road	
Spring City, PA 19475	
B. Fire Company	
Ridge Fire Company #1	25
Ridge Road	
Spring City, PA 19475	
C. Police Department	
East Coventry Township Police Department	1
D. Public Works	
Roadmaster	5
Total Units of Dosimetry-KI Required	<u>38</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. _____ 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 _____

B-5-1

Draft

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			
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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
Transportation*

Transportation Officer: Bill Moore
Alternate: Norman Seyner

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 C-1).
_____ (time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____ (time)
 - (1) Notify County Medical Coordinator of changes in requirements for those individuals requiring ambulance support. _____ (time)
 - (2) Notify County Transportation Officer at 431-6160 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 have transportation available 24-hours a day (reference Appendix C-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____
(time)
 - (1) Notify County Medical Coordinator (431-6160) of changes requirements for those individuals requiring ambulance support.

(time)
 - (2) Notify the County Transportation Coordinator (431-6160) of any changes in requirements. _____
(time)
 - d. Review transportation resource requirements (reference Appendix C-2). _____
(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 EOC, 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 EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____
(time)
 - (1) Notify County Medical Coordinator (431-6160) of changes requirements of those individuals requiring ambulance support.

(time)
 - d. Ensure that the Transportation Staying Area, which is located at the EOC, is accessible and available.
 - 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 population requiring ambulance transportation is served.
 - (2) Add to Appendix C-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 C-2), notify the County Transportation Coordinator at 431-6160 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 up 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 Pocopson Home, West Chester. Emergency worker need not accompany vehicles to reception center. _____
(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: 2

Vehicles Available

Buses: 0

Unmet Needs

Buses: 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.