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TRANSMITTAL INFORMATION:

TO: GERLACH*ROSE M 08/25/2003

LOCATION: DOCUMENT CONTROL DESK

FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER (NUCSA-2)

THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY OR ELECTRONIC MANUAL ASSIGNED TO YOU:

113 - 113 - SECURITY COORDINATOR: EMERGENCY PLAN-POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 06/26/2003

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CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-113

REPLACE: REV:9

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A045

CHECK-OFF LIST

| TITLE: MEDICAL EMERGENCY FATALITY | | DATE: 6/11/02 ISSUE: #2 | |
|---|--|--|----|
| ITEM CHECKED | | YES | NO |
| 1. THE EMERGENCY MEDICAL RESPONSE TEAM LEADER WILL NOTIFY THE SECURITY CONTROLLER A. Location of individuals B. Keycard number of individual(s) NOTE: DO NOT BROADCAST INDIVIDUAL(S) NAME(S) OVER RADIO OR PA SYSTEM C. Radiological conditions at the scene D. Request for assistance and further instructions (if applicable) | | | |
| 2. THE SECURITY CONTROLLER WILL A. Notify the following of the fatality(ies) <ul style="list-style-type: none"> 1. Operations Shift Supervisor/Emergency Director 2. Security Shift Supervisor/Assistant 3. On-call TSC Security Coordinator (if manned) 4. County Coroner <ul style="list-style-type: none"> a) Request he respond to the SSES 5. LLEA <ul style="list-style-type: none"> a) Request they respond to SSES 6. General Manager-Plant Support or On-call Administrative Coordinator | | | |
| 3. DIRECT SECURITY PERSONNEL AT THE SCENE TO SECURE THE AREA AND ENSURE NO PHYSICAL EVIDENCE IS DISTURBED UNTIL ARRIVAL OF THE COUNTY CORONER AND/OR PENNSYLVANIA STATE POLICE | | | |

CHECK-OFF LIST

| TITLE: ACCOUNTABILITY | | |
|--|------------|-----------|
| ITEM CHECKED | YES | NO |
| 1. NOTIFIED OF ACCOUNTABILITY A. Start "Accountability Control" program. This program starts the accountability process on the SSCS. SECURITY IS REQUIRED TO REPORT THE RESULTS OF THE ACCOUNTABILITY WITHIN 30 MINUTES OF THE OFFICIAL START (NOTE: ACCOUNTABILITY OFFICIALLY STARTS WITH STATION ALARM OVER THE PA) | | |
| 2. ASCC/SCC WILL NOTIFY OF ACCOUNTABILITY A. Security Shift Supervisor/Assistant B. All posts and patrols | | |
| 3. INITIATE AN ACCOUNTABILITY OF SECURITY PERSONNEL A. The SCC/ASCC will verify all on duty Security shift personnel are accounted for B. Direct the ACO to stop processing All Non-Essential Personnel and Vehicles 1) South Gatehouse 2) North Gatehouse (when open) | | |
| 4. MONITOR THE PROGRESS OF THE ACCOUNTABILITY USING SSCS A. Using the accountability status window on the SSCS B. If the below listed work groups do not telephone their Accountability results into Security within 15 minutes – Security is required to call the work group(s) and request the status of their accountability 1) Operations 2) Chemistry 3) Health Physics | | |

CHECK-OFF LIST

| TITLE: ACCOUNTABILITY | | |
|---|-----|----|
| ITEM CHECKED | YES | NO |
| 5. MONITOR CALLS FROM THE ACCOUNTABILITY AREA LEADERS AT THE ACCOUNTABILITY AREAS | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">A. Accountability Area A S&A Cafeteria</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>1624</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">B. Accountability Area B Effluents Meeting Area</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>1644</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">C. Accountability Area C Warehouse, LCR</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>3532</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">D. Accountability Area D I&C Shop 1st Floor 2 story South Building</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>3758</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">E. Accountability Area E Cafeteria Conference Room 1st Floor Three Story South Bldg</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>1685</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">F. Accountability Area F 211 Conference Rm 2nd Floor Three Story South Bldg</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>1211</u></div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">G. Accountability Area G TSC (Control Structure)</div> <div style="width: 45%;">POC: _____ Phone Call back #:<u>3045</u></div> </div> | | |
| 6. At 20 Minutes from start of Accountability | | |
| A. Stop Accountability program in SSCS | | |
| 1) <i>Run Accountability Report of SSCS</i> | | |
| a. "People in the Plant who have not logged into Accountability Area since Accountability Started" | | |
| 2) Print out a copy of the report | | |
| a. Purge the Accountability Report – cross off names of personnel accounted for by Security, Operations, HP, and Chemistry. | | |

CHECK-OFF LIST

| TITLE: ACCOUNTABILITY | | |
|---|-----|----|
| ITEM CHECKED | YES | NO |
| 3) Prior to 30 minutes from the start of Accountability, report results to: | | |
| a. TSC not activated or in control – Operations in the Control Room **Also notify TSC Security Coordinator if TSC is activated. | | |
| b. TSC activated and IN CONTROL – TSC Security Coordinator. | | |
| c. Fax the reports to TSC Security Coordinator (if TSC is activated). | | |
| 7. INITIATE A SECURITY ACCOUNTABILITY WITHOUT USING SSCS | | |
| A. DISPATCH SECURITY FORCE MEMBERS TO ACCOUNTABILITY AREA PICK-UP POINTS FOR ACCOUNTABILITY ROSTER COLLECTIONS | | |
| B. Initiate an Accountability of Security Personnel | | |
| C. Dispatched Security Force Members are required to have Personnel Accountability Areas and Leader Assignments, Attachment B, SP-00-309, in their possession at the Pick-Up points. Copies of Attachment B are located with Mobile #1 | | |
| 1) PICK UP POINT #1 – S&A Building Lobby | | |
| 2) PICK UP POINT #2 – South Building – 1st Floor Conference Room | | |
| D. If the below listed work groups do not telephone their Accountability results into Security within 15 minutes – Security is required to call the work group(s) and request the status of their Accountability | | |
| 1) TSC Sec. Coordinator – (if TSC activated) | | |
| 2) Operations | | |
| 3) Health Physics | | |
| 4) Chemistry | | |

CHECK-OFF LIST

| TITLE: ACCOUNTABILITY | | |
|--|--------------------------|--------------------------|
| ITEM CHECKED | YES | NO |
| 8. Prior to 30 minutes from the start of Accountability report results to: | <input type="checkbox"/> | <input type="checkbox"/> |
| A. TSC not activated or in control – Notify Operations in the Control Room **Also notify TSC Security Coordinator if TSC is activated. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. TSC activated and IN CONTROL – Notify the TSC Security Coordinator. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Fax the reports/lists of missing personnel to the TSC Security Coordinator (if TSC is activated) | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>MISSING PERSONNEL WILL BE DETERMINED FROM ACCOUNTABILITY ROSTER(S) RECEIVED THAT HAVE PERSONNEL IDENTIFIED AS BEING UNACCOUNTED FOR.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: WHEN A ROSTER IS NOT RECEIVED FROM A GROUP, THAT GROUP WILL BE PRESUMED ACCOUNTED FOR OR NOT ON SITE. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Once an individual(s) is confirmed missing the SCC/ASCC Controllers need to reference the "Search and Rescue" check-off list. | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-OFF LIST

| TITLE: REQUEST FOR LIFEFLIGHT | | DATE: 02/02/01 ISSUE: 2 | |
|--|--|--|----|
| NOTE: TO BE USED WITH APPROPRIATE PORTIONS OF EMERGENCY MEDICAL RESPONSE & EMERGENCY ACCESS CHECK-OFF LIST | | | |
| ITEM CHECKED | | YES | NO |
| 1. REQUEST MADE FOR LIFEFLIGHT BY ON-SCENE FIRST AID TEAM/EMT AND DIRECTED BY SECURITY SHIFT SUPERVISOR/ASSISTANT | | | |
| A. Contact LifeFlight Emergency Dispatcher | | | |
| Geisinger Medical Center Switchboard | | | |
| Geisinger Medical Center Emergency Room | | | |
| 2. PROVIDE LIFEFLIGHT EMERGENCY DISPATCHER WITH: | | | |
| A. Name(s) of patient(s) | | | |
| 1. Patient(s) location - Susquehanna Steam Electric Station | | | |
| B. Nature and extent of injuries/illness | | | |
| C. Vital signs | | | |
| D. Whether or not the individual(s) is(are) contaminated | | | |
| E. Security Controller's name and position title | | | |
| F. Receiving hospital if other than Geisinger Medical Center | | | |
| G. Description of landing site (SSES) to include location of windsock | | | |
| 1. Grid coordinates 41 degrees - 5 minutes North by 76 degrees 10 minutes West | | | |
| H. Radio frequency used by LifeFlight and Security Force members | | | |
| 1. Primary - 156.015 Columbia County Channel #1 | | | |
| 2. Secondary - 158.835 Luzerne County Channel #2 | | | |
| I. Request ETA at hospital (Berwick) or at SSES | | | |
| J. Current weather conditions at SSES | | | |

CHECK-OFF LIST

| TITLE: | REQUEST FOR LIFEFLIGHT | DATE: 02/02/01 ISSUE: 2 |
|---|--|--|
| NOTE: TO BE USED WITH APPROPRIATE PORTIONS OF EMERGENCY MEDICAL RESPONSE & EMERGENCY ACCESS CHECK-OFF LIST | | |
| | ITEM CHECKED | YES NO |
| 3. | DISPATCH SECURITY FORCE MEMBER(S) TO THE SSES HELICOPTER PAD A. Ensure Security Force Member(s) responds with LifeFlight equipment box and Motorola Radius #110 radio assigned for LifeFlight use only (located in Armory) <ul style="list-style-type: none"> 1. Primary Channel – 156.015 (Channel #1) 2. Secondary Channel – 158.835 (Channel #2) B. Ensure helicopter pad is clear of debris/obstructions C. <u>If requested:</u> <ul style="list-style-type: none"> 1. Day Time – one smoke grenade downwind side of the landing pad 2. Night Time – one flare at each corner and one flare upwind of the landing pad | |
| 4. | ASSIST LIFEFLIGHT CREW ONLY WHEN REQUESTED A. If directions are requested from pilot – always direct pilot to his left or right B. Remain a minimum of 100' for personnel and a minimum of 50' for vehicles from the helicopter landing pad during landing or take-off <ul style="list-style-type: none"> 1. Ensure ground personnel are wearing eye and ear protection C. When directed to approach the helicopter <ul style="list-style-type: none"> 1. Use a crouch position and <u>always</u> approach from the front D. <u>Do not</u> <ul style="list-style-type: none"> 1. Shine any light toward the helicopter 2. Approach until instructed to do so 3. Approach or leave in an <u>uphill</u> direction 4. Approach helicopter while rotor blades are in motion unless directed <ul style="list-style-type: none"> a) Tail rotor <u>must be avoided</u> at all times 5. Run toward helicopter 6. Assist crew in opening/closing aircraft doors 7. Raise any portion of the patient above head level 8. Smoke within 50' of the helicopter | |

CHECK-OFF LIST

| TITLE: REQUEST FOR LIFEFLIGHT | | DATE: 02/02/01 ISSUE: 2 | |
|--|--|--|----|
| NOTE: TO BE USED WITH APPROPRIATE PORTIONS OF EMERGENCY MEDICAL RESPONSE & EMERGENCY ACCESS CHECK-OFF LIST | | | |
| ITEM CHECKED | | YES | NO |
| 5. UPON DEPARTURE | | | |
| A. Ensure receiving hospital is notified | | | |
| 1. Geisinger Medical Center – LifeFlight | | | |
| 2. Geisinger Medical Center Switchboard | | | |
| 3. Geisinger Medical Center Emergency Room | | | |
| B. Berwick Hospital – Emergency Room | | | |
| C. Berwick Hospital – Switchboard | | | |
| D. Disaster Control | | | |
| 6. WHEN A SITUATION ARISES THAT REQUIRES LIFEFLIGHT/LIFEFLIGHT PERSONNEL TO ENTER THE PROTECTED AREA TO EFFECTIVELY TREAT/TRANSPORT THE VICTIM(S) | | | |
| A. Utilize the appropriate portions of SI-SO-008 “Emergency Access” and follow the “Emergency Access Checkoff List” | | | |
| 7. ENSURE LIFEFLIGHT EQUIPMENT BOX AND RADIO | | | |
| A. Returned to the Armory | | | |
| 1. Equipment Box – resupplied | | | |
| 2. Radio – placed back in battery charger for recharging | | | |
| 8. INPUT APPROPRIATE INFORMATION IN SECURITY SECTION LOG | | | |
| A. Complete a Security Incident Report | | | |
| 1. Forward report and/or attachments to the Security Shift Supervisor/Assistant for dissemination | | | |

CHECK-OFF LIST

| TITLE: FIRE/EMERGENCY ACCESS | | |
|--|------------|-----------|
| ITEM CHECKED | YES | NO |
| SCC/ASCC CONTROLLER | | |
| 1. VERIFY INFORMATION OR REQUESTS FOR EMERGENCY ASSISTANCE OF OFF-SITE FIRE COMPANIES | | |
| A. Call - Back Telephone # _____ | | |
| B. Dispatch Security Force member to scene | | |
| C. Notify Operations Shift Supv./OSC or TSC (if activated) | | |
| 2. ASSESS NATURE OF REQUEST (SCC) | | |
| A. Exact Location | | |
| B. Type of assistance | | |
| C. Nature of the incident | | |
| D. If in contaminated/radiological controlled area | | |
| 1) Affected plant equipment | | |
| 2) Need for off-site response | | |
| 3) Fire | | |
| 4) Ambulance | | |
| 5) Need for additional Security Force members | | |
| 6) Determine with Security Shift Supervisor/Assistant if recall necessary | | |
| 3. ADVISED SECURITY FIRE BRIGADE MEMBERS AND SECURITY FORCE MEMBERS ARE OF: | | |
| A. Location of the fire | | |
| B. The nature of incident | | |
| C. NAME and Location, of the Fire Brigade Leader | | |
| D. Radio channel to contact the Fire Brigade Leader | | |
| E. Radio channel determined by the Fire Brigade Leader | | |

CHECK-OFF LIST

| TITLE: FIRE/EMERGENCY ACCESS | | |
|---|------------|-----------|
| ITEM CHECKED | YES | NO |
| 4. CONTACT APPROPRIATE OFF-SITE AGENCIES REQUESTING THE RESPONDING AGENCIES IN THE FOLLOWING ORDER: Station Addresses: Gate 10 - 769 Salem Boulevard Gate 20/Learning Center - 707 Salem Boulevard Whitehouse - 721 Salem Boulevard Info. Center/Special Office of President/Riverlands - 634 Salem Boulevard West Building - 252 confers Lance Garage/Vehicle Maint. - 737 Salem Boulevard Beach Haven Crew Qtrs - 733 Salem Boulevard Ecology III/Environmental Lab - 804-Salem Boulevard | | |
| A. STRUCTURE FIRES | | |
| 1. Salem Township (Luzerne Country Comm Center) | | |
| 2. Shickshinny (Luzerne Country Comm Center) | | |
| 3. East Berwick (Luzerne Country Comm Center) | | |
| B. VEHICLE and DUMPSTER FIRES | | |
| 1. Salem Township | | |
| C. BRUSH FIRES | | |
| 1. Salem Township | | |
| 2. Shickshinny | | |
| D. RESCUE | | |
| 1. Reliance | | |
| E. Notify Site Fire Protection Engineer ** To be notified of any FIRE which may occur at the SSES to include any PPL property adjoining the SSES. | | |

CHECK-OFF LIST

| TITLE: FIRE/EMERGENCY ACCESS | | |
|---|------------|-----------|
| ITEM CHECKED | YES | NO |
| 5. INFORM OFF-SITE AGENCIES | | |
| A. Nature of emergency and precautions (i.e., contaminated area) | | |
| B. Directions to proper access road | | |
| C. Entry portal (North or South Gatehouse) | | |
| 6. OBTAIN THE FOLLOWING INFORMATION FROM RESPONDING AGENCIES | | |
| A. Number of vehicles responding (if known) | | |
| B. Number of personnel responding (if known) | | |
| C. Estimated time of arrival | | |
| 7. NOTIFY APPROPRIATE PERSONNEL THAT A REQUEST FOR OFF-SITE EMERGENCY RESPONSE HAS BEEN MADE | | |
| A. Notify all Security Force members | | |
| B. Notify Gate 10 of Emergency Response Vehicles enroute to SSES. | | |
| C. Operations Shift Supervisor/Emergency Director | | |
| D. On-Call TSC Security Coordinator (if TSC Manned) | | |
| E. LLEA | | |
| F. Contact Safety | | |
| NOTE: IF OFF-SITE FIRE AGENCIES ARE REQUIRED TO UTILIZE SSES FIRE PROTECTION SYSTEMS TO FIGHT AN OFF-SITE FIRE, NOTIFY THE OPERATIONS SHIFT MANAGER. | | |
| *** Refer to SI-SO-009 Mutual Aid Request for Water from Local Fire Companies (if applicable). | | |

CHECK-OFF LIST

| TITLE: FIRE/EMERGENCY ACCESS | | |
|---|--------------------------|--------------------------|
| ITEM CHECKED | YES | NO |
| G. Contact the Admin Coordinator identified on the Emergency On-Call list. | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Special Office of the President | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. For off-duty hours contact the PIM identified on Emergency On-Call list. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DISPATCH A MOBILE PATROL OFFICER TO THE ACCESS ROAD AT ROUTE #11 TO ESCORT EMERGENCY VEHICLE TO SITE (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Inform Vehicle Escort Officer which Gatehouse the Emergency Vehicle will enter (NGH or SGH) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. NOTIFY APPROPRIATE ACCESS CONTROL OFFICER (NGH OR SGH) | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Type and number of Emergency Vehicles responding to SSES (if known) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Number of responding personnel (if known) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Prepare for emergency access | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Emergency response bag (keycards and dosimetry) | <input type="checkbox"/> | <input type="checkbox"/> |
| E. One radio per Fire Department | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Ensure radios are on the correct channel | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Inform fire company not to change radio channels unless directed by the Fire Brigade Leader | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Emergency Response forms | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Location the fire companies are to respond | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ENSURE VEHICLE(S)/PERSONNEL ESCORTS ARE BRIEFED TO INCLUDE THE EXACT LOCATION OF THE EMERGENCY AND THE LOCATION OF THE EMERGENCY RESPONSE VEHICLE(S)/PERSONNEL ARE TO BE LOCATED | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Ensure escorts are assigned and in place at the appropriate entry portal | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Armed Vehicle Escort Officer | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Armed Vehicle Search Officer | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-OFF LIST

| TITLE: FIRE/EMERGENCY ACCESS | | |
|--|------------|-----------|
| ITEM CHECKED | YES | NO |
| 11. NOTIFY APPROPRIATE PERSONNEL OF EMERGENCY VEHICLE(S)/PERSONNEL ARRIVAL AT SSES | | |
| A. Fire Brigade Leader | | |
| B. Security Shift Supervisor/Assistant | | |
| C. Security Force members | | |
| D. Shift Manager/Emergency Director | | |
| E. TSC Security Coordinator (if TSC is manned) | | |
| 12. UPON DEPARTURE FROM SSES | | |
| A. Ensure H.P. is contacted if fire equipment or personnel were in the controlled zone. | | |
| B. Ensure keycards and dosimetry are collected | | |
| C. Ensure Emergency Response form(s) are completed | | |
| D. Ensure Security Radio(s) are retrieved from fire companies | | |
| 13. COMPLETE A SECURITY INCIDENT REPORT | | |
| A. Attach Emergency Response forms | | |
| B. Forward to the Security Shift Supervisor/Assistant to review | | |
| 1. The Security Shift Supervisor/Assistant will forward completed reports to the Security Operations Supervisor. | | |

CHECK-OFF LIST

| TITLE: SITE EVACUATION | | DATE: _____ | |
|---|--|-------------|----|
| ITEMS CHECKED | | YES | NO |
| SCC/ASCC CONTROLLER: | | | |
| 1. When ED directs a Site Evacuation with personnel reporting to a remote Assembly area (West Building or Information Center) the TSC Security Coordinator will: NOTE: If personnel are directed to report to their home for evacuation go to step #2) A. Contact an Accountability Area Leader and direct they report to the SGH to retrieve EP-AD-027, Remote Assembly Area Setup book located in the ACO (book contains procedure building keys and security access codes). B. Direct SCC/ASCC to notify the SGH ACO with the name of the Accountability/Area Leader who will be retrieving the Remote Assembly Area Setup book. C. When the Remote Assembly Area Setup is complete the Accountability Area Leader will contact Security D. TSC Security Coordinator will notify the SCC/ASCC to start evacuation to designated Off-Site Assembly Area. | | | |
| 2. DIRECTED TO INITIATE A SITE EVACUATION NOTE: If Gate 10 is closed utilize Gate 50 (Gate 50 will need to be unlocked). Any other alternative exits will require barriers to be moved. A. By whom: _____ B. Evacuation Portals: _____ C. Radiological Concerns: _____ D. Route of Travel: _____ E. Off-Site Assembly Area: _____ | | | |
| 3. OBTAIN THE NAMES OF ESSENTIAL PERSONNEL REMAINING ON SITE. | | | |
| 4. NOTIFY AND BRIEF THE SECURITY SHIFT SUPERVISOR/ASSISTANT AND SECURITY FORCE MEMBERS OF THE SITE EVACUATION | | | |
| 5. BRIEF AND DISPATCH 2 SECURITY FORCE MEMBERS, ONE TO EACH OF THE ACCOUNTABILITY AREAS, WITH INFORMATION CONCERNING THE SITE EVACUATION A. Ensure Accountability Area Leaders are informed of: B. Evacuation _____ C. Radiological concerns _____ D. Route of travel _____ E. Off-Site assembly area _____ | | | |

CHECK-OFF LIST

| TITLE: | | SITE EVACUATION | | DATE: ISSUE: | |
|---------------|---|---------------------------------|------------------|-----------------|----|
| ITEMS CHECKED | | | | YES | NO |
| 6. | NOTIFY ACCESS CONTROL OFFICER(S) TO PREPARE FOR SITE EVACUATION | | | | |
| | A. Direct the ACO's to secure the front entrance doors | | | | |
| | B. Ensure the doors to the protected area are " <u>INACTIVATED</u> " to include the entrance turnstiles | | | | |
| | C. Ensure 2 Security Force members are at the Egress Portals for collection of keycards and TLD's | | | | |
| | D. Notify the Security Controller when Accountability Area Leaders report the evacuation is completed for their accountability area | | | | |
| 7. | PLACE EGRESS HANDICAP DOOR IN THE EMERGENCY ACCESS MODE AFTER MANNED BY A SECURITY FORCE MEMBER. | | | | |
| 8. | CONTACT LLEA FOR TRAFFIC CONTROL ASSISTANCE & NOTIFY LLSA OF: | | | | |
| | A. Radiological concerns | | | | |
| | B. Traffic control points. | | | | |
| 9. | DISPATCH SECURITY FORCE MEMBER(S) FOR TRAFFIC CONTROL ON PPL PROPERTY (if available) | | | | |
| 10. | NOTIFY THE FOLLOWING PPL FACILITIES DURING NORMAL WORK DAY HOURS (MONDAY – FRIDAY) OF EVACUATION. CONTACT AND INFORM OF A SITE EVACUATION AND PROVIDE THE GROUPS OF THE FOLLOWING INFORMATION: | | | | |
| | A. Evacuation | | | | |
| | B. Radiological concerns | | | | |
| | C. Route of travel | | | | |
| | D. Off-Site assembly area | | | | |
| | 1. | SSES Learning Center | 3353 and 3350 | | |
| | 2. | SSES Access Processing Facility | 3347 | | |
| | 3. | Warehouse #2 (ISFSI Warehouse) | 3131 | | |
| | 4. | 500 KV Switchyard | 3300 | | |
| | 5. | Main Warehouse | 3349 | | |
| | 6. | West Building | 3627 | | |
| | 7. | Environmental Lab | 1925 or 542-2191 | | |
| | 8. | Information Center | 3376 or 542-2131 | | |
| | 9. | Peach Stand | 1797 | | |
| | 10. | Sewage Treatment Plant | 3931 | | |

CHECK-OFF LIST

| TITLE: | | SITE EVACUATION | | DATE: ISSUE: | |
|---------------|---|-----------------|--|-----------------|----|
| ITEMS CHECKED | | | | YES | NO |
| 11. | Hazardous Waste Yard | 3962 | | | |
| 12. | Site Garage | 1785 | | | |
| 13. | Riverlands | 542-3206 | | | |
| 14. | River Intake Structure | 3379 | | | |
| 15. | Firing Range (if operational) | 3367 | | | |
| 11. | WHEN DIRECTED BY THE TSC SECURITY COORDINATOR DURING WEEKENDS, AND BACK SHIFT HOURS, DETERMINE IF PPL FACILITIES WITHIN THE EXCLUSION ZONE ARE OCCUPIED. | | | | |
| A. | Contact Corporate Security and request if facilities listed below are occupied (Account "OPEN" – Security System DEACTIVATED). | | | | |
| 1. | SSES Learning Center – Account #1a0712 | | | | |
| 2. | SSES Access Processing Facility – Account #1a0708 | | | | |
| 3. | Warehouse #2 (ISFSI Warehouse) – Account #1a0704 | | | | |
| 4. | 500 KV Switchyard – Account #1a0450 | | | | |
| 5. | SSES Garage – No Alarm System | | | | |
| 6. | Hazardous Waste Yard – No Alarm System | | | | |
| B. | Notify TSC Security Coordinator which PPL Facilities are occupied. | | | | |
| 12. | VERIFY WITH ACO'S ENSURING ALL PERSONNEL HAVE EVACUATED AND ACCOUNTED FOR | | | | |
| A. | Inventory all keycards at both the NGH & SGH | | | | |
| 13. | UPDATE OSC OR TSC SECURITY COORDINATOR (IF TSC ACTIVATED) ON SITE EVACUATION STATUS | | | | |
| 14. | ADVISE OSC/SECURITY COORDINATOR WHEN ALL NON-ESSENTIAL PERSONNEL HAVE BEEN EVACUATED | | | | |
| A. | Time: _____ | | | | |
| B. | Who was notified: _____ | | | | |
| 15. | UPGRADE SECURITY CONDITION (if necessary) | | | | |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | |
|---|------------|-----------|
| ITEM CHECKED | YES | NO |
| 1. VERIFY INFORMATION OR REQUEST FOR EMERGENCY MEDICAL ASSISTANCE | | |
| A. Call back (if necessary) | | |
| B. Dispatch two Security Force members to the scene | | |
| 1) Identify Team Leader | | |
| a) If plant is in the Emergency Plan, advise the Team Leader of the team designation assigned by the OSC/TSC Radio Communicator | | |
| C. Make a PA announcement for emergency medical response team members and any first aid responders to respond to the location of the injured personnel and assist the emergency medical response team | | |
| D. Activate EMTs PAGERS | | |
| 1) Double click on the <i>Schuylkill Mobile Fone ICON</i> | | |
| 2) Click on SEND A PAGE | | |
| 3) Enter the following information: | | |
| a) PIN – 5703879218 | | |
| b) Enter your message-location of the medical emergency (i.e., Reactor 1 683 or SB 3 or Turbine 1) | | |
| c) SIGNATURE – enter SCC or ASCC | | |
| d) Click the SEND BUTTON | | |
| e) You should receive the following message – “Message has been queued for delivery.” | | |
| E. Maintain primary radio communications with emergency medical response team | | |
| NOTE: THE FIRE BRIGADE LEADER WILL BE THE TEAM LEADER IN THE EVENT THE FIRE BRIGADE HAS BEEN ACTIVATED AND IS ON-SCENE OF THE INJURY | | |
| 2. ENSURE THE FOLLOWING INFORMATION IS OBTAINED | | |
| A. Exact Location | | |
| B. Nature of the situation | | |
| 1) Apparent illness/injury | | |
| a) Possible contamination | | |
| 2) Need for additional Security Force personnel | | |
| a) Crowd control | | |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | |
|---|--------------------------|--------------------------|
| ITEM CHECKED | YES | NO |
| C. Type of assistance required 1) Immediately make notification upon approval of the Security Shift Supervisor/Assistant a) Ambulance/Paramedics b) Geisinger LifeFlight (see LifeFlight check-off list) D. Special precautions (i.e., contaminated area) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ENSURE EMERGENCY MEDICAL RESPONSE TEAM IS PROVIDED WITH A. All the facts available regarding injured personnel | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. WORK WITH OPERATIONS SHIFT MANAGER/HEALTH PHYSICS/RAD PROTECTION COORDINATOR A. Supplementing resources of the emergency medical response team B. When injury in RCA - notify HP at Unit #2 Control Point and request assistance at last known location of injured personnel | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. CONTACT APPROPRIATE AMBULANCE(S) – WHEN DIALING USE THE SHICKSHINNY TRUNK LINES Station Addresses: Gate 10 769 Salem Boulevard Gate 20/Susquehanna Learning Center 707 Salem Boulevard Whitehouse..... 721 Salem Boulevard Susquehanna Energy Information Center/ Special Office of President/Riverlands..... 634 Salem Boulevard West Building 252 Confers Lane Garage/Vehicle Maintenance 737 Salem Boulevard Beach Haven Crew Qtrs. 733 Salem Boulevard Ecology III/Environmental Lab 804 Salem Boulevard A. Shickshinny (Use Shickshinny Trunk Line) B. Berwick C. Nescopeck D. Pond Hill/Lilly Lake (Use Shickshinny Trunk Line) | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | |
|---|--------------------------|--------------------------|
| ITEM CHECKED | YES | NO |
| E. Hunlock Creek (Use Shickshinny Trunk Line) | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Hobbie (Use Shickshinny Trunk Line) | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Advanced Life Support (Paramedics) | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Reliance Fire Company Rescue 122 and Rescue Extraction | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: PARAMEDICS ARE TO BE NOTIFIED WHEN REQUESTED BY THE ON-SCENE EMERGENCY RESPONSE TEAM | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. INFORM OFF-SITE RESPONDING AGENCIES | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Nature of emergency and precautions | <input type="checkbox"/> | <input type="checkbox"/> |
| 1) Contaminated injury | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Entry Portal - North or South Gatehouse | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Directions to proper access road | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. OBTAIN INFORMATION FROM RESPONDING AGENCIES | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Number of vehicles responding (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Number of personnel responding (if possible) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. NOTIFY APPROPRIATE HOSPITAL (SEE ACTION STEP #17 ASAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Possible contaminated injury | <input type="checkbox"/> | <input type="checkbox"/> |

Continued on Next Page

CHECK-OFF LIST

| | | |
|--|------------|-----------|
| TITLE: EMERGENCY MEDICAL RESPONSE | | |
| ITEM CHECKED | YES | NO |

| | | |
|--|--|--|
| 9. NOTIFY APPROPRIATE PERSONNEL THAT A REQUEST FOR OFF-SITE EMERGENCY RESPONSE HAS BEEN MADE OR SITE PERSONNEL HAVE BEEN TAKEN TO A MEDICAL FACILITY OR DOCTOR VIA POV OR COMPANY VEHICLE | | |
|--|--|--|

| POV | | | MED EMER | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Operations Shift Mgr/Emergency Director | <input type="checkbox"/> | <input type="checkbox"/> | Operations Shift Mgr/Emergency Director | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | TSC Security Coordinator (if manned) | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Safety | <input type="checkbox"/> | <input type="checkbox"/> | LLEA | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Site Nurse | <input type="checkbox"/> | <input type="checkbox"/> | Security Ops Supv | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Contact Safety | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Contact Site Nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact the On-Call Administrative Coordinator | <input type="checkbox"/> | <input type="checkbox"/> | Contact the On-Call Administrative Coordinator | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: SEE ADMINISTRATIVE COORDINATOR ON THE EMERGENCY ON-CALL LIST | <input type="checkbox"/> | <input type="checkbox"/> | NOTE: SEE ADMINISTRATIVE COORDINATOR ON THE EMERGENCY ON-CALL LIST | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Office of the President/ Public Information Specialist | <input type="checkbox"/> | <input type="checkbox"/> | Special Office of the President/ Public Information Specialist | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: FOR OFF-DUTY HOURS, SEE PIM ON THE EMERGENCY ON-CALL LIST | <input type="checkbox"/> | <input type="checkbox"/> | NOTE: SEE PIM ON THE EMERGENCY ON-CALL LIST | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | |
|--|--------------------------|--------------------------|
| ITEM CHECKED | YES | NO |
| 10. NOTIFY GATE 10 OF EMERGENCY RESPONSE VEHICLES ENROUTE TO SSES. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. DISPATCH A SECURITY OFFICER TO THE ACCESS ROAD TO ASSIST OFFSITE RESPONDING AGENCIES (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Inform Escort Officer which gatehouse ambulance will be processed | <input type="checkbox"/> | <input type="checkbox"/> |
| 1) North or South Gatehouse | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. NOTIFY APPROPRIATE ACCESS CONTROL OFFICER | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Type and number of responding vehicles | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Number of responding personnel (if known) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. To prepare for emergency access | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Emergency Response Bag (keycards/dosimetry) | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Ambulance Bag (protective clothing) | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Emergency Response Form | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Identify pick-up point for injured individual | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ENSURE ESCORTS IN PLACE AT APPROPRIATE ENTRY PORTAL | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Knows destination for ambulance(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. NOTIFY APPROPRIATE PERSONNEL OF EMERGENCY VEHICLE(S) ARRIVAL | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Emergency Medical Response Team | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Operations Shift Supervisor/Emergency Director | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Security Shift Supervisor/Assistant | <input type="checkbox"/> | <input type="checkbox"/> |
| D. All Security Force members | <input type="checkbox"/> | <input type="checkbox"/> |
| E. TSC Security Coordinator (if manned) | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | |
|--|------------|-----------|
| ITEM CHECKED | YES | NO |
| 15. ENSURE EMERGENCY MEDICAL RESPONSE TEAM | | |
| A. Completes Form SP-00-308-1 (First Aid Data Sheet) | | |
| B. White copy - forwarded to SSES Safety Section | | |
| C. Pink copy - Ambulance | | |
| 16. UPON DEPARTURE | | |
| A. Remind ACO - not to collect keycards/TLDs if victim(s) is/are contaminated | | |
| B. Remind HP Tech to collect keycards/TLDs if victim(s) is/are contaminated | | |
| C. Ensure the STATUS LEVEL of the injured individual is changed to 0 in the SSCS | | |
| 17. ENSURE EMERGENCY RESPONSE FORM IS COMPLETED | | |
| 18. NOTIFY RECEIVING HOSPITAL OF AMBULANCE(S) DEPARTING FROM SITE | | |
| A. Berwick Hospital Switchboard | | |
| B. Berwick Hospital Emergency Room | | |
| 1) Disaster Control | | |
| C. Geisinger Switchboard | | |
| D. Geisinger LifeFlight | | |
| E. Bloomsburg Hospital | | |
| F. NOTE: ENSURE THAT RECEIVING HOSPITAL IS NOTIFIED IF INJURED PERSON IS CONTAMINATED!!!! | | |

CHECK-OFF LIST

| TITLE: EMERGENCY MEDICAL RESPONSE | | | |
|--|--|------------|-----------|
| | ITEM CHECKED | YES | NO |
| 19. | NOTIFY THE FOLLOWING PERSONNEL OF EMERGENCY VEHICLES DEPARTING THE SITE: | | |
| | A. Security Shift Supervisor/Assistant | | |
| | B. TSC Security Coordinator (if manned) | | |
| | C. Operations Shift Manager/Emergency Director | | |
| | D. LLEA | | |
| | E. All Security Force members | | |
| | F. Security Operations Supervisor | | |
| 20. | INPUT APPROPRIATE INFORMATION IN SECURITY SECTION LOG | | |
| | A. Complete Security Incident Report for a contaminated injury | | |
| | B. Complete Security Information Report for a non-contaminated injury | | |
| | C. Forward all information to the Security Shift Supervisor/Assistant (for review) | | |