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BOROUGH OF BOYERTOWN

BERKS COUNTY

RADIOLOGICAL EMERGENCY RESPONSE PLAN

FOR INCIDENTS AT THE

LIMERICK GENERATING STATION

IMPLEMENTING PROCEDURES

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SEPTEMBER 1984

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

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## IMPLEMENTING PROCEDURES

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## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Borough of Boyertown 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 Berks County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Borough of Boyertown 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 Boyertown 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: Transportation Officer
7. Public Works: Public Works 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: Robert Layman

Alternate: Bill Hoffman

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:



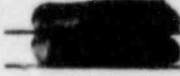



a. Date: \_\_\_\_\_

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

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

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

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) 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	_____ _____ home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy	_____ _____ home office	_____ _____
(3) Fire Services - Friendship		
Michael Hartman	 home	_____

John Yoh

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

(4) Medical/Ambulance

Frank Ritter

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

or

Deputy

(5) Transportation

Richard Seidel

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

or

Deputy

(6) Communications

Pat Breidenbach

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

or

Deputy

(7) Public Works

Howard Kleinsmith

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

or

Deputy

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

(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-2500</u>	_____
b. Fire Departments		
Keystone	<u>367-2500</u>	_____
Friendship	<u>367-2500</u>	_____
c. Ambulance	<u>367-2500</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 Municipal Liaison notified of EUC activation  
(\_\_\_\_\_) \_\_\_\_\_  
(time)
  - c. Check communication systems for operability. \_\_\_\_\_  
(time)
  - d. Establish EUC security. \_\_\_\_\_  
(time)
  - e. Monitor EBS station WHUM 124 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 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.
5. Verify that the following have been notified:

		Telephone	Time
a. Schools			
(1) Boyertown High School	Dr. Replogle	_____ home _____ office	_____ _____
(2) Lincoln School	Linda Cobb Supervisor	_____ home _____ office	_____ _____
	Steve Rudick Head Teacher	_____ home _____ office	_____ _____
b. Major Industries			
(1) Wagner Electric	R. Gerhart General Manager	_____ home _____ office	_____ _____
	Jack Snyder	_____ home _____ office	_____ _____
(2) Eastern Foundry	Richard Smith	_____ home _____ office	_____ _____
(3) Emerald Tool and Die Company	H. White	_____ home _____ office	_____ _____



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

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

a. Verification:

		Telephone	Time
(1) Police Department		<u>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	<u>                    </u>	home _____
		<u>                    </u>	office _____
(b) Lincoln School	Linda Cobb	<u>                    </u>	home _____
	Supervisor	<u>                    </u>	office _____
	Steve Rudick	<u>                    </u>	home _____
	Head Teacher	<u>                    </u>	office _____
(5) Major Industries			
(a) Wagner Electric	R. Gerhart	<u>                    </u>	home _____
	General Manager	<u>                    </u>	office _____
	Jack Snyder	<u>                    </u>	home _____
		<u>                    </u>	office _____
(b) Eastern Foundry	Richard Smith	<u>                    </u>	home _____
		<u>                    </u>	office _____
(c) Emerald Tool and Die Company	H. White	<u>                    </u>	home _____
		<u>                    </u>	office _____



(d)	Boyertown Casket Company		
	Fred Ihrig	home	_____
	Personnel	office	_____
(e)	Boyertown Planning Mill		
	James Levengood	home	_____
	Owner	office	_____
(f)	Boyertown Body Works		
	Harry Yoder	home	_____
	Owner	office	_____
(g)	A. W. Merce		
	William Mercer	home	_____
	Owner	office	_____
(h)	Unicast		
	Laverne Stimmer	home	_____
	Manager	office	_____

(6) Verification Message:

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

	Telephone	Time
(1) Elected Officials		
(a) Mary Lou Haddad - President	home _____ office _____	_____
(b) Frederick Endy, Jr. - Vice President	home _____ office _____	_____
(c) Robert Fleming - Mayor	home _____ office _____	_____
(2) Special Facilities		
(a) Captain Kidds Preschool Learning Center	369-0770 office _____	_____
(b) St. John's Lutheran Church Day Care	369-1024 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:

	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	_____ _____ home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy	_____ _____ home office	_____ _____

(3) Fire Services - Friendship

Michael Hartman

                     home  
                     office

John Yoh

                     home  
                     office

(4) Medical/Ambulance

Frank Ritter

                     home  
                     office

or

Deputy

(5) Transportation

Richard Seidel

                     home  
                     office

or

Deputy

(6) Communications

Pat Breidenbach

                     home  
                     office

or

Deputy

(7) Public Works

Howard Kleinsmith

                     home  
                     office

or

Deputy

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

(time)

3. Verify that the following have been notified:

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

(3) Fire Services - Friendship

Michael Hartman

                     home  
                     office

John Yoh

                     home  
                     office

(4) Medical/Ambulance

Frank Ritter

                     home  
                     office

or

Deputy

(5) Transportation

Richard Seidel

                     home  
                     office

or

Deputy

(6) Communications

Pat Breidenbach

                     home  
                     office

or

Deputy

(7) Public Works

Howard Kleinsmith

                     home  
                     office

or

Deputy

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

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-2500</u>	_____
b. Fire Departments		
Keystone	<u>367-2500</u>	_____
Friendship	<u>367-2500</u>	_____
c. Ambulance	<u>367-2500</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. Reployle	home office	_____
(2) Lincoln School	Linda Cobb Supervisor	home office	_____
	Steve Rudick Head Teacher	home office	_____
b. Major Industries			
(1) Wagner Electric	R. Gerhart General Manager	home office	_____

	Jack Snyder	home _____ office _____
(2) Eastern Foundry	Richard Smith	home _____ office _____
(3) Emerald Tool and Die Company	H. White	home _____ office _____
(4) Boyertown Casket Company	Fred Ihrig Personnel	home _____ office _____
(5) Boyertown Planning Mill	James Levergood Owner	home _____ office _____
(6) Boyertown Body Works	Harry Yoder Owner	home _____ office _____
(7) A. W. Mercer	William Mercer Owner	home _____ office _____
(8) Unicast	Laverne Stimmer Manager	home _____ office _____

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	369-0770 office _____	
(2) St. John's Luthern Church Day Care	369-1024 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 you. Report all unmet

needs to the County Municipal Liaison ( ) (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:

(1) Police Department

Telephone  
367-2500

Time  
\_\_\_\_\_

(2) Fire Departments

Keystone  
Friendship

367-2500  
367-2500

\_\_\_\_\_  
\_\_\_\_\_

(3) Ambulance

367-2500

\_\_\_\_\_

(4) Schools

(a) Boyertown High School

Dr. Replogle

home  
office  
home  
office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Lincoln School

Linda Cobb  
Supervisor



	Steve Rudick Head Teacher	<u>                    </u> home <u>                    </u> office
(5) Major Industries		
(a) Wagner Electric	R. Gerhart General Manager	<u>                    </u> home <u>                    </u> office
	Jack Snyder	<u>                    </u> home <u>                    </u> office
(b) Eastern Foundry	Richard Smith	<u>                    </u> home <u>                    </u> office
(c) Emerald Tool and Die Company	H. White	<u>                    </u> home <u>                    </u> office
(d) Boyertown Casket Company	Fred Ihrig Personnel	<u>                    </u> home <u>                    </u> office
(e) Boyertown Planning Mill	James Levengood Owner	<u>                    </u> home <u>                    </u> office
(f) Boyertown Body Works	Harry Yoder Owner	<u>                    </u> home <u>                    </u> office
(g) A. W. Mercer	William Mercer Owner	<u>                    </u> home <u>                    </u> office
(h) Unicast	Laverne Stimmer Manager	<u>                    </u> home <u>                    </u> office

(6) 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
(1) Elected Officials		
(a) Mary Lou Haddad - President	<u>                    </u> home <u>                    </u> office	<u>                    </u>
(b) Frederick Endy, Jr. - Vice President	<u>                    </u> home <u>                    </u> office	<u>                    </u>
(c) Robert Fleming - Mayor	<u>                    </u> home <u>                    </u> office	<u>                    </u>



## (2) Special Facilities

(a) Captain Kidds Preschool Learning Center

369-0770 office

(b) St. John's Lutheran Church Day Care

369-1024 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) 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	_____ _____ home office	_____ _____
(2) Fire Services - Keystone		
Robert Bartman	 home office	_____ _____
or		
Deputy	_____ _____ home office	_____ _____

(3) Fire Services - Friendship

Michael Hartman

                     home  
                     office                  
                    

John Yoh

                     home  
                     office                  
                    

(4) Medical/Ambulance

Frank Ritter

                     home  
                     office                  
                    

or

Deputy

(5) Transportation

Richard Seidel

                     home  
                     office                  
                    

or

Deputy

(6) Communications

Pat Breidenbach

                     home  
                     office                  
                    

or

Deputy

(7) Public Works

Howard Kleinsmith

                     home  
                     office                  
                    

or

Deputy

Have key staff report to EUC.                     

(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 EUC 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 information 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 EUC, 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 _____ office	_____ _____
(2) Lincoln School	Linda Cobb Supervisor	_____ home _____ office	_____ _____
	Steve Rudick Head Teacher	_____ home _____ office	_____ _____
b. Major Industries			
(1) Wagner Electric	R. Gerhart General Manager	_____ home _____ office	_____ _____
	Jack Snyder	_____ home _____ office	_____ _____
(2) Eastern Foundry	Richard Smith	_____ home _____ office	_____ _____

- |                                  |                            |  |
|----------------------------------|----------------------------|--|
| (3) Emerald Tool and Die Company | H. White                   |  home _____<br>office _____ |
| (4) Boyertown Casket Company     | Fred Ihrig<br>Personnel    |  home _____<br>office _____ |
| (5) Boyertown Planning Mill      | James Levengood<br>Owner   |  home _____<br>office _____ |
| (6) Boyertown Body Works         | Harry Yoder<br>Owner       |  home _____<br>office _____ |
| (7) A. W. Mercer                 | William Mercer<br>Owner    |  home _____<br>office _____ |
| (8) Unicast                      | Laverne Stimmer<br>Manager |  home _____<br>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:

a. Special Facilities

Telephone                      Time

- |   |                       |
|---|-----------------------|
| (1) Captain Kidds Preschool Learning Center | 369-0770 office _____ |
| (2) St. John's Luthern Church Day Care      | 369-1024 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 EUC staff have reviewed their respective resource inventories and have reported deficiencies to you. Report all unmet



needs to the County Municipal Liaison                      (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 are aware of any problem areas.                      (time)
11. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC.                      (time)
12. If sheltering is recommended:
  - a. When the public alert system has been activated, notify hearing impaired.                      (time)
  - b. Monitor EBS station to ensure proper instructions are being given to the general population.                      (time)
  - c. In the event of a siren failure, ensure Boyertown Communications has dispatched appropriate Route Alert Teams as directed by the County.                      (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, ensure Boyertown Communications has dispatched appropriate Route Alert Teams as directed by the County.                      (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)

Note: Lincoln School may request assistance to help load students.

  - 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 ( [REDACTED] ). \_\_\_\_\_ (time)

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

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

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

14. Maintain General Emergency status until:

a. Reduction of classification. \_\_\_\_\_ (time)

b. Termination of emergency. \_\_\_\_\_ (time)

c. EUC must be evacuated. \_\_\_\_\_ (time)

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

a. Verification:

		Telephone	Time
(1)	Police Department	367-2500	_____
(2)	Fire Departments		
	Keystone	367-2500	_____
	Friendship	367-2500	_____
(3)	Ambulance	367-2500	_____
(4)	Schools		
	(a) Boyertown High School		
	Dr. Replogle	[REDACTED] home	_____
		[REDACTED] office	_____
	(b) Lincoln School		
	Linda Cobb	[REDACTED] home	_____
	Supervisor	[REDACTED] office	_____
	Steve Rudick	[REDACTED] home	_____
	Head Teacher	[REDACTED] office	_____
(5)	Major Industries		
	(a) Wagner Electric		
	R. Gerhart	[REDACTED] home	_____
	General Manager	[REDACTED] office	_____
	Jack Snyder	[REDACTED] home	_____
		[REDACTED] office	_____
	(b) Eastern Foundry		
	Richard Smith	[REDACTED] home	_____
		[REDACTED] office	_____



(c) Emerald Tool and Die Company  
H. White

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

(d) Boyertown Casket Company  
Fred Ihrig  
Personnel

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

(e) Boyertown Planning Mill  
James Levengood  
Owner

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

(f) Boyertown Body Works  
Harry Yoder  
Owner

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

(g) A. W. Mercer  
William Mercer  
Owner

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

(h) Unicast  
Laverne Stimmer  
Manager

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

(6) 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
(1) Elected Officials		
(a) Mary Lou Haddad - President	home _____ office _____	_____
(b) Frederick Endy, Jr. - Vice President	home _____ office _____	_____
(c) Robert Fleming - Mayor	home _____ office _____	_____

(2) Special Facilities

(a) Captain Kidds Preschool Learning Center  
569-0770 office \_\_\_\_\_

(b) St. John's Lutheran Church Day Care  
369-1024 office \_\_\_\_\_

(3) Message:

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

16. If the EUC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EUC located at Fleetwood Area High School. \_\_\_\_\_  
(time)
- c. Notify Berks County Municipal Liaison upon your arrival at alternate EUC ( ). \_\_\_\_\_  
(time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP	Access Control Point
ARES	Amateur Radio Emergency Service
EBS	Emergency Broadcast Service
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
TLU	Thermoluminescent Dosimeter

Evacuation Information:

EBS - WHUM-1240; WBYU-107.5 FM; WRFY-102.5 FM; WRAW-1340 AM; WEEU-850 AM

Evacuation Route: Local roads to Route 73 West

Reception Center: Oley Valley High School

Host School(s): Boyertown School District to Kutztown University and  
Kutztown Area Junior High School, Lincoln School -  
Kutztown University

Decontamination Station: Oley Valley High School

Transportation Staging Area: Inner Core Parking Lot

Homebound Support Hospital: St. Joseph's Hospital in Reading

## STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS
------	------	---------	-----------------

ANNEX B  
Implementing Procedure  
Police Services

Police Services Officer: Varius M. Puff  
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Police Services Officer shall:

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

## Police Services

### SITE EMERGENCY

The Police Services Officer shall:

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



## Police Services

### GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Mobilize additional police personnel and have them report to police station (reference Appendix B-1). Make assignments as necessary.  
\_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - d. Ensure police emergency workers have been issued dosimeters-KI.  
\_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is sheltering,
    - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). \_\_\_\_\_  
(time)
    - (2) Initiate increased security measures, i.e., increase vehicular patrols. \_\_\_\_\_  
(time)
  - b. If recommended protective action is evacuation,
    - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). \_\_\_\_\_  
(time)
    - (2) After population has evacuated, ensure police relocate to Washington Township Building. \_\_\_\_\_  
(time)
    - (3) Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
3. If termination, have police personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

3 Cars



TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
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)

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer- Friendship: Mike Hartman  
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.

## Fire Services

### SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Ensure normal fire protection services are maintained.
  - c. Upon delivery from County EUC, 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)
  - d. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-3); obtain a signed receipt (reference Appendix C-5).  
\_\_\_\_\_  
(time)
  - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(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. Upon termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)  
Note: All dosimeters will be returned to the County.
4. Remarks/Actions Taken:

## Fire Services

### GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Upon delivery from County EUC, inventory dosimeters/KI and prepare distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report all unmet needs to your Coordinator. \_\_\_\_\_  
(time)
  - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-3); obtain a signed receipt (reference Appendix C-5).  
\_\_\_\_\_  
(time)
  - d. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - e. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - f. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - g. 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, after population has relocated, ensure that Fire Department relocates: \_\_\_\_\_  
(time)
    - (1) Keystone S.F.E. Company to Bechtelsville Fire Company
    - (2) Friendship Hook & Ladder Company to Earl Fire Company
  - c. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Uley Valley High School.
  - d. Relocate to alternate EUC.

3. Upon termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)

Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the IOC.

FIRE - RESOURCE INVENTORY

Keystone S.F.E. Company #1	2 pumpers 2 brush trucks
Friendship Hook & Ladder Company	1 ladder 2 pumpers 1 rescue truck 1 brush truck



ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

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

"There is an emergency at the Limerick Generating Station; please tune to your EBS station WHUM 1240 AM."

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

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

ROUTE ALERT TEAMS

Sector No. 15-A Alert Team: Friendship Fire Department

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

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

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

Hearing Impaired Individuals\*:

Sector No. 15-B Alert Team: Friendship Fire Department

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

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

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

Hearing Impaired Individuals\*:

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

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

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

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

Hearing Impaired Individuals\*:

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

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

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

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

Hearing Impaired Individuals\*:

\*There are 25 hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EUC.

\*\*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 Borough EUC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Boyertown EUC	23
Borough Hall	
100 S. Washington Street	
B. Fire Companies	
1. Keystone Steam Fire Engine Co. #1	35
Boyertown, PA	
2. Friendship Hook & Ladder #1	30
Warwick Street	
Boyertown, PA	
C. Ambulance Service	
Boyertown Lions Community Ambulance	30
50 S. Chestnut Street	
Boyertown, PA 19512	
D. Police Department	
Boyertown Police Department	8
Borough Hall	
100 S. Washington Street	
Boyertown, PA 19512	
E. Communications Center	
Borough Hall	3
100 S. Washington Street	
Boyertown, PA	
F. Public Works	
Boyertown Garage	5
408 S. Reading Avenue	
Boyertown, PA	

Total Units of Dosimetry-KI Required 134

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY \_\_\_\_\_ ISSUED TO \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 RESPONSIBLE INDIVIDUAL \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

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

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

RECEIVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_  
 SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_



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

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

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

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

DATE \_\_\_\_\_

NAME OF EMERGENCY ORGANIZATION \_\_\_\_\_

RESPONSIBLE INDIVIDUAL \_\_\_\_\_

ORGANIZATION ADDRESS \_\_\_\_\_

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

ANNEX D  
Implementing Procedure  
Medical/Ambulance Services

Medical Services Officer: Frank Ritter  
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Medical Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_  
(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix 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.
6. Remarks/Actions Taken:

## 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. \_\_\_\_\_  
(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. Ensure that normal medical/ambulance services are maintained.
  - d. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Mobilize, if necessary, additional medical/ambulance personnel and have them report to ambulance base (reference Appendix D-1). \_\_\_\_\_  
(time)
  - b. Review personnel/equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - c. Ensure medical/ambulance emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at the Inner Core Parking Lot, is accessible and available. \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - f. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. Upon termination, have ambulance/medical personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Action Taken:

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.

- (4) Emergency workers need not accompany vehicles to reception facilities.
- b. After population has evacuated, ensure ambulance service relocates to Bally Ambulance Base. \_\_\_\_\_  
(time)
- c. Relocate to alternate EOC after population has departed. \_\_\_\_\_  
(time)
3. If termination, have ambulance/medical personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



MEDICAL/AMBULANCE PERSONNEL RECALL ROSTER

Names and telephone numbers are on file in the EOC.

MEDICAL - RESOURCE INVENTORY

2 ambulances



RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

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

ANNEX E  
Implementing Procedure  
Communications

Communications Officer: Pat Breidenbach  
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_  
(time)
2. Verify the County has assigned a RACES unit to the Municipal EUC.  
\_\_\_\_\_  
(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:

## 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. Review equipment inventory (reference Appendix E-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - c. Verify the County has assigned a RACES unit to the Municipal EOC. \_\_\_\_\_  
(time)
  - d. Ensure communications emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - e. Mobilize and dispatch, if directed by the County, appropriate Route Alert Teams. \_\_\_\_\_  
(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.
  - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to the Radiological 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. Review equipment inventory (reference Appendix E-1), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - c. Verify the County has assigned a RACES unit to the Municipal EOC. \_\_\_\_\_  
(time)
  - d. Ensure communication emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - e. Mobilize and dispatch, if directed by the County, appropriate Route Alert Teams. \_\_\_\_\_  
(time)
  - f. Mobilize and dispatch, when directed by the County, traffic control personnel for all jurisdictions normally covered by Boyertown Communications.
  - g. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:

If evacuation is ordered, relocate to alternate EOC after population has departed. \_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

RESOURCE INVENTORYEquipment Required

Telephones: 5

RACES: 1

Base: 1

Equipment Available

Telephones: 3

RACES: 0

Base: 1

Unmet Need

Telephones: 2

RACES: 1

Base: 0

ANNEX F  
Implementing Procedure  
Transportation

Transportation Officer: Richard Seidel  
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix 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:



## Transportation

### SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix F-1).  
\_\_\_\_\_  
(time)
  - c. Contact Medical/Ambulance Services Officer to obtain list of those individuals who require specialized transportation (other than ambulance). \_\_\_\_\_  
(time)
  - d. Notify the Municipal EMC of any changes in requirements.  
\_\_\_\_\_  
(time)
  - e. Ensure transportation emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - f. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Ensure that the Transportation Staging Area, located at the Inner Core Parking Lot, is accessible.
  - b. Review remaining emergency procedures at the event of escalation.  
\_\_\_\_\_  
(time)
  - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. Upon termination, return dosimeters and unused KI to Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

## Transportation

### GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix F-1).  
\_\_\_\_\_  
(time)
  - c. Contact the Medical/Ambulance Services Officer to obtain a list of those individuals who require specialized transportation (other than ambulances). \_\_\_\_\_  
(time)
  - d. Ensure transportation emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - e. Ensure that the Transportation Staging Area, located at the Inner Core Parking Lot, is accessible and available. \_\_\_\_\_  
(time)
  - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is sheltering, no further action is required.
  - b. If recommended protective action is evacuation, then:
    - (1) Add to Appendix F-1 the names and addresses of those individuals who call in requesting transportation assistance.  
(Note: Multiple copies of this list may be necessary).  
\_\_\_\_\_  
(time)
    - (2) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix F-2), notify the Municipal EMC of additional requirements. \_\_\_\_\_  
(time)
    - (3) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. \_\_\_\_\_  
(time)
  - c. Prepare a list of names and addresses of persons to be picked up for each vehicle. \_\_\_\_\_  
(time)

- d. Upon the arrival of vehicles at the municipal transportation staying 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 staying area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Emergency workers need not accompany to reception facilities. Note: Lincoln School may request special assistance to help load students. \_\_\_\_\_  
(time)
- e. Relocate to alternate EUC after population has departed.  
\_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to Radiological Officer.  
\_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTSVehicles Required

Buses: 2

Vehicles Available

Buses: 0

Unmet Need

Buses: 2

ANNEX G

Implementing Procedure

Public Works

Public Works Officer: Howard Kleinsmith  
Alternate: Gene Gabel

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_  
(time)
2. Review equipment/personnel inventory (reference Appendix G-1), verify availability, and report unmet needs to the Municipal EMC.  
\_\_\_\_\_  
(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:



Public Works

SITE EMERGENCY

The Public Works Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Review equipment/personnel inventory (reference Appendix G-1), verify availability, and report unmet needs to the Municipal EMC. Place equipment operators on standby status. \_\_\_\_\_  
(time)
  - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Monitor weather conditions. \_\_\_\_\_  
(time)
  - b. Ensure public works emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - c. Review remaining procedures in the event of escalation.
  - d. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Radiological Officer.  
\_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

Public Works

GENERAL EMERGENCY

The Public Works 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 equipment operators and have them report to public works garage. \_\_\_\_\_  
(time)
  - c. Monitor weather conditions. \_\_\_\_\_  
(time)
  - d. Ensure public works emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is evacuation, be prepared to conduct road clearing operations as necessary.
  - b. Assist in obtaining material for traffic control as necessary.
  - c. Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken: