

581

RELATED CORRESPONDENCE

PHILADELPHIA ELECTRIC COMPANY

2301 MARKET STREET

P.O. BOX 8699

PHILADELPHIA, PA. 19101

(215) 841-4000

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USNRC

'84 DEC 12 A10:56

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December 10, 1984

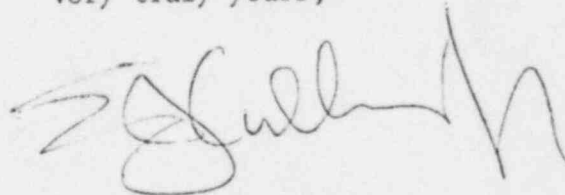
Ms. Phyllis Zitzer  
Ecology Action  
762 Queen Street  
Pottstown, PA 19464

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

Dear Ms. Zitzer:

In accordance with the Board's Order of June 1, 1982, I am forwarding to you 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  
encs.  
cc: See Attached Service List

8412270340 841210  
PDR ADOCK 05000352  
F PDR

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)  
Judge Gary J. Edles (w/o enclosure)  
Judge Reginald L. Gotchy (w/o enclosure)  
Troy B. Conner, Jr., Esq. (w/enclosure)  
Ann P. Hodgdon, Esq. (w/enclosure)  
Mr. Frank R. Romano (w/o enclosure)  
Mr. Robert L. Anthony (w/o enclosure)  
Zori G. Ferkin, Esq. (w/enclosure)  
Mr. Thomas Gerusky (w/o enclosure)  
Director, Pennsylvania Emergency (w/o enclosure)  
Management Agency  
Charles W. Elliott, Esq. (w/o enclosure)  
Angus Love, Esq. (w/o enclosure)  
David Wersan, Esq. (w/o enclosure)  
Robert J. Sugarman, Esq. (w/o enclosure)  
Martha W. Bush, Esq. (w/o enclosure)  
Spence W. Perry, Esq. (w/o enclosure)  
Jay M. Gutierrez, Esq. (w/o enclosure)  
Atomic Safety & Licensing (w/o enclosure)  
Appeal Board  
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)





# ENERGY CONSULTANTS

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

November 30, 1984

Mr. Dennis Pogany  
Emergency Management Coordinator  
New Hanover Township  
Route 663, P. D. #1  
Gilbertsville, PA 19525

Dear Mr. Pogany:

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff, add a day care facility to your notification lists, and corrects a few minor typographical errors.

Please remove the appropriate pages from your plans/procedures and insert the revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/11

Attachments

CC: Montgomery County OEP with attachments

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

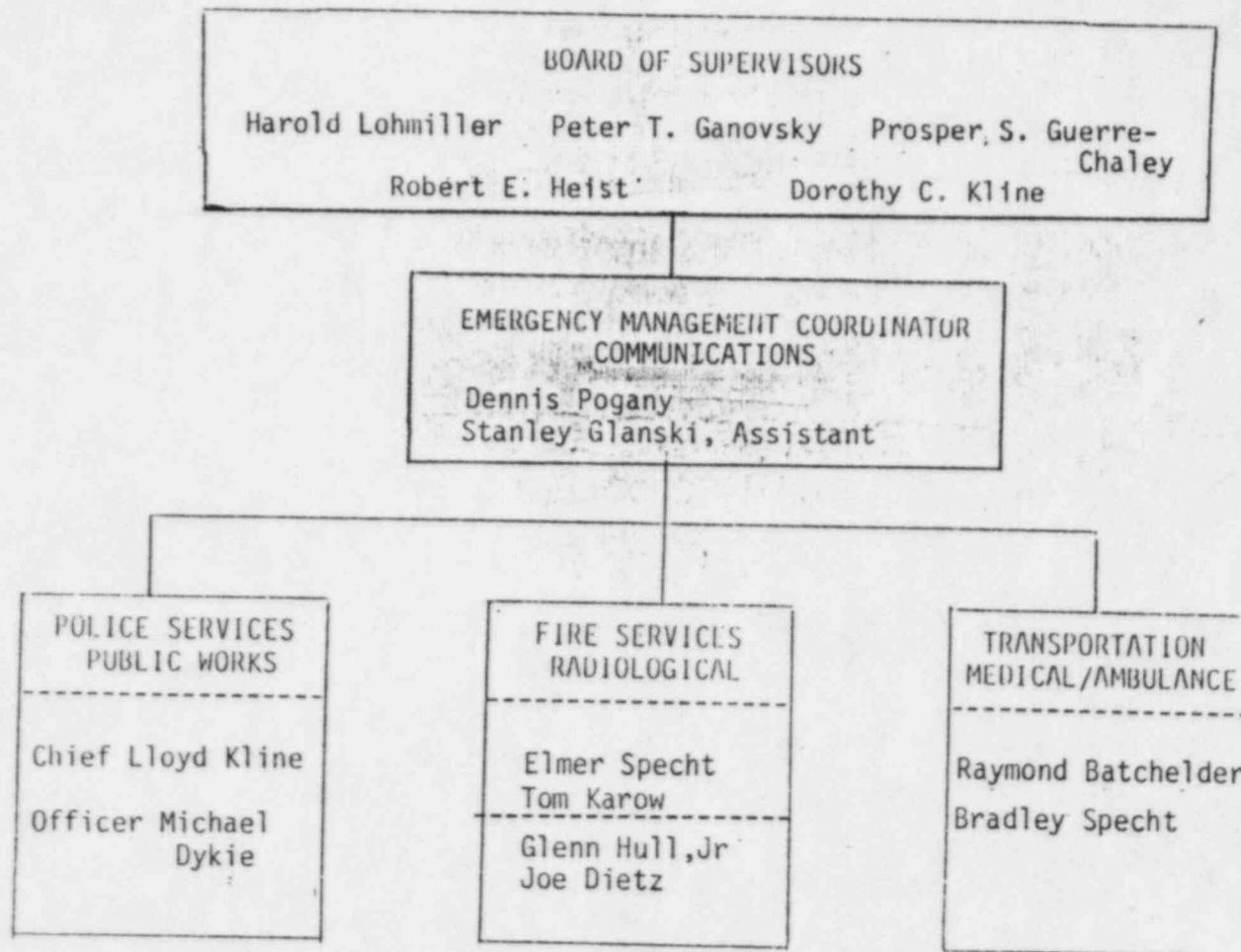
Draft C  
Revised 11/29/84

EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. Harold Lohmiller Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - b. Peter Ganovsky Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - c. Robert Heist Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - d. Dorothy Kline Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - e. Prosper S. Guerre-chaley Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
2. Coordinator Dennis Pogany Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Stanley Glanski Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
3. Police Services Chief Lloyd Kline Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_
   
Deputy Officer Michael Dykie Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
4. Fire Services Elmer Specht Home Phone: \_\_\_\_\_  
New Hanover Bus. Phone: \_\_\_\_\_
   
Deputy Tom Karow Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Fire Services Glenn Hull Home Phone: \_\_\_\_\_  
Sassamansville Bus. Phone: \_\_\_\_\_
   
Deputy Joe Dietz Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
5. Transportation Raymond Batchelder Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_
   
Deputy Bradley Specht Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

\*The phone numbers are maintained in the Municipal EOC and updated quarterly.

NEW HANOVER TOWNSHIP EMERGENCY ORGANIZATIONAL CHART



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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/29/84

ANNEX A

Implementing Procedure

Emergency Management Coordinator\*

Emergency Management Coordinator: Dennis Pogany

Alternate: Stanley Glanski

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:

	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	_____ home	_____
Chief Lloyd Kline	_____ office	_____
or		
Deputy	_____ home	_____
Michael Dykie	_____ office	_____
(2) Fire Services Officer	_____ home	_____
Elmer Specht-New Hanover	_____ office	_____
or		
Deputy	_____ home	_____
Tom Karow	_____ office	_____
and		
Glen W. Hull, Jr.-Sassamanville	_____ home	_____



or

\_\_\_\_\_ office \_\_\_\_\_

Deputy  
Joe Dietz

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

(3) Transportation Officer  
Raymond Batchelder

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

or

Deputy  
Bradley Specht

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

Have key staff report to EOC. \_\_\_\_\_

(time)

3. Verify that the following have been notified:

a. Police Department

Telephone \_\_\_\_\_

Time \_\_\_\_\_

b. Fire Departments  
New Hanover  
Sassamansville

\_\_\_\_\_

\_\_\_\_\_

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 OEP Communications Officer at [REDACTED]

(time)

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

5. Verify that the following have been notified:

a. Schools

Telephone

Time

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

[REDACTED] office \_\_\_\_\_

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

[REDACTED] office \_\_\_\_\_

b. Major Industries

- (1) Swann Oil

[REDACTED] 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:

a. Special Facilities

Telephone

Time

- (1) Falkner - Swamp Nursery School

[REDACTED] office \_\_\_\_\_

- (2) Nita J. Weitzenkorn Day Care

[REDACTED] office \_\_\_\_\_

- (3) Swamp Creek Nursery School

[REDACTED] office \_\_\_\_\_

- (4) Fellowship Farm

[REDACTED] 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.



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) Falkner - Swamp Nursery School	<u>                    </u> office	_____
(b) Nita V. Weitzenkorn Day Care	<u>                    </u> office	_____
(c) Swamp Creek Nursery School	<u>                    </u> office	_____
(d) Fellowship Farm	<u>                    </u> 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 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	_____
or	_____ office	_____
Deputy		
Michael Dykie	_____ home	_____
	_____ office	_____
(2) Fire Services Officer		
Elmer Specht-New Hanover	_____ home	_____
or	_____ office	_____

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:

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  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

\_\_\_\_\_

Deputy  
Michael Dykie

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

\_\_\_\_\_

(2) Fire Services Officer  
Elmer Specht-New Hanover  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

\_\_\_\_\_

Deputy	_____	home	_____
Tom Karow	_____	office	_____
and			
Glen W. Hull, Jr.-Sassamanville	_____	home	_____
or	_____	office	_____
Deputy	_____	home	_____
Joe Dietz	_____	office	_____
(3) Transportation Officer	_____	home	_____
Raymond Batchelder	_____	office	_____
or			
Deputy	_____	home	_____
Bradley Specht	_____	office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Departments		
New Hanover	_____	_____
Sassamansville	_____	_____
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. \_\_\_\_\_  
(time)
- j. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
(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	_____ office _____	
(2) New Hanover - Upper Frederick Elementary Carl Yescavage Principal	_____ office _____	
b. Major Industries		
(1) Swann Oil	_____ office _____	

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) Falkner - Swamp Nursery School	_____ office _____	
(2) Nita J. Weitzenkorn Day Care	_____ office _____	
(3) Swamp Creek Nursery School	_____ office _____	
(4) Fellowship Farm	_____ office _____	

## (2) Special Facilities

- (a) Falkner - Swamp Nursery School

                     office                     

- (b) Nita J. Weitzenkorn Day Care

██████████ office

- (c) Swamp Creek Nursery School

Office

- (d) Fellowship Farm

██████████ office

(3) Message:

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

17. Remarks/Actions Taken:

Deputy	_____	home	_____
Tom Karow	_____	office	_____
and			
Glen W. Hull, Jr.-Sassamanville	_____	home	_____
or	_____	office	_____
Deputy	_____	home	_____
Joe Dietz	_____	office	_____
(3) Transportation Officer	_____	home	_____
Raymond Batchelder	_____	office	_____
or			
Deputy	_____	home	_____
Bradley Specht	_____	office	_____

Have key staff report to EOC. \_\_\_\_\_ (time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Departments		
New Hanover	_____	_____
Sassamansville	_____	_____
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 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 EOC, 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.<br>Richard Freed<br>Principal                     | _____ office | _____ |
| (2) New Hanover - Upper Frederick Elementary<br>Carl Yescavage<br>Principal | _____ office | _____ |
| b. Major Industries   |              |       |
| (1) Swann Oil   | _____ 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) Falkner - Swamp Nursery School | _____ office | _____ |
| (2) Nita J. Weitzenkorn Day Care   | _____ office | _____ |
| (3) Swamp Creek Nursery School     | _____ office | _____ |
| (4) Fellowship Farm                | _____ 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.

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Harold Lohmiller	<u>326-1074</u> home	_____
(b) Peter Garovsky	<u>326-3989</u> home _____ office	_____ _____
(c) Robert Heist	<u>234-8891</u> home <u>363-3125</u> office	_____ _____
(d) Dorothy Kline	<u>754-7636</u> home _____ office	_____ _____
(e) Prosper S. Guerre-Chaley	<u>323-0511</u> home <u>327-1840</u> office	_____ _____

(2) Special Facilities

(a) Falkner - Swamp Nursery School	<u>                    </u> office	_____
(b) Nita J. Weitzenkorn Day Care	<u>                    </u> office	_____
(c) Swamp Creek Nursery School	<u>                    </u> office	_____
(d) Fellowship Farm	<u>                    </u> 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 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 Upper Perkiomen Senior High School.                      (time)
- 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

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services - New Hanover: Elmer Specht

Fire Services - Sassamansville: Glenn 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 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-5). 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.



ROUTE ALERT TEAMS

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

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): New Hanover Municipal Building

Hearing Impaired: List is on file in EOC.

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

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): Swann Oil

Hearing Impaired: List is on file in EOC.

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

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): None

Hearing Impaired: List is on file in EOC.

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

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): None

Hearing Impaired: List is on file in EOC.

ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: Raymond Batchelder  
Alternate: Bradley Specht

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 at \_\_\_\_\_ of changes in requirements of those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
  - b. Notify County Transportation Officer at 631-1832 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.



# ENERGY CONSULTANTS

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

November 29, 1984

Mr. Russell B. Hummel  
Emergency Management Coordinator  
Douglass Township, Montgomery County  
Gilbertsville, PA 19525

Dear Mr. Hummel: 11/29/84

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan Implementing Procedures. These pages reflect the addition of some Day Care facilities to your notification lists.

Please remove the appropriate pages from your procedures and insert the revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/11

Attachments

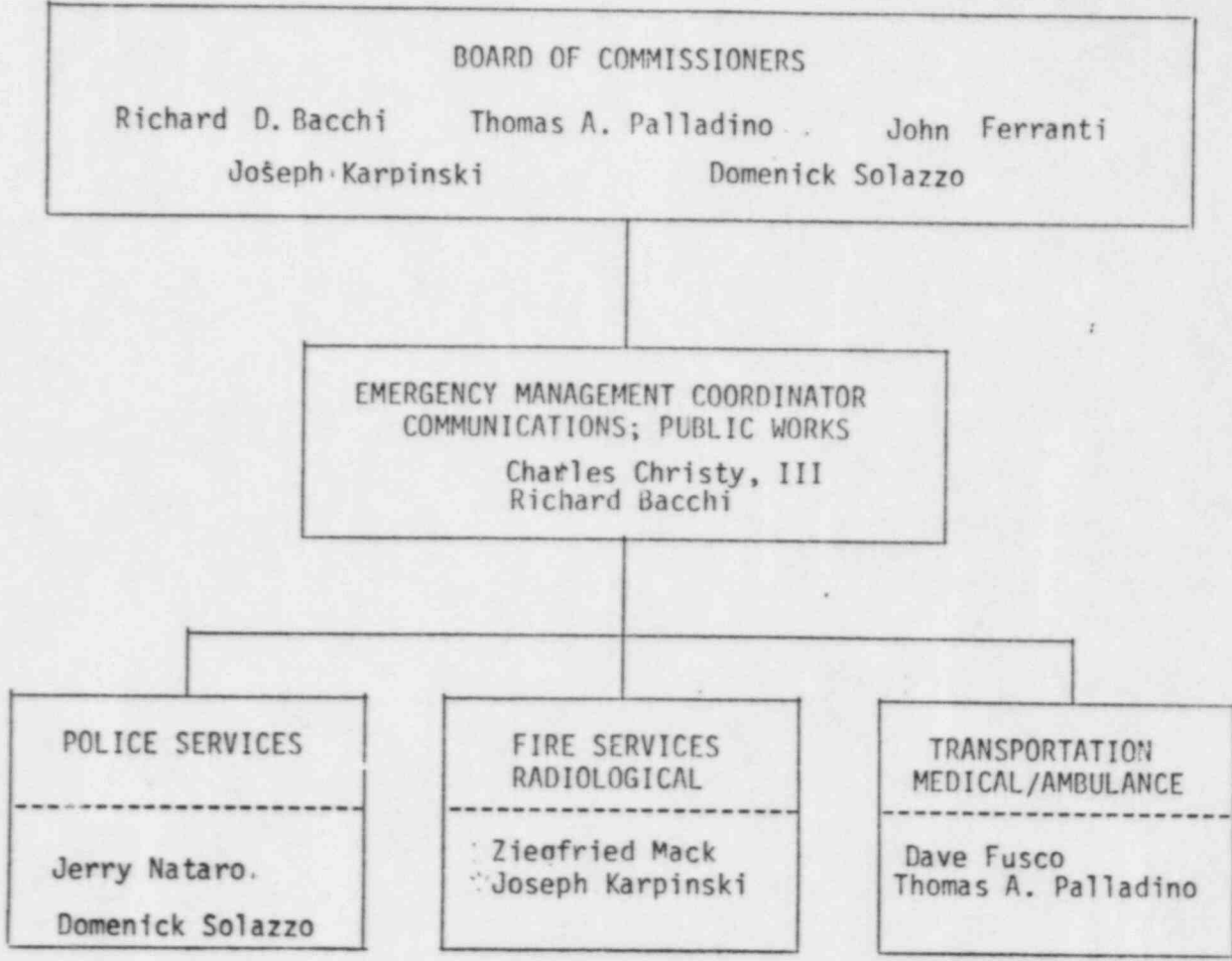
CC: Montgomery County OEP W/Attach.

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



WEST POTSGROVE TOWNSHIP EMERGENCY ORGANIZATIONAL CHART

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                  | Richard Bacchi       | 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     | Ziegfried Mack       | Home Phone: _____ |
|    |                         |                      | Bus. Phone: _____ |
|    | Deputy                  | Joseph Karpinski     | 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.

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft #  
Revised 11/23/84



ANNEX A

Incident Response Procedure\*

Emergency Management Coordinator

Emergency Management Coordinator: Charles Christy, III  
Alternate: Richard Sacchi

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) Richard A. Bacchi

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) John R. Ferranti

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Dominick Solazzo (unlisted)

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire Services Officer  
Ziegfried Mack  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Dave Fusco  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office

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:

a. Elected Officials

(1) Richard A. Bacchi

Telephone

Time

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) John R. Ferranti

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Dominick Solazzo (unlisted)

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire Services Officer  
Ziegfried Mack  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Dave Fusco

\_\_\_\_\_ home  
\_\_\_\_\_ office

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

(1) Richard A. Bacchi

Telephone

Title

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) John R. Ferranti

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Dominick Solazzo (unlisted)

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire Services Officer  
Ziegfried Mack  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Dave Fusco

\_\_\_\_\_ home  
\_\_\_\_\_ office

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Ziegfried Mack  
Alternate: Joseph Karpinski

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.

ANNEX D

Implementing Procedure\*

Transportation

Transportation Officer: Dave Fusco

Alternate: Thomas A. Palladino

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 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 transportations 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.



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. George Greeby, Jr.  
Emergency Management Coordinator  
Lower Frederick Township  
Box 253  
Zieglerville, PA 19492

Dear Mr. Greeby *George*

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Montgomery County OEP with attachments



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

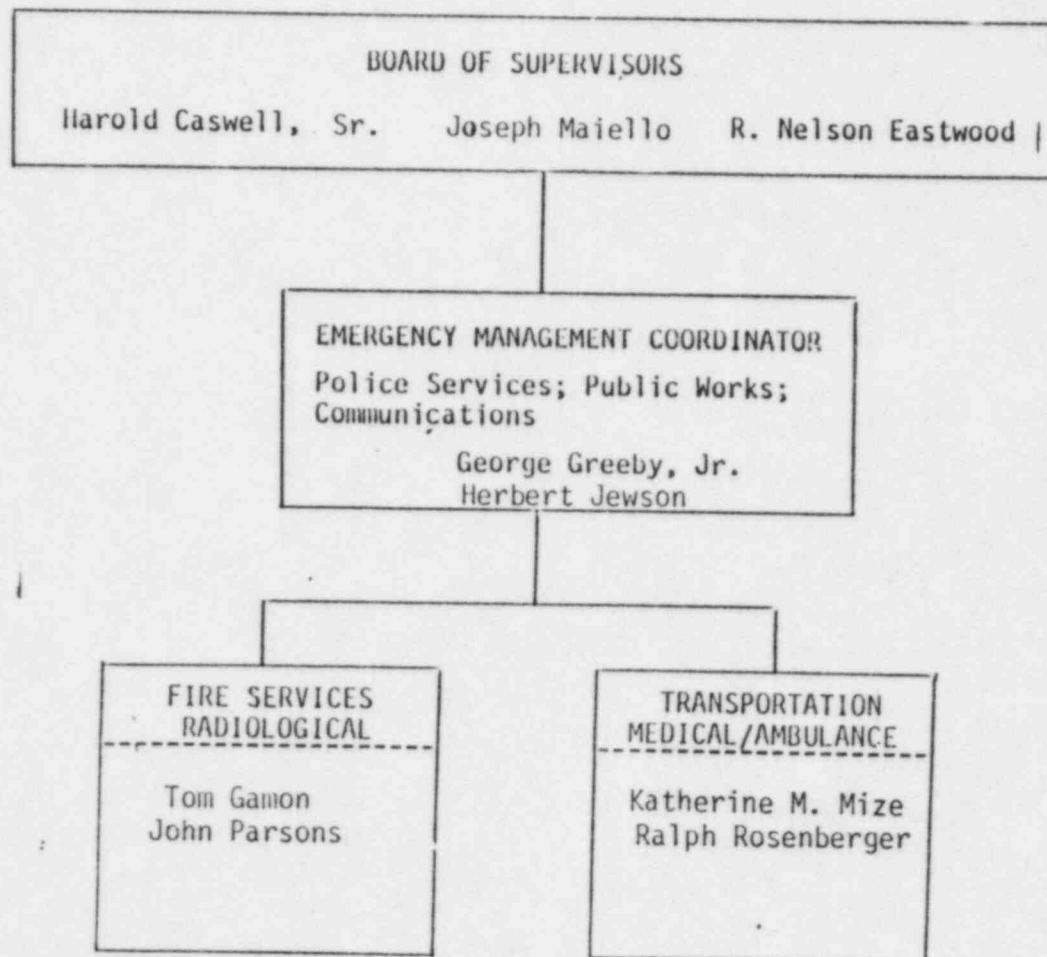
SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



LOWER FREDERICK TOWNSHIP EMERGENCY ORGANIZATIONAL CHART



EMERGENCY NOTIFICATION LIST\*

- |    |                     |                           |  |
|----|---------------------|---------------------------|--|
| 1. | Elected Officials   |                           |  |
|    | a.                  | Harold Caswell, Sr.       | Home Phone: _____<br>Bus. Phone: _____ |
|    | b.                  | Joseph Maiello            | Home Phone: _____<br>Bus. Phone: _____ |
|    | c.                  | R. Nelson Eastwood        | Home Phone: _____<br>Bus. Phone: _____ |
| 2. | Coordinator         | <u>George Greeby, Jr.</u> | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy              | <u>Herbert Jewson</u>     | Home Phone: _____<br>Bus. Phone: _____ |
| 3. | Fire/Rescue Officer | <u>Tom Gamon</u>          | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy              | <u>John Parsons</u>       | Home Phone: _____<br>Bus. Phone: _____ |
| 4. | Medical Officer     | <u>Katherine M. Mize</u>  | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy              | <u>Ralph Rosenberger</u>  | Home Phone: _____<br>Bus. Phone: _____ |

\*The phone numbers are maintained in the Municipal EOC and updated quarterly.

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

SEPTEMBER 1984

Copy Number \_\_\_\_

Draft 6  
Revised 11/15/84

Implementing Procedure

Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Notify:

a. Elected Officials

Telephone

Time

(1) Harold Caswell, Sr.

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Joseph Maiello

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) R. Nelson Eastwood

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire/Radiological Officer

Tom Gamon

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy

John Parsons

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Medical Officer

Katherine Mize

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy

Ralph Rosenberger

\_\_\_\_\_ home  
\_\_\_\_\_ office

Have key staff report to EOC. \_\_\_\_\_

(time)

3. Verify that the following have been notified:

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		
Tom Gamon	_____ home _____ office	_____ _____
or		
Deputy		
John Parsons	_____ home _____ office	_____ _____
(2) Medical Officer		
Katherine Mize	_____ home _____ office	_____ _____
or		
Deputy		
Ralph Rosenberger	_____ home _____ office	_____ _____

Have key staff report to EOC. \_\_\_\_\_  
(time)

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 Caswell, Sr.

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Joseph Maiello

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) R. Nelson Eastwood

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire/Radiological Officer

Tom Gamon

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy

John Parsons

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Medical Officer

Katherine Mize

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy

Ralph Rosenberger

\_\_\_\_\_ home  
\_\_\_\_\_ office

Have key staff report to EOC. \_\_\_\_\_

(time)

ANNEX B  
Implementing Procedure  
Fire Services\*

Fire Services Officer: Tom Gamon  
Alternate: John Parsons

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 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.

ANNEX C

Implementing Procedure

Medical/Ambulance Services\*

Medical Services Officer: Kathryn H. Mize  
Alternate: Ralph Rosenberger

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 EOC.  
\_\_\_\_\_  
(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 Officer at \_\_\_\_\_ of changes in requirements for 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)
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.





# ENERGY CONSULTANTS

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

November 28, 1984

Ms. Cindy Adams-Wentworth  
Emergency Management Coordinator  
Borough of Collegeville  
Collegeville, PA 19426

Dear Ms. Adams-Wentworth:

Attached are five (5) copies of change pages to the Borough's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff; a minor typographical error was also corrected.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

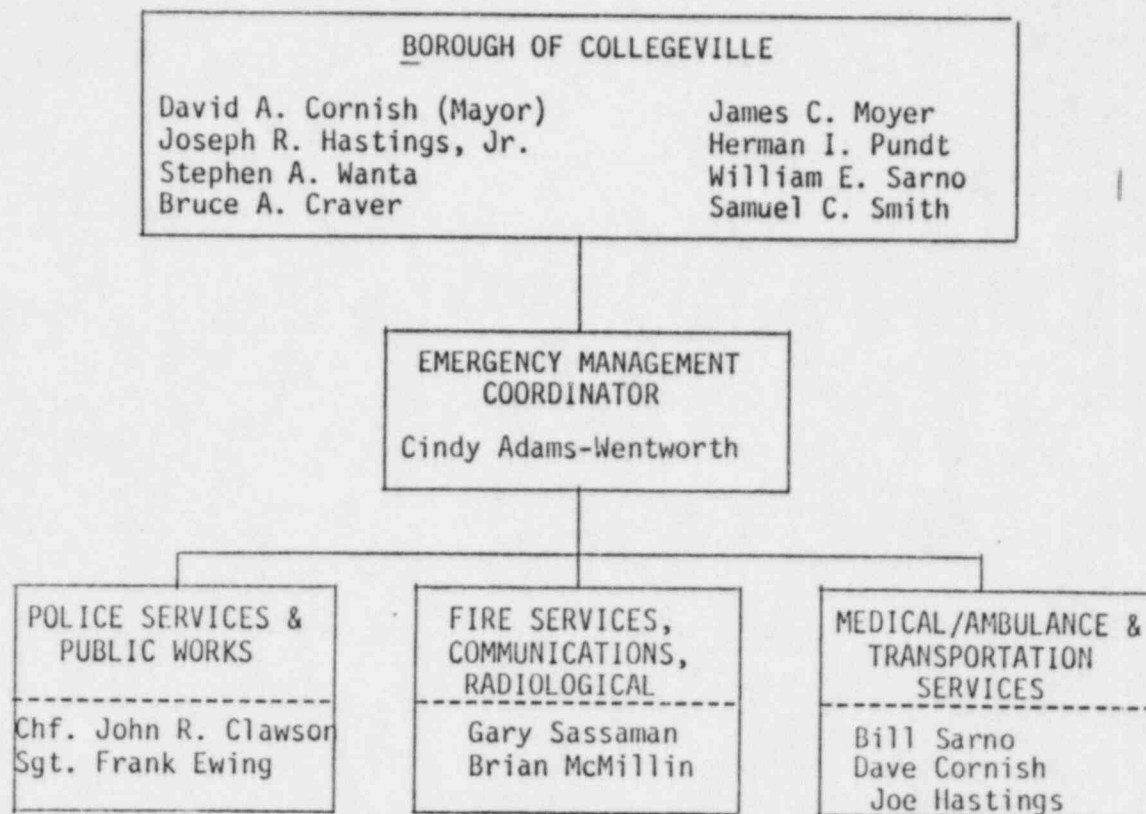
cc: Montgomery County OEP with attachments

BOROUGH OF COLLEGEVILLE  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. David A. Cornish - Mayor Home Phone: \_\_\_\_\_
  - b. Joseph R. Hastings, Jr. - President Home Phone: \_\_\_\_\_
  - c. Stephen A. Wanta - Vice President Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
2. Coordinator Cindy Adams-Wentworth Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy (Name) TBD Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
3. Police Services Officer John R. Clawson Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Frank Ewing Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
4. Fire/Rescue Officer Gary Sassaman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Brian McMillian Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
5. Transportation Officer Bill Sarno Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Dave Cornish Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Joe Hastings Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

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

CONSOLIDATED RESOURCE LIST

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

<sup>1</sup>Resource planning for buses excludes those required for evacuation of schools.

<sup>2</sup>Based upon an estimate of 40 persons/bus.

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

BOROUGH OF COLLEGEVILLE  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) David A. Cornish - Mayor	_____ home	_____
(2) Joseph K. Hastings, Jr. - Pres.	_____ home	_____
(3) Stephen A. Wanta - Vice Pres.	_____ home	_____
	_____ office	_____
b. Key Staff		
(1) Police Services Officer	_____ home	_____
Chief John R. Clawson	_____ office	_____
or		
Frank Ewing	_____ home	_____
	_____ office	_____
(2) Transportation Officer	_____ home	_____
Bill Sarno	_____ office	_____
or		
Dave Cornish	_____ home	_____
or		
Joe Hastings	_____ home	_____
	_____ office	_____
(3) Fire Services Officer	_____ home	_____
Gary Sassaman	_____ office	_____
or		
Brian McMillian	_____ home	_____
	_____ office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

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:

a. Elected Officials

Telephone

Time

(1) David A. Cornish - Mayor

\_\_\_\_\_ home

(2) Joseph R. Hastings, Jr. - Pres.

\_\_\_\_\_ home

(3) Stephen A. Wanta - Vice Pres.

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Police Services Officer  
Chief John R. Clawson

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Frank Ewing

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Bill Sarno

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Dave Cornish

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Joe Hastings

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) Fire Services Officer

Gary Sassaman

\_\_\_\_\_ home  
\_\_\_\_\_ office

or



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) David A. Cornish - Mayor

\_\_\_\_\_ home

\_\_\_\_\_

(2) Joseph R. Hastings, Jr. - Pres.

\_\_\_\_\_ home

\_\_\_\_\_

(3) Stephen A. Wanta - Vice Pres.

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

\_\_\_\_\_

b. Key Staff

(1) Police Services Officer  
Chief John R. Clawson

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

or

Frank Ewing

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(2) Transportation Officer

Bill Sarno

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

or

Dave Cornish

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

or

Joe Hastings

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(3) Fire Services Officer

Gary Sassaman

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

or

ANNEX D

Implementing Procedure

Transportation Services\*

Transportation Officer: Bill Sarno  
Alternate: Dave Cornish  
Alternate: Joe Hastings

UNUSUAL EVENT

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

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 requiring special assistance in the event of evacuation (reference Appendix D-3).  
\_\_\_\_\_  
(time)
  - a. Notify County Medical Officer 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 D-1).  
\_\_\_\_\_  
(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 Medical/Ambulance Procedures.



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Norman Vutz  
Emergency Management Coordinator  
Schuylkill Township  
801 Valley Park Road  
Phoenixville, PA 19460

Dear Mr. Vutz:

Attached you will find five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the addition of names to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Chester County DES with attachments

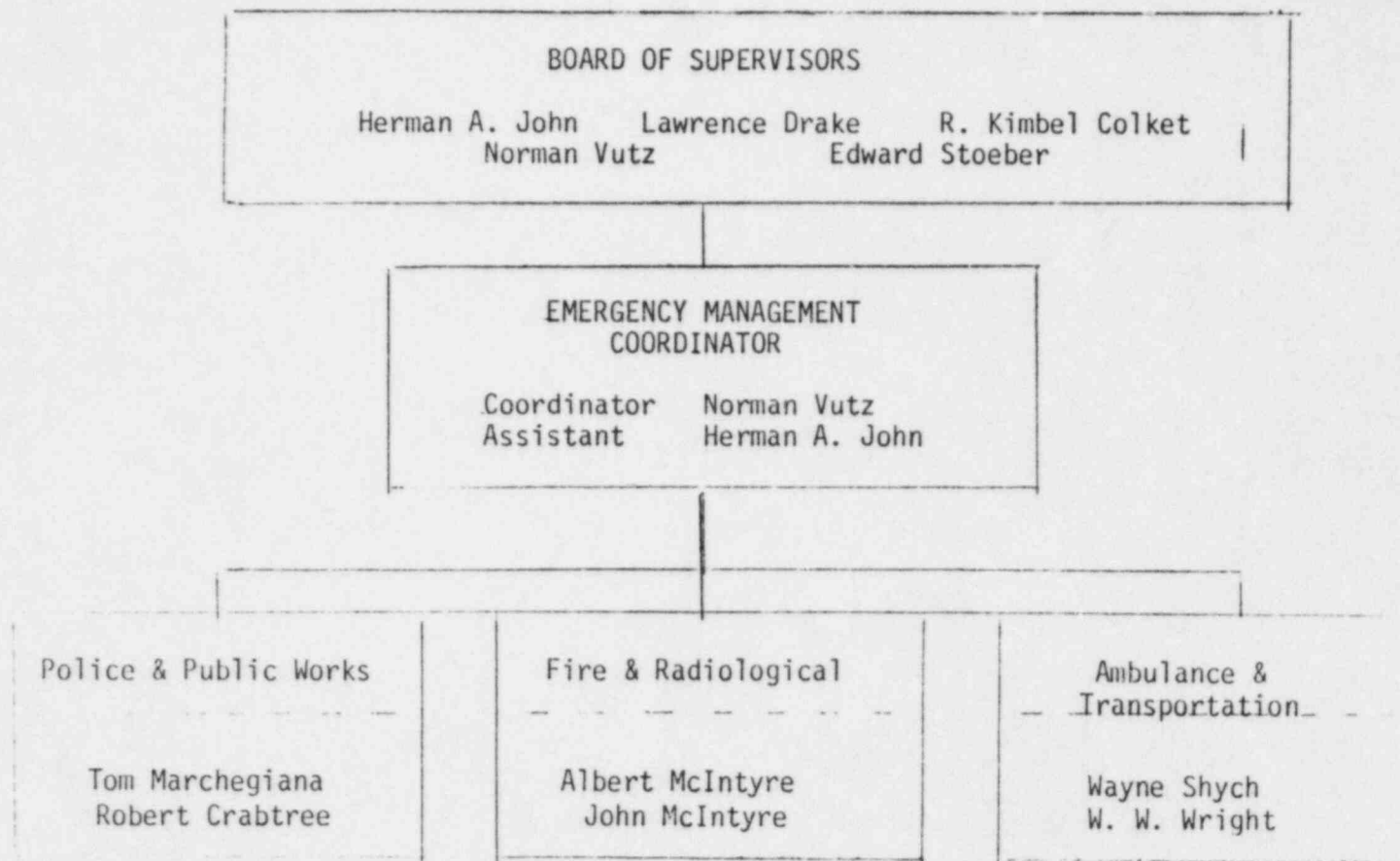
SCHUYLKILL TOWNSHIP  
CHESTER COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

SCHUYLKILL TOWNSHIP EMERGENCY ORGANIZATIONAL CHART



EMERGENCY NOTIFICATION LIST\*

- |    |                         |                        |             |       |
|----|-------------------------|------------------------|-------------|-------|
| 1. | Elected Officials       |                        |             |       |
|    | a.                      | R. Kimbel Colket       | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | b.                      | Lawrence Drake         | Home Phone: | _____ |
|    | c.                      | Herman A. John         | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | d.                      | Edward Stoeber         | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | e.                      | Norman Vutz            | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
| 2. | Coordinator             | <u>Norman Vutz</u>     | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | Deputy                  | <u>Herman A. John</u>  | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
| 3. | Police Services Officer | <u>Tom Marchegiana</u> | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | Deputy                  | <u>Robert Crabtree</u> | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
| 4. | Fire/Rescue Officer     | <u>Albert McIntyre</u> | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | Deputy                  | <u>John McIntyre</u>   | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
| 5. | Transportation Officer  | <u>Wayne Shych</u>     | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |
|    | Deputy                  | <u>W. W. Wright</u>    | Home Phone: | _____ |
|    |                         |                        | Bus. Phone: | _____ |

\* Telephone numbers will be on file in the Township EOC and will be updated quarterly.

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84








Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

- a. Date: \_\_\_\_\_
- b. Time: \_\_\_\_\_
- c. Source: \_\_\_\_\_
- d. Details: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
Herman A. John	 home office	_____ _____
Lawrence Drake	 home	_____ _____
R. Kimbel Colket	 home office	_____ _____
Norman Vutz	 home office	_____ _____
Edward Stoeber	 home office	_____ _____
b. Key Staff		
(1) Police Service Officer	home	_____
Tom Marchigiano	office	_____
or	home	_____
Deputy	office	_____
Robert Crabtree	office	_____
(2) Fire Service Officer	home	_____
Albert McIntyre	office	_____
or	home	_____
Deputy	office	_____
John McIntyre		
(3) Transportation Officer	home	_____
Wayne Shych	office	_____



or  
Deputy  
W. W. Wright

                     home  
office                     

Have key staff report to EOC.                     

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>                    </u>	<u>                    </u>
b. Valley Forge Fire Department	<u>935-9930</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 (EOC).

- a. Activated                       
(time)
- b. County Municipal Liaison Officer notified of EOC activation. (431-6160)                       
(time)
- c. Check communication systems 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 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 an ARES unit to the Township EOC.  
                      
(time)
- j. Log all incoming messages that provide information or require a response. Post pertinent data on status board.
- k. Review fact sheet (Appendix A-1).                       
(time)

5. Verify that the following have been notified:

			Telephone	Time
a. Schools				
(1)	Schuylkill Township Elementary	Frank Orlando, Principal	933-2456 office	_____
(2)	Phoenixville Area Junior High	David Stewart, Principal	933-1012 office	_____
(3)	Northern Chester Co. Vo./Tech. School	Robert Zimmerman Director	933-8877 office	_____
(4)	Valley Forge Christian Academy	Scott Nason Administrator	933-6273 office	_____
b. Major Industries				
(1)	American Inks and Coating Corp.	David Smith	_____ home _____ office	_____ _____
(2)	McAvoy Vitrified Brick Company	R. Kimbel Colket	_____ home 933-2932 office	_____ _____
(3)	West Company		_____ home _____ 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:

a. Special Facilities				
(1)	YMCA Baker Park/Day Care		933-5861 office	_____
(2)	Lucille Susan Frattone Day Care		935-7016 office	_____
(3)	Susan Griffith Day Care		933-1552 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 ARES operator contacts the County ARES base upon arrival at the Township EOC. \_\_\_\_\_  
(time)

8. Report all unmet needs to the County Municipal Liaison Officer (431-6160) \_\_\_\_\_  
(time)
9. Review remaining emergency procedures in the event of escalation.
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
- Date: \_\_\_\_\_
  - Time: \_\_\_\_\_
  - Source: \_\_\_\_\_
  - Disposition
    - Termination \_\_\_\_\_
    - Escalation \_\_\_\_\_
    - Reduction \_\_\_\_\_
11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:
- Verification:
 

	Telephone	Time
(1) Police Department	_____	_____
(2) Valley Forge Fire Department	<u>935-9930</u>	_____
(3) Schools		
(a) Schuylkill Township		
Elementary      Frank Orlando, Principal	<u>933-2456</u> office	_____
(b) Phoenixville Area		
Junior High      David Stewart, Principal	<u>933-1912</u> office	_____
(c) Northern Chester Co.		
Vo./Tech. Sch.      Robert Zimmerman, Director	<u>933-8877</u> office	_____
(d) Valley Forge		
Christian Academy      Scott Nason, Adm.	<u>933-6273</u> office	_____
(4) Major Industries		
(a) American Inks and Coating Corp.		
David Smith	_____ home	_____

(b) McAvoy Vitrified Brick Company	_____ office	_____
R. Kimbel Colket	_____ home	_____
	933-2932 office	_____
(c) West Company	_____ home	_____
	_____ 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		
Herman A. John	_____ home	_____
	_____ office	_____
Lawrence Drake	_____ home	_____
R. Kimbel Colket	_____ home	_____
	_____ office	_____
Norman Vutz	_____ home	_____
	_____ office	_____
Edward Stoeber	_____ home	_____
	_____ office	_____

(2) Special Facilities

(a) YMCA Baker Park/Day Care	933-5861 office	_____
(b) Lucille Susan Frattone Day Care	935-7016 office	_____
(c) Susan Griffith Day Care	933-1552 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: \_\_\_\_\_








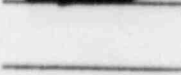

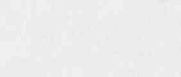
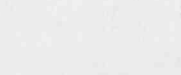
c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
Herman A. John	 home office	_____ _____
Lawrence Drake	 home	_____ _____
R. Kimbel Colket	 home office	_____ _____
Norman Vutz	 home office	_____ _____
Edward Stoeber	 home office	_____ _____
b. Key Staff		
(1) Police Service Officer		
Tom Marchigiano	 home office	_____ _____
or	 home office	_____ _____
Deputy	 office	_____ _____
Robert Crabtree	 office	_____ _____
(2) Fire Service Officer		
Albert McIntyre	 home office	_____ _____
or	 home	_____ _____

Deputy  
John McIntyre

                     office

(3) Transportation Officer  
Wayne Shych  
or  
Deputy  
W. W. Wright

                     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>                    </u>	<u>                    </u>
b. Valley Forge Fire Department	<u>935-9930</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 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 as necessary.  
                      
(time)
- g. If the public alert system has been activated, notify hearing impaired.                       
(time)
- h. Verify the County has assigned an ARES unit to the Township EOC.  
                      
(time)
- i. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- j. Log all incoming messages that provide information or require a response. Post all pertinent data on status board.
- k. Review fact sheet (Appendix A-1).                       
(time)

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 Fire Officer contacts County Fire Officer. \_\_\_\_\_  
(time)
9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_  
(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 the Township EOC. \_\_\_\_\_  
(time)
12. Report all unmet needs to the County Municipal Liaison Officer (431-6160) \_\_\_\_\_  
(time)
13. 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 siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_  
(time)
14. 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. \_\_\_\_\_  
(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 Municipal Liaison officer of any additional unmet needs. \_\_\_\_\_

(time)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

- g. Monitor evacuation process and report any problem areas to the County Municipal Liaison 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) Police Department	_____	_____
(2) Valley Forge Fire Department	<u>935-9930</u>	_____
(3) Public/Parochial Schools		
(a) Schuylkill Township		
Elementary	Frank Orlando, Principal	<u>933-2456</u> office _____
(b) Phoenixville Area		
Junior High	David Stewart, Principal	<u>933-1912</u> office _____
(c) Northern Chester Co.		
Vo./Tech. Sch.	Robert Zimmerman Director	<u>933-8877</u> office _____
(d) Valley Forge		
Christian Academy	Scott Nason Adm.	<u>933-6273</u> office _____



(4) Major Industries

(a) American Inks and Coating Corp.  
David Smith

home \_\_\_\_\_  
office \_\_\_\_\_

(b) McAvoy Vitrified Brick Company  
R. Kimbel Colket

home \_\_\_\_\_  
933-2932 office \_\_\_\_\_

(c) West Company

home \_\_\_\_\_  
office \_\_\_\_\_

(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

(1) Elected Officials

Telephone

Time

Herman A. John

home \_\_\_\_\_  
office \_\_\_\_\_

Lawrence Drake

home \_\_\_\_\_

R. Kimbel Colket

home \_\_\_\_\_  
office \_\_\_\_\_

Norman Vutz

home \_\_\_\_\_  
office \_\_\_\_\_

Edward Stoeber

home \_\_\_\_\_  
office \_\_\_\_\_

(2) Special Facilities

(a) YMCA Baker Park

home \_\_\_\_\_  
office \_\_\_\_\_

(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.

c. Notify Chester County Municipal Liaison Officer upon your arrival at alternate EOC.

                      
(time)

18. Remarks/Actions Taken:

ANNEX B

Implementing Procedure

Police Services\*

Police Services Officer: Tom Marchigiano  
Alternate: Robert Crabtree

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 ECC.  
                    (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.

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Albert McIntyre  
Alternate: John McIntyre

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; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-5). Report unmet needs to the 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.

ANNEX D

Implementing Procedure

Transportation Services\*

Transportation Officer: Wayne Shych  
Alternate: W. W. Wright

UNUSUAL EVENT

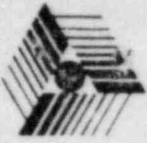
No response required unless medical services are required at the Limerick Generating Station.

ALERT

The Transportation Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-1). Report any changes to the County Medical Coordinator at 431-6160.  
\_\_\_\_\_ (time)
3. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-2). Report any changes to the County Transportation Coordinator at 431-6160.  
\_\_\_\_\_ (time)
4. Ensure that normal 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 Ambulance Procedures.



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Robert P. DeAngelo  
Emergency Preparedness Director  
Borough of Royersford  
654 King Road  
Royersford, PA 19468

Dear Mr. DeAngelo:

Attached are five (5) copies of change pages to the Borough's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff, as well as correct some minor typographical errors.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/11

CC: Montgomery County OEP W/Attach.

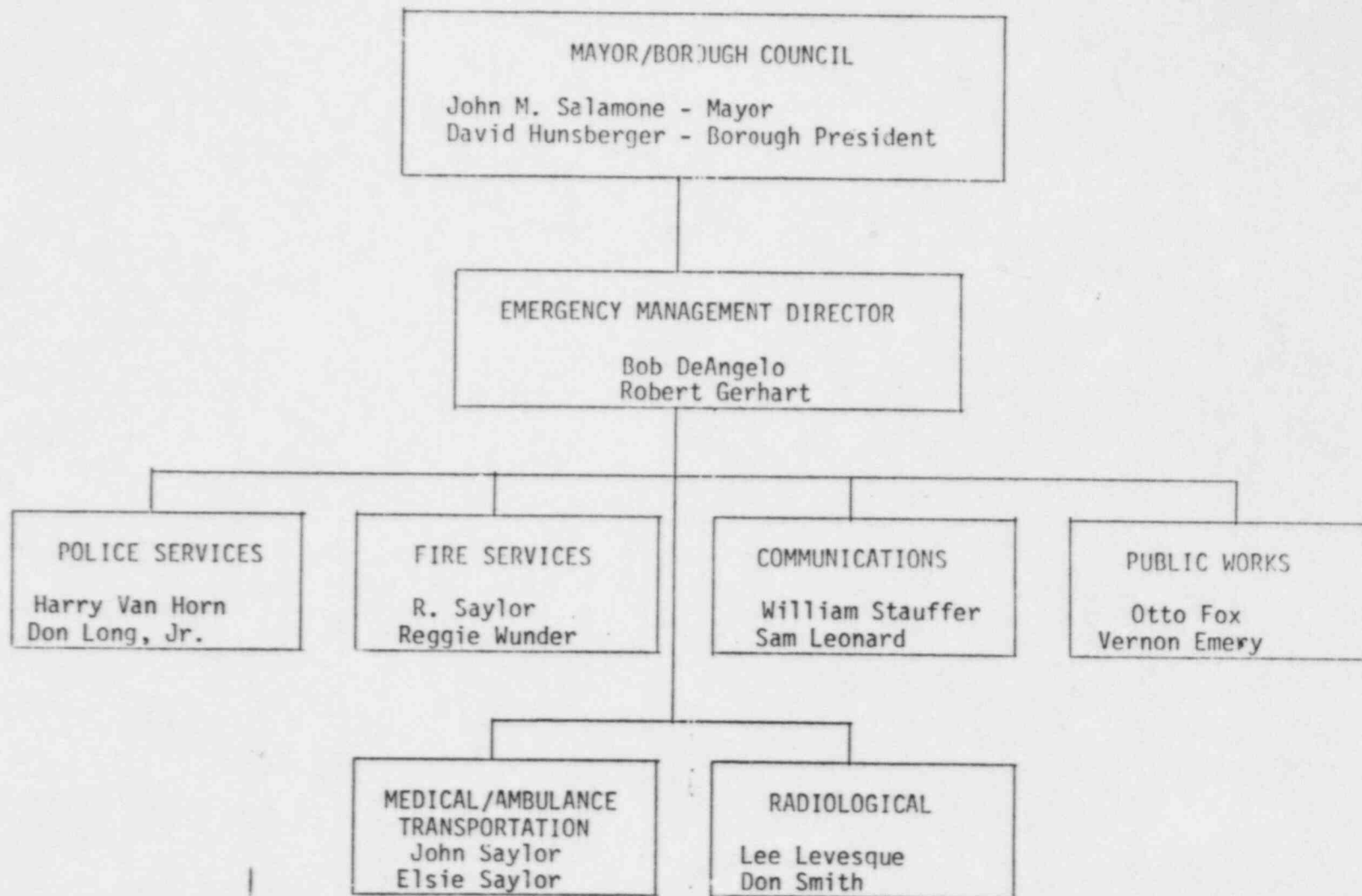
Attachments

BOROUGH OF ROYERSFORD  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84





ROUTE ALERT

SECTOR MAPS

Map will be inserted in final draft.

EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. John M. Salamone, Mayor
 

	Home Phone: _____
	Bus. Phone: _____
  - b. David Hunsberger, Boro President
 

	Home Phone: _____
	Bus. Phone: _____
  - c. Robert Weikel, Boro Manager
 

	Home Phone: _____
	Bus. Phone: _____
2. Coordinator                      Bob DeAngelo
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                              Robert Gerhart
 

	Home Phone: _____
	Bus. Phone: _____
3. Police Services                  Harry Van Horn
 

Officer	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                              Don Long, Jr.
 

	Home Phone: _____
	Bus. Phone: _____
4. Fire/Rescue Officer            R. Saylor
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                              Reggie Wunder
 

	Home Phone: _____
	Bus. Phone: _____
5. Medical Officer                  John Saylor
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                              Elsie Saylor
 

	Home Phone: _____
	Bus. Phone: _____
6. Communications                  William Stauffer
 

Officer	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                              Sam Leonard
 

	Home Phone: _____
	Bus. Phone: _____
7. Public Works                    Otto Fox
 

Officer	Home Phone: _____
	Bus. Phone: _____

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

Deputy

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

8. Radiological Officer Lee Levesque

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Deputy Don Smith

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

BOROUGH OF ROYERSFORD  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

## 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 Borough of Royersford 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 Borough of Royersford 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 Borough of Royersford 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: Medical Services Officer
5. Communications: Communications Officer
6. Transportation: Medical Services Officer
7. Public Works: Public Works Officer
8. Radiological: Radiological Officer

ANNEX A

Implementing Procedure

Emergency Management Coordinator

Emergency Management Coordinator: Robert DeAngelo  
Alternate: Robert Gerhart

UNUSUAL EVENT

1. If notified, document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

e. Actions Recommended: \_\_\_\_\_

f. Actions Taken: \_\_\_\_\_



ANNEX B

Implementing Procedure

Police Services

Police Services Officer: Harry Van Horn  
Alternate: Don Long, Jr.

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:

## Fire Services

Fire Services Officer: R. Saylor  
Alternate: R. Wunder

1. Upon request of Emergency Management Coordinator, report to the EOC.  
                    (time)
2. Ensure that normal fire protection services 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:

ANNEX D

Implementing Procedure

Medical/Ambulance Services\*

Medical Services Officer: John Saylor  
Alternate: Elsie Saylor

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 EOC.  
\_\_\_\_\_  
(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_  
(time)
  - a. Notify County Medical Officer at \_\_\_\_\_, of changes in requirements for those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
  - b. Notify County Transportation Officer at \_\_\_\_\_, of changes 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 D-5).  
\_\_\_\_\_  
(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 EOC.
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_ (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)
  - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-5). \_\_\_\_\_ (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. Ensure that the Transportation Staging Area, which is located at Myrtle Street and Third Avenue, is accessible and available. \_\_\_\_\_ (time)
  - b. Review transportation resource requirements (reference Appendix D-3). \_\_\_\_\_ (time)
  - c. Notify the County Transportation Officer of any changes in requirements. \_\_\_\_\_ (time)
  - d. Mobilize, if necessary, additional medical/ambulance personnel and have them report to Ambulance Stations (reference Appendix D-1). \_\_\_\_\_ (time)
  - e. Review personnel/equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to County Medical Officer at \_\_\_\_\_. \_\_\_\_\_ (time)
  - f. Ensure ambulance emergency workers have been issued dosimeters/KI. \_\_\_\_\_ (time)

## 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 EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Officer at \_\_\_\_\_, of changes in requirements of those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements of 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 D-5).  
\_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at Myrtle Street and Third Avenue, is accessible and available.  
\_\_\_\_\_  
(time)
  - e. Mobilize additional medical/ambulance personnel and have them report to Ambulance Station (reference Appendix D-1). \_\_\_\_\_  
(time)
  - f. Review medical personnel/equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to County Medical Officer at \_\_\_\_\_. \_\_\_\_\_  
(time)
  - g. Review transportation resource requirements (reference Appendix A-4). \_\_\_\_\_  
(time)
  - i. 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, then:
    - (1) Ensure that population requiring ambulance transportation is served. \_\_\_\_\_  
(time)

- (2) Add to Appendix D-5 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-4), notify the County Transportation Officer at \_\_\_\_\_ of additional requirements. \_\_\_\_\_ (time)
- (4) Inform the EMC of the number of vehicles that have been requested through the County and request that an emergency worker be made available for assisting each vehicle. \_\_\_\_\_ (time)
- (5) Prepare a list of names and addresses of persons to be picked up for each vehicle including ambulances. \_\_\_\_\_ (time)
- (6) 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 Suburban General Hospital in Norristown. Emergency worker need not accompany vehicles to the reception center. \_\_\_\_\_ (time)
- (7) Upon completion of assignments, ensure ambulance services relocates to Methacton Junior and Senior High School. \_\_\_\_\_ (time)
- (8) Relocate to alternate EOC after population has departed. \_\_\_\_\_ (time)
3. Upon termination of emergency, have emergency workers return dosimeters/unused KI to the Borough Radiological Officer.
4. Remarks/Actions Taken:



MEDICAL/AMBULANCE PERSONNEL RECALL ROSTER

Names and telephone numbers are on file in the EOC.

MEDICAL - RESOURCE INVENTORY

1 - Van Ambulance

ANNEX E  
Implementing Procedure  
Communications

Communications Officer: William Stauffer  
Alternate: Sam Leonard

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_.  
\_\_\_\_\_  
(time)
3. Review equipment inventory (reference Annex 1), verify availability, and report unmet needs to the County OEP Communications Officer at \_\_\_\_\_.  
\_\_\_\_\_  
(time)
4. Log all messages which provide information or require action. Post pertinent data on status board.
5. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_  
(time)
6. Review remaining procedures in the event of escalation.
7. Maintain Alert status until notified of termination, escalation or reduction of classification.
8. Remarks/Actions Taken:



ANNEX F  
Implementing Procedure  
Public Works

Public Works Officer: Otto Fox  
Alternate: Vernon Emery

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Review equipment/personnel inventory, verify availability, and report  
unmet needs to the County Field Services Coordinator at \_\_\_\_\_  
\_\_\_\_\_  
(time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or  
reduction of classification.
5. Remarks/Actions Taken:

ANNEX G  
Implementing Procedure  
Radiological

Radiological Officer: Lee Levesque  
Alternate: Don Smith

UNUSUAL EVENT

No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EOC. \_\_\_\_\_  
(time)
2. Inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix G-2). Report unmet needs to County Radiological Officer at \_\_\_\_\_  
(time)
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(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/Action Taken:



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Terry R. Scholl  
Emergency Management Coordinator  
Lower Salford Township  
474 Main Street  
Harleysville, PA 19438

Dear Mr. Scholl:

Attached you will find five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff, as well as correct some minor typographical errors.

Please remove the appropriate pages from your plans and procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

David L. Dunn

DLD/dlt

cc: Montgomery County OEP with attachments

LOWER SALFORD TOWNSHIP  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

September 1984

Copy Number \_\_\_\_\_

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LOWER SALFORD TOWNSHIP  
RADIOLOGICAL EMERGENCY RESPONSE PLAN

I. INTRODUCTION

A. Authority

The Lower Salford 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 Lower Salford Township in the event of an incident at the Limerick Generating Station.

D. Scope

This plan outlines the basic procedures Lower Salford 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.

A portion of Lower Salford Township is within the plume exposure pathway EPZ (reference Attachment A and Attachment J). The approximate population is 2,052.



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 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 obtain 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 Lower Salford Township is informed as to the basic concepts of the Plan and their possible protective actions.

(5) Public Works

Note: This function assigned to the Police Services Officer

- (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 Supervisors, 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 Township EOC personnel and emergency workers in the use of dosimeters/KI.

(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

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

4. Emergency Operations Center (EOC)

- a. The Lower Salford Township EOC is located at the Township Building, 474 Main Street, Harleysville, PA. 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 Supervisors.
- c. When activated, it shall be staffed by:
  - (1) Emergency Management Coordinator
  - (2) Police Services Officer
  - (3) Fire Services Officer
  - (4) Transportation Officer
  - (5) Communications Officer
- d. The EOC shall function as a central point for coordinating the operations of the Lower Salford Township emergency response personnel.
- e. For incident classifications of "Site Emergency" and higher, operations shall be conducted 24-hours a day. Sufficient back-up personnel should be available to maintain 24-hour operation.
- f. An alternate EOC is not required as the primary one is located outside the EPZ.

C. Communications

1. Telephone

The primary means of communicating to/from the Township 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 Lower Salford Township Emergency Management Coordinator (EMC) or his designated alternate(s) via the RECALL system as activated by Montgomery County Communications.
- b. The Lower Salford Township elected officials and EOC 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 Office of Emergency Preparedness.
- (3) 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.
- (4) Notification is accomplished through the Alert and Warning/EBS. Pre-written Alert and Warning/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 areas 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)

Separate personnel will be charged with alerting the hearing impaired. They will be dispatched by the Township 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, Lower Salford Township will be evacuated via local routes to Route 113 North (reference Attachment J and Attachment Q). Those who require mass care support should go to the reception center located at County Line Plaza 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 those 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 Lower Salford Township EOC at 256-8037 to arrange for pickup.
- (4) Transportation resources will be assembled at the Township staging area located at the 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.

- (5) 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 (reference Attachment F) will be relocated to North Penn Hospital, Lansdale. Unmet ambulance resource requirements will be reported to the county medical officer.

f. Traffic Control Points (TCP)

Lower Salford Township Police Department and State Police personnel will establish Traffic Control Points within the Township (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 school 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 (reference Attachment D). Lower Salford Township Police Department may assist the State Police in manning ACP's. These points are described in the Montgomery County RERP. Additionally, conditions permitting (based upon information received from the County EOC), police personnel will provide security patrols throughout the Township 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 PennDOT, Lower Salford Maintenance Department and the Township Contractor.
- (3) The National Guard will provide supplemental support, as necessary.

l. Continued Fire Protection

In the event a fire is reported in Lower Salford 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.



- e. Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to a decontamination station. Emergency workers in Lower Salford Township are to report to the Indian Valley Jr. High School, Indian Valley Road, Harleysville PA\*. Specifics relevant to monitoring and decontamination are contained in Annex H of the County RERP.
- f. When the emergency is terminated, all dosimeters-KI should be returned to the Township 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. The government offices and all emergency services are located outside the Plume Exposure Pathway (EPZ).
2. All services will remain available to respond to emergencies within the Plume Exposure Pathway (EPZ), radiation levels permitting.

## 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 Lower Salford 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.

### 1. Unusual Event

Notification to Municipal EMC's will not take place.

\*Agreement under development.

## 2. Alert

- a. The Lower Salford 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 Township 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 Township 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 and ACP 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. The County Operation Officer will be notified upon completion of task as well as for additional unmet needs.
- 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.
- f. Local TCP and ACP personnel will be placed on standby.  
(NOTE: If a protective action is called for at Site Emergency or if local conditions dictate, these may have to be manned.)
- 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.

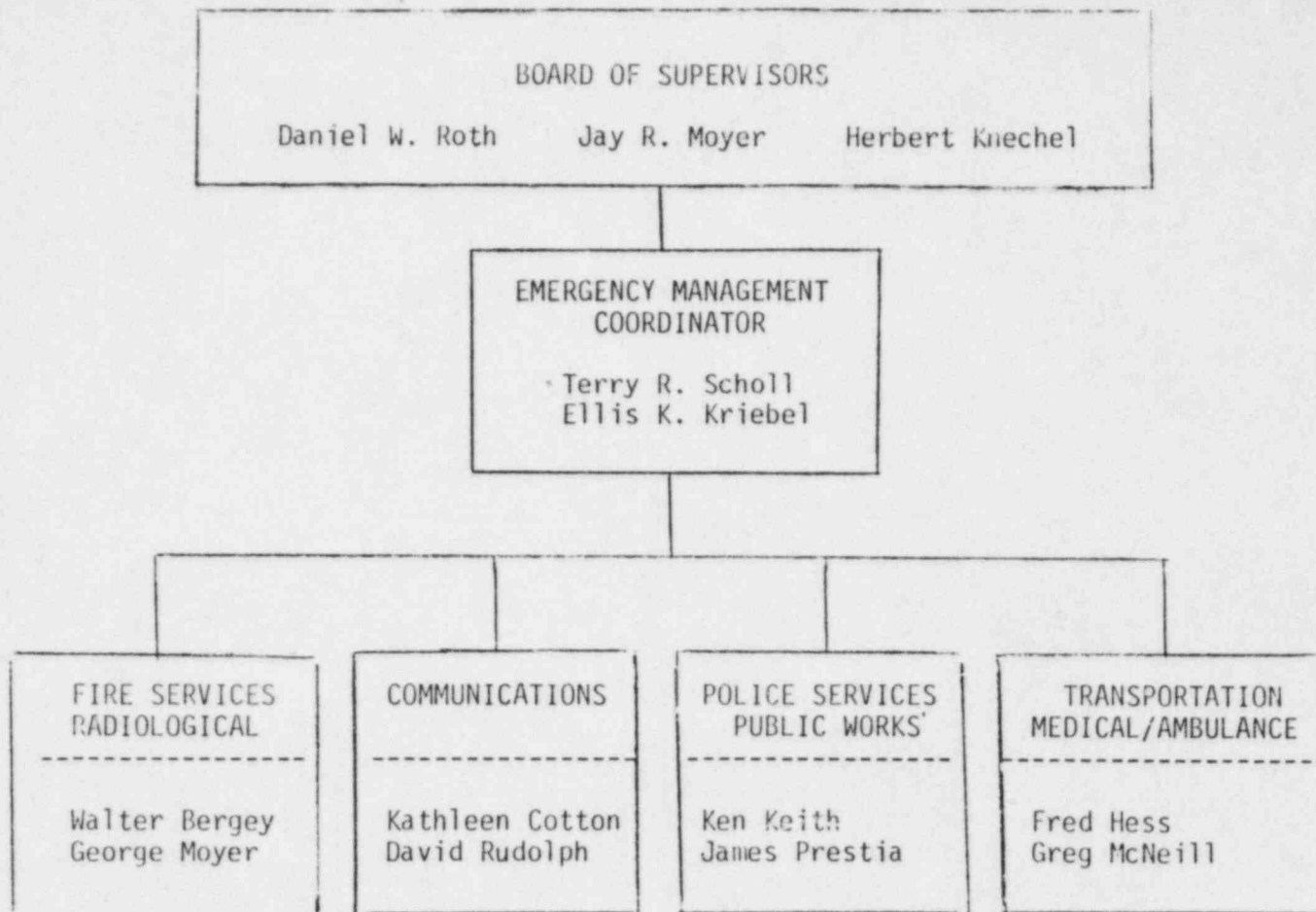
#### 4. General Emergency

- 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 areas of inadequate coverage. Information identifying the specific areas involved will be provided by the County.
- d. Local ACP and TCP personnel will be mobilized.
- e. If sheltering is recommended:
  - (1) Increased security measures will be provided, conditions permitting.
  - (2) Access control points located within the Township will be manned.
- f. If evacuation is ordered:
  - (1) Drivers and transportation assets needed for persons without transportation will be mobilized by the County.

	Copy Numbers 1-18	10 copies
b.	Lower Salford Township Officials	
	Copy Numbers 5-8	4 copies
c.	Emergency Management Coordinator and key staff	
	Copy Numbers 9-13	10 copies
d.	Police Department	
	Copy Number 19	1 copy
e.	Fire Department	
	Copy Number 20	1 copy
f.	Emergency Medical/Ambulance Service	
	Copy Number 21	1 copy
g.	Local library	
	Copy Number 22	1 copy
		22 Total Copies

NOTE: Additional copies of the plan can be made available upon specific request and justification to the Lower Salford 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.

LOWER SALFORD TOWNSHIP EMERGENCY ORGANIZATIONAL CHART



EMERGENCY NOTIFICATION LIST\*

- |    |                         |                         |  |
|----|-------------------------|-------------------------|--|
| 1. | Elected Officials       |                         |  |
|    | a. Daniel W. Roth       |                         | Home Phone: _____<br>Bus. Phone: _____ |
|    | b. Jay R. Moyer         |                         | Home Phone: _____<br>Bus. Phone: _____ |
|    | c. Herbert Knechel      |                         | Home Phone: _____                      |
| 2. | Coordinator             | <u>Terry Scholl</u>     | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | <u>Ellis K. Kriebel</u> | Home Phone: _____<br>Bus. Phone: _____ |
| 3. | Police Services Officer | <u>Ken Keith</u>        | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | <u>James Prestia</u>    | Home Phone: _____<br>Bus. Phone: _____ |
| 4. | Fire/Rescue Officer     | <u>Walter Bergey</u>    | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | <u>George Moyer</u>     | Home Phone: _____<br>Bus. Phone: _____ |
| 5. | Transportation Officer  | <u>Fred Hess</u>        | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | <u>Greg McNeill</u>     | Home Phone: _____<br>Bus. Phone: _____ |
| 6. | Communications Officer  | <u>Kathleen Cotton</u>  | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | <u>David Rudolph</u>    | Home Phone: _____<br>Bus. Phone: _____ |

\*Telephone numbers are on file in Township EOC and updated quarterly.



EMERGENCY WORKER DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Lower Salford Township	14
474 Main Street	
Harleysville, PA 19438	
B. Fire Companies	
Harleysville Fire Company	42
274 Kulp Road	
Harleysville, PA 19438	
C. Ambulance Service	
Harleysville Community Ambulance Service	40
274 Kulp Road	
Harleysville, PA 19438	
D. Police Department	
Lower Salford Township	8
474 Main Street	
Harleysville, PA 19438	
E. Public Works	
Lower Salford Township	10
314 Alumni Avenue	
Harleysville, PA 19438	
Total Units of Dosimetry-KI Required	<u>114</u>

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/14/84



## 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 Salford 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 Salford 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 Salford Township EHA 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: Communication Officer
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: Ellis K. Kriebel  
Alternate: Terry R. Scholl

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) Daniel W. Roth

Telephone

Time

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Jay R. Moyer

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) Herbert Knechel

\_\_\_\_\_ home

b. Key Staff

(1) Deputy Coordinator  
Terry Scholl

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Fred Hess  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Greg McNeill

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) Fire Services Officer  
Walter Bergey  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
George Moyer

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Police Services Officer  
Ken Keith  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
James Prestia

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(5) Communication Officer  
Kathleen Cotton  
or  
Deputy  
David Rudolph

_____	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>256-9595</u>	_____
b. Harleysville Fire Department	<u>256-9657</u>	_____
c. Harleysville Ambulance	<u>256-9657</u>	_____
d. 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 Operation Officer notified at \_\_\_\_\_ of EOC activation.  
\_\_\_\_\_ (time)
- c. Check communications 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. Review fact sheet (reference Appendix A-1).

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) Daniel W. Roth	 home office	_____ _____
(2) Jay R. Moyer	 home office	_____ _____
(3) Herbert Knechel	 home	_____ _____
b. Key Staff		
(1) Deputy Coordinator Terry Scholl	 home office	_____ _____
(2) Transportation Officer Fred Hess or Deputy Greg McNeill	 home office  home office	_____ _____ _____ _____
(3) Fire Services Officer Walter Bergey or Deputy George Moyer	 home office  home office	_____ _____ _____ _____

- (4) Police Services Officer  
Ken Keith \_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_  
or  
Deputy \_\_\_\_\_ home \_\_\_\_\_  
James Prestia \_\_\_\_\_ office \_\_\_\_\_  
\_\_\_\_\_
- (5) Communication Officer  
Kathleen Cotton \_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_  
or  
Deputy \_\_\_\_\_ home \_\_\_\_\_  
David Rudolph \_\_\_\_\_ office \_\_\_\_\_  
\_\_\_\_\_

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	256-9595	_____
b. Harleysville Fire Department	256-9657	_____
c. Harleysville Ambulance	256-9657	_____
d. 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 at \_\_\_\_\_ 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 public alert system has been activated, notify hearing impaired.  
\_\_\_\_\_ (time)
- h. 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:

a. Special Facilities

Telephone

Time

- (1) New Life Youth & Family Services, Inc.  
Mr. Christman  
Executive Dir.

home \_\_\_\_\_  
287-7884 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. 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 Township Transportation Officer contacts the County Transportation Officer. \_\_\_\_\_  
(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_  
(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 Township EOC. \_\_\_\_\_  
(time)
12. Report all unmet needs to the County Operation Officer at \_\_\_\_\_  
(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>256-9595</u>	_____
(2) Harleysville Fire Department	<u>256-9657</u>	_____
(3) Harleysville Ambulance	<u>256-9657</u>	_____
(4) Special Facilities		
(1) New Life Youth & Family Services, Inc. Mr. Christman Executive Dir.	<u>                    </u> home <u>287-7884</u> office	_____

(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) Daniel W. Roth	<u>                    </u> home <u>                    </u> office	_____
(b) Jay R. Moyer	<u>                    </u> home <u>                    </u> office	_____
(c) Herbert Knechel	<u>                    </u> home	_____

(2) Message:

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

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) Daniel W. Roth	_____ home _____ office	_____ _____
(2) Jay R. Moyer	_____ home _____ office	_____ _____
(3) Herbert Knechel	_____ home	_____
b. Key Staff		
(1) Deputy Coordinator Terry Scholl	_____ home _____ office	_____ _____
(2) Transportation Officer Fred Hess or Deputy Greg McNeill	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(3) Fire Services Officer Walter Bergey or Deputy George Moyer	_____ home _____ office _____ home _____ office	_____ _____ _____ _____

(4) Police Services Officer  
Ken Keith  
or  
Deputy  
James Prestia

home office  
home office

(5) Communication Officer  
Kathleen Cotton  
or  
Deputy  
David Rudolph

home office  
home office

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	256-9595	
b. Harleysville Fire Department	256-9657	
c. Harleysville Ambulance	256-9657	
d. 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 Operation Officer notified at (time) of EOC activation.
- 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. Review fact sheet (reference Appendix A-1).

5. 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. Special Facilities

(1) New Life Youth & Family Services, Inc.

Mr. Christman

Executive Dir.

home

287-7834 office

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. 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)

8. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_

(time)

9. 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)

10. Ensure RACES operator contacts the County RACES base upon arrival at the Township EOC. \_\_\_\_\_

(time)

11. Report all unmet needs to the County Operation Officer at \_\_\_\_\_

(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 KYW 1060 AM to ensure proper instructions are being given to the general population. \_\_\_\_\_

(time)

c. Ensure Access Control Points are manned. \_\_\_\_\_

(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 KYW 1060 AM to ensure proper instructions are being given to the general population. \_\_\_\_\_

(time)

- c. Ensure Traffic Control Points and Access Control Points have been manned. \_\_\_\_\_ (time)
- d. 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)
- e. Advise County Operation Officer at \_\_\_\_\_ of any additional unmet needs. \_\_\_\_\_ (time)
- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- f. Monitor evacuation process and report any problem areas to the County Operation Officer at \_\_\_\_\_ (time)
- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
14. Maintain General Emergency status until:
- a. Reduction of classification. \_\_\_\_\_ (time)
- b. Termination of emergency. \_\_\_\_\_ (time)
15. If reduction of classification or termination of emergency, notify/verify the following:

a. Verification:

	Telephone	Time
(1) Police Department	<u>256-9595</u>	_____
(2) Harleysville Fire Department	<u>256-9657</u>	_____
(3) Harleysville Ambulance	<u>256-9657</u>	_____
(4) Special Facilities		
(a) New Life Youth & Family Services, Inc.		

Mr. Christman \_\_\_\_\_ home \_\_\_\_\_  
Executive Dir. 287-7884 office \_\_\_\_\_

(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

### (1) Elected Officials

Telephone

Time

(a) Daniel W. Roth

 home  
office

(b) Jay R. Moyer

 home  
office

(c) Herbert Knechel

                     home

(2) Message:

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

16. Maintain General Emergency status until notified of reduction of classification or termination.
17. Remarks/Actions Taken:

ANNEX B

Implementing Procedure\*

Police Services

Police Services Officer: Ken Keith  
Alternate: James Prestia

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. Review remaining emergency procedures in the event of escalation.
3. Maintain Alert status until notified of termination, escalation or reduction of classification.
4. Remarks/Actions Taken:

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



ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Walter Bergey  
Alternate: George Hoyer

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. 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)
3. Prepare control TLD's for pickup by the County. \_\_\_\_\_  
(time)
4. Review remaining emergency 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 Radiological procedures.

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Lower Salford Township	14
474 Main Street	
Harleysville, PA 19438	
B. Fire Companies	
Harleysville Fire Company	42
274 Kulp Road	
Harleysville, PA 19438	
C. Ambulance Service	
Harleysville Community Ambulance Service	40
274 Kulp Road	
Harleysville, PA 19438	
D. Police Department	
Lower Salford Township	8
474 Main Street	
Harleysville, PA 19438	
E. Public Works	
Lower Salford Township	10
314 Alumni Avenue	
Harleysville, PA 19438	

Total Units of Dosimetry-KI Required 114

ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: Fred Hess

Alternate: Greg McNeill

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), report any changes in requirements to the County Transportation Coordinator at \_\_\_\_\_  
\_\_\_\_\_  
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3), report any changes in requirements to the County Medical Coordinator at \_\_\_\_\_  
\_\_\_\_\_  
(time)
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken: .

\*Note: These procedures has been modified to include Medical/Ambulance Procedures.

ANNEX E

Implementing Procedure

Communications

Communications Officer: Kathleen Cotton  
Alternate: David Rudolph

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
\_\_\_\_\_  
(time)
3. Log all messages which provide information or require action.  
Distribute as appropriate and post pertinent data on status board.
4. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_  
(time)
5. Review remaining procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

## Communications

### SITE EMERGENCY

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, Then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
(time)
  - c. Ensure communications emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Log all messages which provide information or require action. Distribute as appropriate and post pertinent data on the status board.
  - e. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_  
(time)
  - f. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Review remaining procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to the Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

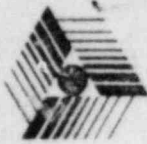
## Communications

### GENERAL EMERGENCY

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_
  - c. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
(time)
  - d. Ensure communication emergency workers have been issued dosimeters/KI.
  - e. Log all messages which provide information or require action. Distribute as appropriate and post pertinent data on status board.
  - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:

Continue to log all messages.
3. If termination, return dosimeters and unused KI to Fire Services Officer.  
\_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. George Huguenin  
Emergency Management Coordinator  
Skipack Township  
Box 184  
Skipack, PA 19474

Dear Mr. Huguenin: *sv 17*

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff as well as updates some telephone numbers.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Montgomery County OEP with attachments



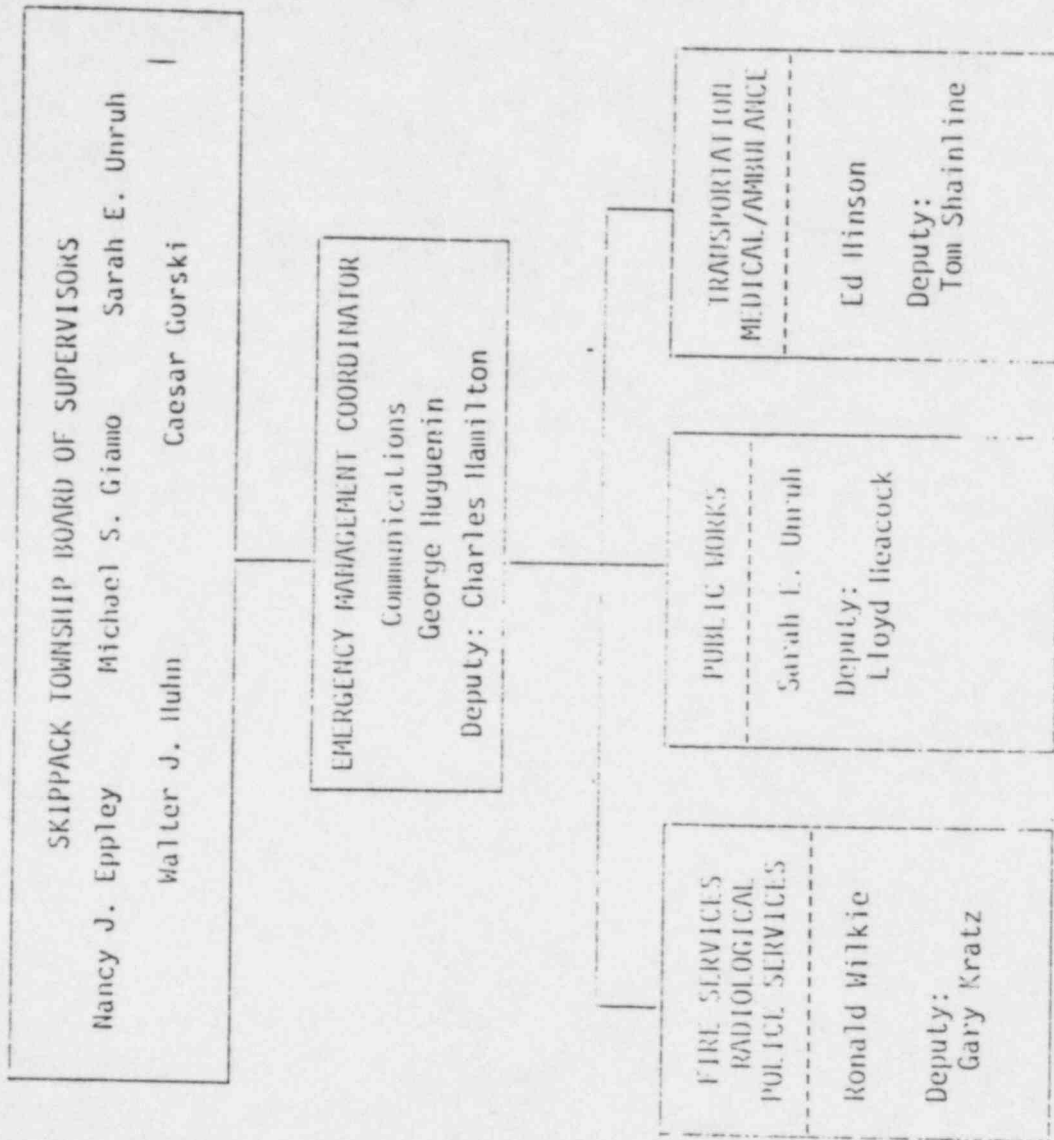
SKIPPACK TOWNSHIP  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/9/84

SKIPPACK TOWNSHIP EMERGENCY ORGANIZATIONAL CHART



EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. Nancy J. Eppley Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
  - b. Michael S. Glamo Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
  - c. Sarah E. Unruh Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
  - d. Walter J. Huhn Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
  - e. Caesar Gorski Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
2. Coordinator George Huguenin Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
   
Deputy Charles Hamilton Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
3. Fire/Rescue Officer Ronald Wilkie Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
   
Deputy Garv Kratz Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
4. Transportation Officer Ed Hinson Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
   
Deputy Tom Shainline Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
5. Public Works Officer Sarah Unruh Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
   
Deputy Lloyd Heacock Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

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

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Revised Draft 6  
11/9/84

ANNEX A

Implementing Procedure

Emergency Management Coordinator\*

Emergency Management Coordinator: George Huyuenin  
Alternate: Charles Hamilton

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

(1) Nancy J. Eppley

Telephone	Time
_____ home _____ office	_____ _____

(2) Michael S. Giamo

_____ home _____ office	_____ _____
----------------------------	----------------

(3) Sarah E. Unruh

_____ home _____ office	_____ _____
----------------------------	----------------

(4) Walter J. Huhn

_____ home _____ office	_____ _____
----------------------------	----------------

(5) Caesar Gorski

_____ home _____ office	_____ _____
----------------------------	----------------

b. Key Staff

(1) Fire Services Officer

Ronald Wilkie

or

Deputy

Gary Kratz

_____ home _____ office	_____ _____
----------------------------	----------------

_____ home _____ office	_____ _____
----------------------------	----------------

(2) Transportation Officer

Ed Hinson

or

_____ home _____ office	_____ _____
----------------------------	----------------

\*On file in EOC.

Deputy  
Tom Shainline

                     home  
                     office

Have key staff report to EOC.                       
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>584-4880/584-9995</u>	<u>                    </u>
b. Ambulance	<u>584-6200</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 (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. 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).

5. Verify that the following have been notified:



		Telephone	Time
a. Major Industries			
(1) Palmers	Ron Feely	9-5	584-4241 office _____
	Special number		584-4623 office _____
			584-0210 _____

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) Bretheran Nursery School	Joyce Hursh	██████████ home	_____
		489-6707 office	_____
(2) Perkiomen Valley Airport	Mr. Jubb	489-6011 office	_____
(3) Evansburg State Park			
	(M-F, 8-4p.m.) Mrs. Thomas	489-3729 office	_____
	after hours Theodore George	489-6976 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 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 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) Fire Department  | <u>584-4880/584-9995</u>   | _____ |
| (2) Ambulance        | <u>534-6200</u>            | _____ |
| (3) Major Industries |                            |       |
| (a) Palmers          |                            |       |
| Ron Feely            | 9-5 <u>584-4241 office</u> | _____ |
|                      | <u>584-4623 office</u>     | _____ |
| Special number       | <u>584-0210</u>            | _____ |

(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  |                               |       |
| (1) Nancy J. Eppley    | <u>          </u> home office | _____ |
| (2) Michael S. Giamo   | <u>          </u> home office | _____ |
| (3) Sarah E. Unruh     | <u>          </u> home office | _____ |
| (4) Walter J. Huhn     | <u>          </u> home office | _____ |
| (5) Caesar Gorski      | <u>          </u> home office | _____ |
| (2) Special Facilities |                               |       |

\*On file in EOC.

(a) Bretheran Nursery School  
Joyce Hursh

 home \_\_\_\_\_  
489-6707 office \_\_\_\_\_

(b) Perkiomen Valley Airport  
Mr. Jubb

489-6011 office \_\_\_\_\_

(c) Evansburg State Park  
(ii-F, 8-4p.m.) Mrs. Thomas  
after hours Theodore George

489-3729 office \_\_\_\_\_  
489-6976 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:

a. Elected Officials

(1) Nancy J. Eppley

Telephone

Time

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Michael S. Giamo

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) Sarah E. Unruh

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Walter J. Huhn

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Caesar Gorski

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire Services Officer  
Ronald Wilkie  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Gary Kratz

\_\_\_\_\_ home  
\_\_\_\_\_ office

\*On file in EOC.

(2) Transportation Officer  
Ed Hinson  
or  
Deputy  
Tom Shainline

                     home  
                                office  
                     home  
                                office

(3) Public Works Officer  
Sarah Unruh  
or  
Deputy  
Lloyd Heacock

                     home  
                                office  
                     home  
                                office

Have key staff report to EOC. \_\_\_\_\_

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>584-4880/584-9995</u>	_____
b. Ambulance	<u>584-6200</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 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.  
\_\_\_\_\_  
(time)
- 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) Palmers	Ron Feely	9-5	584-4241 office _____ 584-4623 office _____ 584-0210 _____
	Special number		

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) Bretheran Nursery School	Joyce Hursh		_____ home _____ 489-6707 office _____
(2) Perkiomen Valley Airport	Mr. Jubb		489-6011 office _____
(3) Evansburg State Park			
	(M-F, 8-4p.m.) Mrs. Thomas		489-3729 office _____
	after hours Theodore George		489-6976 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.
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 at [REDACTED] 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. ([REDACTED])
- \_\_\_\_\_  
(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) Reducation \_\_\_\_\_
16. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the following:
- a. Verification:
- |                      | Telephone                | Time                         |
|----------------------|--------------------------|------------------------------|
| (1) Fire Department  | <u>584-4880/584-9995</u> | _____                        |
| (2) Ambulance        | <u>584-6200</u>          | _____                        |
| (3) Major Industries |                          |                              |
| (a) Palmers          |                          |                              |
| Ron Feely            | 9-5                      | <u>584-4241</u> office _____ |
|                      |                          | <u>584-4623</u> office _____ |
| Special number       |                          | <u>584-0210</u>              |
- (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		
(1) Nancy J. Eppley	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(2) Michael S. Giamo	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(3) Sarah E. Unruh	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(4) Walter J. Huhn	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(5) Caesar Gorski	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(2) Special Facilities		
(a) Bretheran Nursery School Joyce Hursh	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(b) Perkiomen Valley Airport Mr. Jubb	<u>                    </u> office	<u>                    </u>
(c) Evansburg State Park (M-F, 8-4p.m.) Mrs. Thomas after hours Theodore George	<u>                    </u> office <u>                    </u> office	<u>                    </u> <u>                    </u>
(3) Message:		
"This is <u>                    </u> (name/title) <u>                    </u> . The emergency at the Limerick Generating Station has been terminated/reduced to <u>                    </u> ."		

17. Remarks/Actions Taken:

\*On file in EOC.

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) Nancy J. Eppley	_____ home _____ office	_____ _____
(2) Michael S. Giamo	_____ home _____ office	_____ _____
(3) Sarah E. Unruh	_____ home _____ office	_____ _____
(4) Walter J. Huhn	_____ home _____ office	_____ _____
(5) Caesar Gorski	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer Ronald Wilkie or Deputy Gary Kratz	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____
(2) Transportation Officer Ed Hinson	_____ home _____ office	_____ _____

or  
Deputy  
Tom Shainline

home  
office

(3) Public Works Officer  
Sarah Unruh

home  
office

or  
Deputy  
Lloyd Heacock

home  
office

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	584-4880/584-9995	
b. Ambulance	584-6200	
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.

- Activated (time)
  - County Operations Officer notified of EOC activation (time).
  - Communications system checked for operability. (time)
  - Establish EOC security. (time)
  - Monitor Alert and Warning/EBS station KYW 1060 AM. (time)
  - Ensure Route Alert Teams have been mobilized as necessary. (time)
  - Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at (time)
  - Log all messages which provide information or require action. Post pertinent data on the status board.
  - Review fact sheet (Appendix A-1). (time)
5. Ensure that all necessary emergency response personnel have reported to the EOC, where needed, or to pre-assigned location. (time)

ANNEX B

Implementing Procedure

Fire Services\*

Fire Services Officer: Ronald Wilkie  
Alternate: Gary Kratz

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 and police 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-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 and Police Services procedures.

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
81	Route 73 & Route 113	State	2
Skippack 1	Church Road & Route 73	Township	1
Skippack 2	Collegeville Road & Route 73	Township	1
Skippack 3	Evansburg Road & Route 73	Township	1

ANNEX C

Implementing Procedure

Transportation

Transportation Officer: Ed Hinson  
Alternate: Tom Shainline

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 C-1).  
\_\_\_\_\_  
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).  
\_\_\_\_\_  
(time)
  - (a) Notify County Medical Officer 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)
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



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Jonathan Smoyer, Jr.  
Emergency Management Coordinator  
Colebrookdale Township  
R. D. #4, Box 715  
Boyertown, PA 19512

Dear Mr. Smoyer:

Attached you will find five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes in your Emergency Operations Center staff as well as updates the route alerting assignments and resource data.

Please remove the appropriate pages from your plans and procedures and insert the revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Berks County EMA with attachments



COLEBROOKDALE TOWNSHIP  
BERKS COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/9/84

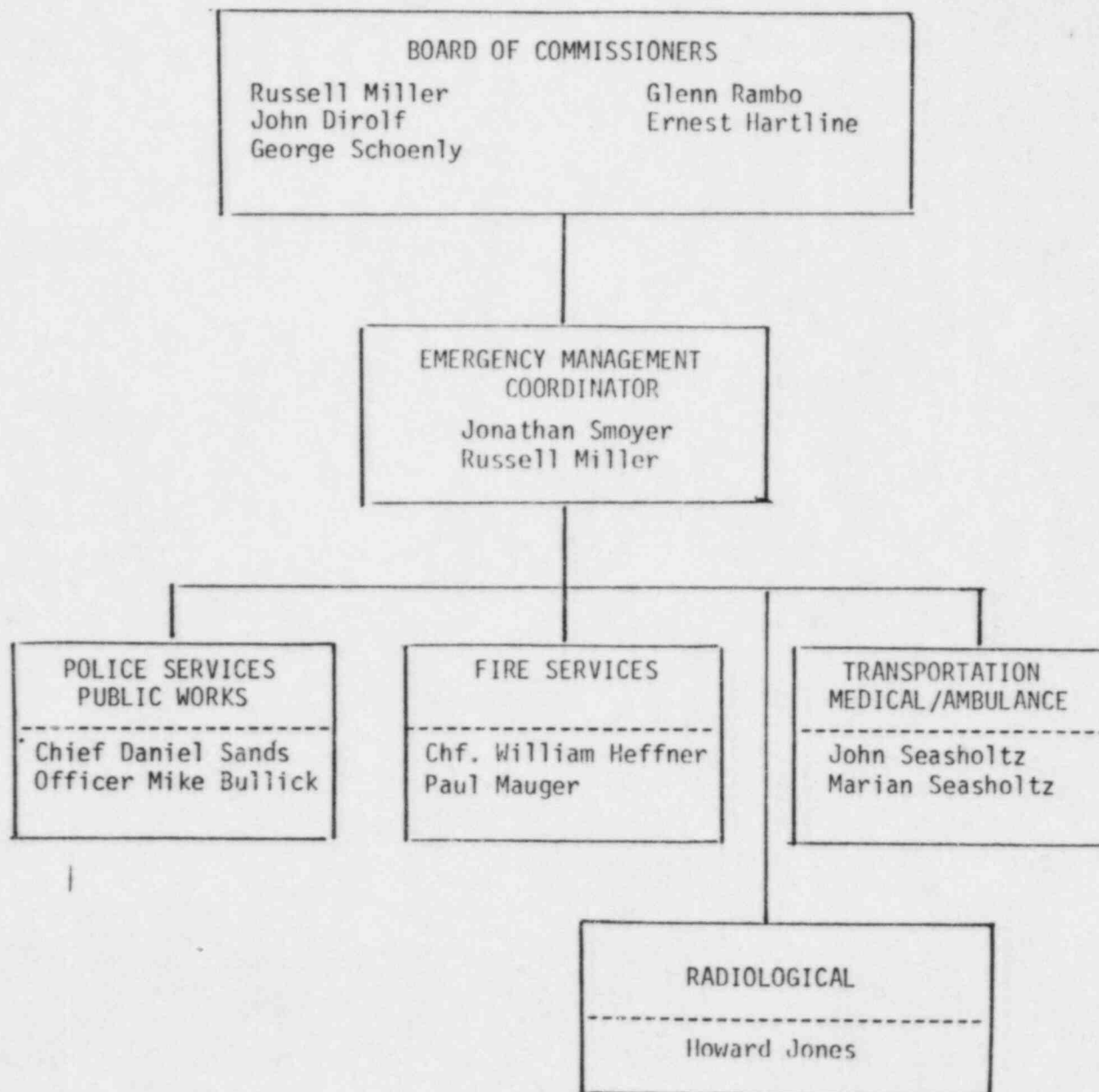
- (a) Maintain current listing of equipment resources.
  - (b) Assist law enforcement in obtaining material for traffic control purposes.
  - (c) When directed by the Board of Commissioners, ensure that municipal roadways are clear.
- (6) Radiological
- (a) Receive, prepare for distribution, and distribute 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 and KI.
- (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 Colebrookdale Township EOC is located at Township Building, R. D. #1, Boyertown, PA. 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.



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 WHUM 1420 AM."

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

| Sector No. 16-A Alert Team: Keystone Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

Transient Location: \_\_\_\_\_ (TBD)

Hearing Impaired Individuals\*:

| Sector No. 16-B Alert Team: Keystone Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

Transient Location: \_\_\_\_\_ (TBD)

Hearing Impaired Individuals\*:

| Sector No. 17-C Alert Team: Liberty Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

\*There are 8 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. 17-D Alert Team: Liberty Fire Department

Leader: \*\* \_\_\_\_\_

Assistant: \*\* \_\_\_\_\_

Transient Location: \_\_\_\_\_ (TBD)

Hearing Impaired Individuals\*:

| Sector No. 17-E Alert Team: Liberty Fire Department

Leader: \*\* \_\_\_\_\_

Assistant: \*\* \_\_\_\_\_

Transient Location: \_\_\_\_\_ (TBD)

Hearing Impaired Individuals\*:

| Sector No. 17-F Alert Team: Liberty Fire Department

Leader: \*\* \_\_\_\_\_

Assistant: \*\* \_\_\_\_\_

Transient Location: \_\_\_\_\_ (TBD)

Hearing Impaired Individuals\*:

\*There are 8 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.

EMERGENCY NOTIFICATION LIST\*

- |    |                         |                              |  |
|----|-------------------------|------------------------------|--|
| 1. | Elected Officials       |                              |  |
|    | a. Russell Miller       |                              | Home Phone: _____<br>Business Phone: _____ |
|    | b. John Dirolf          |                              | Home Phone: _____<br>Business Phone: _____ |
|    | c. George Schoenly      |                              | Home Phone: _____<br>Business Phone: _____ |
|    | d. Glenn Rambo          |                              | Home Phone: _____<br>Business Phone: _____ |
|    | e. Ernest Hartline      |                              | Home Phone: _____<br>Business Phone: _____ |
| 2. | Coordinator             | <u>Jonathan Smoyer</u>       | Home Phone: _____<br>Business Phone: _____ |
|    | Deputy                  | <u>Russel Miller</u>         | Home Phone: _____<br>Business Phone: _____ |
| 3. | Police Services Officer | <u>Chief Daniel Sands</u>    | Home Phone: _____<br>Business Phone: _____ |
|    | Deputy                  | <u>Chief Mike Bullick</u>    | Home Phone: _____<br>Business Phone: _____ |
| 4. | Fire/Rescue Officer     | <u>Chief William Heffner</u> | Home Phone: _____<br>Business Phone: _____ |
|    | Deputy                  | <u>Paul Mauger</u>           | Home Phone: _____<br>Business Phone: _____ |
| 5. | Transportation Officer  | <u>John Seasholtz</u>        | Home Phone: _____<br>Business Phone: _____ |
|    | Deputy                  | <u>Marian Seasholtz</u>      | Home Phone: _____<br>Business Phone: _____ |
| 6. | Radiological Officer    | <u>Howard Jones</u>          | Home Phone: _____<br>Business Phone: _____ |

\*These numbers are maintained in the Municipal EOC and updated quarterly.

EMERGENCY WORKER DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
1 Colebrookdale Township EOC	16
Township Building	
R. D. #1	
Boyertown, PA	
B. Fire Company	
Liberty Fire Company	40
930 North Reading Avenue	
New Berlinville, PA	
C. Police Department	
Colebrookdale Township Police Dept.	4
Township Building	
R. D. #1	
Boyertown, PA	
D. Public Works	5
1 Total Units of Dosimetry-KI Required	65



CONSOLIDATED RESOURCE LIST

	TOTAL REQUIRED	LOCALLY AVAILABLE	UNMET NEED
A. <u>VEHICLES</u>			
1. Buses <sup>1</sup>	1 <sup>2</sup>	0	1
2. Ambulances	3	0	3
3. Vehicles with Loudspeakers	6	6	0
4. Other	0	0	0
B. <u>PERSONNEL</u>			
1. Route Alerting	12	12	0
2. Transportation	1	1	0
3. TCP	3	3	0
4. Special Assistance	5	5	0
5. Ambulance	3	3	0
6. RACES	2	0	2
7. Other	0	0	0
C. <u>EQUIPMENT</u>			
1. Communications (by type)	Telephones: 3 RACES: 1	Telephones: 3 RACES: 0	Telephones: 0 RACES: 1
2. Traffic Control	0	0	0
3. Other	0	0	0

<sup>1</sup>Resource planning for buses excludes those required for evacuation of schools.

<sup>2</sup>Based upon an estimate of 40 persons/bus.

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

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/9/84

## IMPLEMENTING PROCEDURES

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ANNEX A

Implementing Procedure

Emergency Management Coordinator\*

Emergency Management Coordinator: Jonathan Smoyer  
Alternate: Russell Miller

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

Time

(1) Russell Miller, President

\_\_\_\_\_ home

\_\_\_\_\_

(2) John Dirolf

\_\_\_\_\_ home

\_\_\_\_\_

(3) George Schoenly

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(4) Glenn Rambo

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(5) Ernest Hartline

\_\_\_\_\_ home

\_\_\_\_\_

b. Key Staff

(1) Police Services Officer  
Chief Daniel Sands  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

Deputy  
Officer Mike Bullick

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(2) Fire Services Officer  
Chief William Heffner  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

Deputy  
Paul Mauger

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(3) Transportation Officer  
John Seasholtz  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

Deputy  
Marian Seasholtz

                     home  
                     office

(4) Radiological Officer  
Howard Jones  
or

                     home  
                     office

Deputy

Have key staff report to EOC.                     

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-5550</u>	<u>                    </u>
b. Fire Department	<u>367-2500</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 (EOC).

- a. Activated                       
(time)
- b. County Municipal Liaison notified of EOC activation  
(                    ).                       
(time)
- c. Check communication systems for operability.                       
(time)
- d. Establish EOC security.                       
(time)
- e. Monitor EBS station WHUM 1240 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 a response. Post pertinent information on status board.
- j. Review fact sheet (Appendix A-1).                       
(time)

5. Verify that the following have been notified:



a. Schools

Telephone

Time

Colebrookdale Elementary Ruth Webster  
Principal

home \_\_\_\_\_  
367-6031 office \_\_\_\_\_

Montessori Academy of Pennsylvania  
Barbara Broadbent  
Administrator

home \_\_\_\_\_  
367-0286 office \_\_\_\_\_

b. Major Industries

Boyertown Packing Dan Sautter  
Plant Engineer

367-2991 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

Time

a. Special Facilities

(1) St. Columbkille's Church Day Care

367-5975 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 contact the County RACES base upon arrival at the  
Municipal EOC. \_\_\_\_\_

(time)

8. Report all unmet needs to the County Municipal Liaison (\_\_\_\_\_) \_\_\_\_\_

(time)

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

a. Police Department 367-5550 \_\_\_\_\_

b. Fire Department 367-2500 \_\_\_\_\_

(3) Schools

Colebrookdale Elementary

Ruth Webster home \_\_\_\_\_  
Principal 367-6031 office \_\_\_\_\_

Montessori Academy of Pennsylvania

Barbara Broadbent home \_\_\_\_\_  
Administrator 367-0286 office \_\_\_\_\_

(4) Major Industries

Boyertown Packing Dan Sautter 367-2991 office \_\_\_\_\_  
Plant Engineer

(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 or reduced to Unusual Event."

b. Notification:

(1) Elected Officials

Telephone Time

(a) Russell Miller, President \_\_\_\_\_ home \_\_\_\_\_

(b) John Dirolf \_\_\_\_\_ home \_\_\_\_\_

(c) George Schoenly \_\_\_\_\_ home \_\_\_\_\_  
office \_\_\_\_\_

(d) Glenn Rambo \_\_\_\_\_ home \_\_\_\_\_  
office \_\_\_\_\_

(e) Ernest Hartline \_\_\_\_\_ home \_\_\_\_\_

(2) Special Facilities

Telephone      Time

(a) St. Columbkille's Church Day Care 367-5975 office \_\_\_\_\_

(3) Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. The emergency at the  
Limerick Generating Station has been terminated or 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:

a. Elected Officials

Telephone

Time

(1) Russell Miller, President

\_\_\_\_\_ home \_\_\_\_\_

(2) John Dirolf

\_\_\_\_\_ home \_\_\_\_\_

(3) George Schoenly

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

(4) Glenn Rambo

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

(5) Ernest Hartline

\_\_\_\_\_ home \_\_\_\_\_

b. Key Staff

(1) Police Services Officer  
Chief Daniel Sands  
or

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

Deputy  
Officer Mike Bullick

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

(2) Fire Services Officer  
Chief William Heffner  
or

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

Deputy  
Paul Mauger

\_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ office \_\_\_\_\_

(3) Transportation Officer  
John Seasholtz  
or  
Deputy  
Marian Seasholtz

home  
office

home  
office

(4) Radiological Officer  
Howard Jones  
or  
Deputy

home  
office

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

a. Police Department

Telephone

Time

367-5550

b. Fire Department

367-2500

c. Verification Message:

"This is (name). 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 notified of EOC activation

( )

(time)

c. Communications system checked for operability.

(time)

d. Establish EOC security.

(time)

e. Monitor EBS station WHUM 1240 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.

(time)

i. Verify the County has assigned a RACES unit to the Municipal EOC.

(time)

- j. Log all incoming messages that provide information or require action. Post pertinent information on 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. \_\_\_\_\_  
(time)
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			
	Colebrookdale Elementary	Ruth Webster Principal	home _____ 367-6031 office _____
	Montessori Academy of Pennsylvania	Barbara Broadbent Administrator	home _____ 367-0286 office _____
b. Major Industries			
	Boyertown Packing	Dan Sautter Plant Engineer	367-2991 office _____
c. Verification Message:	<p>"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."</p>		

8. Notify the following:

	Telephone	Time
a. Special Facilities		
	(1) St. Columbkil's Church Day Care	367-5975 office _____
b. Message:	<p>"This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)</p>	

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to you. Report all unmet needs to the County Municipal Liaison (\_\_\_\_). \_\_\_\_\_  
(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 Municipal Liaison are aware of any problem areas. \_\_\_\_\_  
(time)
12. Ensure RACES operator contacts the County RACES base upon arrival at 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>367-5550</u>	_____
(2) Fire Department	<u>367-2500</u>	_____
(3) Schools		
Colebrookdale Elementary		
Ruth Webster Principal	<u>367-6031</u>	home _____ office _____
Montessori Academy of Pennsylvania		
Barbara Broadbent Administrator	<u>367-0286</u>	home _____ office _____

(4) Major Industries

Boyertown Packing

Dan Sautter  
Plant Engineer

367-2991 office

(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

(1) Elected Officials

Telephone

Time

(a) Russell Miller, President

home

(b) John Dirolf

home

(c) George Schoenly

home  
office

(d) Glenn Rambo

home  
office

(e) Ernest Hartline

home

(2) Special Facilities

(a) St. Columbkille's Church Day Care

367-5975 office

(3) Message:

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

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) Russell Miller, President	_____ home	_____
(2) John Dirolf	_____ home	_____
(3) George Schoenly	_____ home _____ office	_____ _____
(4) Glenn Rambo	_____ home _____ office	_____ _____
(5) Ernest Hartline	_____ home	_____
b. Key Staff		
(1) Police Services Officer	_____ home	_____
Chief Daniel Sands	_____ office	_____
or		
Deputy	_____ home	_____
Officer Mike Bullick	_____ office	_____
(2) Fire Services Officer	_____ home	_____
Chief William Heffner	_____ office	_____
or		
Deputy	_____ home	_____
Paul Mauger	_____ office	_____

(3) Transportation Officer  
John Seasholtz  
or

Deputy  
Marian Seasholtz

(4) Radiological Officer  
Howard Jones  
or

Deputy

                     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

367-5550

b. Fire Department

367-2500

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 notified of EOC activation

(                    ).

(time)

c. Communications system checked for operability. \_\_\_\_\_

(time)

d. Establish EOC security. \_\_\_\_\_

(time)

e. Monitor EBS station WHUM 1240 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.

(time)

h. Log all incoming messages that provide information or require action. Post all pertinent information on status board.

i. Review fact sheet (Appendix A-1). \_\_\_\_\_

(time)

5. 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			
	Colebrookdale Elementary	Ruth Webster Principal	home _____ 367-6031 office _____
	Montessori Academy of Pennsylvania	Barbara Broadbent Administrator	home _____ 367-0286 office _____
b. Major Industries			
	Boyertown Packing	Dan Sautter Plant Engineer	367-2991 office _____
c. Verification Message:			
	"This is _____ (name) . 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) St. Columbkil's Church Day Care	367-5975 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 you. Report all unmet needs to the County Municipal Liaison (\_\_\_\_\_) . \_\_\_\_\_

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 Municipal Liaison are aware of any problem areas. \_\_\_\_\_  
(time)
11. Ensure RACES operator contacts the County RACES based 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)
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. \_\_\_\_\_  
(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 Municipal Liaison of any additional unmet needs (\_\_\_\_). \_\_\_\_\_  
(time)
    - (1) \_\_\_\_\_
    - (2) \_\_\_\_\_
    - (3) \_\_\_\_\_
  - g. Monitor evacuation process and report any problem areas to the County Municipal Liaison (\_\_\_\_). \_\_\_\_\_  
(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  
ne  
Time

(1) Police Department \_\_\_\_\_

(2) Fire Department \_\_\_\_\_

(3) Schools \_\_\_\_\_

Colebrookdale Elementary

Ruth Webster  
Principal \_\_\_\_\_ home  
367-6031 office \_\_\_\_\_

Montessori Academy of Pennsylvania

Barbara Broadbent  
Administrator \_\_\_\_\_ home  
367-0286 office \_\_\_\_\_

(4) Major Industries

Boyertown Packing Dan Sautter  
Plant Engineer 367-2991 office \_\_\_\_\_

(5) Verification Message:

"This is \_\_\_\_\_ (name) . 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

(a) Russell Miller, President \_\_\_\_\_ home \_\_\_\_\_

home                     

                     home  
office

                     home  
office                     

                     home                     

367-5975 office

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

- c. Notify Berks County upon your arrival at alternate EOC. \_\_\_\_\_  
(time)

## 17. Remarks/Actions Taken:

ANNEX B

Implementing Procedure

Police Services\*

Police Services Officer: Chief Daniel Sands  
Alternate: Officer Mike Bullick

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.



ANNEX C

Implementing Procedure

Fire Services

Fire Services Officer: Chief William Heffner

Alternate: Paul Mauger

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. 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:

## 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. 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. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - d. Review remaining emergency procedures in the event of escalation.
  - e. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. Upon completion, collect dosimeters, unused KI and forms from emergency workers and return to Radiological Officer. \_\_\_\_\_  
(time)
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. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(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 Municipal EMC. \_\_\_\_\_  
(time)
  - e. 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. Inform County EOC upon completion of all route alerting in municipality. \_\_\_\_\_  
(time)
  - c. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Bally Fire Department. \_\_\_\_\_  
(time)  
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Oley Valley High School.
  - d. Relocate to alternate EOC.
3. Upon completion, collect dosimeters, unused KI and forms from emergency workers and return to Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken: \_\_\_\_\_  
\_\_\_\_\_

ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: John Seasholtz  
Alternate: Marian Seasholtz

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).
  - a. Notify Municipal EMC of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_ (time)
4. Review remaining emergency 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 procedures has been modified to include Medical/Ambulance procedures.

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.

ANNEX E  
Implementing Procedure  
Radiological

Radiological Officer: Howard Jones  
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EOC. \_\_\_\_\_  
(time)
2. Upon delivery from the County, Inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix E-2). Report unmet needs to your coordinator. \_\_\_\_\_  
(time)
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:

## Radiological

### SITE EMERGENCY

The Radiological Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Upon delivery from the County, Inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix E-2). Report unmet needs to your coordinator. \_\_\_\_\_  
(time)
  - c. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Distribute dosimeters/KI to municipal emergency workers (reference Appendix E-1) and EOC staff; obtain a signed receipt (reference Appendix E-3). \_\_\_\_\_  
(time)
  - b. Review remaining emergency procedures in the event of escalation.
  - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, collect dosimeters/KI and forms from emergency workers, inventory, and prepare for return to County EOC.. \_\_\_\_\_  
(time)

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:



## Radiological

### GENERAL EMERGENCY

The Radiological Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
    - a. Report to the EOC. \_\_\_\_\_  
(time)
    - b. Upon delivery from the County, Inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix E-2). Report unmet needs to your coordinator. \_\_\_\_\_  
(time)
    - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix E-1) and EOC staff; obtain a signed receipt (reference, Appendix E-3). \_\_\_\_\_  
(time)
    - d. Proceed to Step 2.
  2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
    - a. Relocate to alternate EOC after population has departed. \_\_\_\_\_  
(time)
  3. Upon termination of emergency, collect dosimeters/KI and forms from emergency workers, inventory, and prepare for return to County EOC. \_\_\_\_\_  
(time)
- NOTE: All dosimeters will be returned to the County.
4. Remarks/Actions Taken:



# ENERGY CONSULTANTS

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

November 29, 1984

Mr. Fred Hurlock  
Emergency Management Coordinator  
Warwick Township  
Box 51  
St. Peters, PA 19470

Dear Mr. Hurlock:

Attached you will find five (5) copies of change pages to the Warwick Township Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans and procedures and insert the revised pages.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Chester County DES with attachments  
Ron Ewing, Board of Supervisors

WARWICK TOWNSHIP  
CHESTER COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

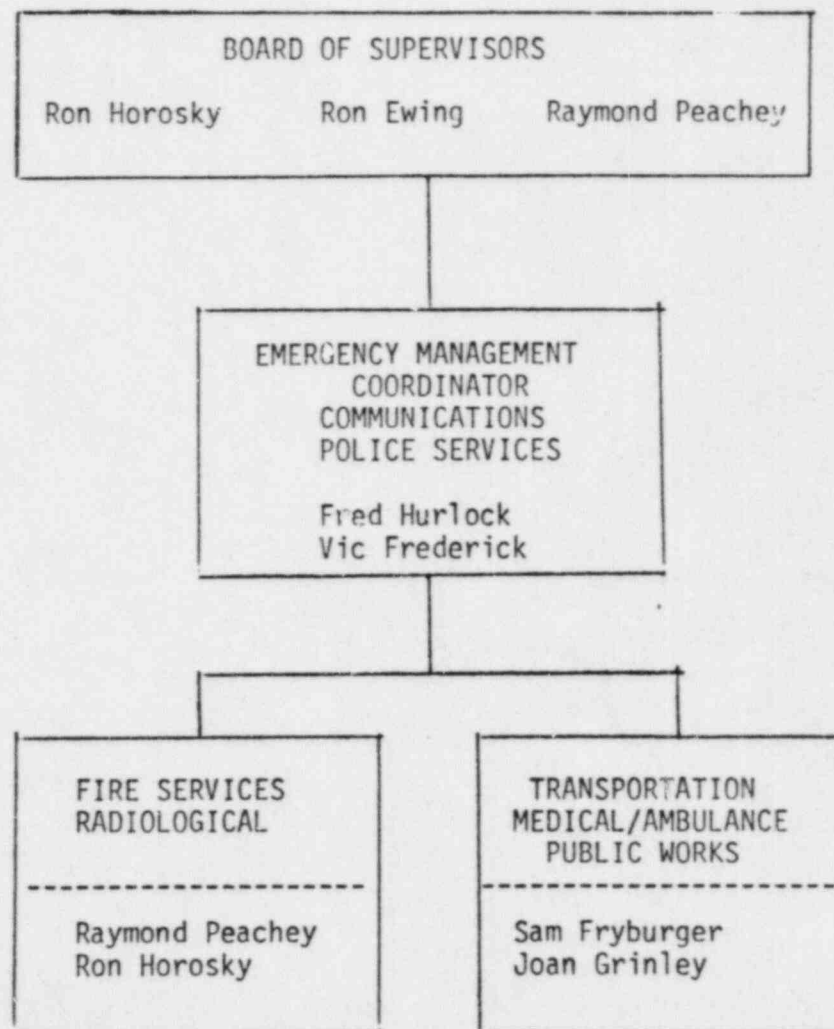
SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

WARWICK TOWNSHIP EMERGENCY ORGANIZATIONAL CHART

Attachment B



B-1

Draft 6  
Revised 11/15/84

EMERGENCY NOTIFICATION LIST

## 1. Elected Officials

a. Ron Horosky

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

b. Ron Ewing

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

c. Raymond Peachey

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

## 2. Deputy Coordinator Vic Frederick

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

## 3. Fire/Rescue Officer Raymond Peachey

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Deputy Ron Horosky

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

## 4. Transportation Officer Sam Fryburger

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Deputy Joan Grinley

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84





b. Ambulance (Elverson)

296-5909

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 DES Municipal Liaison Officer notified of EOC activation.  
(431-6160)

(time)

c. Check communication systems 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 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 Rate Alert Teams have been dispatched.

(Time)

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

(time)

j. Verify the County has designed an ARES unit to the EOC.

(time)

k. Review fact sheet (Appendix A-2).

(time)

5. Verify that the following have been notified:

a. Schools

Telephone

Time

Warwick Elementary

Harry Hess  
Principal

469-9280 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:

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) Ron Ewing	 home office	_____
(2) Ron Horosky	 home office	_____
(3) Raymond Peachey	 home office	_____
b. Key Staff		
(1) Fire Services Officer Raymond Peachey or Deputy Ron Horosky	 home  home	_____ _____
(2) Transportation Officer Sam Fayburger or Deputy Joan Grinley	 home  home	_____ _____

Have key staff report to EOC. \_\_\_\_\_  
(time)

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: \_\_\_\_\_



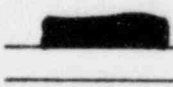




b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Ron Ewing	 home office	_____ _____
(2) Ron Horosky	 home office	_____ _____
(3) Raymond Peachey	 home office	_____ _____
b. Key Staff		
(1) Fire Services Officer Raymond Peachey or Deputy Ron Horosky	 home  home	_____ _____
(2) Transportation Officer Sam Fayburger or Deputy Joan Grinley	 home  home	_____ _____

Have key staff report to EOC. \_\_\_\_\_  
(time)

ANNEX B

Implementing Procedure

Fire Services\*

Fire Services Officer: Raymond Frachey  
Alternate: Ron Horosky

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. \_\_\_\_\_
4. Inventory dosimeters/KI and prepare for distribution. If applicable, 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)
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.

ANNEX C

Implementing Procedure

Transportation\*

Transportation Officer: Sam Fryburger  
Alternate: Joan Grinley

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 C-1).  
\_\_\_\_\_  
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). \_\_\_\_\_  

(time)

  - a. Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(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 and Public Works procedures.



# ENERGY CONSULTANTS

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

November 28, 1984

Ms. Florence S. Francis  
Secretary  
East Vincent Township  
55 Ridge Road  
Spring City, PA 19475

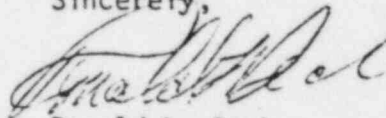
Dear Ms. Francis:

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the current status of your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,



Ronald L. Deck

RLD/dlt

cc: Chester County DES with attachments



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

—  
SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



ANNEX A

Implementing Procedure

Emergency Management Coordinator

Emergency Management Coordinator: Col. Ray Gunther  
Alternate: Gary Kirby, Sr.

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:

	Telephone	Time
a. Elected Officials		
(1) Everett H. Wilson	 home office	_____ _____
(2) Charles E. Pancoast	 home office	_____ _____
(3) James L. Giatras	 home office	_____ _____
b. Key Staff		
(1) Police Services Officer Chief Richard Weiss or Deputy Emery Tiney	 home office  home office	_____ _____ _____ _____
(2) Fire Services Officer James Giatras or Deputy Carol Kirby	 home office  home office	_____ _____ _____ _____
(3) Transportation Officer Everett Wilson or	 home office	_____ _____

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

Deputy  
John Slaga

                     home  
                     office

Have key staff report to EOC.                       
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-2440</u>	<u>                    </u>
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."

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

- a. Activated                       
(time)
- b. County Municipal Liaison Officer notified of EOC activation (431-6160).                       
(time)
- c. Check communication systems 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 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 messages that provide information or require action. Post pertinent data on status board.
- j. Review fact sheet (Appendix A-1).                       
(time)

5. Verify that the following have been notified:

	Telephone	Time
a. School		
(1) East Vincent Elementary School		
Kenneth J. Swart	<u>469-9235</u> office	<u>                    </u>
(2) St. Joseph's Kindergarten	<u>948-3557</u> office	<u>                    </u>



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) Everett H. Wilson	 home office	_____ _____
(2) Charles E. Pancoast	 home office	_____ _____
(3) James L. Giatras	 home office	_____ _____
b. Key Staff		
(1) Police Services Officer Chief Richard Weiss or Deputy Emery Tiney	 home office  home office	_____ _____ _____ _____
(2) Fire Services Officer James Giatras or Deputy Carol Kirby	 home office  home office	_____ _____ _____ _____
(3) Transportation Officer Everett Wilson	 home office	_____ _____

or  
Deputy  
John Slaga

 home  
office

Have key staff report to EOC. \_\_\_\_\_

(time)

3. Verify that the following have been notified:

a. Police Department

Telephone  
935-2440

Time  
\_\_\_\_\_

b. 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 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 \_\_\_\_\_

(time)

i. Log all messages that provide information or require action. Post pertinent data on status board. \_\_\_\_\_

(time)

j. Review fact sheet (Appendix A-1). \_\_\_\_\_

(time)

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

(time)

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. School		
(1) East Vincent Elementary School		
Kenneth J. Swart	469-9235 office	
(2) St. Joseph's Kindergarten	948-3557 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) Vincent Heights	948-6602 office	
(2) Park Springs	home	
	office	
(3) Kimberton Farms	home	
<u>name/title</u>	933-3635 office	
(4) Grace Assembly Day Care	495-5279 office	
<u>name/title</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 Public Works Officer (431-6160) are aware of any problem areas. (time)
12. Ensure ARES operator contacts the County ARES base upon arrival at Municipal EOC. (time)





(2) Special Facilities

(a) Vincent Heights		948-6602 office	_____
(b) Park Springs		_____ home	_____
		_____ office	_____
(c) Kimberton Farms	_____	_____ home	_____
	name/title	933-3635 office	_____
(d) Grace Assembly			
Day Care	_____	495-3557 office	_____
	name/title		

(3) Message:

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

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: \_\_\_\_\_



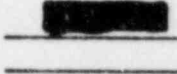
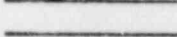


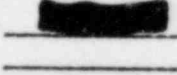
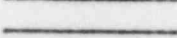

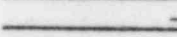


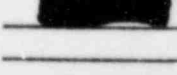
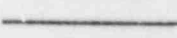


c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Everett H. Wilson	 home  office	_____ _____
(2) Charles E. Pancoast	 home  office	_____ _____
(3) James L. Giatras	 home  office	_____ _____
b. Key Staff		
(1) Police Services Officer Chief Richard Weiss or Deputy Emery Tiney	 home  office  home  office	_____ _____ _____ _____
(2) Fire Services Officer James Giatras or Deputy Carol Kirby	 home  office  home  office	_____ _____ _____ _____
(3) Transportation Officer Everett Wilson	 home  office	_____ _____

or  
Deputy  
John Slaga

                     home  
                     office

Have key staff report to EOC.                       
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-2440</u>	<u>                    </u>
b. Verification Message:		
"This is <u>                    </u> (name/title) <u>                    </u> . 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 <u>                    </u> ."		

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

a. Activated	<u>                    </u> (time)	
b. County Municipal Liaison Officer notified of EOC activation (431-6160).	<u>                    </u> (time)	
c. Communications system checked 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. Log all messages which provide information or require action. Post pertinent data on school board.		
h. Review fact sheet (Appendix A-1).	<u>                    </u> (time)	

5. 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. School	<u>                    </u>	<u>                    </u>
(1) East Vincent Elementary School Kenneth J. Swart	<u>469-9235</u> office	<u>                    </u>
(2) St. Joseph's Kindergarten	<u>948-3557</u> office	<u>                    </u>
b. Verification Message:		



- 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)

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. \_\_\_\_\_  
(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 Municipal Liaison Officer of any additional unmet needs (431-6160). \_\_\_\_\_  
(time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_
- g. 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	935-2440	_____
(2) School		
(a) East Vincent Elementary School		
Kenneth J. Swart	469-9235 office	_____
(b) St. Joseph's Kindergarten	948-3557 office	_____
(3) Verification Message:		
<p>"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 _____."</p>		

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Everett H. Wilson	_____ home	_____
	_____ office	_____
(b) Charles E. Pancoast	_____ home	_____
	_____ office	_____
(c) James L. Giatras	_____ home	_____
	_____ office	_____
(2) Special Facilities		
(a) Vincent Heights	948-6602 office	_____
(b) Park Springs	_____ home	_____
	_____ office	_____
(c) Kimberton Farms	_____ home	_____
	name/title 933-3635 office	_____
(d) Grace Assembly Day	495-5279 office	_____
Care	name/title	_____
(3) Message:		
<p>"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." Provide instructions as appropriate.</p>		

16. If the EOC must be evacuated:

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



ANNEX B

Implementing Procedure

Police Services\*

Police Services Officer: Chief Richard Weiss

Alternate: Emery Tiney

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.

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: James Giatras

Alternate: Carol Kirby

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; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-3). Report unmet needs to the 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 C-3). Report unmet needs to the County Radiological Officer.  
\_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-2); obtain a signed receipt (reference Appendix C-4).  
\_\_\_\_\_  
(time)
  - b. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - c. 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)
4. Remarks/Actions Taken:

EAST VINCENT TOWNSHIP  
CHESTER COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

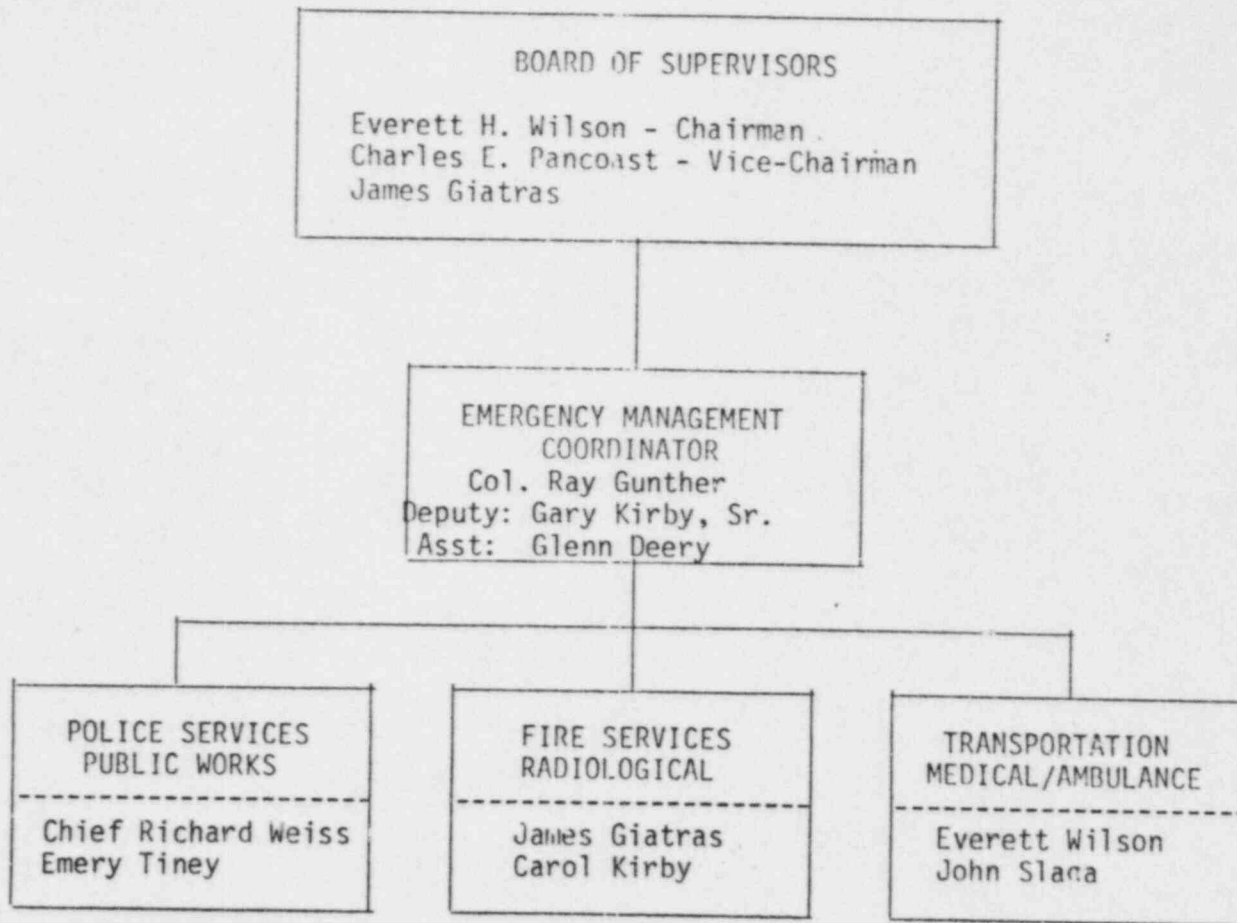
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Draft 6  
Revised 11/15/84

EMERGENCY NOTIFICATION LIST

1. Elected Officials
  - a. Everett H. Wilson - Chairman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - b. Charles E. Pancoast - Vice-Chairman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - c. James Giatras Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
2. Coordinator Col. Ray Gunther Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Deputy Gary Kirby, Sr. Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Assistant Glenn Deery Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
3. Police Services Chief Richard Weiss Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_  
Deputy Emery Tiney Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
4. Fire/Rescue Officer James Giatras Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Deputy Carol Kirby Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
5. Transportation Officer Everett Wilson Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Deputy John Slaga Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Note: These numbers are on file in the Municipal EOC and updated quarterly.







# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Melvin Guest  
Emergency Management Coordinator  
North Coventry Township  
873 South Hanover Street  
Pottstown, PA 19464

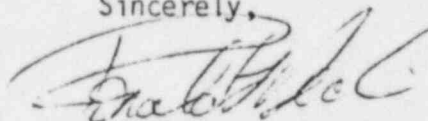
Dear Mr. Guest:

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,



Ronald L. Deck

RLD/dlt

cc: Chester County DES with attachments

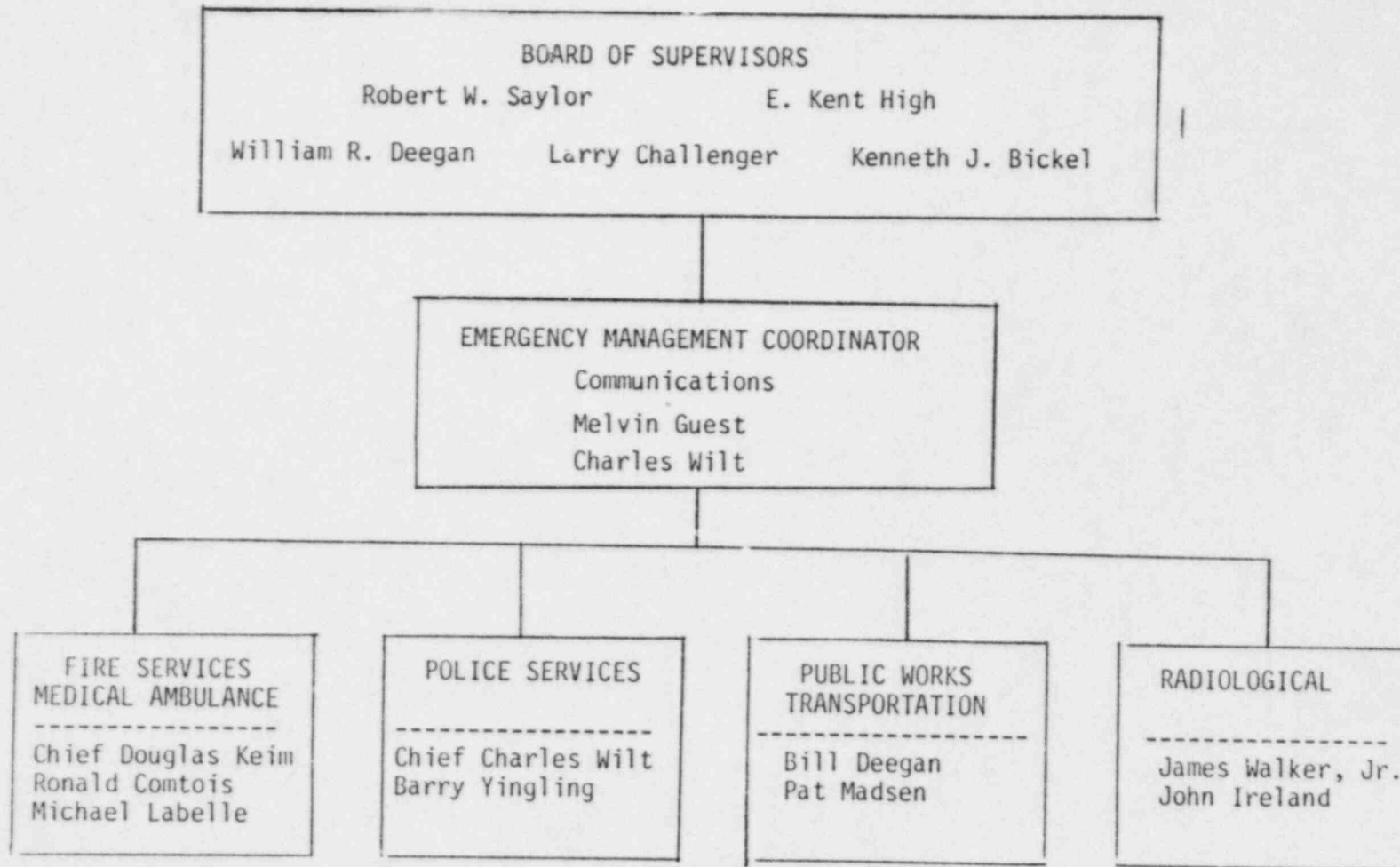


NORTH COVENTRY TOWNSHIP  
CHESTER COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



EMERGENCY NOTIFICATION LIST

- |    |                         |                   |  |
|----|-------------------------|-------------------|--|
| 1. | Elected Officials       |                   |  |
|    | a. Robert W. Saylor     |                   | Home Phone: _____<br>Bus. Phone: _____ |
|    | b. E. Kent High         |                   | Home Phone: _____<br>Bus. Phone: _____ |
|    | c. William R. Deegan    |                   | Home Phone: _____<br>Bus. Phone: _____ |
|    | d. Larry Challenger     |                   | Home Phone: _____<br>Bus. Phone: _____ |
|    | e. Kenneth J. Bickel    |                   | Home Phone: _____<br>Bus. Phone: _____ |
| 2. | Coordinator             | Melvin Guest      | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | Charles Wilt      | Home Phone: _____<br>Bus. Phone: _____ |
| 3. | Police Services Officer | Charles Wilt      | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | Barry Yingling    | Home Phone: _____<br>Bus. Phone: _____ |
| 4. | Fire/Rescue Officer     | Douglas Keim      | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | Ronald Comtols    | Home Phone: _____<br>Bus. Phone: _____ |
|    |                         | Michael Labelle   | Home Phone: _____<br>Bus. Phone: _____ |
| 5. | Transportation Officer  | Bill Deegan       | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | Pat Madsen        | Home Phone: _____<br>Bus. Phone: _____ |
| 6. | Radiological Officer    | James Walker, Jr. | Home Phone: _____<br>Bus. Phone: _____ |
|    | Deputy                  | John Ireland      | Home Phone: _____<br>Bus. Phone: _____ |

NOTE: These numbers are maintained in the Municipal EOC and are updated quarterly.

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Robert Saylor	_____ home _____ office	_____ _____
(2) E. Kent High	_____ home _____ office	_____ _____
(3) William R. Deegan	_____ home _____ office	_____ _____
(4) Larry Challenger	_____ home _____ office	_____ _____
(5) Kenneth J. Bickel	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Services Officer Charles Wilt or Deputy Barry Yingling	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____
(2) Fire Services Officer Doug Keim or Deputy Ronald Comtois or Michael Labelle	_____ home _____ office   Fire Board  Fire Board	_____ _____   _____ _____

(3) Transportation Officer  
Bill Deegon  
or  
Deputy  
Pat Madsen

home office  
home office

(4) Radiological Officer  
James S. Walker, Jr.  
or  
Deputy  
John Ireland

home office  
home office

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	323-8360	
b. Fire Department	323-3263	
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 Municipal Liaison Officer notified of EOC activation. (431-6160) (time)
- c. Check communication systems 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 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 the status board. (time)

Implementing Procedure  
Emergency Management Coordinator








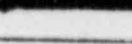
SITE EMERGENCY

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) Robert Saylor	 home office	_____ _____
(2) E. Kent High	 home office	_____ _____
(3) William R. Deegan	 home office	_____ _____
(4) Larry Challenger	 home office	_____ _____
(5) Kenneth J. Bickel	 home office	_____ _____
b. Key Staff		
(1) Police Services Officer Charles Wilt or Deputy Barry Yingling	 home office  home office	_____ _____ _____ _____
(2) Fire Services Officer Doug Keim	 home office	_____ _____



or		
Deputy		
Ronald Comtois	Fire Board	_____
or		
Michael Labelle	Fire Board	_____
(3) Transportation Officer	_____ home	_____
Bill Deegan	_____ office	_____
or		
Deputy	_____ home	_____
Pat Madsen	_____ office	_____
(4) Radiological Officer	_____ home	_____
James S. Walker, Jr.	_____ office	_____
or		
Deputy	_____ home	_____
John Ireland	_____ office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	323-8360	_____
b. Fire Department	323-3263	_____
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 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.  
\_\_\_\_\_  
(time)

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

(1) Robert Saylor

Telephone

Time

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) E. Kent High

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) William R. Deegan

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Larry Challenger

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Kenneth J. Bickel

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Police Services Officer  
Charles Wilt  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

Deputy  
Barry Yingling

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Fire Services Officer  
Doug Keim

\_\_\_\_\_ home  
\_\_\_\_\_ office

or  
Deputy  
Ronald Comtois  
or  
Michael Labelle

Fire Board

Fire Board

(3) Transportation Officer  
Bill Deegan

or

Deputy  
Pat Madsen

home  
office

home  
office

(4) Radiological Officer  
James S. Walker, Jr.

or

Deputy  
John Ireland

home  
office

home  
office

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	323-8360	
b. Fire Department	323-3253	
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.

- Activated (time)
- County Municipal Liaison Officer notified of EOC activation (431-6160). (time)
- Communications system checked for operability. (time)
- Establish EOC security. (time)
- Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. (time)
- Ensure Route Alert Teams have been mobilized as necessary. (time)
- Log all messages which provide information or require action. Post pertinent data on status board. (time)
- Review Fact Sheet (Appendix A-1). (time)

ANNEX B

Implementing Procedure

Police Services

Police Services Officer: Chief Charles Wilt  
Alternate: Barry Yingling

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:

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Douglas Keim  
Alternate: Ronald Comtois  
Alternate: Michael Labelle

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. If required, ensure mobilization of sufficient personnel to meet Route Alert Team requirements and make assignments to vehicles (reference, Appendix C-2). (time)
4. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). (time)
  - a. Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support. (time)
  - b. Notify Municipal Transportation Officer of changes in requirements for those individuals requiring special transportation support other than ambulance. (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 Medical/Ambulance procedures.

ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: Bill Deegen  
Alternate: Pat Hadsen

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. Review remaining 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.

ANNEX E

Implementing Procedure

Radiological

Radiological Officer: James Walker, Jr.  
Alternate: John Ireland

UNUSUAL EVENT

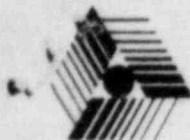
No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EOC. \_\_\_\_\_  
(time)
2. Inventory dosimeters/KI and prepare for distribution; complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix E-2). Report unmet needs to the County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(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/Action Taken:





# ENERGY CONSULTANTS

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

November 28, 1984

Chief Tom Rogers  
Lower Providence Township Police Department  
100 Park Lane Drive  
Eagleville, PA 19403

Dear Chief Rogers:

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the addition of names for your Emergency Operations Center staff; they also correct an inconsistency in the Continuity of Government section, as well as some minor typographical errors. Additional change pages will be forthcoming which accommodate those revisions requested during the November 20 exercise.

Please remove the appropriate pages from your plans and procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/11

Attachments

CC: Montgomery County OEP W/Attach.

LOWER PROVIDENCE TOWNSHIP  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/7/84

## G. Continuity of Government

### 1. Municipal Services

- a. The Police, Fire and Ambulance Services will not relocate as they are located outside the ten-mile EPZ.
- b. All services will remain available to respond to emergencies within the EPZ, radiation levels permitting. Dispatch will be accomplished through the County EOC.

### 2. EOC

The EOC shall not relocate as it is located outside the 10-mile EPZ.

## H. Training

1. The Montgomery County OEP is responsible for coordinating radiological emergency response training as outlined in Annex R of the County RERP.
2. The Lower Providence 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.

### 1. Unusual Event

Notification to Municipal EMC's will not take place.

### 2. Alert

- a. The Lower Providence 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 Township 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 Q 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. Lower Providence Township TCP's will be manned if local conditions warrant.

EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. Richard T. Brown, Chairman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - b. Nancy T. McFarland, Vice Chairman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
2. Coordinator Thomas Rogers Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Timothy Michener Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
3. Police Services Timothy Michener Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_
   
Deputy Edward McDade Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
4. Fire/Rescue Officer Harry J. Miller Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Carlo Graffeo, Jr. Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
5. Medical Officer Ben Carr Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Bryan McFarland Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
6. Transportation Harry Dechtel Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_
   
Deputy Albert Colonna Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
7. Communications Stanley Siucuta Home Phone: \_\_\_\_\_  
Officer Bus. Phone: \_\_\_\_\_
   
Deputy Anthony Kuklinski Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

\*The phone numbers are maintained in the Municipal EOC and updated quarterly.

8. Public Works  
Officer

John Mikowychok

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Deputy

Richard Pellechio

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/3/84



Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Richard T. Brown, Chairman	_____ home _____ office	_____ _____
(2) Nancy T. McFarland, Vice Chairman	_____ home _____ office	_____ _____
(3) Mary S. Ralston	_____ home _____ office	_____ _____
(4) Charles Eskie	_____ home _____ office	_____ _____
(5) Edmund J. Maloney	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Services Officer Timothy Michener or Deputy Edward McDade	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____
(2) Fire Services Officer Harry J. Miller or Deputy Carlo Graffeo, Jr.	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____

(3) Medical Officer	<u>                    </u>	home	_____
Ben Carr	<u>                    </u>	office	_____
or			
Deputy	<u>                    </u>	home	_____
Bryan McFarland	<u>                    </u>	office	_____
(4) Communications Officer	<u>                    </u>	home	_____
Stanley Siuchta	<u>                    </u>	office	_____
or			
Deputy	<u>                    </u>	home	_____
Anthony Kuklinski	<u>                    </u>	office	_____
(5) Transportation Officer	<u>                    </u>	home	_____
Harry Bechtel	<u>                    </u>	office	_____
or			
Deputy	<u>                    </u>	home	_____
Albert Colonna	<u>                    </u>	office	_____
(6) Public Works Officer	<u>                    </u>	home	_____
John Mikowychok	<u>                    </u>	office	_____
or			
Deputy	<u>                    </u>	home	_____
Richard Pellechio	<u>                    </u>	office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>539-5900</u>	_____
b. Fire Department	<u>539-9084</u>	_____
c. Ambulance	<u>277-0246</u>	_____
d. 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 OPS 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)

1999

Time

- b. Message:

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

- (3) Reduction

—

## Time

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

- 

- \_\_\_\_\_

- \_\_\_\_\_

"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) Richard T. Brown, Chairman	 home office	_____ _____
(2) Nancy T. McFarland, Vice Chairman	 home office	_____ _____
(3) Mary S. Ralston	 home office	_____ _____
(4) Charles Eskie	 home office	_____ _____
(5) Edmund J. Maloney	 home office	_____ _____
b. Key Staff		
(1) Police Services Officer Timothy Michener or Deputy Edward McDade	 home office   home office	_____ _____  _____ _____
(2) Fire Services Officer Harry J. Miller or	 home office	_____ _____

Deputy	[REDACTED]	home	_____
Carlo Graffeo, Jr.	[REDACTED]	office	_____
(3) Medical Officer	[REDACTED]	home	_____
Ben Carr	[REDACTED]	office	_____
or			
Deputy	[REDACTED]	home	_____
Bryan McFarland	[REDACTED]	office	_____
(4) Communications Officer	[REDACTED]	home	_____
Stanley Siuchta	[REDACTED]	office	_____
or			
Deputy	[REDACTED]	home	_____
Anthony Kuklinski	[REDACTED]	office	_____
(5) Transportation Officer	[REDACTED]	home	_____
Harry Bechtel	[REDACTED]	office	_____
or			
Deputy	[REDACTED]	home	_____
Albert Colonna	[REDACTED]	office	_____
(6) Public Works Officer	[REDACTED]	home	_____
John Mikowychok	[REDACTED]	office	_____
or			
Deputy	[REDACTED]	home	_____
Richard Pellechio	[REDACTED]	office	_____

Have key staff report to EOC. \_\_\_\_\_

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>539-5900</u>	_____
b. Fire Department	<u>539-9084</u>	_____
c. Ambulance	<u>277-0246</u>	_____
d. 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 OPS Officer notified of EOC activation ([REDACTED])  
\_\_\_\_\_  
(time)

c. Communications system checked for operability. \_\_\_\_\_  
(time)

d. Establish EOC security. \_\_\_\_\_  
(time)



d. 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 Facility		
(1) St. Gabriel's Hall Glenn Masakouski Ass't. Director General Services	666-7970 office	_____
(2) St. Andrews Nursery School Marsha Renner	_____ home 666-0426 office	_____ _____
(3) Audubon Society/Sanctuary Mr. Edward Graham, Curator Ms. Randy Golub, Ass't.	666-5593 office	_____
(4) Les Petits Cherubs Day Care	666-5859 office	_____
(5) Wee Care Country Day School	489-7433 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 Radiological 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)



(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) Richard T. Brown, Chairman	 home office	_____ _____
(2) Nancy T. McFarland, Vice Chairman	 home office	_____ _____
(3) Mary S. Ralston	 home office	_____ _____
(4) Charles Eskie  home	 office	_____ _____
(5) Edmund J. Maloney	 home office	_____ _____
 b. Key Staff		
(1) Police Services Officer Timothy Michener or Deputy Edward McDade	 home office   home office	_____ _____  _____ _____
(2) Fire Services Officer Harry J. Miller	 home office	_____ _____

or Deputy Carlo Graffeo, Jr.	<u>                    </u>	home office	<u>          </u> <u>          </u>
(3) Medical Officer Ben Carr	<u>                    </u>	home office	<u>          </u> <u>          </u>
or Deputy Bryan McFarland	<u>                    </u>	home office	<u>          </u> <u>          </u>
(4) Communications Officer Stanley Siuchta	<u>                    </u>	home office	<u>          </u> <u>          </u>
or Deputy Anthony Kuklinski	<u>                    </u>	home office	<u>          </u> <u>          </u>
(5) Transportation Officer Harry Bechtel	<u>                    </u>	home office	<u>          </u> <u>          </u>
or Deputy Albert Colonna	<u>                    </u>	home office	<u>          </u> <u>          </u>
(6) Public Works Officer John Mikowylchok	<u>                    </u>	home office	<u>          </u> <u>          </u>
or Deputy Richard Pellechio	<u>                    </u>	home office	<u>          </u> <u>          </u>

Have key staff report to EOC.                      (time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>539-5900</u>	<u>          </u>
b. Fire Department	<u>539-9084</u>	<u>          </u>
c. Ambulance	<u>277-0246</u>	<u>          </u>
d. 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 OPS Officer notified of EOC activation, at                       
                     (time)

7. Notify the following:

	Telephone	Time
a. Special Facility		
(1) St. Gabriel's Hall Glenn Masakouski Ass't. Director General Services	<u>666-7970</u> office	_____
(2) St. Andrews Nursery School Marsha Renner	<u>_____</u> home <u>666-0426</u> office	_____ _____
(3) Audubon Society/Sanctuary Mr. Edward Graham, Curator Ms. Randy Golub, Ass't.	<u>666-5593</u> office	_____
(4) Les Petits Cherubs Day Care	<u>666-5859</u> office	_____
(5) Wee Care Country Day School	<u>489-7433</u> 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 Radiological 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 the RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_

(time)

ANNEX 8

Implementing Procedure

Police Services

Police Services Officer: Timothy Michener  
Alternate: Edward McDade

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:

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Harry Miller  
Alternate: Carlo Graffeo, 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 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-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(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 the 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 \_\_\_\_\_
  - 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 \_\_\_\_\_  
(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, have fire personnel return dosimeters and unused KI to Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

MUNICIPAL DOSIMETRY-KI LIST

	<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A.	Municipal Emergency Management Agency	20
	Lower Providence Township EOC 100 Park Lane Drive Eagleville, PA	
B.	Fire Company	
	Lower Providence Volunteer Fire Company Ridge Pike & Mt. Kirk Avenue Eagleville, PA	45
C.	Ambulance Service	30
	Lower Providence Community Center Ambulance Hillside & First Avenue Eagleville, PA	
D.	Police Department	
	Lower Providence Township Police 2830 Ridge Pike Eagleville, PA	22
E.	Public Works	9
	Total Units of Dosimetry-KI Required	<u>126</u>

Receipt Form for Dosimetry-Survey Meters-KI

Acknowledgement of Receipt by Emergency Workers  
for Dosimetry-KI and Survey Meters.

ANNEX D  
Implementing Procedure  
Medical/Ambulance Services

Medical Services Officer: Ben Carr  
Alternate: Bryan McFarland

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 EOC.  
\_\_\_\_\_  
(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_  
(time)
  - a. Notify County Medical Coordinator at \_\_\_\_\_ of changes in requirements those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
  - b. Notify Municipal Transportation Officer of changes in requirements those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
3. Ensure that normal medical/ambulance services are maintained.
4. Review remaining emergency procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of classification.
6. Remarks/Actions Taken:

ANNEX E

Implementing Procedure

Communications

Communications Officer: Stanley Siuchta  
Alternate: Anthony Kuklinski

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_ (time)
2. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
\_\_\_\_\_ (time)
3. Review equipment inventory (reference Annex 1), verify availability, and report unmet needs to the County Communications Officer. \_\_\_\_\_ (time)
4. Log all messages which provide information or require action. Distribute as appropriate and post pertinent data on status board.
5. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_ (time)
6. Review remaining procedures in the event of escalation.
7. Maintain Alert status until notified of termination, escalation or reduction of classification.
8. Remarks/Actions Taken:

ANNEX F  
Implementing Procedure  
Transportation

Transportation Officer: Harry Bechtel  
Alternate: Albert Colonna

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 F-1).  
\_\_\_\_\_  
(time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or  
reduction of classification.
5. Remarks/Actions Taken:



ANNEX G

Implementing Procedure

Public Works

Public Works Officer: John Mikowychok  
Alternate: Richard Pellecchio

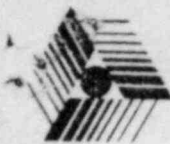
UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Review equipment/personnel inventory (reference Appendix G-1), verify availability, and report unmet needs to the County Field Services Officer at \_\_\_\_\_.  
\_\_\_\_\_  
(time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Thomas Harwood  
Emergency Management Coordinator  
Borough of Pottstown  
City Hall  
24' East King Street  
Pottstown, PA 19464

Dear Mr. Harwood:

Attached you will find five (5) copies of change pages to the Borough's Radiological Emergency Response Plan Implementing Procedures. These pages reflect the addition of several day care facilities to your notification list. A few typographical errors have also been corrected.

Please remove the appropriate pages from your procedures and insert the revised pages.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/dlt

cc: Montgomery County OEP with attachments

BOROUGH OF POTTSTOWN  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/6/84

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

















c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

a. Elected Officials	Telephone	Time
(1) Edward W. Jameson, Mayor	 home  office	_____ _____
(2) Edmund Skarbek, Pres. of Council	 home  office	_____ _____
(3) Frank J. Ciprero	 home  office	_____ _____
(4) Charles Barr	 home --- office	_____ _____
(5) Douglas Breidenbach	 home  office	_____ _____
(6) James Ottaviano	 home  office	_____ _____
(7) Doris M. Kohler	 home --- office	_____ _____
(8) Charles D. Garner, Sr.	 home  office	_____ _____
b. Key Staff		
(1) Fire Services Officer Chief Harold Moyer or	 home  office	_____ _____

b. Hospital

(1) Pottstown Memorial  
Medical Center

[REDACTED]

c. Nursing Home

(1) Leader Nursing and  
Rehab. Center

[REDACTED] office

d. Major Industries

(1) Dana Corporation

Larry Cox/Charles Wilson

[REDACTED] office

(2) Pottstown Plating, Inc.

Jack Rothenberger

[REDACTED] office

(3) Smith's Frozen Food Jack Webb

[REDACTED] home  
[REDACTED] office

Littleton Johnson

[REDACTED] home  
[REDACTED] office

(4) Gudebrod Inc.

[REDACTED] office

(5) U. S. Axle

Beverly Manfredi

[REDACTED] office

(6) Snow King

Tom Negele

[REDACTED] office

e. 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

Telephone

Time

(1) Holiday Inn

[REDACTED]

(2) Downtown Motor Inn

[REDACTED]

(3) Irene Boyer Home

[REDACTED]

(4) Griffith Towers

[REDACTED]  
[REDACTED]

(5) Sidney Pollock House

John Martin  
name/title

[REDACTED] home  
[REDACTED] office

- (h) St. Aloysius' School  
Sister Helen Budzik  
Principal                      office
- (i) St. Peter's School  
Sister Rose Christi  
Principal                      office
- (j) Hill School Charles Watson  
Lemman Stevenson  
Principal                      home                       
                     office
- (k) Wyndcroft Gerard P. McGrath  
Administrator                      home                       
                     office
- (5) Hospital
- (a) Pottstown Memorial  
Medical Center
- (6) Nursing Home
- (a) Leader Nursing and Rehab. Center  
                     office
- (7) Major Industries
- (a) Dana Corporation  
Larry Cox/Charles Wilson                      office
- (b) Pottstown Plating, Inc.  
Jack Rothenberger                      office
- (c) Smith's Frozen Food  
Jack Webb                      home                       
                     office
- Littleton Johnson                      home                       
                     office
- (d) Gudebrod, Inc.  
                                          office
- (e) U. S. Axle  
Beverly Manfredi                      office
- (f) Snow King  
Tom Negele                      office
- (8) Verification Message:
- "This is           (name/title)          . I would like to verify that you  
have been notified that the emergency at the Limerick Generat-  
ing Station has been terminated/reduced to Unusual Event."

b. Verification:

(1) Elected Officials

	Telephone	Time
(a) Edward W. Jameson, Mayor	[REDACTED] home [REDACTED] office	_____ _____
(b) Edinund Skarbek, Pres. of Council	[REDACTED] home [REDACTED] office	_____ _____
(c) Frank J. Ciprero	[REDACTED] home [REDACTED] office	_____ _____
(d) Charles Barr	[REDACTED] home --- office	_____ _____
(e) Douglas Breidenbach	[REDACTED] home [REDACTED] office	_____ _____
(f) James Ottaviano	[REDACTED] home [REDACTED] office	_____ _____
(g) Doris M. Kohler	[REDACTED] home --- office	_____ _____
(h) Charles D. Garner, Sr.	[REDACTED] home [REDACTED] office	_____ _____

(2) Special Facilities

(a) Holiday Inn	[REDACTED]	_____
(b) Downtown Motor Inn	[REDACTED]	_____
(c) Irene Boyer Home	[REDACTED]	_____
(d) Griffith Towers	[REDACTED]	_____
(e) Sidney Pollock House	John Martin name/title [REDACTED] home [REDACTED] office	_____ _____
(f) R. P. Smith	John Martin name/title [REDACTED] home [REDACTED] office	_____ _____
(g) Wm. Penn Village	John Martin name/title [REDACTED] home [REDACTED] office	_____ _____
(h) First United Presbyterian Church Day Care Dr. Scott Sample	[REDACTED] office	_____
(i) Emanuel Lutheran Church Day Care Beverly Lindauer	[REDACTED] office	_____



(j) Grace Lutheran Church		
Day Care		
Grace Schasen	[REDACTED]	office
(k) Judith A. Stamy Day Care	[REDACTED]	office
(l) Vinnie Marie Moss Day Care	[REDACTED]	office
(m) Deborah Clivieri Day Care Home	[REDACTED]	office
(n) Natalie R. Rojas Day Care Home	[REDACTED]	office
(o) Hickory Dickory Dock Preschool		
Saint Peters Lutheran Church	[REDACTED]	office
Marie Nace, Director	[REDACTED]	church
(p) Pottstown Day Care Center	[REDACTED]	office
(q) YWCA Creative Play Nursery School	[REDACTED]	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:

- (5) Lincoln Elementary School  
William Bartman  
Principal [redacted] office \_\_\_\_\_
- (6) W. W. Rupert Elementary School  
Lemman Stevenson  
Principal [redacted] office \_\_\_\_\_
- (7) West End Elementary School  
Thomas Henry  
Principal [redacted] office \_\_\_\_\_
- (8) St. Aloysius' School  
Sister Helen Budzik  
Principal [redacted] office \_\_\_\_\_
- (9) St. Peter's School  
Sister Rose Christi  
Principal [redacted] office \_\_\_\_\_
- (10) Hill School Charles Watson  
Lemman Stevenson  
Principal [redacted] home office \_\_\_\_\_
- (11) Wyndcroft Gerard P. McGrath  
Administrator [redacted] home office \_\_\_\_\_
- b. Hospital
- (1) Pottstown Memorial  
Medical Center [redacted] \_\_\_\_\_
- c. Nursing Home
- (1) Leader Nursing and  
Rehab. Center [redacted] office \_\_\_\_\_
- d. Major Industries
- (1) Dana Corporation  
Larry Cox/Charles Wilson [redacted] office \_\_\_\_\_
- (2) Pottstown Plating, Inc.  
Jack Rothenberger [redacted] office \_\_\_\_\_
- (3) Smith's Frozen Food  
Jack Webb [redacted] home office \_\_\_\_\_
- Littleton Johnson [redacted] home office \_\_\_\_\_
- (4) Gudebrod Inc. [redacted] office \_\_\_\_\_

(5) U. S. Axle

Beverly Manfredi

                     office                     

(6) Snow King

Tom Negele

                     office                     

e. 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

		Telephone	Time
(1) Holiday Inn		<u>                    </u>	<u>                    </u>
(2) Downtown Motor Inn		<u>                    </u>	<u>                    </u>
(3) Irene Boyer Home		<u>                    </u>	<u>                    </u>
(4) Griffith Towers		<u>                    </u>	<u>                    </u>
(5) Sidney Pollock House	<u>John Martin</u> <u>name/title</u>	<u>                    </u> home <u>                    </u> office	<u>                    </u>
(6) R. P. Smith	<u>John Martin</u> <u>name/title</u>	<u>                    </u> home <u>                    </u> office	<u>                    </u>
(7) Wm. Penn Village	<u>John Martin</u> <u>name/title</u>	<u>                    </u> home <u>                    </u> office	<u>                    </u>
(8) First United Presbyterian Church Day Care		<u>                    </u> office	<u>                    </u>
Dr. Scott Sample		<u>                    </u> office	<u>                    </u>
(9) Emanuel Lutheran Church Day Care		<u>                    </u> office	<u>                    </u>
Beverly Lindauer		<u>                    </u> office	<u>                    </u>
(10) Grace Lutheran Church Day Care		<u>                    </u> office	<u>                    </u>
Grace Schasen		<u>                    </u> office	<u>                    </u>
(11) Judith A. Stamy Day Care		<u>                    </u> office	<u>                    </u>
(12) Vinnie Marie Moss Day Care		<u>                    </u> office	<u>                    </u>
(13) Deborah Olivieri Day Care Home		<u>                    </u> office	<u>                    </u>
(14) Natalie R. Rojas Day Care Home		<u>                    </u> office	<u>                    </u>
(15) Hickory Dickory Dock Preschool Saint Peters Lutheran Church		<u>                    </u> office	<u>                    </u>
Marie Nace, Director		<u>                    </u> church	<u>                    </u>
(16) Pottstown Day Care Center		<u>                    </u> office	<u>                    </u>
(17) YWCA Creative Play Nursery School		<u>                    </u> office	<u>                    </u>

- (k) Wyndcroft Gerard P. McGrath home  
Administrator office
- (5) Hospital
- (a) Pottstown Memorial [redacted]  
Medical Center
- (6) Nursing Home
- (a) Leader Nursing and Rehab. Center [redacted] office
- (7) Major Industries
- (a) Dana Corporation  
Larry Cox/Charles Wilson [redacted] office
- (b) Pottstown Plating, Inc.  
Jack Rothenberger [redacted] office
- (c) Smith's Frozen Food  
Jack Webb [redacted] home  
[redacted] office
- Littleton Johnson [redacted] home  
[redacted] office
- (d) Gudebrod Inc. [redacted] office
- (e) U. S. Axle  
Beverly Manfredi [redacted] office
- (f) Snow King  
Tom Negele [redacted] office
- (8) 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<br>Telephone               | Time<br>Time |
|---|--------------------------------------|--------------|
| (1) Elected Officials                   |                                      |              |
| (a) Edward W. Jameson, Mayor            | [redacted] home<br>[redacted] office |              |
| (b) Edmund Skarbek,<br>Pres. of Council | [redacted] home<br>[redacted] office |              |
| (c) Frank J. Ciprero                    | [redacted] home<br>[redacted] office |              |

(d) Charles Barr	<u>                    </u>	home	_____
	<u>---</u>	office	_____
(e) Douglas Breidenbach	<u>                    </u>	home	_____
	<u>                    </u>	office	_____
(f) James Ottaviano	<u>                    </u>	home	_____
	<u>                    </u>	office	_____
(g) Doris M. Kohler	<u>                    </u>	home	_____
	<u>---</u>	office	_____
(h) Charles D. Garner, Sr.	<u>                    </u>	home	_____
	<u>                    </u>	office	_____

(2) Special Facilities

(a) Holiday Inn	<u>                    </u>	_____
(b) Downtown Motor Inn	<u>                    </u>	_____
(c) Irene Boyer Home	<u>                    </u>	_____
(d) Griffith Towers	<u>                    </u>	_____
(e) Sidney Pollock House	<u>John Martin</u>	home
	<u>name/title</u>	<u>                    </u> office
(f) R. P. Smith	<u>John Martin</u>	home
	<u>name/title</u>	<u>                    </u> office
(g) Wm. Penn Village	<u>John Martin</u>	home
	<u>name/title</u>	<u>                    </u> office
(h) First United Presbyterian Church Day Care Dr. Scott Sample	<u>                    </u>	office
(i) Emanuel Lutheran Church Day Care Beverly Lindauer	<u>                    </u>	office
(j) Grace Lutheran Church Day Care Grace Schasen	<u>                    </u>	office
(k) Judith A. Stamy Day Care	<u>                    </u>	office
(l) Vinnie Marie Moss Day Care	<u>                    </u>	office
(m) Deborah Olivieri Day Care Home	<u>                    </u>	office
(n) Natalie R. Rojas Day Care Home	<u>                    </u>	office
(o) Hickory Dickory Dock Preschool Saint Peters Lutheran Church Marie Nace, Director	<u>                    </u>	office
	<u>                    </u>	church
(p) Pottstown Day Care Center	<u>                    </u>	office
(q) YWCA Creative Play Nursery School	<u>                    </u>	office

- (6) W. W. Rupert Elementary School  
Lemman Stevenson  
Principal [redacted] office \_\_\_\_\_
- (7) West End Elementary School  
Thomas Henry  
Principal [redacted] office \_\_\_\_\_
- (8) St. Aloysius' School  
Sister Helen Budzik  
Principal [redacted] office \_\_\_\_\_
- (9) St. Peter's School  
Sister Rose Christi  
Principal [redacted] office \_\_\_\_\_
- (10) Hill School Charles Watson  
Lemman Stevenson  
Principal [redacted] home \_\_\_\_\_  
[redacted] office \_\_\_\_\_
- (11) Wyndcroft Gerard P. McGrath  
Administrator [redacted] home \_\_\_\_\_  
[redacted] office \_\_\_\_\_
- b. Hospital
- (1) Pottstown Memorial  
Medical Center [redacted] \_\_\_\_\_
- c. Nursing Home
- (1) Leader Nursing and  
Rehab. Center [redacted] office \_\_\_\_\_
- d. Major Industries
- (1) Dana Corporation  
Larry Cox/Charles Wilson [redacted] office \_\_\_\_\_
- (2) Pottstown Plating, Inc.  
Jack Rothenberger [redacted] office \_\_\_\_\_
- (3) Smith's Frozen Food  
Jack Webb [redacted] home \_\_\_\_\_  
[redacted] office \_\_\_\_\_
- Littleton Johnson  
[redacted] home \_\_\_\_\_  
[redacted] office \_\_\_\_\_
- (4) Gudebrod Inc. [redacted] office \_\_\_\_\_
- (5) U. S. Axle  
Beverly Manfredi [redacted] office \_\_\_\_\_
- (6) Snow King  
Tom Negele [redacted] office \_\_\_\_\_



e. 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

Telephone

Time

- |      |  |                           |                |
|------|--|---------------------------|----------------|
| (1)  | Holiday Inn  |                           |                |
| (2)  | Downtown Motor Inn   |                           |                |
| (3)  | Irene Boyer Home   |                           |                |
| (4)  | Griffith Towers  |                           |                |
| (5)  | Sidney Pollock House   | John Martin<br>name/title | home<br>office |
| (6)  | R. P. Smith  | John Martin<br>name/title | home<br>office |
| (7)  | Wm. Penn Village   | John Martin<br>name/title | home<br>office |
| (8)  | First United Presbyterian<br>Church Day Care                   |                           |                |
|      | Dr. Scott Sample   |                           | office         |
| (9)  | Emanuel Lutheran Church<br>Day Care                            |                           |                |
|      | Beverly Lindauer   |                           | office         |
| (10) | Grace Lutheran Church<br>Day Care                              |                           |                |
|      | Grace Schasen  |                           | office         |
| (11) | Judith A. Stamy Day Care                                       |                           | office         |
| (12) | Vinnie Marie Moss Day Care                                     |                           | office         |
| (13) | Deborah Olivieri Day Care Home                                 |                           | office         |
| (14) | Natalie R. Rojas Day Care Home                                 |                           | office         |
| (15) | Hickory Dickory Dock Preschool<br>Saint Peters Lutheran Church |                           | office         |
|      | Marie Nace, Director   |                           | church         |
| (16) | Pottstown Day Care Center                                      |                           | office         |
| (17) | YWCA Creative Play Nursery School                              |                           | 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 the Municipal EOC. \_\_\_\_\_ (time)

12. If sheltering is recommended:

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 population. \_\_\_\_\_ (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. Ensure Traffic Control Points have been manned. \_\_\_\_\_ (time)

d. 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)

e. Advise County Operations Officer of any additional unmet needs

(time) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

f. 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:

(1) Police Department

Telephone

Time

(2) Fire Departments

(a) Goodwill Fire Company

(b) Empire Hook & Ladder Company

(c) North End Fire Company

(d) Philadelphia Steam Fire & Engine Co.

(3) Ambulance

(a) Goodwill Ambulance

(4) Schools

(a) Pottstown Senior High School  
William Smith

office

- (b) Pottstown Junior High School  
Anthony Zampella                      office
- (c) Edgewood Elementary School  
George Giovanis                      office                       
Principal
- (d) Franklin Elementary School  
Frederick Brown                      office                       
Principal
- (e) Lincoln Elementary School  
William Bartman                      office                       
Principal
- (f) W. W. Rupert Elementary School  
Lemman Stevenson                      office                       
Principal
- (g) West End Elementary School  
Thomas Henry                      office                       
Principal
- (h) St. Aloysius' School  
Sister Helen Budzik                      office                       
Principal
- (i) St. Peter's School  
Sister Rose Christi                      office                       
Principal
- (j) Hill School Charles Watson                      home                       
Lemman Stevenson                      office                       
Principal
- (k) Wyndcroft Gerard P. McGrath                      home                       
Administrator                      office
- (5) Hospital
- (A) Pottstown Memorial                                            
Medical Center
- (6) Nursing Home
- (a) Leader Nursing and Rehab. Center                      office
- (7) Major Industries
- (a) Dana Corporation                      office                       
Larry Cox/Charles Wilson
- (b) Pottstown Plating, Inc.                      office                       
Jack Rothenberger

(c) Smith's Frozen Food  
Jack Webb

home  
office

Littleton Johnson

home  
office

(d) Gudebroad Inc.

office

(e) U. S. Axle  
Beverly Manfredi

office

(f) Snow King  
Tom Negele

office

(8) 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) Edward W. Jameson, Mayor	home office	
(b) Edmund Skarbek, Pres. of Council	home office	
(c) Frank J. Ciprero	home office	
(d) Charles Barr	home office	
(e) Douglas Breidenbach	home office	
(f) James Ottaviano	home office	
(g) Doris M. Kohler	home office	
(h) Charles D. Garner, Sr.	home office	
(2) Special Facilities		
(a) Holiday Inn		
(b) Downtown Motor Inn		

(c) Irene Boyer Home	_____	_____
(d) Griffith Towers	_____	_____
(e) Sidney Pollock House	John Martin	home
	name/title	_____ office
(f) R. P. Smith	John Martin	home
	name/title	_____ office
(g) Wm. Penn Village	John Martin	home
	name/title	_____ office
(h) First United Presbyterian Church Day Care		
Dr. Scott Sample	_____	office
(i) Emanuel Lutheran Church Day Care		
Beverly Lindauer	_____	office
(j) Grace Lutheran Church Day Care		
Grace Schasen	_____	office
(k) Judith A. Stamy Day Care	_____	office
(l) Vinnie Marie Moss Day Care	_____	office
(m) Deborah Olivieri Day Care Home	_____	office
(n) Natalie R. Rojas Day Care Home	_____	office
(o) Hickory Dickory Dock Preschool		
Saint Peters Lutheran Church	_____	office
Marie Nace, Director	_____	church
(p) Pottstown Day Care Center	_____	office
(q) YMCA Creative Play Nursery School	_____	office

(3) Message.

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

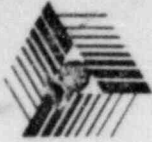
16. If the EOC must be evacuated:

- 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 Daniel Boone High School\* in Birdsboro. \_\_\_\_\_ (time)
- c. Notify Montgomery County upon your arrival at alternate EOC. \_\_\_\_\_ (time)

\*Agreement under development.

17. Remarks/Actions Taken:





# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Robert Layman  
Borough Manager  
Borough of Boyertown  
100 South Washington Street  
Boyertown, PA 19512

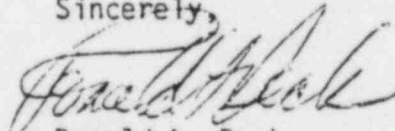
Dear Mr. Layman:

Attached you will find five (5) copies of change pages to the Borough's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the requested changes to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans and procedures and insert the revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,



Ronald L. Deck

RLD/dlt

cc: Berks County EMA with attachments

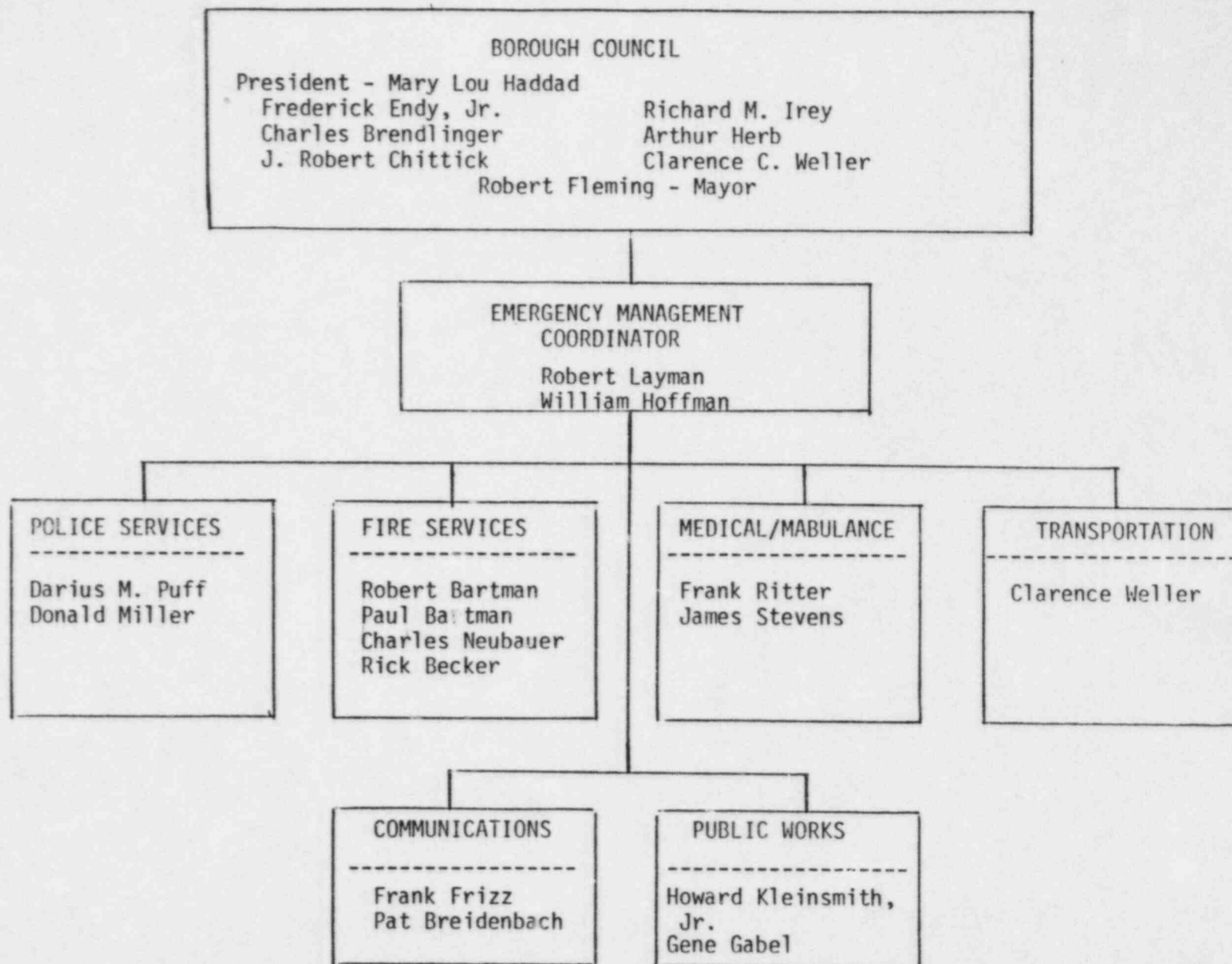


BOROUGH OF BOYERTOWN  
BERKS COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84



TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
B-1	S. Reading Ave. & Second St.	Borough	1
B-2	S. Reading Ave. & Third St.	Borough	1
B-3	Philadelphia Ave. & Reading Ave.	Borough	1
B-4	Philadelphia Ave. & Second St.	Borough	1
B-5	Philadelphia Ave. & Washington St.	Borough	1
B-6	Washington St. & Third St.	Borough	1
B-7*	Monroe St. & Fourth St. (Senior High)	Borough	2
B-8*	Madison St. & Second St. (Jr. High School)	Borough	1

\*School in session only.

EMERGENCY NOTIFICATION LIST

1. Elected Officials
  - a. Mary Lou Haddad - President Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - b. Frederick Endy, Jr. - Vice President Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - c. Charles Brendlinger Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - d. J. Robert Chittick Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - e. Richard M. Irey Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - f. Arthur Herb Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - g. Clarence C. Weller Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
  - h. Robert L. Fleming - Mayor Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
2. Coordinator Robert Layman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy William Hoffman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
3. Police Services Officer Darius M. Puff Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
   
Deputy Donald Miller Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
4. Fire/Rescue Officer: Bob Bartman Home Phone: \_\_\_\_\_  
Keystone S.F.E. Co. #1 Bus. Phone: \_\_\_\_\_
   
Deputy Paul Bartman Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_
5. Fire/Rescue Officer: Charles Newbauer Home Phone: \_\_\_\_\_  
Friendship Hook & Ladder Co. Bus. Phone: \_\_\_\_\_

	Deputy	<u>Rick Becker</u>	Home Phone: _____ Bus. Phone: _____
6.	Medical Officer	<u>Frank Ritter</u>	Home Phone: _____ Bus. Phone: _____
	Deputy	<u>James Stevens</u>	Home Phone: _____ Bus. Phone: _____
7.	Transportation Officer	<u>Clarence Weller</u>	Home Phone: _____ Bus. Phone: _____
	Deputy	<u>(Name) TBD</u>	Home Phone: _____ Bus. Phone: _____
8.	Communications Officer	<u>Frank Frizz</u>	Home Phone: _____ Bus. Phone: _____
	Deputy	<u>Pat Breidenbach</u>	Home Phone: _____ Bus. Phone: _____
9.	Public Works Officer	<u>Howard Kleinsmith</u>	Home Phone: _____ Bus. Phone: _____
	Deputy	<u>Gene Gabel</u>	Home Phone: _____ Bus. Phone: _____

These numbers are maintained on file in the Municipal EOC and updated quarterly.

BOROUGH OF BOYERTOWN  
BERKS COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_








c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Mary Lou Haddad - President	 home office	_____ _____
(2) Frederick Endy, Jr. - Vice President	 home office	_____ _____
(3) Robert Fleming - Mayor	 home office	_____ _____
b. Key Staff		
(1) Police Services		
Darius M. Puff	 home office	_____ _____
or		
Deputy Donald Miller	 home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy Paul Bartman	 home office	_____ _____
(3) Fire Services - Friendship		

Revised 11/15/84



Charles Newbauer	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
Rick Becker	<u>                    </u>	home	<u>          </u>
(4) Medical/Ambulance			
Frank Ritter	<u>                    </u>	home	<u>          </u>
or	<u>                    </u>	office	<u>          </u>
Deputy	<u>                    </u>	home	<u>          </u>
James Stevens	<u>                    </u>	office	<u>          </u>
(5) Transportation			
Clarence Weller	<u>                    </u>	home	<u>          </u>
or	<u>                    </u>	office	<u>          </u>
Deputy			
(6) Communications			
Frank Frizz	<u>                    </u>	home	<u>          </u>
or	<u>                    </u>	office	<u>          </u>
Deputy	<u>                    </u>	home	<u>          </u>
Pat Breidenbach	<u>                    </u>	office	<u>          </u>
(7) Public Works			
Howard Kleinsmith	<u>                    </u>	home	<u>          </u>
or	<u>                    </u>	office	<u>          </u>
Deputy	<u>                    </u>	home	<u>          </u>
Gene Gabel	<u>                    </u>	office	<u>          </u>

Have key staff report to EOC.                     

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-2500</u>	<u>          </u>
b. Fire Departments		
Keystone	<u>367-2500</u>	<u>          </u>
Friendship	<u>367-2500</u>	<u>          </u>
c. Ambulance	<u>367-2500</u>	<u>          </u>
d. 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).

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) Mary Lou Haddad - President	 home office	_____ _____
(2) Frederick Endy, Jr. - Vice President	 home office	_____ _____
(3) Robert Fleming - Mayor	 home office	_____ _____
b. Key Staff		
(1) Police Services		
Darius M. Puff	 home office	_____ _____
or		
Deputy Donald Miller	 home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy	 home	_____

Paul Bartman	<u>                    </u>	office	<u>          </u>
(3) Fire Services - Friendship			
Charles Newbauer	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
Rick Becker	<u>                    </u>	home	<u>          </u>
(4) Medical/Ambulance			
Frank Ritter	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
or			
Deputy	<u>                    </u>	home	<u>          </u>
James Stevens	<u>                    </u>	office	<u>          </u>
(5) Transportation			
Clarence Weller	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
or			
Deputy			
(6) Communications			
Frank Frizz	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
or			
Deputy	<u>                    </u>	home	<u>          </u>
Pat Breidenbach	<u>                    </u>	office	<u>          </u>
(7) Public Works			
Howard Kleinsmith	<u>                    </u>	home	<u>          </u>
	<u>                    </u>	office	<u>          </u>
or			
Deputy	<u>                    </u>	home	<u>          </u>
Gene Gabel	<u>                    </u>	office	<u>          </u>

Have key staff report to EOC.                     

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-2500</u>	<u>          </u>
b. Fire Departments		
Keystone	<u>367-2500</u>	<u>          </u>
Friendship	<u>367-2500</u>	<u>          </u>
c. Ambulance	<u>367-2500</u>	<u>          </u>

d. Verification Message:

"This is \_\_\_\_\_ (name) \_\_\_\_\_. 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 notified of EOC activation  
\_\_\_\_\_. \_\_\_\_\_  
(time)
  - c. Communications system checked for operability. \_\_\_\_\_  
(time)
  - d. Establish EOC security. \_\_\_\_\_  
(time)
  - e. Monitor EBS station WHUM 1240 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 should be dispatched by Boyertown Communications. \_\_\_\_\_  
(time)
  - i. Log all incoming messages that provide information or require a response. Post pertinent information on status board.
  - j. Review fact sheet (Appendix A-1). \_\_\_\_\_  
(time)
5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed. \_\_\_\_\_  
(time)
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 High School	Dr. Replogle	_____ home 367-6031 office	_____ _____
(2) Lincoln School	Linda Cobb Supervisor	_____ home 367-6034 office	_____ _____

	Steve Rudick Head Teacher	<u>                    </u> home <u>367-6634</u> office	<u>                    </u>
b. Major Industries			
(1) Wagner Electric	R. Gerhart General Manager	<u>                    </u> home <u>367-2604</u> office	<u>                    </u>
	Jack Snyder	<u>                    </u> home <u>367-2604</u> office	<u>                    </u>
(2) Eastern Foundry	Richard Smith	<u>                    </u> home <u>367-2153</u> office	<u>                    </u>
(3) Emerald Tool and Die Company	H. White	<u>                    </u> home <u>367-2951</u> office	<u>                    </u>
(4) Boyertown Casket Company	Fred Ihrig Personnel	<u>                    </u> home <u>367-2131</u> office	<u>                    </u>
(5) Boyertown Planning Mill	James Levensgood Owner	<u>                    </u> home <u>367-2124</u> office	<u>                    </u>
(6) Boyertown Body Works	Harry Yoder Owner	<u>                    </u> home <u>367-2091</u> office	<u>                    </u>
(7) A. W. Mercer	William Mercer Owner	<u>                    </u> home <u>367-2971</u> office	<u>                    </u>
(8) Unicast	Laverne Stimmer Manager	<u>                    </u> home <u>367-5360</u> office	<u>                    </u>

c. Verification Message:

"This is                      (name)                     . 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) Captain Kidds Preschool Learning Center	<u>369-0770</u> office	<u>                    </u>
(2) St. John's Luthern Church Day Care	<u>369-1024</u> office	<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 you. Report all unmet needs to the County Municipal Liaison [REDACTED].

(time)

10. Ensure Radiological 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 Municipal Liaison aware of any problem areas.

(time)

12. Ensure RACES operator contacts the County RACES base upon arrival at 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>367-2500</u>	_____

(2) Fire Departments		
Keystone	<u>367-2500</u>	_____
Friendship	<u>367-2500</u>	_____

(3) Ambulance	<u>367-2500</u>	_____
---------------	-----------------	-------

(4) Schools

(a) Boyertown High School

Dr. Replogle

[REDACTED] home \_\_\_\_\_

[REDACTED] office \_\_\_\_\_

(b) Lincoln School

Linda Cobb  
Supervisor

[REDACTED] home \_\_\_\_\_

[REDACTED] office \_\_\_\_\_



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: \_\_\_\_\_





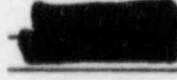


b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Mary Lou Haddad - President	 home office	_____ _____
(2) Frederick Endy, Jr. - Vice President	 home office	_____ _____
(3) Robert Fleming - Mayor	 home office	_____ _____
b. Key Staff		
(1) Police Services		
Darius M. Puff	 home office	_____ _____
or		
Deputy Donald Miller	 home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy	 home	_____



Paul Bartman	<u>                    </u>	office	<u>                    </u>
(3) Fire Services - Friendship			
Charles Newbauer	<u>                    </u>	home	<u>                    </u>
	<u>                    </u>	office	<u>                    </u>
Rick Becker	<u>                    </u>	home	<u>                    </u>
(4) Medical/Ambulance			
Frank Ritter	<u>                    </u>	home	<u>                    </u>
or	<u>                    </u>	office	<u>                    </u>
Deputy	<u>                    </u>	home	<u>                    </u>
James Stevens	<u>                    </u>	office	<u>                    </u>
(5) Transportation			
Clarence Weller	<u>                    </u>	home	<u>                    </u>
or	<u>                    </u>	office	<u>                    </u>
Deputy	<u>                    </u>		<u>                    </u>
(6) Communications			
Frank Frizz	<u>                    </u>	home	<u>                    </u>
or	<u>                    </u>	office	<u>                    </u>
Deputy	<u>                    </u>	home	<u>                    </u>
Pat Breidenbach	<u>                    </u>	office	<u>                    </u>
(7) Public Works			
Howard Kleinsmith	<u>                    </u>	home	<u>                    </u>
or	<u>                    </u>	office	<u>                    </u>
Deputy	<u>                    </u>	home	<u>                    </u>
Gene Gabel	<u>                    </u>	office	<u>                    </u>

Have key staff report to EOC.                     

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-2500</u>	<u>                    </u>
b. Fire Departments		
Keystone	<u>367-2500</u>	<u>                    </u>
Friendship	<u>367-2500</u>	<u>                    </u>
c. Ambulance	<u>367-2500</u>	<u>                    </u>
d. Verification Message:		

"This is \_\_\_\_\_ (name) \_\_\_\_\_. 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 notified of EOC activation (\_\_\_\_\_) (time)
  - c. Communications system checked for operability. \_\_\_\_\_ (time)
  - d. Establish EOC security. \_\_\_\_\_ (time)
  - e. Monitor EBS station WHUM 1240 AM. \_\_\_\_\_ (time)
  - f. Ensure Route Alert Teams have been mobilized as necessary. \_\_\_\_\_ (time)
  - g. Log all incoming messages that provide informatin or require a response. Post pertinent information on status board.
  - h. Review fact sheet (Appendix A-1). \_\_\_\_\_ (time)
5. 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) Boyertown High School	Dr. Replogle	_____ home 367-6031 office	_____ _____
(2) Lincoln School	Linda Cobb Supervisor	_____ home 367-6634 office	_____ _____
	Steve Rudick Head Teacher	_____ home 367-6634 office	_____ _____
b. Major Industries			
(1) Wagner Electric	R. Gerhart General Manager	_____ home 367-2604 office	_____ _____
	Jack Snyder	_____ home 367-2604 office	_____ _____
(2) Eastern Foundry	Richard Smith	_____ home 367-2153 office	_____ _____

ANNEX B

Implementing Procedure

Police Services

Police Services Officer: Darius H. Puff  
Alternate: Donald Miller

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:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
B-1	S. Reading Ave. & Second St.	Borough	1
B-2	S. Reading Ave. & Third St.	Borough	1
B-3	Philadelphia Ave. & Reading Ave.	Borough	1
B-4	Philadelphia Ave. & Second St.	Borough	1
B-5	Philadelphia Ave. & Washington St.	Borough	1
B-6	Washington St. & Third St.	Borough	1
B-7*	Monroe St. & Fourth St. (Senior High)	Borough	2
B-8*	Madison St. & Second St. (Jr. High West)	Borough	1

ACCESS CONTROL POINTS

(None required in Borough)

\*School in session only.

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer- Friendship: Charles Neubauer  
Fire Services Officer - Keystone: Bob Bartman

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. Upon delivery from County EOC, 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 your Coordinator. \_\_\_\_\_  
(time)
4. Review remaining emergency 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 Radiological procedures.

ANNEX D

Implementing Procedure

Medical/Ambulance Services

Medical Services Officer: Frank Riiter  
Alternate: James Stevens

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 EOC.  
\_\_\_\_\_ (time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_ (time)
  - a. Notify Municipal EMC of changes in the list of those individuals requiring ambulance support. \_\_\_\_\_ (time)
  - b. Notify Municipal Transportation Officer of changes in the list of those individuals requiring special transportation support other than ambulance. \_\_\_\_\_ (time)
3. Ensure that normal medical/ambulance services are maintained.
4. Review remaining emergency procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions 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 EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). \_\_\_\_\_  
(time)
    - (1) Notify Municipal EMC of changes in the list of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify Municipal Transportation Officer of changes in the list of those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - c. Mobilize additional medical/ambulance personnel and have them report to ambulance base (reference Appendix D-1). \_\_\_\_\_  
(time)
  - d. Review personnel/equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - e. Ensure medical/ambulance emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - f. Ensure that the Transportation Staging Area, which is located at the Inner Core Parking Lot, is accessible and available. \_\_\_\_\_  
(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 evacuation:
    - (1) 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)
    - (2) Prepare a list of names and addresses of persons to be picked up for each ambulance along with instructions to return to the Borough Transportation Staging Area.
    - (3) Persons being evacuated by ambulance shall be evacuated to St. Joseph Hospital, Reading.



ANNEX F  
Implementing Procedure  
Transportation

Transportation Officer: Clarence Weller  
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 F-1).  
(time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

ANNEX E  
Implementing Procedure  
Communications

Communications Officer: Frank Frizz  
Alternate: Pat Breidenbach

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Verify the County has assigned a RACES unit to the Municipal EOC.  
\_\_\_\_\_  
(time)
3. Review equipment inventory (reference Appendix E-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
4. Mobilize and dispatch, if directed by the County, appropriate Route Alert Teams. \_\_\_\_\_  
(time)
5. Review remaining procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Craig Moser  
Emergency Management Coordinator  
Borough of Trappe  
334 Laurel Drive  
Trappe, PA 19426

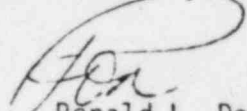
Dear Mr. Moser:

Attached are five (5) copies of change pages to the Borough's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the addition of names to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

  
Ronald L. Deck

RLD/dlt

cc: Montgomery County OEP with attachments

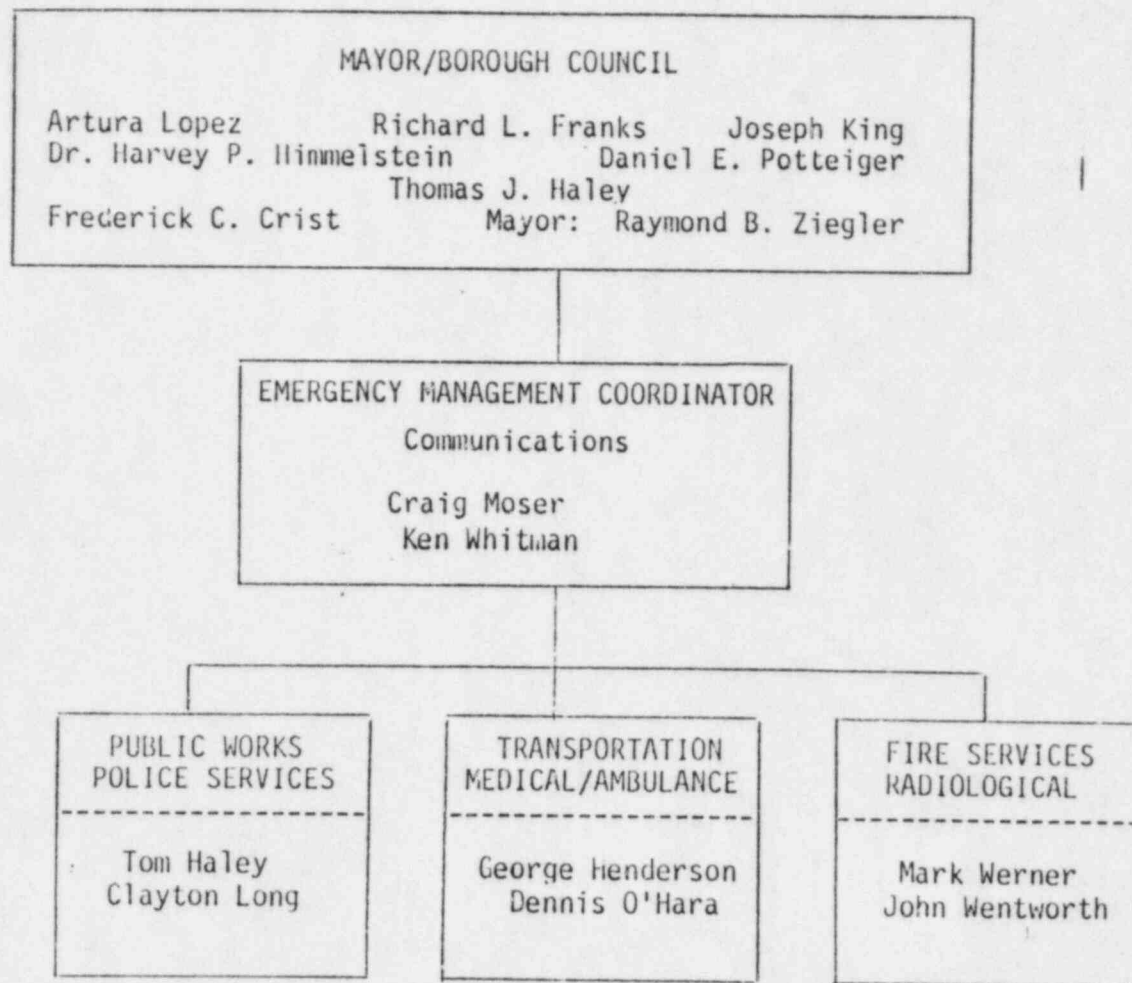
BOROUGH OF TRAPPE  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

BOROUGH OF TRAPPE EMERGENCY ORGANIZATIONAL CHART



EMERGENCY NOTIFICATION LIST\*

1. Elected Officials
  - a. Raymond B. Ziegler, Mayor
 

	Home Phone: _____
	Bus. Phone: _____
  - b. Arturo N. Lopez, Council President
 

	Home Phone: _____
	Bus. Phone: _____
  - c. Dr. Harvey P. Himmelstein, Council Vice President
 

	Home Phone: _____
	Bus. Phone: _____
  - d. Frederick C. Crist, Council
 

	Home Phone: _____
	Bus. Phone: _____
  - e. Richard L. Franks
 

	Home Phone: _____
	Bus. Phone: _____
  - f. Thomas J. Haley
 

	Home Phone: _____
	Bus. Phone: _____
  - g. Joseph King
 

	Home Phone: _____
	Bus. Phone: _____
  - h. Daniel E. Potteiger
 

	Home Phone: _____
	Bus. Phone: _____
2. Coordinator                      Craig Moser
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                      Ken Whiteman
 

	Home Phone: _____
	Bus. Phone: _____
3. Fire/Rescue Officer              Mark Werner
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                      John Wentworth
 

	Home Phone: _____
	Bus. Phone: _____
4. Transportation Officer              George Henderson
 

	Home Phone: _____
	Bus. Phone: _____

  
 Deputy                      Dennis O'Hara
 

	Home Phone: _____
	Bus. Phone: _____

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

5. Public Works  
Officer

Tom Haley

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_

Deputy

Clayton Long

Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_



BOROUGH OF TRAPPE  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft 6  
Revised 11/15/84

ANNEX A

Implementing Procedure

Emergency Management Coordinator\*

Emergency Management Coordinator: Craig Moser  
Alternate: Ken Whitman

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

Time

(1) Arturo N. Lopez

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(2) Dr. Harvey P. Himmelstein

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(3) Frederick C. Crist

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(4) Richard L. Franks

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(5) Thomas J. Haley

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(6) Daniel E. Potteiger

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(7) Joseph King

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

(8) Raymond B. Ziegler  
Mayor

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

b. Key Staff

(1) Fire Services Officer  
Mark Werner  
or

\_\_\_\_\_ home  
\_\_\_\_\_ office

\_\_\_\_\_

Deputy	_____	home	_____
John Wentworth	_____	office	_____
(2) Transportation Officer	_____	home	_____
George Henderson	_____	office	_____
or			
Deputy	_____	home	_____
Dennis O'Hara	_____	office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>489-0911</u>	_____
b. Ambulance	<u>489-0911</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. 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.

b. Key Staff

(1) Fire Services Officer	_____	home	_____
Mark Werner	_____	office	_____
or			
Deputy	_____	home	_____
John Wentworth	_____	office	_____
(2) Transportation Officer	_____	home	_____
George Henderson	_____	office	_____
or			
Deputy	_____	home	_____
Dennis O'Hara	_____	office	_____
(3) Public Works Officer	_____	home	_____
Tom Haley	_____	office	_____
or			
Deputy	_____	home	_____
Clayton Long	_____	office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>489-0911</u>	_____
b. Ambulance	<u>489-0911</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 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)

b. Key Staff

(1) Fire Services Officer	_____	home	_____
Mark Werner	_____	office	_____
or			
Deputy	_____	home	_____
John Wentworth	_____	office	_____
(2) Transportation Officer	_____	home	_____
George Henderson	_____	office	_____
or			
Deputy	_____	home	_____
Dennis O'Hara	_____	office	_____
(3) Public Works Officer	_____	home	_____
Tom Haley	_____	office	_____
or			
Deputy	_____	home	_____
Clayton Long	_____	office	_____

Have key staff report to EOC. \_\_\_\_\_  
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>489-0911</u>	_____
b. Ambulance	<u>489-0911</u>	_____
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 Linrick 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. \_\_\_\_\_ (time)
- h. 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 EOC, where needed, or to pre-assigned location. \_\_\_\_\_ (time)
6. Verify that the following have been notified:

- |   | Telephone       | Time                  |
|---|-----------------|-----------------------|
| a. Schools  |                 |                       |
| (1) Perkiomen Valley Elementary-South<br>Richard Devaney<br>Principal | 489-2991 office | _____                 |
| (2) Perkiomen Valley Middle<br>Michael Friedberg<br>Principal         | 489-1196 office | _____                 |
| (3) Twin Acres Country Day School<br>Patricia Carson<br>Principal     | 489-7918 office | _____                 |
| (4) Bright Spot Nursery<br>Susan Davidson<br>Director                 | 489-1818 office | _____                 |
| b. Major Industries   |                 |                       |
| (1) Uniform Tube  | R. Thren        | 948-3098 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) Happy Days Pre-School<br>Maureen Gregory | 489-2797 office | _____ |
| b. Message:                                  |                 |       |

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



ANNEX B

Implementing Procedure

Fire Services\*

Fire Services Officer: Mark Werner  
Alternate: John Wentworth

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 B-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.

ANNEX C  
Implementing Procedure  
Transportation\*

Transportation Officer: George Henderson  
Alternate: Dennis O'Hara

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 C-1).  
\_\_\_\_\_  
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).  
\_\_\_\_\_  
(time)
  - a. Notify County Medical Officer 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)
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.

ANNEX D

Implementing Procedure

Public Works

Public Works Officer: Tom Haley  
Alternate: Clayton Long

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_  
(time)
2. Review equipment/personnel inventory, verify availability, and report unmet needs to the County Field Services Officer [REDACTED].  
\_\_\_\_\_  
(time)
3. Review remaining 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 procedures has been modified to include Police procedures.



# ENERGY CONSULTANTS

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

November 29, 1984

Mr. Charles Christy  
Emergency Management Coordinator  
West Pottsgrove Township  
Lemon & Monroe Streets  
Stowe, PA 19464

Dear Mr. Christy:

Attached are five (5) copies of change pages to the Township's Radiological Emergency Response Plan and associated Implementing Procedures. These pages reflect the request changes to your Emergency Operations Center staff.

Please remove the appropriate pages from your plans/procedures and insert the attached revisions.

If you have any questions or additional changes, please feel free to contact me. Thank you for your continued cooperation.

Sincerely,

Ronald L. Deck

RLD/11

Attachments

CC: Montgomery County OEP W/Attach.

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

SEPTEMBER 1984

Copy Number \_\_\_\_\_

Draft #  
Revised 11/28/84

ANNEX A

Implementing Procedure\*

Emergency Management Coordinator

Emergency Management Coordinator: Charles Christy, III  
Alternate: Richard Bacchi

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) Richard A. Bacchi

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office

(3) John R. Ferranti

\_\_\_\_\_ home  
\_\_\_\_\_ office

(4) Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(5) Dominick Solazzo (unlisted)

\_\_\_\_\_ home  
\_\_\_\_\_ office

b. Key Staff

(1) Fire Services Officer  
Ziegfried Mack

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy  
Joseph Karpinski

\_\_\_\_\_ home  
\_\_\_\_\_ office

(2) Transportation Officer  
Dave Fusco

\_\_\_\_\_ home  
\_\_\_\_\_ office

or

Deputy  
Thomas A. Palladino

\_\_\_\_\_ home  
\_\_\_\_\_ office



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:

a. Elected Officials

(1) Richard A. Bacchi

Telephone	Time
_____ home _____ office	_____ _____

(2) Thomas A. Palladino

_____ home _____ office	_____ _____
----------------------------	----------------

(3) John R. Ferranti

_____ home _____ office	_____ _____
----------------------------	----------------

(4) Joseph Karpinski

_____ home _____ office	_____ _____
----------------------------	----------------

(5) Dominick Solazzo (unlisted)

_____ home _____ office	_____ _____
----------------------------	----------------

b. Key Staff

(1) Fire Services Officer  
Ziegfried Mack  
or

_____ home _____ office	_____ _____
----------------------------	----------------

Deputy  
Joseph Karpinski

_____ home _____ office	_____ _____
----------------------------	----------------

(2) Transportation Officer  
Dave Fusco

_____ home _____ office	_____ _____
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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) Richard A. Bacchi	_____ home _____ office	_____ _____
(2) Thomas A. Palladino	_____ home _____ office	_____ _____
(3) John R. Ferranti	_____ home _____ office	_____ _____
(4) Joseph Karpinski	_____ home _____ office	_____ _____
(5) Dominick Solazzo (unlisted)	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer Ziegfried Mack or Deputy Joseph Karpinski	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____
(2) Transportation Officer Dave Fusco	_____ home _____ office	_____ _____

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Ziegfried Mack  
Alternate: Joseph Karpinski

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 as  
\_\_\_\_\_  
(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.

ANNEX D

Implementing Procedure\*

Transportation

Transportation Officer: Dave Fusco  
Alternate: Thomas A. Palladino

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 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 transportations 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.



# ENERGY CONSULTANTS

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

November 28, 1984

Mr. Michael V. Tulloch  
I. H. Systems, Inc.  
P. O. Box 858  
Roswell, GA 30077

Dear Mr. Tolloch:

Regarding our telephone conversation of this date, I am forwarding this letter.

I have contacted the three counties and have formulated the following schedule:

Berks County - Monday, December 3, 1984, at 9:30a.m.

Montgomery County - Tuesday, December 4, 1984, at 9:00a.m.

Chester County - Wednesday, December 5, 1984, at 9:00a.m.

Additionally, we discussed the needs for all of the counties to have the same information manuals and programming software. I understand that you will be bringing the remaining materials during your visit.

Sincerely,

*Henry C. Tamanini*

Henry C. Tamanini

HCT/dlt

cc: Berks County  
Montgomery County  
Chester County





# ENERGY CONSULTANTS

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

November 27, 1984

Sister Rose Christie  
Saint Peter's School  
1126 South Street  
Pottstown, PA 19464

Dear Sister:

This is to confirm our telephone conversation regarding the radiological emergency response plan training program for your faculty.

As discussed, the program is scheduled for Wednesday, December 19, 1984 beginning at 1:00 p.m. I have informed the training office and they will confirm approximately one week prior to the session.

A slide presentation will be a part of the program. Please advise me if you have a screen and a slide (carousel) projector. If you do not, the trainers will bring the necessary equipment.

Sincerely,

Henry C. Tamanini

HCT/11

CC: Robert Patterson