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

March 1985

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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 Earl 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 Berks County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Earl 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 Earl Township EMA staff officers:

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

ANNEX A

Implementing Procedure

Emergency Management Coordinator: Joe Reider
Alternate: Harvey Moyer

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) Leroy Heimbach	_____ (H) (O)	_____ _____
(2) Henry Clemmer	_____ (O)	_____
(3) John McCloskey	_____ (H) (O)	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harvey Moyer	_____ (H)	_____
(2) Fire Services Officer Ralph Reinert	_____ (H)	_____
Deputy James Kuser	_____ (H) (O)	_____ _____
(3) Transportation Officer Richard Oswald	_____ (H)	_____ _____
Deputy Ron Schaedler	_____ (H) (O)	_____ _____

(4) Communication Officer
Steve Moyer

[REDACTED] (H)
[REDACTED] (O)

Deputy
Larry Schittler

[REDACTED] (H)
[REDACTED] (O)

(5) Public Works Officer
Steve Reinert

[REDACTED] (H)
[REDACTED] (O)

Deputy
Ernie Moser

[REDACTED] (H)
[REDACTED] (O)

Have key staff report to EOC.

(time)

3. Verify that the following have been notified:

Telephone

Time

a. Fire Department

369-1800

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 notified at of EOC activation [REDACTED]

(time)

c. Establish EOC security. _____
(time)

d. Ensure Route Alert Teams have been mobilized as necessary.

(time)

e. If public alert system has been activated, notify hearing impaired.

(time)

f. Review fact sheet (reference Appendix A-2).

5. Ensure RACES operator contacts the County RACES base upon arrival at the Township EOC.

(time)

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

7. Report all unmet needs to the County Municipal Liaison [REDACTED]

(time)

8. 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 _____

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

a. Verification:

Telephone Time

(1) Fire Department 369-1800 _____

(2) 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:

Telephone Time

(1) Elected Officials

(a) Leroy Heimbach  (H) _____
(O) _____

(b) Henry Clemmer  (H) _____

(c) John McCloskey  (H) _____
(O) _____

(2) Message:

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

10. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator




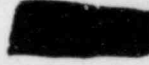
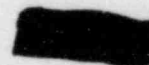


SITE EMERGENCY

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) Leroy Heimbach	 (H) (O)	_____ _____
(2) Henry Clemmer	 (O)	_____
(3) John McCloskey	 (H) (O)	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harvey Moyer	 (H)	_____
(2) Fire Services Officer Ralph Reinert	 (H)	_____
Deputy James Kuser	 (H) (O)	_____ _____
(3) Transportation Officer Richard Oswald	 (H)	_____ _____

Deputy	[REDACTED]	(H)	_____
Ron Schaedler	[REDACTED]	(O)	_____
(4) Communication Officer	[REDACTED]	(H)	_____
Steve Moyer	[REDACTED]	(O)	_____
Deputy	[REDACTED]	(H)	_____
Larry Schittler	[REDACTED]	(O)	_____
(5) Public Works Officer	[REDACTED]	(H)	_____
Steve Reinert	[REDACTED]	(O)	_____
Deputy	[REDACTED]	(H)	_____
Ernie Moser	[REDACTED]	(O)	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>369-1800</u>	_____
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:

- Activated _____
(time)
- County Municipal Liaison notified at of EOC activation ([REDACTED])
_____ (time)
- Establish EOC security. _____ (time)
- Ensure Route Alert Teams have been mobilized as necessary.
_____ (time)
- If public alert system has been activated, notify hearing impaired.
_____ (time)
- Review fact sheet (reference Appendix A-2).

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 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)
8. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____
(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 Municipal Liaison 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 Municipal Liaison Officer at [REDACTED]
12. Review remaining emergency procedures in the event of escalation.
13. 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 _____
14. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, notify/verify the following:
 - a. Verification:

	Telephone	Time
(1) Fire Department	<u>369-1800</u>	_____

(2) 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) Leroy Heimbach	_____ (H) _____ (O)	_____ _____
(b) Henry Clemmer	_____ (H)	_____
(c) John McCloskey	_____ (H) _____ (O)	_____ _____
(d) Message:		
"This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____."		

15. 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) Leroy Heimbach	 (H) (O)	_____ _____
(2) Henry Clemmer	 (O)	_____ _____
(3) John McCloskey	 (H) (O)	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harvey Moyer	 (H)	_____ _____
(2) Fire Services Officer Ralph Reinert	 (H)	_____ _____
Deputy James Kuser	 (H) (O)	_____ _____
(3) Transportation Officer Richard Oswald	 (H)	_____ _____


Deputy Ron Schaedler		(H) (O)	_____ _____
(4) Communication Officer Steve Moyer		(H) (O)	_____ _____
Deputy Larry Schittler		(H) (O)	_____ _____
(5) Public Works Officer Steve Reinert		(H) (O)	_____ _____
Deputy Ernie Moser		(H) (O)	_____ _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>369-1800</u>	_____
b. Verification Message:		
<p>"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."</p>		

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

- a. Activated _____
(time)
- b. County Municipal Liaison notified at of EOC activation .
_____ (time)
- c. Establish EOC security. _____
(time)
- d. Ensure Route Alert Teams have been mobilized as necessary.
_____ (time)
- e. Review fact sheet (reference Appendix A-2).

5. Ensure that all necessary emergency response personnel have reported to the EOC, where needed, or to pre-assigned location. _____
(time)

6. 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 (b)(6). _____
(time)

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

8. 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)

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

10. If sheltering is recommended:

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

c. Ensure Access Control Points are manned (reference Appendix A-1). _____
(time)

11. If evacuation is ordered:

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

b. Ensure Traffic Control Points and Access Control Points have been manned (reference Appendix A-1). _____
(time)

c. 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)

d. Advise County Municipal Liaison of any additional unmet needs. (b)(6). _____
(time)

(1) _____

(2) _____

(3) _____

- e. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer (time)

(1)

(2)

(3)

12. Maintain General Emergency status until:

a. Reduction of classification. (time)

b. Termination of emergency. (time)

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

a. Verification:

	Telephone	Time
(1) Fire Department	<u>369-1800</u>	<u> </u>

(2) 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) Leroy Heimbach	<u> </u> (H) <u> </u> (O)	<u> </u> <u> </u>
(b) Henry Clemmer	<u> </u> (H)	<u> </u>
(c) John McCloskey	<u> </u> (H) <u> </u> (O)	<u> </u> <u> </u>

(2) Message:

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

14. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
E-1	Rt. 562 & Powder Mill Hollow Rd. (in Amity Township)	Earl Twp. Fire Police	1

ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
106	Powder Mill Hollow Road & Fancy Hill Road	State Police	1
107	Powder Mill Hollow Road & Sandy Hill Road	State Police	1
108	Pine Road & Mountain Road	State Police	Barricade
109	Pine Lane & Hauseman Road	State Police	Barricade
110	Old State Road & Ironstone Dr.	State Police	Barricade
	Route 73 and Pond Road	State Police	
	Pine Lane and Pond Road	State Police	

Appendix A-2

FACT SHEET

Abbreviations:

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
TLD	Thermoluminescent Dosimeter

Evacuation Information:

EBS Stations: WHUM 1240 AM, WBYO 107.5 FM, WRAW 1340 AM,
WRFY 102.5 FM, WEEU 850 AM

Evacuation Route: Local roads to Route 562 West

Reception Center: Oley Valley High School

Host School(s): Keystone Hall, Kutztown University
Kutztown Area Jr. High School/Kutztown Elementary

Decontamination Station: Oley Valley High School

Transportation Staging Area: Earl Fire Department

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

County Rumor Control: 374-4809

STATUS BOARD FORMAT

MESSAGE NUMBER	DATE	TIME	MESSAGE	ACTIONS/COMMENTS

ANNEX B
Implementing Procedure
Fire Services*

Fire Services Officer: Ralph Reinert
Alternate: James Kuser

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. 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 B-4). 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:

*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. 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 B-4). 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. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix B-1). _____
(time)
 - b. Distribute dosimeters/KI to Township emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5).

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

(time)
 - e. Review remaining emergency procedures in the event of escalation.

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

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Upon delivery from County EOC, inventory dosimeters/KI and distribute; if applicable, complete a Receipt Form for Dosimetry - Survey Meters-KI (reference Appendix B-4). Report unmet needs to your coordinator. _____
(time)
 - c. Distribute dosimeters/KI to Township emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5).

(time)
 - d. Mobilize additional fire personnel and have them report to fire station (reference Appendix B-1). _____
(time)
 - e. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - f. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to your coordinator.

(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. NOTE: Upon completion of emergency tasks during a contaminating incident, each worker is to report to the decontamination station located at Oley Valley High School. _____
(time)
 - c. Maintain General Emergency status until notified of termination or reduction of classification.
3. Upon termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County.

NOTE: All dosimeters will be returned to the County.
4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

2 pumpers
1 jeep

ROUTE ALERTING TEAMS

I. GENERAL

- A. The Earl Township is divided into 2 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 or WBYO 107.5 FM."
- 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. 19-A Alert Team: Earl Fire Department

Leader: * _____

Assistant: * _____

Transient Location(s): None

Hearing Impaired: List are on file in the EOC.

Sector No. 19-B Alert Team: Earl Fire Department

Leader: * _____

Assistant: * _____

Transient Location(s): None

Hearing Impaired: List are on file in the EOC.

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

ROUTE ALERTING SECTOR MAP

Reference Berks County Route Alert Map Book

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Earl Township EOC	13
Earl Township Fire Company	
R.D. #4	
Boyertown, PA	
B. Fire Companies	
Earl Township Fire Co.	25
R.D. #4	3 fire police
Boyertown, PA	
C. Public Works	
R.D. #4	
Boyertown, PA	5

Total Units of Dosimetry-KI Required 46

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

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

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

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

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

Page: _____ of _____ pages

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

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

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in column 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) (0-200R)	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			

B-5-1

Draft

ANNEX C
Implementing Procedure
Transportation*

Transportation Officer: Richard Oswald
Alternate: Ron Schaedler

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 requiring transportation assistance in the event of evacuation (reference Appendix C-1). Report any changes to your coordinator. _____
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). Report any changes to your coordinator. _____
(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: These procedures have been modified to include Medical/Ambulance Procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, Then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1). Report any changes to your coordinator. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). Report any changes to your coordinator. _____
(time)
 - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the transportation staging area which is located at the Earl Township Fire Department is available and accessible. _____
(time)
 - b. Review remaining procedures in the event of escalation. _____
(time)
 - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification. _____
(time)
3. Upon termination, return dosimeters, unused KI and forms to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1). Report any changes to your coordinator. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). Report any changes to your coordinator. _____
(time)
 - d. Ensure that the transportation staging area which is located at the Earl Township Fire Department is available and accessible. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Ensure that population requiring ambulance transportation is served. _____
(time)
 - (2) Add to Appendix C-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (3) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix C-2), notify your coordinator of additional requirements. _____
(time)
 - (4) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)

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

(time)

3. Upon termination, return dosimeters, unused KI and forms to Fire Services Officer.

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List are on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

<u>Resources Required</u>	<u>Resources Available</u>	<u>Unmet Needs</u>
Buses: 1 Ambulances: 0	Buses: 0 Ambulances: 0	Buses: 1 Ambulances: 0

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 D

Implementing Procedure

Communications

Communications Officer: Steve Moyer
Alternate: Larry Schittler

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 that County has assigned a RACES unit to the Township EOC.

(time)
3. Review equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to your coordinator. _____
(time)
4. Check communication systems for operability. _____
(time)
5. Monitor EBS station WHUM 1240 AM or WBYO 107.5 FM. _____
(time)
6. In the event of a siren failure, receive notification from Boyertown Communications that appropriate Route Alert Teams have been dispatched.
7. Log all incoming messages that provide information or require action. Post all pertinent data on the status board. _____
(time)
8. Review remaining procedures in the event of escalation.
9. Maintain Alert status until notified of termination, escalation or reduction of classification.
10. 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 D-1), verify availability, and report unmet needs to your coordinator.
 - c. Verify the County has assigned a RACES unit to the Township EOC.

(time)
 - d. Check communication systems for operability. _____
(time)
 - e. Monitor EBS station WHUM 1240 AM or WBYO 107.5 FM. _____
(time)
 - f. In the event of a siren failure, receive notification from Boyertown Communications that appropriate Route Alert Teams have been dispatched.
 - g. Log all incoming messages that provide information or require action. Post all pertinent data on the status board. _____
(time)
 - h. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Review remaining emergency procedures in the event of escalation.
 - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. Upon termination, return dosimeters, unused KI and forms to 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. Review equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to your coordinator.
 - c. Verify the County has assigned a RACES unit to the Township EOC.

(time)
 - d. Check communication systems for operability. _____
(time)
 - e. Log all incoming messages that provide information or require action. Post all pertinent data on the status board.

(time)
 - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If sheltering is recommended:
 - (1) Monitor EBS WHUM 1240 AM or WBYO 107.5 FM to ensure proper instructions are being given to the general population.
 - (2) In the event of a siren failure, receive notification from Boyertown Communications that appropriate Route Alert Teams have been dispatched.
 - b. If evacuation is ordered:
 - (1) Monitor EBS WHUM 1240 AM or WBYO 107.5 FM to ensure proper instructions are being given to the general population.

(time)
 - (2) In the event of a siren failure, receive notification from Boyertown Communications that appropriate Route Alert Teams have been dispatched. _____
(time)
3. Upon termination, return dosimeters, unused KI and forms to Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

COMMUNICATIONS INVENTORY

- 2 - Telephones
- 1 - Scanner
- 1 - RACES antenna (external)
 - Message Forms
 - Message Log Book
 - Status Board

Implementing Procedure

Public Works Officer: Steve Reinert
Alternate: Ernie Moser

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

(time)
2. Review equipment/personnel inventory (reference Appendix E-1), verify availability, and report unmet needs to your coordinator.

(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 EOC. _____
(time)
 - b. Review equipment/personnel inventory (reference Appendix E-1), verify availability, and 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. Monitor weather conditions. _____
(time)
 - b. Place equipment operators on standby status. _____
(time)
 - c. Ensure public works emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review remaining procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. Upon termination, return dosimeters and unused KI to Fire Services 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. Review equipment/personnel inventory (reference Appendix E-1), verify availability, and report unmet needs to your coordinator.

(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 of Site Emergency, or if proceeding from Step 1, then:
 - a. Mobilize equipment operators and have them report to the public works garage. _____
(time)
 - b. If recommended protective action is evacuation, be prepared to conduct road clearing operations as necessary. _____
(time)
 - c. Assist in obtaining material for traffic control as necessary.
3. Upon termination, return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

PUBLIC WORKS PERSONNEL AND EQUIPMENT

Names are on file in the Township EOC.

Equipment

- 2 - ten ton dump trucks
- 1 - one ton dump truck
- 1 - front end loader and backhoe
 - 1 - road grader
 - 3 - snow plows
 - 2 - cinder spreaders