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October 12, 1984

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

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

Dear Ms. Zitzer:

In accordance with the Board's Order of June 1, 1982, I am enclosing copies of correspondence and documents regarding emergency planning among Applicant, NRC Staff, the Commonwealth of Pennsylvania and other responsible governmental agencies.

Very truly yours,

Edward J. Cullen, Jr.

EJC, JR:pkc

Enclosures

Box #2

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PDR ADOCK 05000352  
G PDR

D503

|   |                          |
|---|--------------------------|
| cc: Judge Helen F. Hoyt                               | (w/o enclosure)          |
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| Judge Richard F. Cole                                 | (w/o enclosure)          |
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| Atomic Safety & Licensing<br>Appeal Board             | (w/o enclosure)          |
| Atomic Safety & Licensing<br>Board Panel              | (w/o enclosure)          |
| Docket & Service Section                              | (w/enclosure - 3 copies) |
| James Wiggins   | (w/o enclosure)          |
| Timothy R. S. Campbell                                | (w/o enclosure)          |



DOCKETED  
USNRC

'84 OCT 22 P3:26

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

SEPTEMBER 1984

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

Draft 6



# ENERGY CONSULTANTS

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

October 10, 1984

Mr. Dave Christy  
Emergency Management Coordinator  
West Pottsgrove Township  
Lemont and Monroe Streets  
Stowe, PA 19464

Dear Mr. Christy:

We are forwarding herewith for your review and comment five (5) copies of Draft 6 of the West Pottsgrove Township Radiological Emergency Response Plan for Incidents at the Limerick Generating Station. This draft contains several minor changes resulting from the July 25 exercise. Additionally, most "developed" items have now been completed with the exception of the following which require input from you or your staff:

- 1). Identify an Assistant Emergency Management Coordinator (reference Attachment B).
- 2). Identify transient locations within each Route Alert Sector (reference Attachment E).

We will be contacting you in the near future to finalize insertion of this data into your plan. Upon completion, we believe it will be ready for formal review by state and federal agencies.

Thank you for your continued cooperation.

Sincerely yours,

Ronald L. Deck

RLD/mer

Enclosure

cc: Montgomery County OEP

PROMULGATION

THIS PLAN SUPERCEDES ALL OTHER WEST POTTSGRUVE TOWNSHIP PLANS DEVELOPED FOR  
EMERGENCY MANAGEMENT IN THE EVENT OF AN INCIDENT AT THE LIMERICK GENERATING  
STATION. THIS PLAN WAS APPROVED BY THE BOARD OF COMMISSIONERS UNDER  
RESOLUTION \_\_\_\_\_ DATED \_\_\_\_\_.

BOARD OF COMMISSIONERS

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EMERGENCY MANAGEMENT COORDINATOR

WEST POTTSGRUVE TOWNSHIP







TABLE OF CONTENTS

|  | <u>Page</u> |
|--|-------------|
| Promulgation.....  | i           |
| Record of Changes.....   | ii          |
| Annual Review Certification.....                                   | iii         |
| Table of Contents.....   | iv          |
| I. Introduction  |             |
| A. Authority.....  | 1           |
| B. References.....   | 1           |
| C. Purpose.....  | 1           |
| D. Scope.....  | 1           |
| E. Definitions.....  | 2           |
| F. Objectives.....   | 6           |
| II. Basic Plan   |             |
| A. General.....  | 7           |
| B. Municipal Government Emergency Operations.....                  |             |
| 1. Municipal Government - Emergency Organization<br>Structure..... | 7           |
| 2. Responsibilities.....   | 7           |
| 3. Emergency Services.....   | 8           |
| 4. Emergency Operations Center.....                                | 10          |
| C. Communications.....   | 11          |
| D. Alert/Notification Systems.....                                 | 11          |
| 1. Municipal.....  | 11          |
| 2. Public.....   | 12          |
| a. Public Alert System.....  | 12          |
| b. Route Alerting.....   | 12          |
| c. Hearing Impaired.....   | 13          |

|    |  |    |
|----|--|----|
| E. | Protective Actions.....                | 13 |
| 1. | Sheltering.....                        | 13 |
| 2. | Evacuation.....                        | 13 |
| a. | Selective Evacuation.....              | 13 |
| b. | General Evacuation.....                | 13 |
| c. | Authorization and Control.....         | 13 |
| d. | Evacuation Routes.....                 | 14 |
| e. | Transportation.....                    | 14 |
| f. | Traffic Control Points.....            | 15 |
| g. | Schools.....                           | 15 |
| h. | Health Care Facilities.....            | 15 |
| i. | Access Control/Area Security.....      | 15 |
| j. | Emergency Fuel Supplies.....           | 15 |
| k. | Roadway Clearing.....                  | 15 |
| l. | Continued Fire Protection.....         | 16 |
| m. | Agriculture.....                       | 16 |
| F. | Radiological Exposure Control.....     | 16 |
| G. | Continuity of Government.....          | 19 |
| H. | Training.....                          | 19 |
| I. | Concept of Operations.....             | 19 |
| 1. | Unusual Event.....                     | 19 |
| 2. | Alert.....                             | 20 |
| 3. | Site Emergency.....                    | 20 |
| 4. | General Emergency.....                 | 21 |
| 5. | Reentry.....                           | 22 |
| J. | Plan Maintenance and Distribution..... | 22 |

### III. Attachments

|    |  |     |
|----|--|-----|
| A. | Plume Exposure Pathway EPZ Map.....              | A-1 |
| B. | Emergency Organizational Chart.....              | B-1 |
| C. | Letters of Agreement.....                        | C-1 |
| D. | Traffic Control Points .....                     | D-1 |
| E. | Route Alerting.....                              | E-1 |
| F. | Residents with Special Medical Requirements..... | F-1 |
| G. | Persons Requiring Transportation Assistance..... | G-1 |
| H. | EOC Floor Plan.....                              | H-1 |
| I. | Notification List.....                           | I-1 |
| J. | Evacuation Plan Map.....                         |     |
| K. | Dosimetry/KI Report Form.....                    |     |
| L. | Municipal Dosimetry/KI Receipt Form.....         | L-1 |
| M. | Emergency Worker Dosimetry/KI List.....          | M-1 |
| N. | Emergency Worker Dosimetry/KI Receipt Form.....  | N-1 |
| O. | Consolidate Resource List.....                   | O-1 |
| P. | Municipal Police/Fire/Ambulance Resources.....   | P-1 |
| Q. | Evacuation Support Map.....                      | Q-1 |
| R. | Supporting Plans.....                            | R-1 |

WEST POTTSGRUVE TOWNSHIP  
RADIOLOGICAL EMERGENCY RESPONSE PLAN

I. INTRODUCTION

A. Authority

The West Pottsgrove Township Radiological Emergency Response Plan (RERP) has been developed under the authority of, and in accordance with, the provisions of the Pennsylvania Emergency Management Services Act of 1978, P.L. 1332.

B. References

1. U.S. Nuclear Regulatory Commission and the Federal Emergency Management Agency, "Criteria for preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants," NUREG-0654, FEMA-REP-1, Rev. 1, November 1980.
2. Montgomery County Radiological Emergency Response Plan for incidents at the Limerick Generating Station, dated \_\_\_\_\_.
3. Commonwealth of Pennsylvania, Disaster Operations Plan, July 1977, with changes.
4. Annex E, "Fixed Nuclear Facility Incidents," dated November 1981, to the Commonwealth of Pennsylvania Disaster Operations Plan.
5. Municipal Resolution No. \_\_\_\_\_.

C. Purpose

The intent of this document is to provide for the maximum protection of those persons who live, work, or transit West Pottsgrove Township in the event of an incident at the Limerick Generating Station.

D. Scope

This plan outlines the basic procedures West Pottsgrove Township will follow in the event of an incident at Limerick Generating Station. It complies with federal guidelines and details municipal actions in accordance with Annex E of the Commonwealth of Pennsylvania Disaster Operations Plan and the Montgomery County Radiological Emergency Response Plan.

All of West Pottsgrove Township is within the plume exposure pathway EPZ (reference Attachment A and Attachment J). The approximate population is 4,208.



## E. Definitions

Some of the terminology presented in this document, or which one might encounter during a radiological incident, is somewhat unique. Accordingly, for a better understanding of the RERP it is essential that emergency response personnel familiarize themselves with the following definitions:

1. Access Control Point (ACP) - Control Points manned primarily by State or municipal police, augmented when necessary by the National Guard, established around the perimeter of the plume exposure pathway EPZ on roads leading into it when it is evacuated or occupants are taking shelter for the purpose of controlling access into the area.
2. Activate/Activation - To place a specific plan, or portion thereof, into action.
3. Amateur Radio - Licensed volunteer radio amateur communications personnel affiliated with county emergency management organization. Such organizations include Amateur Radio Emergency Service (ARES) and Radio Amateur Civil Emergency Services (RACES).
4. Central Resource Receiving Point - A pre-designated facility operated by the county and located outside the plume exposure pathway EPZ and suitable for the reception and distribution of supplies and equipment.
5. Dosimeters - Devices that measure accumulated exposure to radiation.
6. Emergency Broadcast System (EBS) Announcements - Official announcements made at the county level for the specific purpose of providing instructions or information from the County Commissioners, or their designated representative, to the permanent and transient residents of the county. Announcements are made over the legally designated alerting and warning (EBS) Network.
7. Emergency Planning Zone (EPZ) - A generic area defined about a nuclear facility to facilitate offsite emergency planning and develop a significant response base. It is defined for the plume and ingestion exposure pathways.
  - a. Plume Exposure Pathway - The area surrounding a fixed nuclear facility which potentially is subject to radiation exposure as a result of an incident involving radioactive material emanating from the facility. Such potential exposure could involve: (a) whole body external exposure to gamma radiation from the plume and from deposited materials, and (b) inhalation exposure from the passing radioactive plume. The EPZ for this pathway consists of an area of approximately ten miles in radius around the fixed nuclear facility. (The exact size and configuration of each plume



exposure pathway EPZ for the respective fixed nuclear facility in Pennsylvania were determined in relation to local emergency response needs and capabilities as they are affected by conditions such as demography, topography, access routes, and jurisdictional boundaries).

- b. Ingestion Exposure Pathway - That area surrounding a fixed nuclear facility which, as a result of a release of radioactive material, is a potential source of exposure through the ingestion of water and foods, such as milk or fresh vegetables originating there. This EPZ consists of a circular area of 50 miles radius around the fixed nuclear facility.
8. Fixed Nuclear Facility Incident - An event or condition at a nuclear facility which could result in impact on public health and safety. Four incident classes have been developed to facilitate planning and responses:
- a. Unusual Event - An occurrence which indicates a potential degradation of the level of safety of the facility. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.
  - b. Alert - An occurrence which involves actual or potential substantial degradation of the level of safety of the facility. Any releases are expected to be limited to small fractions of the Environmental Protection Agency (EPA) protective action guideline exposure levels.
  - c. Site Emergency - An occurrence which involves actual or likely major failures of facility functions needed for the protection of the public. Radioactive releases are not expected to exceed the EPA protective action guideline exposure levels except near the site boundary.
  - d. General Emergency - An occurrence which involves actual or imminent substantial core degradation or melting with the potential for loss of containment integrity. Releases can reasonably be expected to exceed EPA protective action guideline exposure levels offsite for more than the immediate site area.

NOTE: The incident classifications of Site and General Emergency should not be confused with a gubernatorial declaration of "State of Disaster Emergency." See definition below.

9. Mass Care Center - Fixed facilities suitable for providing emergency lodging for victims of a disaster left temporarily homeless and capable of providing all essential social services. Feeding may be done within a Mass Care Center (in suitable dining facilities) or nearby.

10. Mobilize - The act of bringing a staff, department, or agency to the strength required to accomplish its mission on a 24-hour basis; including the pre-positioning or movement of equipment or personnel.
11. Municipality - For the purposes of this plan, the terms "municipality" or "municipal government" are defined as referring, singularly or collectively, to cities, boroughs, townships and incorporated towns within the Commonwealth of Pennsylvania.
12. Notify - To inform or report the occurrence of an incident.
13. Parent County - The county in which the facility is physically located.
14. Potassium Iodide (chemical symbol KI) - A drug that offers some protection to the thyroid gland from injury due to accumulation of radioiodine.
15. Protective Action - An action taken to avoid or reduce a projected dose of radiation. Some of the basic actions are:
  - a. Sheltering - Action taken by the public to take advantage of the protection against radiation exposure afforded by remaining indoors, away from doors and windows, and shutting off all sources of outside air during and following the passage of the radioactive plume. Motorists should close all windows and vents.
  - b. General Evacuation - The relocation of the entire population from the plume exposure pathway EPZ.
  - c. Selective Evacuation - The relocation of specific elements of the population, such as pregnant women, pre-school children or the infirm.
16. Protective Action Guide (PAG) - A pre-established projected radiation dose to individuals which warrants protective action.
17. Projected Radiation Dose - An estimate of the radiation dose which affected individuals could potentially receive if protective actions are not taken.
18. RACES or ARES - Radio Amateur Civil Emergency Service or Amateur Radio Emergency Services. Licensed amateur radio operators who are trained and volunteer to provide back-up radio communications as requested by state and county emergency management agencies.
19. REACT - Radio Emergency Action Citizens Team. Licensed citizens band radio operators affiliated with county emergency management agencies.

20. RECALL - The RECALL system is a computer based telephone notification system developed specifically for emergency services and emergency management applications.

Within the application for the Limerick radiological emergency response plans (RERP), the system is located at the County Office of Emergency Management and is programmed with the telephone numbers and message(s) of the key individuals, institutions and special facilities which require notification during the implementation of the RERP.

The system is activated by the county and it sequentially and simultaneously contacts the parties by telephone, provides a pre-recorded message and awaits an acknowledgement code. The system then provides a management report to indicate the calls which have been made, the status (no answer, answer, busy, etc.) and other information. If the called party does not furnish the acknowledgement code, the system will continue to call the party until the code is received or another parameter is reached. Busy lines will be re-tried and alternate numbers are used for after hours or in the event a contact cannot be made at the primary number due to busy, no-answer, or failure to acknowledge.

21. Reception Center - A predesignated site outside the plume exposure pathway EPZ through which evacuees will pass to information and directions to Mass Care Centers.
22. Risk County - A county with area located partially or wholly within the plume exposure pathway EPZ of a nuclear facility.
23. Risk Municipality - A municipality with area located partially or wholly within the plume exposure pathway EPZ of a nuclear facility.
24. Route Alerting - As a supplementary alert/notification procedure route alerting will be conducted as necessary each time the public alert system is activated. Route alerting is a municipal responsibility and is to be accomplished by pre-designated route alert teams travelling along pre-assigned routes delivering the following message: "There is an emergency at the Limerick Generating Station; please tune to your Emergency Broadcast Station."
25. Standby Status - The term used to describe state of readiness. Standard operating procedures have been reviewed; material, communications and required supplies are available and adequate for initial operations; and sufficient personnel are on hand to commence operations. Augmentation personnel necessary for sustained operations are alerted and ready to report for duty when called.



26. State of Disaster Emergency - A state of disaster emergency exists whenever the Governor issues a declaration of disaster emergency. A disaster emergency shall be declared by executive order or proclamation of the Governor at any time upon finding that a disaster has occurred or that the occurrence or the threat of a disaster is imminent. The state of disaster emergency continues until the Governor finds that the threat or danger has passed and terminates it by executive order or proclamation, but no state of disaster emergency may continue for longer than 90 days unless renewed by the Governor. The term "state of disaster emergency" is not to be confused with the emergency classification terms called Site Emergency and General Emergency.
27. Support County - The county or counties outside the plume exposure pathway EPZ of a nuclear facility that, through prior agreement, will provide support to a risk county in the event of an incident. Depending on size and location, the same county may be both a risk and support county.
28. Traffic Control Points (TCP) - Police traffic control established at critical road intersections for the purpose of controlling or limiting traffic.
29. Unmet Needs - Capabilities and/or resources required to support emergency operations but neither available nor provided at the respective levels of government.

F. Objectives

1. Define responsibilities, clarify lines of authority, and establish lines of communication.
2. Ensure that planned actions are current and in consonance with those of surrounding jurisdictions, as well as with the Montgomery County RERP.
3. Identify personnel, resource, and facility requirements necessary for the safe and efficient execution of the Plan.
4. Provide a basis for functional implementing procedures.
5. Ensure that the population of West Pottsgrove Township is informed as to the basic concepts of the Plan and their possible protective actions.

## II. BASIC PLAN

### A. General

Because a variety of local government jurisdictions are found within the plume exposure pathway EPZ of the Limerick Generating Station (reference Attachment A), all of which might be expected to implement their respective RERP's simultaneously, the safety of the public can best be served through an emergency plan that is in consonance with those of surrounding jurisdictions, as well as with the Montgomery County RERP. Accordingly, the West Pottsgrove Township RERP has been developed in such a manner that it will function harmoniously with other plans without risk of conflict.

### B. Municipal Government Emergency Operations

#### 1. Municipal Government - Emergency Organization Structure

- a. See Emergency Organization Chart (reference Attachment B)

#### 2. Responsibilities

- a. Provide an emergency operations center (EUC) with a qualified person (emergency management coordinator) to coordinate the center.
- b. Develop radiological emergency response plans in consonance with the county plan.
- c. Supplement the public alert system to alert the population within the municipality who may not have received the initial alert.
- d. Provide for municipal security to include security of the area if evacuation has occurred.
- e. Provide for fire and rescue protection to include continued fire protection if the area has been evacuated.
- f. In the event of a general emergency classification, ensure that municipal traffic control points are manned in preparation for evacuation.
- g. Provide training for all volunteers operating in the emergency management agency of the municipality.
- h. Ascertain unmet needs and report these to the county emergency management agency.
- i. Maintain a current list of the location of homebound invalids and handicapped persons requiring special medical care and provide for the special needs of these persons including transportation.



j. Facilitate return of evacuees after reentry is recommended.

### 3. Emergency Services

#### a. Direction and Coordination

- (1) The Board of Commissioners has the responsibility for the safety and protection of the public within West Pottsgrove Township, as well as providing direction and control of the emergency organization.
- (2) Under a declaration of disaster emergency, the ultimate direction of emergency services (i.e., firefighting, police, medical and health, rescue, etc.) is the responsibility of the municipality (reference P.L. 1332).
- (3) Supplemental emergency support personnel shall be under the operational control of the municipality.
- (4) Support forces furnished by other political subdivisions shall be under the operational control of the jurisdiction furnishing the force (Reference P.L. 1332).
- (5) Because of the multi-jurisdictional scope of a radiological emergency, the county shall exercise responsibility for coordination and support to the area of operations (reference P. L. 1332).
- (6) Normal dispatch and operational procedures will be used whenever possible.
- (7) Coordination between the counties involved shall be accomplished by the Pennsylvania Emergency Management Agency (PEMA).

#### b. Functional Areas

The following functional areas and associated tasks are essential:

- (1) Emergency Management
  - (a) Develop and maintain the West Pottsgrove Township RERP.
  - (b) Coordinate emergency operations in accordance with the approved RERP and as directed by the Board of Commissioners.
  - (c) Develop and maintain any necessary Letters of Agreement (reference Attachment C).

- (d) Determine unmet needs as a result of RERP implementation and inform the County EOC.
- (e) Maintain expense records of personnel and resource utilization resulting from RERP implementation.
- (f) Establish and maintain EOC security during RERP implementation.
- (g) Participate in training, drills, and exercises.

(2) Law Enforcement (Police Services)

- (a) Ensure that designated Traffic Control Points (TCP's) located within the municipality are manned when necessary (reference Attachment D and Attachment Q).
- (b) Provide continued area security, conditions permitting, during the emergency.
- (c) Assist in traffic control during reentry, necessary.

(3) Fire Services

- (a) Provide for adequate fire/rescue emergency coverage during a radiological emergency.
- (b) Provide for route alerting of the population (reference Attachment E).

(4) Medical/Ambulance Services

Note: This function assigned to the Transportation Officer.

- (a) Provide for adequate ambulance coverage during a radiological emergency.
- (b) Prepare and maintain a list of non-institutionalized residents having special medical requirements (reference Attachment F).
- (c) Provide guidance to outside ambulance resources upon their arrival at the municipality.
- (d) Monitor movement of non-ambulatory individuals requiring transportation by ambulance and/or provision of special medical equipment.

(5) Public Works

Note: This function assigned to the Emergency Management Coordinator.

- (a) Maintain a current listing of equipment resources.
- (b) Assist law enforcement in obtaining material for traffic control purposes.
- (c) When directed by the Board of Commissioners ensure that municipal roadways are cleared.

(6) Radiological

Note: This function assigned to the Fire Services Officer.

- (a) Receive, prepare for distribution, and distribute to emergency workers dosimeters and radioprotective drugs when necessary.
- (b) Assist in the administration of the County's Radiological Exposure Control Program.
- (c) At termination of the emergency, collect dosimeters, forms, and unused radioprotective drugs from emergency workers, inventory, and prepare for return to the County EOC.
- (d) Ensure the training of municipal EOC personnel and emergency workers in the use of dosimeters.

(7) Transportation

- (a) Prepare and maintain a list of those residents who lack transportation (reference Attachment G).
- (b) Provide for the direction and control of outside transportation resources upon their arrival at the municipality.

(8) Communications

Note: This function assigned to the Emergency Management Coordinator.

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

4. Emergency Operations Center (EOC)

- a. The West Pottsgrove Township EOC is located at the Township Building, 101 Lemon Street, West Pottsgrove, PA 19465. See EOC floor plan (reference Attachment H).
- b. It shall be activated when directed by the Emergency Management Coordinator (EMC) or by the Board of Commissioners.

- c. When activated, it shall be staffed by:
  - (1) Emergency Management Coordinator
  - (2) Fire Services Officer
  - (3) Transportation Officer
  - (4) Police Services Officer
- d. The EOC shall function as a central point for coordinating the operations of the West Pottsgrove Township emergency response personnel.
- e. For incident classifications of "Site Emergency" and higher, operations shall be conducted 24-hours a day. Sufficient personnel should be available to maintain 24-hour operation.
- f. The alternate EOC is located at the Daniel Boone Senior High School\*.

C. Communications

1. Telephone

The primary means of communicating to/from the Municipal Emergency Operations Center (EOC) will be the telephone.

2. Two-Way Radio

The usual police and emergency service radio nets will be used for the dispatch of emergency services and the dissemination of information.

3. RACES

The County will provide a RACES operator and radio to the EOC at an emergency classification of Alert or immediately if the initial classification is higher. This system will provide back-up communications capability.

4. Rumor Control

Rumor control will be handled at the County level. The telephone number is 631-9700.

D. Alert/Notification Systems

1. Municipality/Emergency Response Personnel

- a. In the event of an incident at the Limerick Generating Station, initial notification will be provided to the West

\*Agreement under development.



Pottsgrove Emergency Management Coordinator (EMC) or his designated alternate(s) via the RECALL system as activated by Montgomery County Communications.

- b. The West Pottsgrove Township elected officials and EUC staff will be notified by the EMC or designated alternate (reference Attachment I).
- c. Incident classification and protective action information will normally be provided by the County via RACES and confirmed by a County initiated telephone call.

## 2. Public

### a. Public Alert System

- (1) When required, the public will be alerted through a public alert system installed and maintained by Philadelphia Electric Company.
- (2) The system consists of approximately 165 high output mechanical sirens strategically located throughout the approximate ten-mile emergency planning zone. Those sirens located within Montgomery County will be activated by the County UEP.
- (3) The siren coverage areas for West Pottsgrove Township are depicted in Attachment E, Tab 1.
- (4) In coordination with PEMA, the public alert system may be activated (a) when there is significant information that will reassure the public of their safety; (b) when the public is to be informed of a plant status that may lead them to implement specific actions on their own; or (c) when specific actions (to include protective actions) are to be taken by the public. The purpose of the public alert system is to alert the public to tune to their Alert and Warning/Emergency Broadcast System (EBS) radio or TV station for information and instructions.
- (5) Notification is accomplished through the EBS. Pre-written EBS announcements are contained in Annex D of the Montgomery County RERP.

### b. Route Alerting

- (1) Route alerting involves the use of vehicles/personnel traveling predesignated routes within the municipality. Public address systems are used to instruct residents to tune to their Alert and Warning/EBS station. This procedure is used as a supplement to the public alert system where there is a known system failure or area of inadequate coverage.



(2) The municipality has been divided into sectors facilitating route alert team assignments (reference Attachment E).

(3) Route alert teams will be dispatched via normal dispatch procedures to those areas where there is a known failure of the public alert system.

c. Hearing impaired (reference Attachment F)

Route Alert personnel will be charged with alerting the hearing impaired. They will be dispatched by the municipal EMA to the residences of previously identified hearing-impaired persons immediately upon the activation of the public alert system. The hearing-impaired will be provided a pre-printed card which indicates that an emergency situation exists, directs them to review their public information brochures and requests them to establish contact with a relative, friend or neighbor who can provide them with information being provided over the Alert and Warning/EBS network (reference Attachment E).

E. Protective Actions

1. Sheltering

The nature of an incident may be such that the most effective measure to protect the public would be to have them go indoors, stay away from windows and doors, and shut off all sources of outside air (air conditioning, vents, etc.); motorists would be instructed to close windows and vents.

2. Evacuation

Evacuation is a protective action option which involves movement of the population from the plume exposure pathway EPZ. It may be accomplished on a selective or general basis.

a. Selective Evacuation

Selective evacuation involves the relocation of specific categories of persons, such as pregnant women, pre-school children, and others who may be highly susceptible to the hazards of radiation.

b. General Evacuation

General evacuation involves the relocation of the entire population from the plume exposure pathway EPZ.

c. Authorization and Control

(1) The Governor, or his constitutionally designated successor, has the sole authority and responsibility

for directing and compelling a selective or general evacuation.

- (2) The Governor, or the highest ranking elected county or municipal official in authority may recommend an evacuation for their respective jurisdictions.
- (3) PEMA has the primary responsibility for directing and controlling an evacuation order made by the Governor.

d. Evacuation Routes

- (1) When necessary, West Pottsgrove Township will be evacuated via local routes to Route 422 West (reference Attachment J and Attachment Q). Those who require mass care support should go to the reception center located at Reading Mall where they will be directed to an appropriate mass care center.
- (2) There will be no changes in normal traffic patterns in and out of the EPZ during an evacuation. This is necessary to accommodate the movement of support resources, i.e., buses, ambulances, etc., into the area.

e. Transportation

- (1) The primary means of evacuation will be the private automobile. Evacuees will be urged to use any available means of private transportation.
- (2) Information concerning persons without a source of private transportation is found in Attachment G. Unmet transportation resource requirements will be reported to the county transportation officer.
- (3) Individuals without transportation should contact the West Pottsgrove Township EOC at 323-7717 to arrange for pickup.
- (4) Transportation resources will be assembled at the Municipal staging area located at Township Building (reference Attachment Q). An emergency worker will be assigned to each vehicle for the purpose of providing directions to the assigned residences of those persons requiring assistance. These individuals will be taken to the designated reception center; from there they will be taken to a mass care center.
- (b) Transportation requirements for hospitals, nursing homes and public and private schools have been prearranged and will be coordinated by the county. Transportation resources allocated for evacuation of the aforementioned facilities are identified in the county RERP and are not considered as municipal transportation resources.

- (6) Individuals requiring evacuation by ambulance or other special vehicles will be relocated to St. Joseph Hospital, Reading (reference Attachment F). Unmet ambulance resource requirements will be reported to the county medical officer.

f. Traffic Control Points (TCP)

West Pottsgrove Township Police Department and State Police personnel will establish Traffic Control Points within the municipality (reference Attachment D).

g. Public/Private Schools

- (1) Separate school plans have been developed to provide for the safety of school children. A copy can be found in the Township EOC.
- (2) If school is in session at the time evacuation is recommended, children attending schools located within the emergency planning zone will be transported by bus to designated host schools outside the area. They will remain under school supervision until picked up by parents or guardians. These host schools have been planned to coincide with main evacuation routes.
- (3) Students whose homes are inside but who attend schools outside the emergency planning zone will not be sent home if a protective action is advised. They will remain at the school they attend under school supervision until picked up by parents or guardians.
- (4) Specific information concerning host schools will be provided to parents by school officials.

h. Health Care Facilities

Separate plans have been developed for hospitals and nursing homes located within the Plume Exposure Pathway EPZ. A copy can be found in the Montgomery County EOC. There are no health care facilities located in the Township at this time.

i. Access Control Points/Area Security

In the event of either protective action recommendations (sheltering and/or evacuation), Access Control Points will be established around the perimeter of the EPZ. These points are described in the Montgomery County RERP. There are however no ACP's in West Pottsgrove Township. Additionally, conditions permitting (based upon information received from the County EOC), police personnel will provide security patrols throughout the municipality during the emergency.



j. Emergency Fuel Supplies

Designated gas stations along main evacuation routes will be open to provide emergency supplies of gasoline and diesel fuel to evacuees. These stations are identified within Annex K of the county RERP.

k. Roadway Clearing

- (1) Removal of disabled vehicles from evacuation routes shall be accomplished by services dispatched through the County.
- (2) Snow and other debris on evacuation routes shall be removed by West Pottsgrove Township Public Works Department and PennDOT.
- (3) The National Guard will provide supplemental support, as necessary.

l. Continued Fire Protection

- (1) After the evacuation of the general population has been completed, essential Fire Department equipment and personnel will relocate to a point outside the EPZ (reference II, G, 2, b); non-essential equipment will be sheltered.
- (2) In the event a fire is reported in West Pottsgrove Township, the department having jurisdiction, if available and conditions permitting, will be dispatched by the County EOC. Normal turnout gear should provide adequate external contamination protection; respiratory protection should prevent the inhalation of radioactive material. See Annex M of the County RERP for additional information.

m. Agriculture

If evacuation becomes necessary, the Montgomery County OEP, through the USDA County Agent, will certify farmers as emergency workers. This will allow them to return to the EPZ in order that they may tend to their livestock. See Annex O of the County RERP for additional information.

F. Radiological Exposure Control

If it is determined that a potential radiation hazard exists from an incident at the Limerick Generating Station, steps must be taken to protect both the public and emergency workers. Procedures for radiological exposure control are addressed in Annex M of the County RERP. Municipal actions relevant to radiological exposure control follow:



1. Municipal Emergency Workers

- a. When advised by Montgomery County OEP that a Site Emergency has been declared, municipal emergency workers will be issued dosimeters and potassium iodide (KI), a radioprotective drug. A unit of dosimeters-KI contains the following:
- \* one (1) CD V 730 or DCA-622 self-reading dosimeter having a scale of 0 to 20R.
  - \* one (1) CD V 742 self-reading dosimeter having a scale of 0 to 200R.
  - \* one (1) thermoluminescent dosimeter (TLD) which is a machine-read crystalline dosimeter mounted in a card.
  - \* one (1) Dosimetry-KI Report Form (reference Attachment K).
  - \* one (1) bottle containing a fourteen day supply of potassium iodide (KI) tablets.
- b. PEMA will supply, when available, the Montgomery OEP with enough dosimeters and KI for designated emergency workers within its portion of the plume exposure pathway EPZ. These resources will be predistributed to the Township. Attachment M lists emergency worker dosimeters-KI resource requirements.
- c. Distribution of the dosimeters and KI is as follows:
- (1) Upon notification of an Alert (or any higher classification of emergency should it be initial notification), the equipment will be prepared for distribution to municipal emergency workers (reference Attachment L).
  - (2) Upon notification of a Site Emergency, dosimeters and KI will be distributed to municipal emergency response organizations identified in Attachment M. A signed receipt shall be obtained from each organization (reference Attachment L). Emergency organizations will maintain property control by having each worker sign for the property (reference Attachment N.)
  - (3) Emergency workers will take KI only upon the direction of the Secretary of the Pennsylvania Department of Health, notification of which will be received through emergency management channels.
- d. Dosimeters Wearing Procedures and Related Actions
- (1) Dosimeters are to be worn in the pocket of an outer garment from the time of issue until the worker is dismissed from duty. In no case should the TLD be worn

by more than one person since there is no way of ascertaining later how much of the dose recorded on the TLD was received by each individual if more than one person was involved.

- (2) Each emergency worker is responsible for completing the Dosimetry/KI Report Form (reference Attachment K) and for reading the self-reading dosimeters at least once every thirty minutes. The protective action guide for whole body exposure is 25 rem. Therefore an emergency worker should seek to be relieved or complete the assigned task and then evacuate to an emergency worker decontamination station before receiving 25 R.
- (3) Life Saving Missions - If a life saving mission should become necessary, the West Pottsgrove Township elected official in charge may, under conditions shown below, authorize volunteer emergency workers to exceed the established 25 rem whole body limit. In no instance, however, should the emergency worker be authorized to exceed an absolute upper limit of 75 rems. This authorization may be given in advance to avoid the possibility of delay in performing life saving missions. When authorizing volunteer emergency workers to exceed the 25 rem limit the elected officials ensure that the following conditions are met:
  - (a) It is a life saving situation and alternative courses of action cannot be taken to accomplish the mission.
  - (b) The emergency workers are health adult male volunteers, preferably over 45 years of age.
  - (c) The emergency workers selected are persons whose normal duties might involve such missions, e.g., policemen and firemen with suitable protective clothing and respiratory equipment.
  - (d) The mission will be accomplished in the least amount of "stay time."
  - (e) The emergency workers are knowledgeable of and accept the increased risk in exceeding the 25 rem limit.
4. Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to a decontamination station. Emergency workers in West Pottsgrove Township are to report to Daniel Boone Senior High School, Birdsboro, PA\*. Specifics relevant to monitoring and decontamination are contained in Annex M of the County RERP.

\*Agreement under development.

- f. When the emergency is terminated, all dosimeters-KI should be returned to the Municipal EUC for forwarding to the County.

2. Public

The protective actions outlines in Section II, E, are intended to provide the necessary radiological exposure control for the general public. In addition, decontamination monitoring teams will service all mass care centers, and host health care facilities for the purpose of monitoring evacuees. A list of decontamination stations is provided in the County RERP.

- G. Continuity of Government

1. Government

In the event of a general evacuation, the Board of Commissioners shall transact required business at an alternate seat of government located at the Daniel Boone Senior High School\*.

2. Municipal Services

- a. The Police Department will relocate to Daniel Boone School.\*
- b. The Fire Department will relocate to Daniel Boone High School.\*
- c. All services will remain available to respond to emergencies within the EPZ, radiation levels permitting. Dispatch will be accomplished through the County EUC.

3. EUC

The EUC shall be relocated to the Daniel Boone Senior High School\*.

- H. Training

1. The Montgomery County Office of Emergency Preparedness is responsible for coordinating radiological emergency response training as outlined in Annex R of the County RERP.
2. The West Pottsgrove Township Emergency Management Coordinator shall ensure that local emergency response personnel are familiar with their responsibilities.

- I. Concept of Operations

The following offers a list of general actions to be performed in the event of an incident.

\*Agreement under development.



1. Unusual Event

Notification to Municipal EMC's will not take place.

2. Alert

- a. The West Pottsgrove Township Emergency Management Coordinator (EMC) will receive notification from Montgomery County OEP. The EMC in turn, notifies municipal officials and key staff personnel.
- b. The EMC and key staff will report to the Municipal EOC. Security measures will be implemented to restrict admittance.
- c. Communications systems will be tested. The County will be notified when RACES communications are established.
- d. Dosimeters/KI will be prepared for later distribution.
- e. Non-ambulatory residents shall be contacted to verify special requirements.
- f. The EMC shall notify certain public and private institutions/facilities located within the municipality of the emergency. In some instances, this will be a verification of a notification previously received through a county-initiated procedure. A listing of these facilities is maintained in the municipal EOC.
- g. Route alert teams will be placed on standby.
- h. If the public alert system is activated, the hearing impaired will be notified and Route Alert Teams dispatched as necessary.
- i. Local TCP personnel will be notified.
- j. The local Alert and Warning/EBS station KYW 1060 AM will be monitored.
- k. Review municipal and County Radiological Emergency Response Plans.
- l. Ensure all messages which provide information or require a response are verified and logged. Pertinent data will be posted on the status board.
- m. Additional unmet needs will be passed to the County.
- n. In the event of reduction of classification or termination of incident, all parties previously notified will be informed.



### 3. Site Emergency

- a. Same actions as Alert.
- b. Additional emergency response personnel will be mobilized, including full EOC staff.
- c. Dosimeters and KI will be distributed to emergency workers and organizations.
- d. Resource inventories (reference Attachment O and Attachment P) will be reviewed to verify that those resources indicated as being available are, in fact, available.
- e. Road conditions will be reviewed, reporting any detours or construction areas to the County Public Works Officer.
- f. Local TCP personnel will be placed on standby. West Pottsgrove Township TCP's will be manned if traffic conditions dictate.
- g. Drivers and transportation assets needed for persons without transportation will be placed on standby by the County.
- h. In the event of reduction of classification or termination of incident, all parties previously notified will be informed, dosimeters and KI will be prepared for return to the County.

### 4. General Emergency

- a. Same actions as Alert and Site Emergency.
- b. Alerting of special population groups, i.e., hearing impaired, will begin at the time the public alert system is activated.
- c. Route alerting will commence in those areas of known public alert system failure or inadequate coverage. Information identifying the specific areas involved will be provided by the County.
- d. If evacuation is ordered:
  - (1) Drivers and transportation assets needed for persons without transportation will be mobilized by the County.
  - (2) Guidance to outside transportation resources will be provided by the municipality to assist those without transportation.
  - (3) Homebound invalids will receive evacuation assistance.

- (4) If necessary, fire, police services and seat of government will be relocated after general population has evacuated or upon completion of assignments.
- (5) Traffic control points located within the municipality will be manned.
- e. If sheltering is recommended:  
Increased security measures will be provided, conditions permitting.
- f. When directed by Pennsylvania Department of Health, instruct emergency workers to take KI.
- g. In the event of reduction of classification or termination of incident, all parties previously notified will be informed; dosimeters and KI will be prepared for return to the County.

5. Reentry

- a. Authorization for reentry will come from the Governor upon determination that it is safe to do so.
- b. The West Pottsgrove Township officials and Emergency Management Coordinator shall:
  - (1) Return to the local EUC.
  - (2) Reestablish safety and security services.
  - (3) Report damage caused by evacuation and reentry, as well as costs of support operations to County EUC.

J. Plan Maintenance and Distribution

1. Maintenance

- a. The West Pottsgrove Township Emergency Management Coordinator is responsible for ensuring the currency of the Township RERP, including the development and distribution of all changes, as well as accomplishing an annual review.
- b. All changes to the West Pottsgrove Township RERP shall be coordinated through the Montgomery County Office of Emergency Preparedness.
- c. All changes to the West Pottsgrove Township RERP which involve policy or procedure shall be approved by Board of Commissioners.
- d. The current date shall be placed on any page that is changed.

2. Distribution

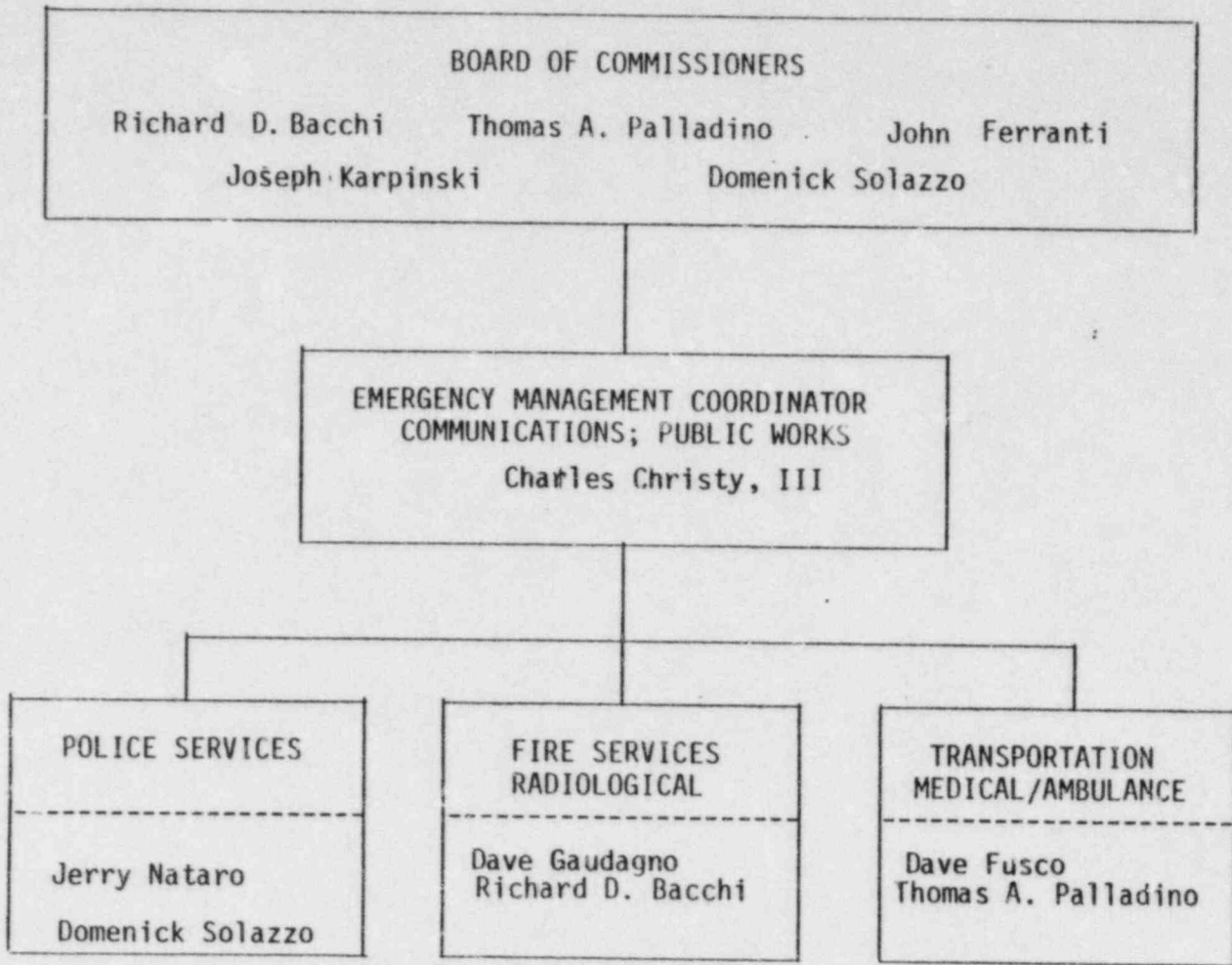
- a. Montgomery County EUC (copies to accommodate distribution to PEMA and Philadelphia Electric Company)  
Copy Numbers 1-4 4 copies
- b. West Pottsgrove Township elected officials  
Copy Numbers 5-9 5 copies
- c. Emergency Management Coordinator and key staff  
Copy Numbers 10-17 8 copies
- d. Police Department  
Copy Number 18 1 copy
- e. Fire Department  
Copy Number 19 1 copy
- f. Municipal library  
Copy Number 20 1 copy

Note: Additional copies of the plan can be made available upon specific request and justification to the West Pottsgrove Township emergency management coordinator. As revisions are made to the plan, properly identified change pages will be sent to all organizations, agencies and individuals holding a copy of the plan.

PLUME EXPOSURE PATHWAY EPZ MAP

Map will be inserted in final draft.





WEST POTTS GROVE TOWNSHIP EMERGENCY ORGANIZATIONAL CHART

Attachment B

B-1

Draft 5

LETTERS OF AGREEMENT

I. Purpose

To document the arrangements made between West Pottsgrove Township and those agencies providing the personnel and resources needed to successfully implement this plan.

II. Agreement providing and Maintenance

The West Pottsgrove Township Emergency Management Coordinator shall be responsible for:

- A. Determining the need for specific letters of agreement.
- B. Developing their general content.
- C. Updating them as necessary.

III. Specific Agreements

- A. Alternate EOC Site\*
- B. Alternate Seat of Government\*

\*Agreement under development.

TRAFFIC CONTROL POINTS

| <u>Post<br/>Number</u> | <u>Location</u>             | <u>Responsible<br/>Police<br/>Organization</u> | <u># Officers<br/>Assigned</u> |
|------------------------|-----------------------------|--|--------------------------------|
| W. Pottsgrove 1        | W. High & Center Sts.       | Township                                       | 1                              |
| W. Pottsgrove 2        | W. High & Old Reading Pike  | Township                                       | 1                              |
| W. Pottsgrove 3        | W. High & Howard Sts.       | Township                                       | 1                              |
| W. Pottsgrove 4        | W. High St. & Grosstown Rd. | Township                                       | 1                              |
| W. Pottsgrove 5        | W. High & Jay Sts.          | Township                                       | 1                              |
| W. Pottsgrove 6        | Manatawny & Grosstown Sts.  | Township                                       | 1                              |
| W. Pottsgrove 7        | Sell Rd. & Manatawny St.    | Township                                       | 1                              |

ROUTE ALERTING

At least two (2) persons will be named to each alert team.

Each route alert team will be supplied with a map of the assigned sector (reference Tab 1). Alert teams will issue the following message:

"There is an emergency at the Limerick Generating Station; please tune to your Emergency Broadcast System Station KYW 1060 AM."

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

Sector No. 57-A Alert Team: West End Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

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

Hearing Impaired Individuals\*:

Sector No. 57-B Alert Team: West End Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

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

Hearing Impaired Individuals\*:

Sector No. 57-C Alert Team: West End Fire Department

Leader:       \*\* \_\_\_\_\_

Assistant:   \*\* \_\_\_\_\_

\* There are 11 hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

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



Transient Location: \_\_\_\_\_ (TBU)

Hearing Impaired Individuals\*:

Sector No. 57-D Alert Team: West End Fire Department

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

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

Transient Location: \_\_\_\_\_ (TBU)

Hearing Impaired Individuals\*:

Sector No. 57-E Alert Team: West End Fire Department

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

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

Transient Location: \_\_\_\_\_ (TBU)

Hearing Impaired Individuals\*:

\* There are 11 hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

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

ROUTE ALERT

SECTOR MAPS

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.

RESIDENTS WITH SPECIAL MEDICAL REQUIREMENTS

- A. There is 1\* resident requiring ambulance support in the event of an evacuation. The name, address, and telephone number are on file in the municipal EOC.
- B. There are 5\* residents who may require special assistance in the event of protective actions. Their names, addresses, and telephone numbers are on file in the municipal EOC.
- C. There are 11\* hearing impaired individuals in the municipality. Their names and addresses are on file in the Municipal EOC.

\* Based upon public survey data.

Note: These individuals will be contacted by the Medical/Ambulance Service Officer at Alert to confirm the status of their medical needs. This list should be updated every six (6) months.



PERSONS REQUIRING TRANSPORTATION ASSISTANCE

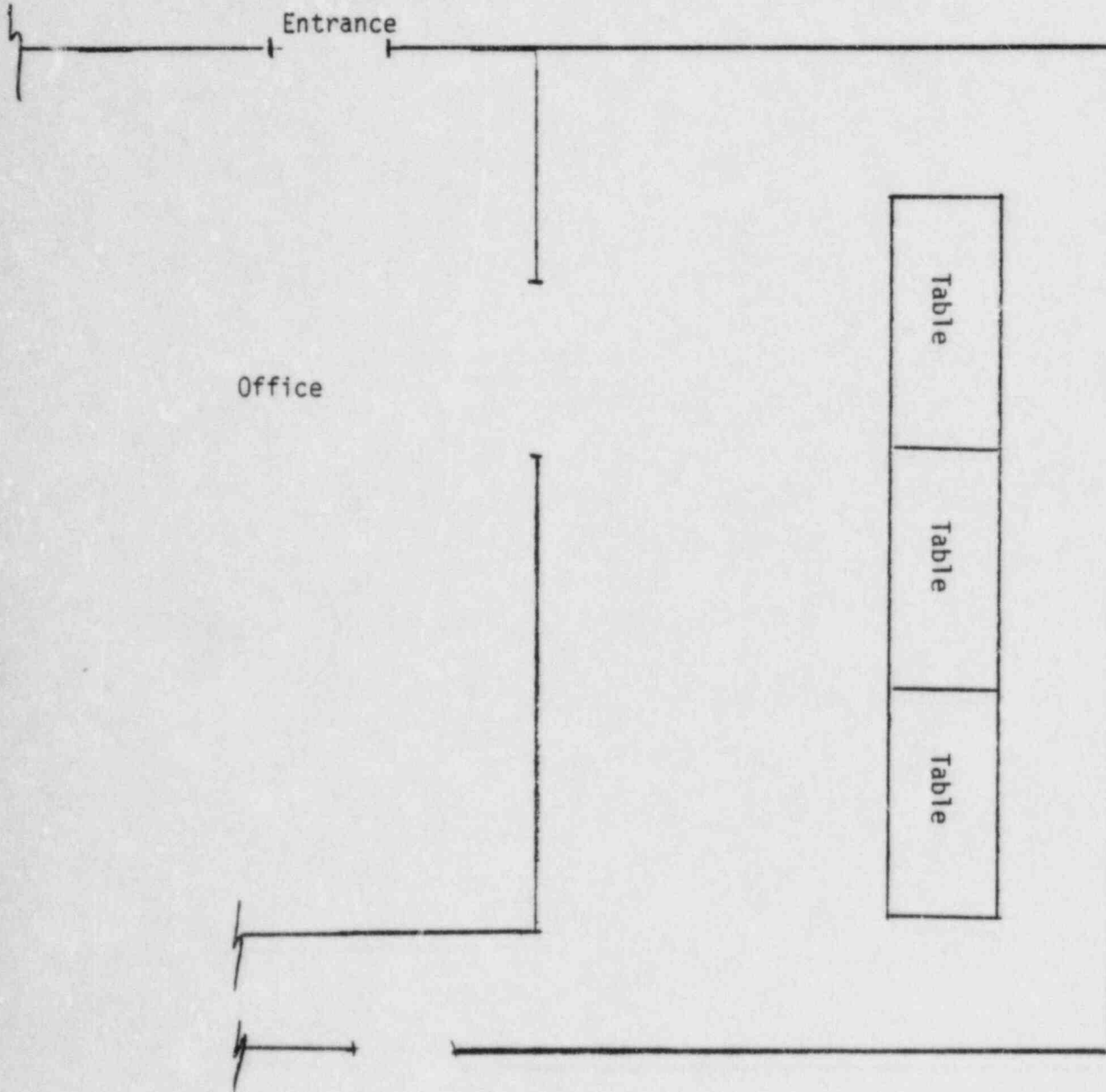
There are 82\* residents who require transportation assistance in the event of evacuation. Their names and addresses are on file at the municipal EOC.

It is understood that there may be additional individuals who will require transportation assistance on the time of evacuation. These individuals are to contact the municipal EOC to arrange for pickup.

\* Based upon public survey data.

WEST POTTS GROVE TOWNSHIP

Floor Plan - Emergency Operations Center



EMERGENCY NOTIFICATION LIST\*

## 1. Elected Officials

- |                        |                   |
|------------------------|-------------------|
| a. Richard A. Bacchi   | Home Phone: _____ |
|                        | Bus. Phone: _____ |
| b. Thomas A. Palladino | Home Phone: _____ |
|                        | Bus. Phone: _____ |
| c. John R. Ferranti    | Home Phone: _____ |
|                        | Bus. Phone: _____ |
| d. Joseph Karpinski    | Home Phone: _____ |
|                        | Bus. Phone: _____ |
| e. Dominick Solazzo    | Home Phone: _____ |
|                        | Bus. Phone: _____ |

- |                            |                      |                   |
|----------------------------|----------------------|-------------------|
| 2. Coordinator             | Charles Christy, III | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| Deputy                     |                      | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| 3. Police Services Officer | Jerry Nataro         | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| Deputy                     | Domenick Solazzo     | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| 4. Fire/Rescue Officer     | Dave Gaudayno        | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| Deputy                     | Richard Bacchi       | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| 5. Transportation Officer  | Dave Fusco           | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |
| Deputy                     | Thomas Palladino     | Home Phone: _____ |
|                            |                      | Bus. Phone: _____ |

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

EVACUATION PLAN MAP

Map will be inserted in final draft.





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 proper 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)<br>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<br>Dosimetry-KI and Survey Meters |          |

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

EMERGENCY WORKER DOSIMETRY-KI LIST

| <u>AGENCY</u>   | <u>NUMBER OF EMERGENCY WORKERS</u> |
|---|------------------------------------|
| A. Emergency Management Agency  |                                    |
| West Pottsgrove Township<br>101 Lemon Street<br>West Pottsgrove, PA 19465 | 10                                 |
| B. Fire Company   |                                    |
| West End Fire Company #1<br>Vine and Rice Streets<br>Pottstown, PA 19464  | 39                                 |
| C. Police Department  |                                    |
| West Pottsgrove Township<br>101 Lemon Street<br>Stowe, PA 19464           | 5                                  |
| D. Public Works   |                                    |
| West Pottsgrove Township<br>Lemon & Monroe Sts.<br>Stowe, PA 19464        | 3                                  |

Total Units of Dosimetry-KI Required 57





CONSOLIDATED RESOURCE LIST

|                               | TOTAL REQUIRED                                 | LOCALLY AVAILABLE                              | UNMET NEED                                     |
|-------------------------------|--|--|--|
| <b>A. <u>VEHICLES</u></b>     |  |  |  |
| 1. Buses <sup>1</sup>         | 3 <sup>2</sup>                                 | 0  | 3  |
| 2. Ambulances                 | 1  | 0  | 1  |
| 3. Vehicles with Loudspeakers | 5  | 5 <sup>4</sup>                                 | 0  |
| 4. Other                      | 0  | 0  | 0  |
| <b>B. <u>PERSONNEL</u></b>    |  |  |  |
| 1. Route Alerting             | 8  | 8  | 0  |
| 2. Transportation             | 3  | 3  | 0  |
| 3. TCP                        | 7  | 7 <sup>3</sup>                                 | 0  |
| 4. Special Assistance         | 3  | 3  | 0  |
| 5. Ambulance                  | 1  | 1  | 0  |
| 6. Communications             | 2  | 0  | 2  |
| 7. Other                      | 0  | 0  | 0  |
| <b>C. <u>EQUIPMENT</u></b>    |  |  |  |
| 1. Communications (by type)   | Telephones: 4<br>RACES: 1<br>Two-way Radios: 7 | Telephones: 4<br>RACES: 0<br>Two-way Radios: 7 | Telephones: 0<br>RACES: 1<br>Two-way Radios: 0 |
| 2. Traffic Control            | 0  | 0  | 0  |
| 3. Life Support               | 0  | 0  | 0  |
| 4. Other                      | 0  | 0  | 0  |

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

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

<sup>3</sup>Includes Fire Police.

<sup>4</sup>Additional PA systems to be supplied by the utility.

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

MUNICIPAL POLICE/FIRE/AMBULANCE RESOURCES

| <u>Police Department</u>  | <u>Equipment</u> | <u>Manpower</u> |
|---|------------------|-----------------|
| West Pottsgrove Township<br>101 Lemon Street<br>Stowe, PA 19464 | 2 cars           | 5               |

| <u>Fire Department</u>  | <u>Equipment</u>                  | <u>Manpower</u> |
|---|-----------------------------------|-----------------|
| West End Fire Company #1<br>Vine and Rice Street<br>Pottstown, PA 19464 | 2 pumpers<br>1 rescue<br>1 tanker | 39              |

Ambulance

(None Located in Township)

Covered by Goodwill Fire Company  
Ambulance - Pottstown

SUPPORTING PLANS

The following supporting plans are on file in the Township EUC:

Pottsgrove School District RERP

St. Gabriel's School RERP

RELATED CORRESPONDENCE

DOCKETED  
USNRC

'84 OCT 22 P3:26

OFFICE OF SECRETARY  
DOCKETING & SERVICE  
BRANCH

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

SEPTEMBER 1984

Copy Number \_\_\_\_

Draft 6



IMPLEMENTING PROCEDURES

Table of Contents

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

## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Limerick Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Limerick 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 Limerick Township 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: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Police Services Officer
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure

Emergency Management Coordinator

Emergency Management Coordinator: Edward Doman

Alternate: (name)

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) Harold A. Herr          |  home<br>_____ office   | _____<br>_____ |
| (2) Amman G. Morgan         |  home<br>_____ office  | _____<br>_____ |
| (3) Christian E. Desterle   |  home<br>_____ office | _____<br>_____ |
| b. Key Staff                |  |                |
| (1) Fire Services Officer   |  |                |
| Donald Andes-Limerick       | _____ home<br>_____ office   | _____<br>_____ |
| or                          |  |                |
| Dennis Rumler-Linfield      | _____ home<br>_____ office   | _____<br>_____ |
| (2) Police Services Officer |  |                |
| Barry Lenhart               | _____ home<br>_____ office   | _____<br>_____ |
| or                          |  |                |
|                             | _____ home<br>_____ office   | _____<br>_____ |
| (3) Transportation Officer  |  |                |
|                             | _____ home<br>_____ office   | _____<br>_____ |
| or                          |  |                |
| Deputy                      | _____ home<br>_____ office   | _____<br>_____ |



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

3. Verify that the following have been notified:

|                          | Telephone       | Time  |
|--------------------------|-----------------|-------|
| a. Police Department     | <u>489-6262</u> | _____ |
| b. Fire Departments      |                 |       |
| Limerick                 | <u>326-4200</u> | _____ |
| Linfield                 | <u>495-7561</u> | _____ |
| c. Verification Message: |                 |       |

"This is (name & title). I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation (\_\_\_\_\_  
\_\_\_\_\_  
(time)).
- c. Check communication systems for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_  
(time)
- g. If public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
- h. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
\_\_\_\_\_  
(time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review fact sheet (Appendix A-1).

5. Verify that the following have been notified:

- a. Schools

|     |  | Telephone              | Time  |
|-----|--|------------------------|-------|
| (1) | Limerick Elementary<br>M. Joyce<br>Principal                 | <u>495-7654</u> office | _____ |
| (2) | Western Montgomery County Area Vo-Tech<br>Richard Frank      | <u>489-7272</u> office | _____ |
| (3) | Chapel Christian Academy<br>George Horrocks<br>Administrator | <u>489-6215</u> office | _____ |

d. Major Industries

|     |                          |               |                        |       |
|-----|--------------------------|---------------|------------------------|-------|
| (1) | Stanley Tonis            | Larry Potts   | <u>323-8812</u> office | _____ |
| (2) | Sermetel                 | James Boryman | <u>495-7011</u> office | _____ |
| (3) | "D" Electric             | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (4) | Airport                  | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (5) | Baker Equipment          | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (6) | Crouse Co.               | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (7) | Spring City Knitting Co. | _____         | <u>948-9400</u> office | _____ |
|     |                          | name/title    |                        |       |
| (8) | Teleflex                 | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (9) | D & L Warehouse          | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |

c. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

|                       |            | Telephone   | Time  |
|-----------------------|------------|-------------|-------|
| a. Special Facilities |            |             |       |
| (1)                   | _____      | _____       | _____ |
|                       | name/title | home office | _____ |

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

7. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer (\_\_\_\_\_).
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
  - a. Date: \_\_\_\_\_
  - b. Time: \_\_\_\_\_
  - c. Source: \_\_\_\_\_
  - d. Disposition
    - (1) Termination \_\_\_\_\_
    - (2) Escalation \_\_\_\_\_
    - (3) Reduction \_\_\_\_\_
11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:
  - a. Verification:

|  | Telephone       | Time         |
|--|-----------------|--------------|
| (1) Police Department                      | <u>489-6262</u> | _____        |
| (2) Fire Departments                       |                 |              |
| Limerick                                   | <u>326-4200</u> | _____        |
| Linfield                                   | <u>495-7561</u> | _____        |
| (3) Schools                                |                 |              |
| (a) Limerick Elementary                    |                 |              |
| M. Joyce                                   | <u>495-7654</u> | office _____ |
| Principal                                  |                 |              |
| (b) Western Montgomery County Area Vo-Tech |                 |              |
| Richard Frank                              | <u>489-7272</u> | office _____ |
| (c) Chapel Christian Academy               |                 |              |
| George Horrocks                            | <u>489-6215</u> | office _____ |
| Administrator                              |                 |              |

(4) Major Industries

- |                              |               |                 |        |       |
|------------------------------|---------------|-----------------|--------|-------|
| (a) Stanley Tools            | Larry Potts   | <u>323-8812</u> | office | _____ |
| (b) Sermetel                 | James Borgman | <u>495-7011</u> | office | _____ |
| (c) "D" Electric             | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |
| (d) Airport                  | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |
| (e) Baker Equipment          | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |
| (f) Crouse Co.               | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |
| (g) Spring City Knitting Co. | _____         | <u>948-9400</u> | office | _____ |
|                              | name/title    |                 |        |       |
| (h) Teleflex                 | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |
| (i) D & L Warehouse          | _____         | _____           | office | _____ |
|                              | name/title    |                 |        |       |

(5) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification:

- |                           | Telephone                                | Time           |
|---------------------------|--|----------------|
| (1) Elected Officials     |  |                |
| (a) Harold A. Herr        | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (b) Amman G. Morgan       | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (c) Christian E. Oesterle | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (2) Special Facilities    |  |                |
| (a) _____                 | _____ home<br>_____ office               | _____<br>_____ |
|                           | name/title                               |                |



(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

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

2. Notify:

|  | Telephone  | Time                             |
|--|--|----------------------------------|
| a. Elected Officials   |  |                                  |
| (1) Harold A. Herr   | <u>                    </u> home<br><u>                    </u> office   | _____<br>_____                   |
| (2) Amman G. Morgan  | <u>                    </u> home<br><u>                    </u> office   | _____<br>_____                   |
| (3) Christian E. Uesterle  | <u>                    </u> home<br><u>                    </u> office   | _____<br>_____                   |
| b. Key Staff   |  |                                  |
| (1) Fire Services Officer<br>Donald Andes-Limerick<br>or<br>Dennis Rumler-Linfield | <u>                    </u> home<br><u>                    </u> office<br><u>                    </u> home<br><u>                    </u> office | _____<br>_____<br>_____<br>_____ |
| (2) Police Services Officer<br>Barry Lenhart<br>or                                 | <u>                    </u> home<br><u>                    </u> office<br><u>                    </u> home<br><u>                    </u> office | _____<br>_____<br>_____<br>_____ |
| (3) Transportation Officer<br>or   | <u>                    </u> home<br><u>                    </u> office   | _____<br>_____                   |

Deputy

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

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

3. Verify that the following have been notified:

|                      | Telephone       | Time  |
|----------------------|-----------------|-------|
| a. Police Department | <u>489-6262</u> | _____ |
| b. Fire Departments  |                 |       |
| Limerick             | <u>326-4200</u> | _____ |
| Linfield             | <u>495-7561</u> | _____ |

c. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

4. Report to and activate the local Emergency Operations Center

a. Activated \_\_\_\_\_  
(time)

b. County Operations Officer notified of EOC activation (\_\_\_\_\_) \_\_\_\_\_  
(time)

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

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

e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)

f. Ensure Route Alert Teams have been mobilized as necessary. \_\_\_\_\_  
(time)

g. If the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)

h. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched.

i. Verify the County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
(time)

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

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

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

6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. \_\_\_\_\_  
(time)
7. Verify that the following have been notified:

|                     |  | Telephone              | Time                         |
|---------------------|--|------------------------|------------------------------|
| a. Schools          |  |                        |                              |
| (1)                 | Limerick Elementary<br>M. Joyce<br>Principal                 | <u>495-7654</u> office | _____                        |
| (2)                 | Western Montgomery County Area Vo-Tech<br>Richard Frank      | <u>489-7272</u> office | _____                        |
| (3)                 | Chapel Christian Academy<br>George Horrocks<br>Administrator | <u>489-6215</u> office | _____                        |
| b. Major Industries |  |                        |                              |
| (1)                 | Stanley Tools  | Larry Potts            | <u>323-8812</u> office _____ |
| (2)                 | Sermetel   | James Borgman          | <u>495-7011</u> office _____ |
| (3)                 | "D" Electric   | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (4)                 | Airport  | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (5)                 | Baker Equipment  | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (6)                 | Crouse Co.   | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (7)                 | Spring City Knitting Co.                                     | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (8)                 | Teleflex   | _____                  | office _____                 |
|                     |  | name/title             |                              |
| (9)                 | D & L Warehouse  | _____                  | office _____                 |
|                     |  | name/title             |                              |

c. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station."



8. Notify the following:

|                       | Telephone                  | Time  |
|-----------------------|----------------------------|-------|
| a. Special Facilities |                            |       |
| (1) _____             | _____ home<br>_____ office | _____ |

b. Message:

"This is \_\_\_\_\_ (name/title) . An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. \_\_\_\_\_

(time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_

(time)

11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. \_\_\_\_\_

(time)

12. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_

(time)

13. Report all unmet needs to the County Operations Officer \_\_\_\_\_

(time)

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

15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

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

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

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

d. Disposition:

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

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

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

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

a. Verification:

|     |  | Telephone       | Time                         |
|-----|--|-----------------|------------------------------|
| (1) | Police Department                          | <u>489-6262</u> | _____                        |
| (2) | Fire Departments                           |                 |                              |
|     | Limerick                                   | <u>326-4200</u> | _____                        |
|     | Linfield                                   | <u>495-7561</u> | _____                        |
| (3) | Schools                                    |                 |                              |
|     | (a) Limerick Elementary                    |                 |                              |
|     | M. Joyce                                   | <u>495-7654</u> | office _____                 |
|     | Principal                                  |                 |                              |
|     | (b) Western Montgomery County Area Vo-Tech |                 |                              |
|     | Richard Frank                              | <u>489-7272</u> | office _____                 |
|     | (c) Chapel Christian Academy               |                 |                              |
|     | George Horrocks                            | <u>489-6215</u> | office _____                 |
|     | Administrator                              |                 |                              |
| (4) | Major Industries                           |                 |                              |
|     | (a) Stanley Tools                          | Larry Potts     | <u>323-8812</u> office _____ |
|     | (b) Sermetel                               | James Borgman   | <u>495-7011</u> office _____ |
|     | (c) "D" Electric                           | _____           | _____ office _____           |
|     |  | name/title      |                              |
|     | (d) Airport                                | _____           | _____ office _____           |
|     |  | name/title      |                              |
|     | (e) Baker Equipment                        | _____           | _____ office _____           |
|     |  | name/title      |                              |
|     | (f) Crouse Co.                             | _____           | _____ office _____           |
|     |  | name/title      |                              |
|     | (g) Spring City Knitting Co.               | _____           | <u>948-9400</u> office _____ |
|     |  | name/title      |                              |
|     | (h) Teleflex                               | _____           | _____ office _____           |
|     |  | name/title      |                              |
|     | (i) D & L Warehouse                        | _____           | _____ office _____           |
|     |  | name/title      |                              |

(5) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to \_\_\_\_\_."

b. Notification

|  | Telephone  | Time   |
|--|--|--|
| (1) Elected Officials  |  |  |
| (a) Harold A. Herr   | <u>                    </u> home<br><u>                    </u> office | <u>                    </u><br><u>                    </u> |
| (b) Amman G. Morgan  | <u>                    </u> home<br><u>                    </u> office | <u>                    </u><br><u>                    </u> |
| (c) Christian E. Oesterle  | <u>                    </u> home<br><u>                    </u> office | <u>                    </u><br><u>                    </u> |
| (2) Special Facilities   |  |  |
| (a) _____  | _____ home<br>office   | _____<br>_____   |
| (3) Message:   |  |  |
| "This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." |  |  |

17. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

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

2. Notify:

|                             | Telephone  | Time           |
|-----------------------------|--|----------------|
| a. Elected Officials        |  |                |
| (1) Harold A. Herr          | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (2) Amman G. Moryan         | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (3) Christian E. Oesterle   | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| b. Key Staff                |  |                |
| (1) Fire Services Officer   | <u>                    </u> home                                       | _____          |
| Donald Andes-Limerick       | <u>                    </u> office                                     | _____          |
| or                          |  |                |
| Dennis Rumler-Linfield      | <u>                    </u> home                                       | _____          |
|                             | <u>                    </u> office                                     | _____          |
| (2) Police Services Officer | <u>                    </u> home                                       | _____          |
| Barry Lennhart              | <u>                    </u> office                                     | _____          |
| or                          |  |                |
|                             | <u>                    </u> home                                       | _____          |
|                             | <u>                    </u> office                                     | _____          |
| (3) Transportation Officer  | <u>                    </u> home                                       | _____          |
|                             | <u>                    </u> office                                     | _____          |
| or                          |  |                |



Deputy

home office

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

3. Verify that the following have been notified:

|                          | Telephone | Time  |
|--------------------------|-----------|-------|
| a. Police Department     | 489-6262  | _____ |
| b. Fire Departments      |           |       |
| Limerick                 | 326-4200  | _____ |
| Linfield                 | 495-7561  | _____ |
| c. Verification Message: |           |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

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

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

|     |  | Telephone              | Time  |
|-----|--|------------------------|-------|
| (1) | Limerick Elementary<br>M. Joyce<br>Principal                 | <u>495-7654</u> office | _____ |
| (2) | Western Montgomery County Area Vo-Tech<br>Richard Frank      | <u>489-7272</u> office | _____ |
| (3) | Chapel Christian Academy<br>George Horrocks<br>Administrator | <u>489-6215</u> office | _____ |

b. Major Industries

|     |                          |               |                        |       |
|-----|--------------------------|---------------|------------------------|-------|
| (1) | Stanley Tools            | Larry Potts   | <u>323-8812</u> office | _____ |
| (2) | Sermetel                 | James Borgman | <u>495-7011</u> office | _____ |
| (3) | "D" Electric             | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (4) | Airport                  | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (5) | Baker Equipment          | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (6) | Crouse Co.               | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (7) | Spring City Knitting Co. | _____         | <u>948-9400</u> office | _____ |
|     |                          | name/title    |                        |       |
| (8) | Teleflex                 | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |
| (9) | D & L Warehouse          | _____         | _____ office           | _____ |
|     |                          | name/title    |                        |       |

c. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

7. Notify the following:

|     |                    | Telephone  | Time        |
|-----|--------------------|------------|-------------|
| a.  | Special Facilities |            |             |
| (1) | _____              | _____      | _____       |
|     |                    | name/title | home office |
|     |                    |            | _____       |

b. Message:

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

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer. \_\_\_\_\_ (time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_ (time)
10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. \_\_\_\_\_ (time)
11. Ensure RACES operator contacts County RACES base upon arrival at Municipal EOC. \_\_\_\_\_ (time)
12. If sheltering is recommended:
- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_ (time)
  - b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general population. \_\_\_\_\_ (time)
  - c. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched. \_\_\_\_\_ (time)
13. If evacuation is ordered:
- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_ (time)
  - b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general public. \_\_\_\_\_ (time)
  - c. In the event of a siren failure, receive notification from the County that appropriate route alert teams have been dispatched. \_\_\_\_\_ (time)
  - d. Ensure Traffic Control Points have been manned. \_\_\_\_\_ (time)

e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. \_\_\_\_\_  
(time)

f. Advise County Operations Officer of any additional unmet needs (\_\_\_\_\_\_). \_\_\_\_\_  
(time)

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

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

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

g. Monitor evacuation process and report any problem areas to the County Operations Officer. \_\_\_\_\_  
(time)

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

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

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

14. Maintain General Emergency status until:

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

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

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

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

a. Verification:

|  | Telephone       | Time         |
|--|-----------------|--------------|
| (1) Police Department                      | <u>489-6262</u> | _____        |
| (2) Fire Departments                       |                 |              |
| Limerick                                   | <u>326-4200</u> | _____        |
| Linfield                                   | <u>495-7561</u> | _____        |
| (3) Schools                                |                 |              |
| (a) Limerick Elementary                    |                 |              |
| M. Joyce                                   | <u>495-7654</u> | office _____ |
| Principal                                  |                 |              |
| (b) Western Montgomery County Area Vo-Tech |                 |              |
| Richard Frank                              | <u>489-7272</u> | office _____ |
| (c) Chapel Christian Academy               |                 |              |
| George Horrocks                            | <u>489-6215</u> | office _____ |
| Administrator                              |                 |              |





(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 EUC.
- b. Secure the facility and proceed to alternate EUC located at the Montgomery County Library, Norristown. \_\_\_\_\_ (time)
- c. Notify Montgomery County 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 System  
 EPA Environmental Protection Agency  
 EPZ Emergency Planning Zone  
 KI Chemical symbol for potassium iodide  
 PAG Protective Action Guide  
 RACES Radio Amateur Civil Emergency Services  
 REACT Radio Emergency Action Citizens Team  
 TCP Traffic Control Point  
 TLD Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local roads to 422 East  
 Reception Center: Willow Grove Industrial Park  
 Host School(s): Plymouth Whitmarsh Sr. High School  
 Decontamination Station: Methacton Jr. and Sr. High Schools  
 Transportation Staging Area: Township Building  
 Homebound Support Hospital: Suburban General Hospital

## STATUS BOARD FORMAT

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





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 EOC. \_\_\_\_\_  
(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 County EOC Police Services at \_\_\_\_\_  
(time)
  - c. Ensure police and public works emergency workers have been issued dosimeters-KI.
  - 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 Fire Services 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 EOC. \_\_\_\_\_  
(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 County EOC, Police Services at \_\_\_\_\_  
(time)
  - d. Public Works unmet needs should be reported to the County Field Services Officer at \_\_\_\_\_  
(time)
  - e. Ensure police and public works emergency workers have been issued dosimeters-KI. \_\_\_\_\_  
(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,
    - (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, conditions permitting. \_\_\_\_\_  
(time)
  - b. If recommended protective action is evacuation,
    - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact County Communication at \_\_\_\_\_ to have police personnel dispatched. \_\_\_\_\_  
(time)
    - (2) Be prepared to conduct road clearing operations as necessary.
    - (3) Upon completion of assignments, ensure police relocate to Methacton Jr./Sr. High School. \_\_\_\_\_  
(time)
    - (4) Relocate to alternate EOC after population has departed. \_\_\_\_\_  
(time)

- c. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Methacton Jr./Sr. High School.
3. If termination, have police personnel return dosimeters and unused KI to the Fire Services 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<br/>Number</u> | <u>Location</u>        | <u>Responsible<br/>Police<br/>Organization</u> | <u># Officers<br/>Assigned</u> |
|------------------------|------------------------|--|--------------------------------|
| 84                     | Route 422 & Swamp Pike | PSP  | 2                              |

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer: Donald Andes-Limerick  
Dennis Rumler-Linfield

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_ (time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_ (time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_ (time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Ensure normal fire protection services are maintained.
  - c. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
  - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - b. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-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 County EOC, Fire Services at \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)

Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
    - a. Report to the EOC. \_\_\_\_\_  
(time)
    - b. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
    - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-4). Report unmet needs to County Radiological Officer at \_\_\_\_\_
    - d. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-3); obtain a signed receipt (reference Appendix C-5). \_\_\_\_\_  
(time)
    - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
    - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
    - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at \_\_\_\_\_  
(time)
    - h. Proceed to Step 2.
  2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
    - a. Monitor route alerting. \_\_\_\_\_  
(time)
    - b. If evacuation is ordered, upon completion of assignments, ensure that the Fire Departments relocate to Methacton Jr. & Sr. High School. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Methacton Jr./Sr. High School. \_\_\_\_\_  
(time)
    - c. Relocate to alternate EOC.
  3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)
- Note: All dosimeters will be returned to the County.



4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

Limerick Fire Company  
2 pumpers  
1 tanker  
1 squad

Linfield Fire Company  
2 pumpers  
1 field truck

ROUTE ALERTING TEAMS

I. GENERAL

- A. Limerick Township is divided into 9 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 Montgomery County 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 Alert and Warning/EBS station KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County 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. 1 Alert Team: Limerick Fire Department

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

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

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

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

Sector No. 2 Alert Team: Limerick Fire Department

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

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

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

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

Sector No. 3 Alert Team: Limerick Fire Department

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

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

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

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

Sector No. 4 Alert Team: Limerick Fire Department

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

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

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

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

Sector No. 5 Alert Team: \_\_\_\_\_ Fire Department

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



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

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

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

Sector No. 6 Alert Team: \_\_\_\_\_ Fire Department

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

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

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

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

Sector No. 7 Alert Team: \_\_\_\_\_ Fire Department

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

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

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

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

Sector No. 8 Alert Team: \_\_\_\_\_ Fire Department

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

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

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

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

Sector No. 9 Alert Team: \_\_\_\_\_ Fire Department

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

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

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

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

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                                   |                                    |
| Limerick Township EOC<br>646 West Ridge Pike<br>Limerick, PA               | 12                                 |
| B. Fire Companies  |                                    |
| 1. Limerick Fire Company<br>390 West Ridge Pike<br>Limerick, PA 19468      | 40                                 |
| 2. Linfield Fire Company<br>165 Main Street<br>Linfield, PA 19468          | 25                                 |
| C. Police Department   |                                    |
| Limerick Township Police Department<br>646 West Ridge Pike<br>Limerick, PA | 8                                  |
| D. Public Works  | 6                                  |
| Total Units of Dosimetry-KI Required                                       | <u>91</u>                          |



RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

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

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

| LINE NUMBER | DESCRIPTION   | QUANTITY |
|-------------|---|----------|
| 1.          | CD V-742 Self-Reading Dosimeter (0-200R)  |          |
|             | CD V-730 Self-Reading Dosimeter (0-20R)   |          |
| 3.          | DCA-622 Self-Reading Dosimeter (0-20R)  |          |
| 4.          | CD V-750 Dosimeter Charger  |          |
| 5.          | TLD (Thermoluminescent Dosimeter)<br>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<br>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<br>DOSIMETER<br>(0-200R) | CD V-730<br>OR DCA-<br>622 (Serial<br>Number)<br>(0-20R) | TLD (THERMO-<br>LUMINESCENT<br>DOSIMETER)<br><br>(Serial Number) | KI (POTASSIUM<br>IODIDE)<br>(Tablets) | DOSIMETRY-<br>KI REPORT<br>FORM | CD V-700<br>SURVEY<br>METER | INDIVIDUAL'S NAME<br>(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                          |                             |                                      |                        |

C-5-1

Draft



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 D-1).  
\_\_\_\_\_  
(time)
    - (1) Notify the County Transportation Coordinator at \_\_\_\_\_ of any changes in requirements. \_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator of changes in the requirements of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Ensure that the Transportation Staying Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(time)
  - b. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_  
(time)
    - (1) Notify the County Transportation Coordinator at \_\_\_\_\_ of any changes in requirements. \_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator of changes in the requirements of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(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) Add to Appendix D-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 D-2), notify the County Transportation Coordinator at \_\_\_\_\_ 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 including ambulances. \_\_\_\_\_  
(time)
  - d. Upon the arrival of vehicles at the municipal transportation staging areas located at the 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 Suburban General Hospital in Norristown. Emergency workers need not accompany vehicles to reception facilities. \_\_\_\_\_  
(time)
  - e. Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EUC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 3  
Ambulances: 2

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 3  
Ambulances: 2

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

List is on file in the EOC.

B. Residents With Other Special Requirements

List is on file in the EOC.



RELATED CORRESPONDENCE

DOCKETED  
USNRC

'84 OCT 22 P3:26

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

OFFICE OF SECRETARY  
DOCKETING & SERVICE  
BRANCH

SEPTEMBER 1984

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

Draft 6

IMPLEMENTING PROCEDURES

Table of Contents

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

## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Upper Pottsgrove Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Upper Pottsgrove 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 Upper Pottsgrove Township 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: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Emergency Management Coordinator
8. Radiological: Fire Service 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: Anthony Morella  
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

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

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


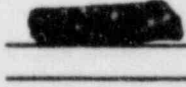






c. Source: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

|  | Telephone  | Time  |
|--|--|-------|
| a. Elected Officials                             |  |       |
| (1) Charles Wunder                               |  home(unl)<br>office | _____ |
| (2) Harold Moyer                                 |  home<br>office    | _____ |
| (3) John Kochel                                  |  home<br>office    | _____ |
| (4) William Means                                |  home<br>office    | _____ |
| (5) Bob Petrilla                                 |  home<br>office    | _____ |
| b. Key Staff                                     |  |       |
| (1) Fire Services Officer<br>Chief Ray Schaeffer |  home<br>office    | _____ |
| or<br>Deputy<br>Assistant Chief Ronald Rhoads    |  home<br>office    | _____ |
| (2) Transportation Officer<br>Harold Moyer       |  home<br>office    | _____ |
| or<br>Deputy                                     | _____ home<br>_____ office   | _____ |



(3) Police Services Officer  
Joseph Stednitz  
or  
Deputy  
Donald Billig

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

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

3. Verify that the following have been notified:

|                          | Telephone                | Time  |
|--------------------------|--------------------------|-------|
| a. Police Department     | <u>326-8446</u>          | _____ |
| b. Fire Department       | <u>323-9741/323-2385</u> | _____ |
| c. Verification Message: |                          |       |

"This is (name & title). I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation \_\_\_\_\_  
(time)
- c. Check communication systems for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_  
(time)
- g. If public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
\_\_\_\_\_  
(time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- k. Review Fact Sheet. (Appendix A-1). \_\_\_\_\_  
(time)

5. Verify that the following have been notified:

|                     |            | Telephone      | Time  |
|---------------------|------------|----------------|-------|
| a. Major Industries |            |                |       |
| (1)                 | _____      | _____          | _____ |
|                     | name/title | home<br>office |       |

b. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

|                       |            | Telephone      | Time  |
|-----------------------|------------|----------------|-------|
| a. Special Facilities |            |                |       |
| (1)                   | _____      | _____          | _____ |
|                       | name/title | home<br>office |       |

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

7. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer.
10. Maintain Alert status until notified of termination, escalation or reduction of classification.

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

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

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

d. Disposition

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

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

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

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

a. Verification:

|                       | Telephone                | Time        |
|-----------------------|--------------------------|-------------|
| (1) Police Department | <u>326-8446</u>          | _____       |
| (2) Fire Department   | <u>323-9741/323-2385</u> | _____       |
| (3) Major Industries  |                          |             |
| (a) _____             | _____                    | _____       |
|                       | name/title               | home office |

(4) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification:

|                        | Telephone                       | Time        |
|------------------------|---------------------------------|-------------|
| (1) Elected Officials  |                                 |             |
| (a) Charles Wunder     | _____ home(unl)<br>_____ office | _____       |
| (b) Harold Moyer       | _____ home<br>_____ office      | _____       |
| (c) John Kochel        | _____ home<br>_____ office      | _____       |
| (d) William Means      | _____ home<br>_____ office      | _____       |
| (e) Bob Petrilla       | _____ home<br>_____ office      | _____       |
| (2) Special Facilities |                                 |             |
| (a) _____              | _____                           | _____       |
|                        | name/title                      | home office |

(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

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









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

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

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

\_\_\_\_\_

2. Notify:

|   | Telephone  | Time                             |
|---|--|----------------------------------|
| a. Elected Officials  |  |                                  |
| (1) Charles Wunder  |  home(unl)<br>office   | _____<br>_____                   |
| (2) Harold Moyer  |  home<br>office  | _____<br>_____                   |
| (3) John Kochel   |  home<br>office  | _____<br>_____                   |
| (4) William Means   |  home<br>office  | _____<br>_____                   |
| (5) Bob Petrilla  |  home<br>office  | _____<br>_____                   |
| b. Key Staff  |  |                                  |
| (1) Fire Services Officer<br>Chief Ray Schaeffer<br>or<br>Deputy<br>Assistant Chief Ronald Rhoads |  home<br>office<br> home<br>office | _____<br>_____<br>_____<br>_____ |
| (2) Transportation Officer<br>Harold Moyer  |  home<br>office  | _____<br>_____                   |



or  
Deputy

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

(3) Police Services Officer  
Joseph Stednitz

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

or  
Deputy  
Donald Billig

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

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

3. Verify that the following have been notified:

|                          | Telephone                | Time  |
|--------------------------|--------------------------|-------|
| a. Police Department     | <u>326-8446</u>          | _____ |
| b. Fire Department       | <u>323-9741/323-2385</u> | _____ |
| c. Verification Message: |                          |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

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

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation \_\_\_\_\_  
(time)
- c. Communications system checked for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_ (time)
- g. If public alert system has been activated, notify hearing impaired.  
\_\_\_\_\_ (time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- i. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
\_\_\_\_\_ (time)

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

k. Review Fact Sheet. (Appendix A-1) \_\_\_\_\_  
(time)

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

6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. \_\_\_\_\_  
(time)

7. Verify that the following have been notified:

|                     | Telephone   | Time  |
|---------------------|-------------|-------|
| a. Major Industries |             |       |
| (1) _____           | _____       | _____ |
| name/title          | home office |       |

b. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that an incident classification of 'Site Emergency' has been declared at the Limerick Generating Station."

8. Notify the following:

|                       | Telephone   | Time  |
|-----------------------|-------------|-------|
| a. Special Facilities |             |       |
| (1) _____             | _____       | _____ |
| name/title            | home office |       |

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. \_\_\_\_\_  
(time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_  
(time)

11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer \_\_\_\_\_ are aware of any problem areas.

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

12. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_  
(time)
13. Report all unmet needs to the County Operations Officer \_\_\_\_\_  
\_\_\_\_\_ (time)
14. Review remaining emergency procedures in the event of escalation.
15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

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

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

a. Verification:

|                       | Telephone                | Time        |
|-----------------------|--------------------------|-------------|
| (1) Police Department | <u>326-8446</u>          | _____       |
| (2) Fire Department   | <u>323-9741/323-2385</u> | _____       |
| (3) Major Industries  |                          |             |
| (a) _____             | _____                    | _____       |
|                       | name/title               | home office |

(4) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to \_\_\_\_\_."

b. Notification

|                       | Telephone | Time   |
|-----------------------|-----------|--------|
| (1) Elected Officials |           |        |
| (a) Charles Wunder    | _____     | _____  |
|                       | home(unl) | office |



Implementing Procedure  
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:





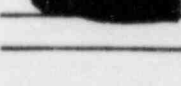


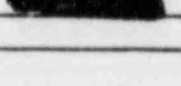
a. Date: \_\_\_\_\_

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

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

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

2. Notify:

|   | Telephone  | Time                             |
|---|--|----------------------------------|
| a. Elected Officials  |  |                                  |
| (1) Charles Wunder  |  home(unl)<br>office   | _____<br>_____                   |
| (2) Harold Moyer  |  home<br>office  | _____<br>_____                   |
| (3) John Kochel   |  home<br>office  | _____<br>_____                   |
| (4) William Means   |  home<br>office  | _____<br>_____                   |
| (5) Bob Petrilla  |  home<br>office  | _____<br>_____                   |
| b. Key Staff  |  |                                  |
| (1) Fire Services Officer<br>Chief Ray Schaeffer<br>or<br>Deputy<br>Assistant Chief Ronald Rhoads |  home<br>office<br> home<br>office | _____<br>_____<br>_____<br>_____ |
| (2) Transportation Officer<br>Harold Moyer  |  home<br>office  | _____<br>_____                   |



or  
Deputy

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

(3) Police Services Officer  
Joseph Stednitz

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

or  
Deputy  
Donald Billiy

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

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

3. Verify that the following have been notified:

|                      | Telephone                | Time  |
|----------------------|--------------------------|-------|
| a. Police Department | <u>326-8446</u>          | _____ |
| b. Fire Department   | <u>323-9741/323-2385</u> | _____ |
| c. Verification      |                          |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

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

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation \_\_\_\_\_  
(time)
- c. Communications system checked for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_
- g. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_  
(time)
- j. Log all messages which provide information or require action. Post pertinent data on the status board.
- i. 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. Major Industries   |            |             |
| (1) _____   | _____      | _____       |
|   | name/title | home office |
|   |            | _____       |
| b. Schools  |            |             |
| (1) Greater Pottstown Christian Academy   |            |             |
| Rev. Smith  | 326-5248   | _____       |
| Principal   |            |             |
| c. Verification Message:  |            |             |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____." |            |             |
7. Notify the following:
- |   |            |             |
|---|------------|-------------|
| a. Special Facilities   |            |             |
| (1) _____   | _____      | _____       |
|   | name/title | home 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 their respective counterparts in the County EUC; for example, the Municipal Transportation Officer contacts County Transportation Officer. \_\_\_\_\_  
(time)
9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EUC staff. \_\_\_\_\_  
(time)
10. Review road conditions with EUC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles

to/from the area. Ensure that the Transportation Officer and the County Field Services Officer ( [REDACTED] ) 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 Alert and Warning/EBS Station to ensure proper instructions are being given to the general population. \_\_\_\_\_  
(time)
  - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
13. If evacuation is ordered:
- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
  - b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general public. \_\_\_\_\_  
(time)
  - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_  
(time)
  - d. Ensure Traffic Control Points have been manned. \_\_\_\_\_  
(time)
  - e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. \_\_\_\_\_  
(time)
  - f. Be prepared to conduct road clearing operations, as necessary.  
\_\_\_\_\_  
(time)
  - g. Advise County Operations Officer of any additional unmet needs [REDACTED] \_\_\_\_\_  
(time)
    - (1) \_\_\_\_\_
    - (2) \_\_\_\_\_
    - (3) \_\_\_\_\_
  - h. Monitor evacuation process and report any problem areas to the County Operations Officer. \_\_\_\_\_  
(time)

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

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

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

14. Maintain General Emergency status until:

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

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

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

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

a. Verification:

|                       | Telephone       | Time  |
|-----------------------|-----------------|-------|
| (1) Police Department | <u>326-8446</u> | _____ |

|                     |                          |       |
|---------------------|--------------------------|-------|
| (2) Fire Department | <u>323-9741/323-2385</u> | _____ |
|---------------------|--------------------------|-------|

(3) Major Industries

|           |            |                |
|-----------|------------|----------------|
| (a) _____ | _____      | _____          |
| _____     | _____      | _____          |
|           | name/title | home<br>office |

(4) Schools

|   |                 |       |
|---|-----------------|-------|
| (a) Greater Pottstown Christian Academy |                 |       |
| Rev. Smith                              | <u>326-5248</u> | _____ |
| Principal                               |                 |       |

(5) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you  
have been notified that the emergency at the Limerick Generat-  
ing Station has been terminated/reduced to \_\_\_\_\_."

b. Notification

|                       | Telephone | Time |
|-----------------------|-----------|------|
| (1) Elected Officials |           |      |

|                    |           |       |
|--------------------|-----------|-------|
| (a) Charles Wunder | _____     | _____ |
|                    | _____     | _____ |
|                    | home(unl) | _____ |
|                    | office    | _____ |

|                  |        |       |
|------------------|--------|-------|
| (b) Harold Moyer | _____  | _____ |
|                  | _____  | _____ |
|                  | home   | _____ |
|                  | office | _____ |





FACT SHEETAbbreviations:

ACP Access Control Point  
 ARES Amateur Radio Emergency Service  
 EBS Emergency Broadcast System  
 EPA Environmental Protection Agency  
 EPZ Emergency Planning Zone  
 KI Chemical symbol for potassium iodide  
 PAG Protection Action Guide  
 RACES Radio Amateur Civil Emergency  
 REACT Radio Emergency Action Citizens Team  
 TCP Traffic Control Point  
 TLD Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local routes to Route 100 North

Reception Center: Emmaus High School

Host School(s): Pottsgrove School District to southern Lehigh School Complex\*

Decontamination Station: Daniel Boone High School\*

Transportation Staging Area: EOC

Homebound Support Hospital: North Penn Hospital\* in Lansdale.

\*Agreement under development.

## STATUS BOARD FORMAT

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



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 EOC. \_\_\_\_\_  
(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 County EOC, Fire Services at \_\_\_\_\_  
(time)
  - c. Ensure police emergency workers have been issued dosimeters. \_\_\_\_\_  
(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 Fire Services Officer. \_\_\_\_\_  
(time)
4. 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 EOC. \_\_\_\_\_  
(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 County EOC, Police Services at \_\_\_\_\_  
(time)
  - c. Ensure police emergency workers have been issued dosimeters. \_\_\_\_\_  
(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 Fire Services 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 EOC. \_\_\_\_\_  
(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 County EOC, Police Services at \_\_\_\_\_  
(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). If necessary, contact County Communications at 327-1441 to have Police personnel dispatched. \_\_\_\_\_  
(time)
    - (2) Upon completion of assignments, ensure police relocate to Washington Township Building. \_\_\_\_\_  
(time)
    - (3) Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
    - (4) NUTE: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Daniel Boone High School.\*



3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. \_\_\_\_\_  
(time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

2 vehicles

TRAFFIC CONTROL POINTS

| <u>Post<br/>Number</u> | <u>Location</u>                                 | <u>Responsible<br/>Police<br/>Organization</u> | <u># Officers<br/>Assigned</u> |
|------------------------|---|--|--------------------------------|
| 65                     | Route 100 & State Road (South)                  | State  | 2                              |
| 66                     | Route 100 & State Road (North)                  | State  | 2                              |
| 67                     | Route 100 & Farmington Road                     | State  | 2                              |
| U. Pottsgrove 1        | Route 100 & Moyer Road                          | Township                                       | 1                              |
| U. Pottsgrove 2        | Farmington, Gilbertsville,<br>Mauyers Mill Road | Township                                       | 2                              |
| U. Pottsgrove 3        | Gilbertsville Road and<br>Moyer Road            | Township                                       | 1                              |

ANNEX C

Implementing Procedure

Fire Services\*

Fire Services Officer Chief Ray Schaeffer  
Alternate Asst Chief Ronald Rhonds

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_ (time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_ (time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_ (time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

Note: This procedure has been modified to include Radiological procedures.

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Ensure normal fire protection services are maintained.
  - c. Prepare Control TLD's for pick up by the County.  
\_\_\_\_\_  
(time)
  - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - b. Distribute dosimeters/KI to municipal emergency workers (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 County EOC, Fire Services at \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters, unused KI, and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:



## Fire Services

### GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
  - c. Inventory dosimeters/KI and prepare distribution. If applicable, complete a Receipt Form and Dosimetry - Survey Meters - KI (reference Appendix C-4). Report unmet needs to the County Radiological Officer at [REDACTED]. \_\_\_\_\_  
(time)
  - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-3); obtain a signed Receipt (reference Appendix C-5). \_\_\_\_\_  
(time)
  - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at [REDACTED]. \_\_\_\_\_  
(time)
  - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Monitor route alerting. \_\_\_\_\_  
(time)
  - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Daniel Boone High School.\* \_\_\_\_\_  
(time)

NOTE: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Daniel Boone High School.

\*Agreement under development.

c. Relocate to alternate EOC. \_\_\_\_\_  
(time)

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

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the FOC.

FIRE - RESOURCE INVENTORY

- 1 pumper
- 1 tanker
- 1 field truck
- 1 emergency truck

ROUTE ALERTING TEAMSI. GENERAL

- A. Upper Pottsgrove Township is divided into 5 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 Montgomery County Communications, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along the 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 KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County 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. 79-A Alert Team: Upper Pottsgrove Fire Department

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

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

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

Hearing Impaired: List is on file in the EUC.

Sector No. 79-B Alert Team: Upper Pottsgrove Fire Department

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

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

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

Hearing Impaired: List is on file in the EUC.

Sector No. 79-C Alert Team: Upper Pottsgrove Fire Department

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

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

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

Hearing Impaired: List is on file in the EUC.

Sector No. 79-D Alert Team: Upper Pottsgrove Fire Department

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

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

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

Hearing Impaired: List is on file in the EUC.

Sector No. 79-E Alert Team: Upper Pottsgrove Fire Department

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

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

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

Hearing Impaired: List is on file in the EUC.



ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

| <u>AGENCY</u>  | <u>NUMBER OF EMERGENCY WORKERS</u> |
|--|------------------------------------|
| A. Emergency Management Agency   |                                    |
| Upper Pottsgrove Township<br>1420 Heather Place<br>Pottstown, PA 19464           | 15                                 |
| B. Fire Company  |                                    |
| Upper Pottsgrove Fire Company #1<br>1409 Armington Avenue<br>Pottstown, PA 19464 | 25                                 |
| C. Police Department   |                                    |
| Upper Pottsgrove Police Department<br>1420 Heather Place<br>Pottstown, PA 19464  | 2                                  |
| D. Public Works  | 1                                  |
| Total Units of Dosimetry-KI Required   | <u>43</u>                          |

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

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

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

| LINE NUMBER | DESCRIPTION   | QUANTITY         |
|-------------|---|------------------|
| 1.          | CD V-742 Self-Reading Dosimeter (0-200R)  |                  |
|             | CD V-730 Self-Reading Dosimeter (0-20R)   |                  |
| 3.          | DCA-622 Self-Reading Dosimeter (0-20R)  |                  |
| 4.          | CD V-750 Dosimeter Charger  |                  |
| 5.          | TLD (Thermoluminescent Dosimeter)<br>Serial Numbers _____ THROUGH _____               |                  |
| 6.          | Potassium Iodide (KI) Tablets (Bottles  | 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<br>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<br>DOSIMETER<br>(0-200R) | CD V-730<br>OR DCA-<br>622 (Serial<br>Number)<br>(0-200R) | TLD (THERMO-<br>LUMINESCENT<br>DOSIMETER)<br><br>(Serial Number) | KI (POTASSIUM<br>IODIDE)<br>(Tablets) | DOSIMETRY-<br>KI REPORT<br>FORM | CD V-700<br>SURVEY<br>METER | INDIVIDUAL'S NAME<br>(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                          |                             |                                      |                        |

C-5-1

Draft



ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: Harold Moyer  
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.  
\_\_\_\_\_ (time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_ (time)
3. Update the list of those individuals requiring special assistance event of evacuation (reference Appendix D-3). \_\_\_\_\_ (time)
  - a. Notify County Medical Officer at \_\_\_\_\_ of changes in requirements for individuals requiring ambulance support. \_\_\_\_\_ (time)
  - b. Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_ (time)
4. Review remaining procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of escalation.
6. Remarks/Actions Taken:

Note: This procedure has been modified to include Medical/Ambulance Procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(time)
  - b. Review transportation resource requirements. (reference Appendix D-2)
  - c. Notify County Transportation Coordinator of any changes in requirements. \_\_\_\_\_  
(time)
  - d. Review remaining emergency procedures in the event of escalation.
  - e. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

## Transportation

### GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (Reference Appendix D-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3).
    - (1) Notify County Medical Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. \_\_\_\_\_  
(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 the population requiring ambulance transportation is served. \_\_\_\_\_  
(time)
    - (2) Add to Appendix D-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 D-2), notify the County Transportation Officer at \_\_\_\_\_ of additional requirements. \_\_\_\_\_  
(time)

(4) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. \_\_\_\_\_ (time)

c. Prepare a list of names and addresses of persons to be picked for each vehicle including ambulances. \_\_\_\_\_ (time)

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

e. Relocate to alternate EOC after population has departed. \_\_\_\_\_ (time)

3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_ (time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.



TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1  
Ambulances: 2

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 1  
Ambulances: 2

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

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

RELATED CORRESPONDENCE

DOCKETED  
USA.RC

'84 OCT 22 P3:27

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

SEPTEMBER 1984

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

Draft 6

IMPLEMENTING PROCEDURES

Table of Contents

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

## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the New Hanover Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the New Hanover 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 New Hanover 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: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Police Services Officer
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.



ANNEX A

Implementing Procedure

Emergency Management Coordinator\*

Emergency Management Coordinator: Dennis Pogany

Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

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

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

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

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

\_\_\_\_\_

2. Notify:

|                              | Telephone    |       |
|------------------------------|--------------|-------|
| a. Elected Officials         |              |       |
| (1) Harold Lohmiller         | _____ home   | _____ |
| (2) Peter Ganovsky           | _____ home   | _____ |
|                              | _____ office | _____ |
| (3) Robert Heist             | _____ home   | _____ |
|                              | _____ office | _____ |
| (4) Dorothy Kline            | _____ home   | _____ |
|                              | _____ office | _____ |
| (5) Prosper S. Guerre-Chaley | _____ home   | _____ |
|                              | _____ office | _____ |
| b. Key Staff                 |              |       |
| (1) Police Services Officer  | _____ home   | _____ |
| Chief Lloyd Kline            | _____ office | _____ |
| or                           |              |       |
| Deputy                       | _____ home   | _____ |
| Michael Dykie                | _____ office | _____ |
| (2) Fire Services Officer    | _____ home   | _____ |
| Elmer Specht                 | _____ office | _____ |
| or                           |              |       |
| Glen W. Hall, Jr.            | _____ home   | _____ |
|                              | _____ office | _____ |
| (3) Transportation Officer   | _____ home   | _____ |
| Raymond Batchelder           | _____ office | _____ |



5. Verify that the following have been notified:

- |   | Telephone              | Time  |
|---|------------------------|-------|
| a. Schools  |                        |       |
| (1) Boyertown Jr. High E.<br>Richard Freed<br>Principal   | <u>754-7831</u> office | _____ |
| (2) New Hanover - Upper Frederick Elementary<br>Carl Yescovage<br>Principal   | <u>754-6427</u> office | _____ |
| b. Major Industries   |                        |       |
| (1) Swann Oil   | <u>754-7811</u> office | _____ |
| c. Verification Message:  |                        |       |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station." |                        |       |

6. Notify the following:

- |   | Telephone                              |
|---|--|
| a. Special Facilities   |  |
| (1) Faulkner - Swamp Nursery School   |  |
| _____ name/title _____  | _____ home _____<br>_____ office _____ |
| (2) Swamp Creek Nursery School  | <u>323-9808</u> office _____           |
| (3) Fellowship Farm   | <u>326-3008</u> office _____           |
| (4) Girl Scouts of Philadelphia   |  |
| _____ name/title _____  | _____ home _____<br>_____ office _____ |
| b. Message:   |  |
| "This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station." |  |

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

7. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_ (time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Operations Officer (\_\_\_\_\_).

10. Maintain Alert status until notified of termination, escalation or reduction of classification:

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

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

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

d. Disposition

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

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

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

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

a. Verification

|  | Telephone       |              |
|--|-----------------|--------------|
| (1) Police Department                        | <u>327-1441</u> | _____        |
| (2) Fire Departments                         |                 |              |
| New Hanover                                  | <u>323-2424</u> | _____        |
| Sassamansville                               | <u>754-7500</u> | _____        |
| (3) Schools                                  |                 |              |
| (a) Boyertown Jr. High E.                    |                 |              |
| Richard Freed                                | <u>754-7831</u> | office _____ |
| Principal                                    |                 |              |
| (b) New Hanover - Upper Frederick Elementary |                 |              |
| Carl Yescovage                               | <u>754-6427</u> | office _____ |
| Principal                                    |                 |              |
| (4) Major Industries                         |                 |              |
| (a) Swann Oil                                | <u>754-7811</u> | office _____ |
| (5) Verification Message:                    |                 |              |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."



b. Notification

|                                     | Telephone  | Time           |
|-------------------------------------|--|----------------|
| (1) Elected Officials               |  |                |
| (1) Harold Lohmiller                | <u>                    </u> home                                       | _____          |
| (2) Peter Ganovsky                  | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (3) Robert Heist                    | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (4) Dorothy Kline                   | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (5) Prosper S. Guerre-Chaley        | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (2) Special Facilities              |  |                |
| (a) Faulkner - Swamp Nursery School | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |
| (b) Swamp Creek Nursery School      | <u>323-9808</u> office   | _____          |
| (c) Fellowship Farm                 | <u>326-3008</u> office   | _____          |
| (d) Girl Scouts of Philadelphia     | <u>                    </u> home<br><u>                    </u> office | _____<br>_____ |

(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

c. Notify:

|  | Telephone                  | Time           |
|--|----------------------------|----------------|
| a. Elected Officials                             |                            |                |
| (1) Harold Lohmiller                             | _____ home                 | _____          |
| (2) Peter Ganovsky                               | _____ home<br>_____ office | _____<br>_____ |
| (3) Robert Heist                                 | _____ home<br>_____ office | _____<br>_____ |
| (4) Dorothy Kline                                | _____ home<br>_____ office | _____<br>_____ |
| (5) Prosper S. Guerre-Chaley                     | _____ home<br>_____ office | _____<br>_____ |
| b. Key Staff                                     |                            |                |
| (1) Police Services Officer<br>Chief Lloyd Kline | _____ home<br>_____ office | _____<br>_____ |
| or<br>Deputy<br>Michael Dykie                    | _____ home<br>_____ office | _____<br>_____ |
| (2) Fire Services Officer<br>Elmer Specht        | _____ home<br>_____ office | _____<br>_____ |
| or   |                            |                |

Glen W. Hall, Jr.

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

(3) Transportation Officer  
Raymond Batchelder  
or  
Deputy

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

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

3. Verify that the following have been notified:

|                          | Telephone       | Time  |
|--------------------------|-----------------|-------|
| a. Police Department     | <u>327-1441</u> | _____ |
| b. Fire Departments      |                 |       |
| New Hanover              | <u>323-2424</u> | _____ |
| Sassamansville           | <u>754-7500</u> | _____ |
| c. Verification Message: |                 |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station."

4. Report to and activate the local Emergency Operations Center

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation \_\_\_\_\_  
\_\_\_\_\_ (time)
- c. Communications systems checked for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_ (time)
- g. If the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
- h. In the event of siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_  
(time)
- i. Log all messages which provide information or require action. Post pertinent data on the status board.

j. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at [REDACTED]

                      
(time)

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

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

6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status.                     

(time)

7. Verify that the following have been notified:

|   | Telephone              | Time                        |
|---|------------------------|-----------------------------|
| a. Schools  |                        |                             |
| (1) Boyertown Jr. High E.<br>Richard Freed<br>Principal   | <u>754-7831</u> office | <u>                    </u> |
| (2) New Hanover - Upper Frederick Elementary<br>Carl Yescovage<br>Principal   | <u>754-6427</u> office | <u>                    </u> |
| b. Major Industries   |                        |                             |
| (1) Swann Oil   | <u>754-7811</u> office | <u>                    </u> |
| c. Verification Message:  |                        |                             |
| "This is <u>                    </u> (name/title) <u>                    </u> . 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) Faulkner - Swamp Nursery School<br><u>                    </u><br>name/title | <u>                    </u> home<br><u>                    </u> office | <u>                    </u> |
| (2) Swamp Creek Nursery School   | <u>323-9808</u> office   | <u>                    </u> |
| (3) Fellowship Farm  | <u>326-3008</u> office   | <u>                    </u> |
| (4) Girl Scouts of Philadelphia<br><u>                    </u><br>name/title     | <u>                    </u> home<br><u>                    </u> office | <u>                    </u> |

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. \_\_\_\_\_ (time)

10. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_ (time)

11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. \_\_\_\_\_ (time)

12. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_ (time)

13. Report all unmet needs to the County Operations Officer at \_\_\_\_\_

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

15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

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

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

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

d. Disposition:

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

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

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

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

a. Verification:

|                       | Telephone       | Time  |
|-----------------------|-----------------|-------|
| (1) Police Department | <u>327-1441</u> | _____ |



(2) Fire Departments  
New Hanover  
Sassamansville

323-2424  
754-7500

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

a. Schools

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

754-7831 office \_\_\_\_\_

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

754-6427 office \_\_\_\_\_

(3) Schools

(a) Boyertown Jr. High E.  
Richard Freed  
Principal

754-7831 office \_\_\_\_\_

(b) New Hanover - Upper Frederick Elementary  
Carl Yescovage  
Principal

754-6427 office \_\_\_\_\_

(4) Major Industries

(a) Swann Oil

754-7811 office \_\_\_\_\_

(b) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to \_\_\_\_\_"

b. Notification

(1) Elected Officials

(a) Harold Lohmiller

Telephone

Time

                     home \_\_\_\_\_

(b) Peter Ganovsky

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

(c) Robert Heist

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

(d) Dorothy Kline

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

(e) Prosper S. Guerre-Chaley

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

(2) Special Facilities

(a) Faulkner - Swamp Nursery School

\_\_\_\_\_  
name/title

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

(b) Swamp Creek Nursery School

\_\_\_\_\_  
323-9808 office

(c) Fellowship Farm

\_\_\_\_\_  
326-3008 office

(d) Girl Scouts of Philadelphia

\_\_\_\_\_  
name/title

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

(3) Message:

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

17. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

GENERAL EMERGENCY

If this is the first notification or escalation from Unusual Event, accomplish all actions; if escalation from Alert or Site Emergency, Item 4 may be omitted:

1. Document:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

|  | Telephone                  | Time           |
|--|----------------------------|----------------|
| a. Elected Officials                             |                            |                |
| (1) Harold Lohmiller                             | _____ home                 | _____          |
| (2) Peter Ganovsky                               | _____ home<br>_____ office | _____<br>_____ |
| (3) Robert Heist                                 | _____ home<br>_____ office | _____<br>_____ |
| (4) Dorothy Kline                                | _____ home<br>_____ office | _____<br>_____ |
| (5) Prosper S. Guerre-Chaley                     | _____ home<br>_____ office | _____<br>_____ |
| b. Key Staff                                     |                            |                |
| (1) Police Services Officer<br>Chief Lloyd Kline | _____ home<br>_____ office | _____<br>_____ |
| or<br>Deputy<br>Michael Dykie                    | _____ home<br>_____ office | _____<br>_____ |
| (2) Fire Services Officer<br>Elmer Specht        | _____ home<br>_____ office | _____<br>_____ |
| or   |                            |                |

Glen W. Hall, Jr.

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

(3) Transportation Officer  
Raymond Batchelder  
or  
Deputy

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

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

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

3. Verify that the following have been notified:

|                          | Telephone       | Time  |
|--------------------------|-----------------|-------|
| a. Police Department     | <u>327-1441</u> | _____ |
| b. Fire Departments      |                 |       |
| New Hanover              | <u>323-2424</u> | _____ |
| Sassamansville           | <u>754-7500</u> | _____ |
| c. Verification Message: |                 |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you  
been notified that a 'General Emergency' has been declared at the  
Limerick Generating Station. The recommended protective action is  
\_\_\_\_\_."

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

- a. Activated \_\_\_\_\_  
(time)
- b. County Operations Officer notified of EOC activation \_\_\_\_\_  
(time)
- c. Communications systems checked for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_  
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_  
(time)
- g. Verify the County has assigned a RACES unit to the Municipal EOC by  
contacting the County OEP Communications Officer at \_\_\_\_\_  
(time)
- h. Log all messages which provide information or require action. Post  
pertinent data on the status board.
- i. Review fact sheet (reference Appendix A-1).

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

6. Verify that the following have been notified:

- |   | Telephone       | Time  |
|---|-----------------|-------|
| a. Schools  |                 |       |
| (1) Boyertown Jr. High E.<br>Richard Freed<br>Principal                     | 754-7831 office | _____ |
| (2) New Hanover - Upper Frederick Elementary<br>Carl Yescovage<br>Principal | 754-6427 office | _____ |
| b. Major Industries   |                 |       |
| (1) Swann Oil   | 754-7811 office | _____ |
| c. Verification Message:  |                 |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

7. Notify the following:

- |   | Telephone                  | Time           |
|---|----------------------------|----------------|
| a. Special Facilities   |                            |                |
| (1) Faulkner - Swamp Nursery School<br>_____ name/title _____ | _____ home<br>_____ office | _____<br>_____ |
| (2) Swamp Creek Nursery School                                | 323-9808 office            | _____          |
| (3) Fellowship Farm   | 326-3008 office            | _____          |
| (4) Girl Scouts of Philadelphia<br>_____ name/title _____     | _____ home<br>_____ office | _____<br>_____ |
| b. Message:   |                            |                |

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

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.



8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer. \_\_\_\_\_  
(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_  
(time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. \_\_\_\_\_  
(time)

11. Ensure RACES operator contacts 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 Alert and Warning/EBS station to ensure proper instructions are being given to the general population. \_\_\_\_\_  
(time)

c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_  
(time)

13. If evacuation is ordered:

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

b. Monitor Alert and Warning/EBS station to ensure proper instructions are being given to the general public. \_\_\_\_\_  
(time)

c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_  
(time)

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

e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. \_\_\_\_\_  
(time)

f. Advise County Operations Officer of any additional unmet needs

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

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

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

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

g. Monitor evacuation process and report any problem areas to the County Operations Officer. \_\_\_\_\_

(time)

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

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

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

14. Maintain General Emergency status until:

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

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

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

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

a. Verification:

|   | Telephone              | Time  |
|---|------------------------|-------|
| (1) Police Department   | <u>327-1441</u>        | _____ |
| (2) Fire Departments  |                        |       |
| New Hanover   | <u>323-2424</u>        | _____ |
| Sassamansville  | <u>754-7500</u>        | _____ |
| (3) Schools   |                        |       |
| (a) Boyertown Jr. High E.<br>Richard Freed<br>Principal   | <u>754-7831 office</u> | _____ |
| (b) New Hanover - Upper Frederick Elementary<br>Carl Yescovage<br>Principal   | <u>754-6427 office</u> | _____ |
| (4) Major Industries  |                        |       |
| (a) Swann Oil   | <u>754-7811 office</u> | _____ |
| (b) 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) Harold Lohmiller         | _____ home                 | _____          |
| (b) Peter Ganovsky           | _____ home<br>_____ office | _____<br>_____ |
| (c) Robert Heist             | _____ home<br>_____ office | _____<br>_____ |
| (d) Dorothy Kline            | _____ home<br>_____ office | _____<br>_____ |
| (e) Prosper S. Guerre-Chaley | _____ home<br>_____ office | _____<br>_____ |

(2) Special Facilities

|                                     |                            |                |
|-------------------------------------|----------------------------|----------------|
| (a) Faulkner - Swamp Nursery School | _____ home<br>_____ office | _____          |
| _____ name/title                    |                            |                |
| (b) Swamp Creek Nursery School      | 323-9808 office            | _____          |
| (c) Fellowship Farm                 | 326-3008 office            | _____          |
| (d) Girl Scouts of Philadelphia     | _____ home<br>_____ office | _____<br>_____ |
| _____ name/title                    |                            |                |

(3) Message:

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

16. If the EOC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EOC located at the Upper Perkiomen Senior High School. \_\_\_\_\_ (time)
- c. Notify Montgomery County upon your arrival at alternate EOC.

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

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

|       |  |
|-------|--|
| ACP   | Access Control Point                   |
| ARES  | Amateur Radio Emergency Service        |
| EBS   | Emergency Broadcast System             |
| EPA   | Environmental Protection Agency        |
| EPZ   | Emergency Planning Zone                |
| KI    | Chemical symbol for potassium iodide   |
| PAG   | Protective Action Guide                |
| RACES | Radio Amateur Civil Emergency Services |
| REACT | Radio Emergency Action Citizens Team   |
| TCP   | Traffic Control Point                  |
| TLD   | Thermoluminescent Dosimeter            |

Evacuation Information:

Evacuation Route: Local routes to Route 633 N

Reception Center: Southern Lehigh School Complex\*

Host School(s): Kutztown University, Kutztown Area Junior High School

Decontamination Station: Upper Perkiomen Senior High School

Transportation Staying Area: EOC

Homebound Support Hospital: North Penn Hospital, Lansdale\*

\*Agreement under development

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





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 County EUC, Police Services at \_\_\_\_\_  
(time)
  - c. Ensure police emergency workers have been issued dosimeters-KI.
  - d. Monitor weather conditions. \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - f. 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 Fire Services 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 EOC. \_\_\_\_\_  
(time)
  - b. Mobilize additional police personnel and have them report to police station. Make assignments as necessary. (reference Appendix B-1).  
\_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at \_\_\_\_\_  
(time)
  - d. Public Works unmet needs should be prepared to the County Field Services Officer at \_\_\_\_\_  
(time)
  - e. Ensure police emergency workers have been issued dosimeters-KI.  
\_\_\_\_\_  
(time)
  - f. Monitor weather conditions. \_\_\_\_\_  
(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 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, conditions permitting. \_\_\_\_\_  
(time)
  - b. If recommended protective action is evacuation,
    - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact County Communications at 327-1441/679-4131 to have police personnel dispatched.  
\_\_\_\_\_  
(time)
    - (2) Be prepared to conduct road clearing operations. \_\_\_\_\_  
(time)
    - (3) Upon completion of assignments, ensure police relocate to the Upper Perkiomn Senior High School. \_\_\_\_\_  
(time)



POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

3 Vehicles

TRAFFIC CONTROL POINTS

| <u>Post<br/>Number</u> | <u>Location</u>             | <u>Responsible<br/>Police<br/>Organization</u> | <u># Officers<br/>Assigned</u> |
|------------------------|-----------------------------|--|--------------------------------|
| 68                     | Rt. 663 & Rt. 73 South      | State  | 2                              |
| 69                     | Rt. 663 & Rt. 73 North      | State  | 2                              |
| 70                     | Rt. 663 & Hoffmansville Rd. | State  | 2                              |
| 71                     | Rt. 663 & Hill Rd.          | State  | 2                              |
| New Hanover 1          | Rt. 663 & Swamp Pike        | New Hanover Police                             | 1                              |



ANNEX C

Implementing Procedure

Fire Services\*

Fire Services - New Hanover: Elmer Specht

Fire Services - Sassamansville: Glen Hull, Jr.

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_  
(time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

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. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
  - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6).  
\_\_\_\_\_  
(time)
  - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EUC, Fire Services at \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)  
Note: All dosimeters will be returned to the County.
4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Prepare Control TLU's for pick up by the County. \_\_\_\_\_  
(time)
  - c. Inventory dosimeters/KI and prepare for distribution. If applicable complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix C-5). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
  - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed Receipt (reference Appendix C-6)).  
\_\_\_\_\_  
(time)
  - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - g. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at \_\_\_\_\_  
(time)
  - h. Proceed to Step 2.
  
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Monitor route alerting. \_\_\_\_\_  
(time)
  - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Departments relocates to Upper Perkioinen High School.  
\_\_\_\_\_  
(time)  
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Upper Perkioinen Senior High School.
  - c. Relocate to alternate EOC.
  
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 EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

New Hanover Township Fire Company

2 pumpers  
1 tanker

Sassamansville Fire Company

1 pumper  
2 tankers  
1 rescue truck  
1 mini bus fire police



ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Montgomery County OEP, 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 KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County OEP/EMS 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. 37-A Alert Team: New Hanover Fire Department

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

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

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

Hearing Impaired: List is on file in EOC.

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

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

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

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

Hearing Impaired: List is on file in EOC.

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

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

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

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

Hearing Impaired: List is on file in EOC.

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

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

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

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

Hearing Impaired: List is on file in EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

| <u>AGENCY</u>   | <u>NUMBER OF EMERGENCY WORKERS</u> |
|---|------------------------------------|
| A. Emergency Management Agency  |                                    |
| New Hanover Township<br>2943 N. Charlotte St.<br>Gilbertsville, PA 19525                    | 14                                 |
| B. Fire Companies   |                                    |
| 1. New Hanover Township Fire Company<br>R. D. #1 Swamp Pike<br>Gilbertsville, PA 19525      | 20                                 |
| 2. Sassamansville Fire Company<br>County Line Road<br>Sassamansville, PA 19472              | 25                                 |
| C. Police Department  |                                    |
| New Hanover Township<br>Township Building, R. D. #1<br>Route 663<br>Gilbertsville, PA 19525 | 4                                  |
| D. Public Works   |                                    |
|   | 5                                  |
| Total Units of Dosimetry-KI Required  | <u>68</u>                          |



RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

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

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

| LINE NUMBER | DESCRIPTION   | QUANTITY |
|-------------|---|----------|
| 1.          | CD V-742 Self-Reading Dosimeter (0-200R)  |          |
|             | CD V-730 Self-Reading Dosimeter (0-20R)   |          |
| 3.          | DCA-622 Self-Reading Dosimeter (0-20R)  |          |
| 4.          | CD V-750 Dosimeter Charger  |          |
| 5.          | TLD (Thermoluminescent Dosimeter)<br>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<br>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 CI -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 record the serial number of the DCA-622 in column 3 and the serial number of the TED in column 4. 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<br>DOSIMETER<br>(0-200R) | CD V-730<br>OR DCA-<br>622 (Serial<br>Number)<br>(0-20R) | TLD (THERMO-<br>LUMINESCENT<br>DOSIMETER)<br><br>(Serial Number) | KI (POTASSIUM<br>IODIDE)<br>(Tablets) | DOSIMETRY-<br>KI REPORT<br>FORM | CD V-700<br>SURVEY<br>METER | INDIVIDUAL'S NAME<br>(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                          |                             |                                      |                        |

C-5-1

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ANNEX D

Implementing Procedure

Transportation\*

Transportation Officer: Raymond Batchelder  
Alternate: \_\_\_\_\_

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 D-1).  
\_\_\_\_\_ (time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_ (time)
  - a. Notify County Medical Coordinator at \_\_\_\_\_ of changes in requirements of those individuals requiring ambulance support. \_\_\_\_\_ (time)
  - b. Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_ (time)
4. Review remaining procedures in the event of escalation.
5. Maintain Alert status until notified of termination, escalation or reduction of classification.
6. Remarks/Actions Taken:

\*Note: This procedure has been modified to include Medical/Ambulance procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally ave transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix U-3). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at [REDACTED] of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(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 EUC, is accessible and available. \_\_\_\_\_  
(time)
  - b. Review transportation resource requirements (reference Appendix U-2).
  - c. Notify the County Transportation Coordinator of any changes in requirements. \_\_\_\_\_  
(time)
  - d. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
  - e. 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:

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 D-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_
    - (1) Notify County Medical Coordinator of changes in the list of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staying Area, which is located at the EOC, is accessible and available. \_\_\_\_\_  
(time)
  - e. Review transportation resource requirements (reference Appendix D-2).
  - 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 D-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 D-2), notify the County Transportation Coordinator at \_\_\_\_\_ 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 for each vehicle including ambulances. \_\_\_\_\_  
(time)
- d. Upon the arrival of vehicles including ambulances, 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. Persons being evacuated by ambulance shall be evacuated to North Penn Hospital in Lansdale.\* Emergency workers need not accompany vehicles to reception center.

\_\_\_\_\_  
(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:

\*Agreement under development.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 2  
Ambulances 1

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 2  
Ambulances: 1

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.

RELATED CORRESPONDENCE

DOCKETED  
USNRC

'84 OCT 22 P3:27

OFFICE OF SECRETARY  
GENERAL INVESTIGATION

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

SEPTEMBER 1984

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

Draft 6



IMPLEMENTING PROCEDURES

Table of Contents

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

## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Lower Frederick Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Montgomery County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Lower Frederick Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event  
Blue - Alert  
Yellow - Site Emergency  
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective Lower Frederick 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: Medical Services Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Medical Services Officer
7. Public Works: Emergency Management Coordinator
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure\*

Emergency Management Coordinator

Emergency Management Coordinator: George Greeby, Jr.

Alternate: Herbert Jewson

UNUSUAL EVENT

1. If notified, document:

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\*Note: This procedure has been modified to include Police, Communications, and Public Works procedures.

Implementing Procedure  
Emergency Management Coordinator

ALERT

1. Document:

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

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

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

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

2. Notify:

|   | Telephone  | Time                                 |
|---|--|--------------------------------------|
| a. Elected Officials  |  |                                      |
| (1) Harold Caswell, Sr.   | _____ home<br>_____ office                                   | _____<br>_____                       |
| (2) Joseph Maiello  | _____ home<br>_____ office                                   | _____<br>_____                       |
| (3) R. Nelson Eastwood  | _____ home<br>_____ office                                   | _____<br>_____                       |
| b. Key Staff  |  |                                      |
| (1) Fire/Radiological Officer<br>Herbert Jewson<br>or<br>Deputy<br>Ronald Musselman | _____ home<br>_____ office<br><br>_____ home<br>_____ office | _____<br>_____<br><br>_____<br>_____ |
| (2) Medical Officer<br>Katherine Mize<br>or<br>Deputy                               | _____ home<br>_____ office<br><br>_____ home<br>_____ office | _____<br>_____<br><br>_____<br>_____ |

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

3. Verify that the following have been notified:







b. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that an incident classification of 'Alert' has been declared at the Limerick Generating Station."

6. Notify the following:

|                       |             | Telephone  | Time  |
|-----------------------|-------------|------------|-------|
| a. Special Facilities |             |            |       |
| (1) JYC Camps         | _____       | [REDACTED] | _____ |
|                       | name/title  |            | _____ |
| (2) Camp Kweebec      | John Haines | [REDACTED] | _____ |
|                       |             |            | _____ |

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. An incident classification of 'Alert' has been declared at the Limerick Generating Station."

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

- 7. Ensure RACES operator contacts the County RACES base upon arrival at the Township EUC. \_\_\_\_\_  
(time) ---
- 8. Report all unmet needs to the County Operations Officer. [REDACTED]
- 9. Review remaining emergency procedures in the event of escalation.
- 10. Maintain Alert status until notified of termination, escalation or reduction of classification.

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

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

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

d. Disposition

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

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

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

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

a. Verification:

|   | Telephone              | Time  |
|---|------------------------|-------|
| (1) Fire Department                                 | <u>287-6911</u>        | _____ |
| (2) Ambulance                                       | <u>287-6911</u>        | _____ |
| (3) School  |                        |       |
| (1) St. Mary's<br>Sister William Clare<br>Principal | <u>287-7757</u> office | _____ |
| (4) Verification Message:                           |                        |       |

"This is           (name/title)          . I would like to verify that you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to Unusual Event."

b. Notification:

|                         | Telephone                              |                                     |
|-------------------------|--|-------------------------------------|
| (1) Elected Officials   |  |                                     |
| (a) Harold Caswell, Sr. | <u>          </u><br><u>          </u> | home<br>office                      |
| (b) Joseph Maiello      | <u>          </u><br><u>          </u> | home<br>office                      |
| (c) R. Nelson Eastwood  | <u>          </u><br><u>          </u> | home<br>office                      |
| (2) Special Facilities  |  |                                     |
| (a) JYC Camps           | <u>          </u><br>name/title        | <u>          </u><br>home<br>office |
| (b) Camp Kweebec        | John Haines                            | <u>          </u><br>home<br>office |

(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

SITE EMERGENCY

If this is the first notification received or if escalation from Unusual Event, accomplish all actions; if escalation from Alert classification, Item 4 may be omitted:

1. Document:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

|   | Telephone                  | Time           |
|---|----------------------------|----------------|
| a. Elected Officials                            |                            |                |
| (1) Harold Caswell, Sr.                         | _____ home<br>_____ office | _____<br>_____ |
| (2) Joseph Maiello                              | _____ home<br>_____ office | _____<br>_____ |
| (3) R. Nelson Eastwood                          | _____ home<br>_____ office | _____<br>_____ |
| b. Key Staff                                    |                            |                |
| (1) Fire/Radiological Officer<br>Herbert Jewson | _____ home<br>_____ office | _____<br>_____ |
| or<br>Deputy<br>Ronald Musselman                | _____ home<br>_____ office | _____<br>_____ |
| (2) Medical Officer<br>Katherine Mize           | _____ home<br>_____ office | _____<br>_____ |
| or<br>Deputy                                    | _____ home<br>_____ office | _____<br>_____ |

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

3. Verify that the following have been notified:

|  | Telephone       | Time  |
|--|-----------------|-------|
| a. Fire Department   | <u>287-6911</u> | _____ |
| b. Ambulance   | <u>287-6911</u> | _____ |
| c. Verification Message:   |                 |       |
| "This is _____ (name/title) _____. I would like to verify that you have been notified that a 'Site Emergency' has been declared at the Limerick Generating Station." |                 |       |

4. Report to and activate the local Emergency Operations Center

- a. Activated \_\_\_\_\_  
(time)
  - b. County OPS Officer notified of EOC activation \_\_\_\_\_  
(time)
  - c. Communications system checked for operability. \_\_\_\_\_  
(time)
  - d. Establish EOC security. \_\_\_\_\_  
(time)
  - e. Monitor Alert and Warning/EBS Station KYW 1060 AM. \_\_\_\_\_  
(time)
  - f. Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_  
(time)
  - g. If the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
  - h. Ensure County has assigned a RACES unit to the Township EOC by contacting the County OEP Communications Officer at 631-1704.  
\_\_\_\_\_  
(time)
  - i. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_  
(time)
  - j. Log all messages which provide information or require action. Post Pertinent data on status board. \_\_\_\_\_  
(time)
  - k. Review Fact Sheet (Appendix A-2)
5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed.
6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. \_\_\_\_\_  
(time)
7. Verify that the following have been notified:







16. 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 \_\_\_\_\_

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

a. Verification:

|                      | Telephone              | Time  |
|----------------------|------------------------|-------|
| (1) Fire Department  | <u>287-6911</u>        | _____ |
| (2) Ambulance        | <u>287-6911</u>        | _____ |
| (3) School           |                        |       |
| (a) St. Mary's       |                        |       |
| Sister William Clare | <u>287-7757 office</u> | _____ |
| Principal            |                        |       |

(4) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to \_\_\_\_\_."

b. Notification

|                         | Telephone               | Time                    |
|-------------------------|-------------------------|-------------------------|
| (1) Elected Officials   |                         |                         |
| (a) Harold Caswell, Sr. | _____<br>home<br>office | _____<br>_____<br>_____ |
| (b) Joseph Maiello      | _____<br>home<br>office | _____<br>_____<br>_____ |
| (c) R. Nelson Eastwood  | _____<br>home<br>office | _____<br>_____<br>_____ |

(2) Special Facilities

(a) JYC Camps

\_\_\_\_\_ name/title

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

(b) Camp Kweebec

John Haines

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

(3) Message:

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

18. 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) Harold Caswell, Sr.   | _____ home<br>_____ office                               | _____<br>_____                   |
| (2) Joseph Maiello  | _____ home<br>_____ office                               | _____<br>_____                   |
| (3) R. Nelson Eastwood  | _____ home<br>_____ office                               | _____<br>_____                   |
| b. Key Staff  |  |                                  |
| (1) Fire/Radiological Officer<br>Herbert Jewson<br>or<br>Deputy<br>Ronald Musselman | _____ home<br>_____ office<br>_____ home<br>_____ office | _____<br>_____<br>_____<br>_____ |
| (2) Medical Officer<br>Katherine Mize<br>or<br>Deputy                               | _____ home<br>_____ office<br>_____ home<br>_____ office | _____<br>_____<br>_____<br>_____ |

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

3. Verify that the following have been notified:

|                          | Telephone       | Time  |
|--------------------------|-----------------|-------|
| a. Fire Department       | <u>287-6911</u> | _____ |
| b. Ambulance             | <u>287-6911</u> | _____ |
| c. Verification Message: |                 |       |

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

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

- a. Activated \_\_\_\_\_ (time)
  - b. County OPS Officer notified of EUC activation (\_\_\_\_\_) \_\_\_\_\_ (time)
  - c. Communications system checked for operability. \_\_\_\_\_ (time)
  - d. Establish EUC security. \_\_\_\_\_ (time)
  - e. Monitor Alert and Warning/EBS Station KYW 1060 AM. \_\_\_\_\_ (time)
  - f. Ensure Route Alert Teams have been mobilized as necessary. \_\_\_\_\_ (time)
  - g. Ensure County has assigned a RACES unit to the Township EUC. \_\_\_\_\_ (time)
  - h. Log all messages which provide information or require action. Post pertinent data status board. \_\_\_\_\_ (time)
  - i. Review Fact Sheet. (Appendix A-2)
- b. 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. School      |                      |                              |
| (1) St. Mary's | Sister William Clare | <u>287-7757 office</u> _____ |
|                | Principal            |                              |

b. Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

7. Notify the following:

|                       |                        | Telephone                     | Time  |
|-----------------------|------------------------|-------------------------------|-------|
| a. Special Facilities |                        |                               |       |
| (1) JYC Camps         | _____ name/title _____ | _____ home _____ office _____ | _____ |
| (2) Camp Kweebec      | John Haines            | _____ home _____ office _____ | _____ |

b. Message:

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

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Medical/Ambulance Officer contacts County Medical/Ambulance Officer. \_\_\_\_\_ (time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_ (time)
10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer are aware of any problem areas. \_\_\_\_\_ (time)
11. Ensure RACES operator contacts County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_ (time)
12. Monitor weather conditions. \_\_\_\_\_ (time)
13. If sheltering is recommended:
  - a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_ (time)



- b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general population. \_\_\_\_\_ (time)
- c. In the event of a siren failure receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_ (time)
- d. Initiate increased security measures, i.e., increase vehicular patrols conditions permitting.

14. If evacuation is ordered:

- a. When that the public alert system has been activated, notify hearing impaired. \_\_\_\_\_ (time)
- b. Monitor Alert and Warning/EBS Station to ensure proper instructions are being given to the general public. \_\_\_\_\_ (time)
- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert teams have been dispatched. \_\_\_\_\_ (time)
- d. Ensure Traffic Control Points have been manned (reference Appendix A-1). \_\_\_\_\_ (time)
- e. Assign sufficient emergency workers to Medical/Ambulance to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. \_\_\_\_\_ (time)
- f. Be prepared to initiate road clearing operations.
- g. Advise County OPS Officer ( [REDACTED] ) of any additional unmet needs. \_\_\_\_\_ (time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_
- n. Monitor evacuation process and report any problem areas to the County Operations Officer. \_\_\_\_\_ (time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_

15. Maintain General Emergency status until:

- a. Reduction of classification. \_\_\_\_\_  
(time)
- b. Termination of emergency. \_\_\_\_\_  
(time)
- c. EOC must be evacuated. \_\_\_\_\_  
(time)

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

a. Verification:

|                      | Telephone              | Time  |
|----------------------|------------------------|-------|
| (1) Fire Department  | <u>287-6911</u>        | _____ |
| (2) Ambulance        | <u>287-6911</u>        | _____ |
| (3) School           |                        |       |
| (a) St. Mary's       |                        |       |
| Sister William Clare | <u>287-7757 office</u> | _____ |
| Principal            |                        |       |

(4) Verification Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to \_\_\_\_\_."

b. Notification

|                         | Telephone               | Time                    |
|-------------------------|-------------------------|-------------------------|
| (1) Elected Officials   |                         |                         |
| (a) Harold Caswell, Sr. | _____<br>home<br>office | _____<br>_____<br>_____ |
| (b) Joseph Maiello      | _____<br>home<br>office | _____<br>_____<br>_____ |
| (c) R. Nelson Eastwood  | _____<br>home<br>office | _____<br>_____<br>_____ |
| (2) Special Facilities  |                         |                         |
| (a) JYC Camps           | _____<br>name/title     | _____<br>home<br>office |
| (b) Camp Kweebec        | John Haines             | _____<br>home<br>office |

(3) Message:

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

17. If the EOC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EOC located at the Montgomery County Library in Norristown. \_\_\_\_\_ (time)
- c. Notify Montgomery County upon your arrival at alternate EOC. \_\_\_\_\_ (time)

18. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

| <u>Post<br/>Number</u> | <u>Location</u>                | <u>Responsible<br/>Police<br/>Organization</u> | <u># Officers<br/>Assigned</u> |
|------------------------|--------------------------------|--|--------------------------------|
| L. Frederick 1         | Spring Mount Rd. & Route 29    | Township                                       | 1                              |
| L. Frederick 2         | Zieglersville Rd. & Route 29   | Township                                       | 1                              |
| L. Frederick 3         | Salford Station Rd. & Route 29 | Township                                       | 1                              |
| L. Frederick 4         | Gravel Pike & Route 29         | Township                                       | 1                              |

APPENDIX A-2

FACT SHEET

Abbreviations:

ACP Access Control Point  
ARES Amateur Radio Emergency Service  
EBS Emergency Broadcast System  
EPA Environmental Protection Agency  
EPZ Emergency Planning Zone  
KI Chemical symbol for potassium iodide  
PAG Protective Action Guide  
RACES Radio Amateur Civil Emergency Services  
REACT Radio Emergency Action Citizens Team  
TCP Traffic Control Point  
TLD Thermoluminescent Dosimeter

Evacuation Information

Evacuation Route: Local Routes to Rt. 63E to Rt. 113 N

Reception Center: County Line Plaza

Host School (s): Perkiomen Valley School District to North Penn School District, St. Mary's to Corpus Christi School.

Decontamination Station: Upper Perkiomen Senior High School

Transportation Staging Area: EUC

Homebound Support Hospital: North Penn Hospital

STATUS BOARD FORMAT

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



ANNEX B  
Implementing Procedure  
Fire Services\*

Fire Services Officer: Herbert Jewson  
Alternate: Ronald Musselman

UNUSUAL EVENT

No response necessary unless Fire Services are requested at the Limerick Generating Station.

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_  
(time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick-up by the County.  
\_\_\_\_\_  
(time)
4. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to County Radiological Officer at \_\_\_\_\_  
\_\_\_\_\_  
(time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

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. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(time)
  - d. Prepare Control TLD's for pick-up by the County. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional personnel as necessary and have them report to fire station (reference Appendix B-1). \_\_\_\_\_  
(time)
  - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-4); obtain a signed receipt (reference Appendix B-6). \_\_\_\_\_  
(time)
  - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation. \_\_\_\_\_  
(time)
  - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)

NOTE: All dosimeters will be returned to the county.

4. Remarks/Actions Taken:

## Fire Services

### GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Prepare Control TLD's for pickup by the County. \_\_\_\_\_  
(time)
  - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-5). Report unmet needs to County Radiological Officer at \_\_\_\_\_  
(time)
  - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-4); obtain a signed receipt (reference Appendix \_\_\_\_\_  
(time)
  - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix B-1). \_\_\_\_\_  
(time)
  - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - g. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at \_\_\_\_\_  
(time)
  - h. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Monitor route alerting. \_\_\_\_\_  
(time)
  - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Upper Perkiomen High School.  
  
NOTE: Upon completion of tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Upper Perkiomen Senior High School. \_\_\_\_\_  
(time)
  - d. Relocate to alternate EOC.
3. If termination, collect dosimeters and unused KI from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)  
NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and addresses will be on file in the EUC.

FIRE - RESOURCE INVENTORY

2 pumpers  
1 tanker  
1 aerial truck



ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Montgomery County OEP, 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 KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County OEP 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. 52-A Alert Team: Lower Frederick Fire Department

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

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

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

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

Sector No. 52-B Alert Team: Lower Frederick Fire Department

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

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

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

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

Sector No. 52-C Alert Team: Lower Frederick Fire Department

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

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

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

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

Sector No. 52-D Alert Team: Lower Frederick Fire Department

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

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

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

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

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

| <u>AGENCY</u>   | <u>NUMBER OF EMERGENCY WORKERS</u> |
|---|------------------------------------|
| A. Municipal Emergency Management Agency  |                                    |
| Lower Frederick Township EUC<br>141 Spring Mount Road<br>Spring Mount, PA 19478   | 10                                 |
| B. Fire Companies   |                                    |
| Lower Frederick Fire Co.<br>141 Spring Mount Road<br>Spring Mount, PA 19478       | 30                                 |
| C. Ambulance Service  |                                    |
| Lower Frederick Regional<br>Main Street & Second Avenue<br>Spring Mount, PA 19478 | 24                                 |
| D. Public Works   |                                    |
| Roadmaster Leonard Lay  | 3                                  |
| Total Units of Dosimetry-KI Required  | <u>67</u>                          |



RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

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

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

| LINE NUMBER | DESCRIPTION   | QUANTITY |
|-------------|---|----------|
| 1.          | CD V-742 Self-Reading Dosimeter (0-200R)  |          |
|             | CD V-730 Self-Reading Dosimeter (0-20R)   |          |
| 3.          | DCA-622 Self-Reading Dosimeter (0-20R)  |          |
| 4.          | CD V-750 Dosimeter Charger  |          |
| 5.          | TLD (Thermoluminescent Dosimeter)<br>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<br>Dosimetry-KI and Survey Meters |          |

RECEIVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_  
 S JRE: 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<br>DOSIMETER<br>(0-200R) | CD V-730<br>OR DCA-<br>622 (Serial<br>Number)<br>(0-20R) | TLD (THERMO-<br>LUMINESCENT<br>DOSIMETER)<br><br>(Serial Number) | KI (POTASSIUM<br>IODIDE)<br>(Tablets) | DOSIMETRY-<br>KI REPORT<br>FORM | CD V-700<br>SURVEY<br>METER | INDIVIDUAL'S NAME<br>(print legibly) | INDIVIDUAL'S SIGNATURE |
| 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

Medical/Ambulance Services\*

Medical Services Officer: Kathryn M. Mize  
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 C-2). \_\_\_\_\_ (time)
  - a. Notify County Medical Coordinator at \_\_\_\_\_ of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_ (time)
  - b. Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_ (time)
3. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3).  
\_\_\_\_\_ (time)
4. Ensure that normal medical/ambulance services are maintained.
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

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 EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator at \_\_\_\_\_ of changes in the list of those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3).  
\_\_\_\_\_  
(time)
    - (1) Notify the County Transportation Coordinator at 631-1832 of any changes in requirements. \_\_\_\_\_  
(time)
  - d. Ensure that normal medical/ambulance services are maintained.
  - e. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Mobilize, if necessary, additional medical/ambulance personnel and have them report to ambulance base (reference Appendix C-1).  
\_\_\_\_\_  
(time)
  - b. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County Medical Coordinator at \_\_\_\_\_. \_\_\_\_\_  
(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 EUC 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. If termination, have ambulance/medical personnel return dosimeters and unused KI to the Fire Services Officer. \_\_\_\_\_  
(time)

4. Remarks/Action Taken:



Medical/Ambulance Services

GENERAL EMERGENCY

The Medical Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator at \_\_\_\_\_ of changes in requirements for those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-3).  
\_\_\_\_\_  
(time)
  - d. Mobilize additional medical/ambulance personnel and have them report to ambulance base (reference Appendix C-1). \_\_\_\_\_  
(time)
  - e. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County Medical Coordinator at \_\_\_\_\_  
(time)
  - f. Ensure medical/ambulance emergency workers have been issued dosimeters/KI.
  - g. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(time)
  - h. 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, 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)

- b. Add to Appendix C-3 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). \_\_\_\_\_ (time)
- c. As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix C-4), notify the County Transportation Coordinator at \_\_\_\_\_ 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)
- 4. Prepare a list of names and addresses of person to be picked-up for each vehicle including ambulances. \_\_\_\_\_ (time)
- 5. Upon the arrival of vehicles at the municipal transportation staying area located at the 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 staying 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 North Penn Hospital in Lansdale.\* Emergency workers need not accompany vehicles to reception facilities. \_\_\_\_\_ (time)
- 6. After population has evacuated, ensure ambulance service relocates to Upper Perkiomen High School. \_\_\_\_\_ (time)
- 7. Relocate to alternate EOC after population has departed. \_\_\_\_\_ (time)
- 8. If termination, have ambulance/medical personnel return dosimeters and unused KI to the Fire Services Officer. \_\_\_\_\_ (time)
- 9. Remarks/Actions Taken: \_\_\_\_\_ (time)

\*Agreement pending.

MEDICAL/AMBULANCE PERSONNEL RECALL ROSTER

Names and telephone numbers will be on file in the EOC.

MEDICAL - RESOURCE INVENTORY

2 ambulances

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

- A. Residents Requiring Ambulance Support  
List will be on file in the EOC.
- B. Residents With Other Special Requirements  
List will be on file in the EOC.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List will be on file in the EUC.



TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1  
Ambulances: 1

Vehicles Available

Buses: 0  
Ambulances: 2\*

Unmet Needs

Buses: 1  
Ambulances: 0

\* One ambulance will remain available for emergencies.