

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

SEPTEMBER 1984

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IMPLEMENTING PROCEDURES

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INTRODUCTION

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

Guidance for development of these implementing procedures has been provided through the policies contained within the Charlestown 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 Charlestown 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: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation 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: Robert Wert
Deputy: John D'Ginto
Ass't Deputy: Carol McLean

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 Services, Communications and Public Works Services 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) John Garvin	_____ home _____ office	_____ _____
(2) John C. Martin, Jr.	_____ home _____ office	_____ _____
(3) William W. Buckwalter	_____ home _____ office	_____ _____
b. Key Staff		
(1) Transportation Officer		
Rick Berryman	_____ home _____ office	_____ _____
Deputy Bill Fulmer	_____ home _____ office	_____ _____
As's't Deputy Mary Jane Duncan	_____ home _____ office	_____ _____
(2) Fire Services Officer		
Steven Fahir	_____ home _____ office	_____ _____
Deputy Dr. John Foster	_____ home	_____

_____ office _____
(3) Security

Bob Bullock _____ home _____
_____ office _____

(4) Deputy EMC John D'Ginto _____ home _____
_____ office _____

Ass't Deputy Carol McLean _____ home _____
_____ office _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. East Whiteland Fire Department	_____	_____
b. Verification Message:		

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

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

- a. Activated _____
(time)
- b. County Municipal Liaison Officer notified of EOC activation. (431-6160) _____
(time)
- c. Check communication systems for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM; WCOJ 1420 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
- g. If public alert system has been activated, notify hearing impaired. _____
(time)
- h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.

(time)
- i. Log all incoming messages that provide information or require action. Post pertinent data on the status board. _____
(time)
- j. Verify the County has assigned an ARES unit to the EOC. _____
(time)

- k. Review fact sheet (Appendix A-2). _____
(time)
5. Verify that the following have been notified:
- | | Telephone | Time |
|---|-------------------------------------|------------------------------|
| a. Schools | | |
| Charlestown School | Mrs. Phyllis Steingard
Principal | <u>935-1555</u> office _____ |
| b. Verification Message: | | |
| "This is _____ (name) _____. 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 | | |
| Charlestown Playhouse, Inc. Preschool | Elizabeth Stanorov
Administrator | <u>933-2762</u> office _____ |
| Mary Hill Rest Home | Nancy Wheeler | <u>933-6243</u> office _____ |
| b. Message: | | |
| "This is _____ (name/title) _____. An incident classification of 'Alert' has been declared at the Limerick Generating Station." | | |
| Note: This is provided for informational purposes only. No actions are normally required. | | |
7. Ensure ARES operator contacts the County ARES base upon arrival at Municipal EOC. _____
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Municipal Liaison Officer (431-6160).
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
- Date: _____
 - Time: _____
 - Source: _____
 - Disposition
 - 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) East Whiteland Fire Department	_____	_____

(2) Schools

Charlestown School

Mrs. Phyllis Steingard 935-1555 office _____
Principal

(3) Verification Message:

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

b. Notification:

	Telephone	Time
(1) Elected Officials		

(a) John Garvin	_____ home _____ office	_____
-----------------	----------------------------	-------

(b) John C. Martin, Jr.	_____ home _____ office	_____
-------------------------	----------------------------	-------

(c) William W. Buckwalter	_____ home _____ office	_____
---------------------------	----------------------------	-------

(2) Special Facilities

Charlestown Playhouse, Inc. Preschool
Elizabeth Stanorov 933-2762 office _____
Administrator

Mary Hill Rest Home
Nancy Wheeler 933-6243 office _____

(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

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

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) John Garvin	<u> </u> home <u> </u> office	_____ _____
(2) John C. Martin, Jr.	<u> </u> home <u> </u> office	_____ _____
(3) William W. Buckwalter	<u> </u> home <u> </u> office	_____ _____
b. Key Staff		
(1) Transportation Officer		
Rick Berryman	<u> </u> home <u> </u> office	_____ _____
Deputy Bill Fulmer	<u> </u> home <u> </u> office	_____ _____
Ass't Deputy Mary Jane Duncan	<u> </u> home <u> </u> office	_____ _____

(2) Fire Services Officer

Steven Fahir

_____ home
_____ office _____

Deputy Dr. John Foster

_____ home
_____ office _____

(3) Security

Bob Bullock

_____ home
_____ office _____

(4) Deputy EMC John D'Ginto

_____ home
_____ office _____

Ass't Deputy Carol McLean

_____ home
_____ office _____

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|-----------------------------------|-----------|-------|
| a. East Whiteland Fire Department | _____ | _____ |
| b. Verification Message: | | |

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

4. Report to and activate the local Emergency Operations Center

- a. Activated _____
(time)
- b. County Municipal Liaison Officer notified of EOC activation (431-6160). _____
(time)
- c. Communications system checked for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM; WCOJ 1420 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

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

h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.

_____ (time)

i. Log all messages that provide information or require action. Post pertinent data on status board. _____ (time)

j. Verify the County has assigned an ARES unit to the EOC. _____ (time)

k. Review fact sheet (Appendix A-2). _____ (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. Schools		
Charlestown School	Mrs. Phyllis Steingard Principal	935-1555 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		
Charlestown Playhouse, Inc. Preschool	Elizabeth Stanorov Administrator	933-2762 office _____

Mary Hill Rest Home	Nancy Wheeler	933-6243 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 Public Works Officer are aware of any problem areas. _____ (time)
12. Ensure ARES operator contacts the County ARES base upon arrival at Municipal EOC. _____ (time)
13. If a protective action is recommended, ensure access control points are manned. _____ (time)
14. Report all unmet needs to the County Municipal Liaison Officer (431-6160).
15. Review remaining emergency procedures in the event of escalation.
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) East Whiteland Fire Department	_____	_____
(2) Schools		
Charlestown School		
Mrs. Phyllis Steingard	935-1555 office	_____
Principal		
(3) 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) John Garvin	<u> </u> home <u> </u> office	<u> </u>
(b) John C. Martin, Jr.	<u> </u> home <u> </u> office	<u> </u>
(c) William W. Buckwalter	<u> </u> home <u> </u> office	<u> </u>

(2) Special Facilities

Charlestown Playhouse, Inc. Preschool
Elizabeth Stanorov 933-2762 office
Administrator

Mary Hill Rest Home
Nancy Wheeler 933-6243 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) John Garvin	_____ home _____ office	_____ _____
(2) John C. Martin, Jr.	_____ home _____ office	_____ _____
(3) William W. Buckwalter	_____ home _____ office	_____ _____
b. Key Staff		
(1) Transportation Officer		
Rick Berryman	_____ home _____ office	_____ _____
Deputy Bill Fulmer	_____ home _____ office	_____ _____
Ass't Deputy Mary Jane Duncan	_____ home _____ office	_____ _____
(2) Fire Services Officer		

Steven Fahir _____ home _____
_____ office _____

Deputy Dr. John Foster _____ home _____
_____ office _____

(3) Security

Bob Bullock _____ home _____
_____ office _____

(4) Deputy EMC John D'Ginto _____ home _____
_____ office _____

Ass't Deputy Carol McLean _____ home _____
_____ office _____

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|-----------------------------------|-----------|-------|
| a. East Whiteland Fire Department | _____ | _____ |
| 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 _____."

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

- a. Activated _____
(time)
- b. County Municipal Liaison Officer notified of EOC activation (431-6160). _____
(time)
- c. Communications system checked for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM; WCOJ 1420 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized. _____
(time)
- g. Log all messages which provide information or require action. Post pertinent data on status board. _____
(time)
- h. Verify the County has assigned an ARES unit to the EUC. _____
(time)
- i. Review fact sheet (Appendix A-2). _____
(time)

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

6. Verify that the following have been notified:

	Telephone	Time
a. Schools		
Charlestown School	Mrs. Phyllis Steingard Principal	<u>935-1555</u> office _____

b. Verification Message:

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

7. Notify the following:

	Telephone	Time
a. Special Facilities		
Charlestown Playhouse, Inc. Preschool	Elizabeth Stanorov Administrator	<u>933-2762</u> office _____
Mary Hill Rest Home	Nancy Wheeler	<u>933-6243</u> office _____

b. Message:

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

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

8. Verify Resource Availability:

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

9. Ensure Fire Services Officer has distributed dosimeters, I 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 Public Works Officer are aware of any problem areas. _____
(time)

11. Ensure the ARES operator contacts the County ARES base upon arrival at Municipal EOC. _____
(time)
12. Report unmet needs to the County Municipal Liaison Officer (431-6160).
13. If sheltering is recommended:
 - a. When the public alert system has been activated, notify hearing impaired. _____
(time)
 - b. Monitor EBS station to ensure proper instructions are being given to the general population. _____
(time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)
 - d. Ensure increased security measures have been taken. _____
(time)
 - e. Ensure Access Control Points are manned.
14. If evacuation is ordered:
 - a. When the public alert system has been activated, notify hearing impaired. _____
(time)
 - b. Monitor EBS station to ensure proper instructions are being given to the general public. _____
(time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)
 - d. Ensure Access Control Points have been manned (reference Appendix A-1). _____
(time)
 - e. Ensure Traffic Control Points have been manned (reference Appendix A-1). _____
(time)
 - f. 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)
 - g. Be prepared to conduct road clearing operations, as necessary. _____
(time)
 - h. Advise County Municipal Liaison Officer of any additional unmet needs (431-6160). _____
(time)
 - (1) _____
 - (2) _____

(3) _____

i. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer (431-6160). _____

(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:

(1) East Whiteland Fire Department Telephone _____ Time _____

(2) Schools

Charlestown School

Mrs. Phyllis Steingard 935-1555 office _____
Principal

(3) Verification Message:

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

b. Notification

(1) Elected Officials

a. Elected Officials

(1) John Garvin _____ home _____
_____ office _____

(2) John C. Martin, Jr. _____ home _____
_____ office _____

(3) William W. Buckwalter _____ home _____
_____ office _____

(2) Special Facilities

Charlestown Playhouse, Inc. Preschool
Elizabeth Stanorov 933-2762 office _____
Administrator

Mary Hill Rest Home
Nancy Wheeler 933-6243 office _____

(3) Message:

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

17. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
44	Route 29 & Charlestown Road	State Police	2
Charlestown-1	Route 401 & Valley Hill Road	Township	1
45	Route 29 & South Whitehorse Road	State Police	2

ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
200	Rees Road & Howell Road	State Police	1
201	Route 29 & Whitehorse Road	State Police	1
202	Route 29 & Charlestown Road	State Police	1
203	Sidley Hill Rd. & Yellow Springs Rd.	State Police	1
204	Bodine Road & Valley Hill Road	State Police	1

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 roads to Route 29 South to Route 202 South

Reception Center: Stetson Middle School

Host School(s): None

Decontamination Station: Valley Forge Fire Department

Transportation Staging Area: EUC

Homebound Support Hospital: Pocopson Home, West Chester

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B

Implementing Procedure

Fire Services*

Fire Services Officer: Steven Fahir
Deputy: Dr. John Fostar

UNUSUAL EVENT

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

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.
(time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick-up by the County. (time)
4. Inventory dosimeters/KI and prepare for distribution; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at 431-6160.
(time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Prepare Control TLD's for pick up by the County. _____
(time)
 - d. Inventory dosimeters/KI and prepare for distribution; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-4). Report unmet needs to County Radiological Officer at 431-6160.

(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-3); obtain a signed receipt (reference Appendix B-5).

(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at 431-6160. _____
(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 TLD's for pick up by the County. _____
(time)
 - c. Inventory dosimeters/KI and prepare for distribution; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at 431-6160. _____
(time)
 - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5). _____
(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 431-6160. _____
(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)
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Valley Forge Company.
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. _____
(time)
4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

East Whiteland Fire Company

- 1 - Mini Pumper
- 3 - Pumpers
- 1 - Ambulance

ROUTE ALERTING TEAMSI. GENERAL

- A. The Charlestown 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 Chester County DES, commence route alerting in designated sector(s) (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 WCQJ 1420 AM or WCAU 1210 AM.
- C. Upon completion of route, notify Chester County DES 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. 61-A Alert Team: Kimberton Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-B Alert Team: Kimberton Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-D Alert Team: Kimberton Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 5-A Alert Team: East Whiteland Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 5-B Alert Team: East Whiteland Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is 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	
Charlestown Township	21
Charlestown Elementary School	
B. Fire Company	
East Whiteland Fire Company	25
170 Planebrook Road	
Frazer, PA 19355	
C. Roadmaster	
Harold Pyle	6
Total Units of Dosimetry-KI Required	52

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

RECEIVED BY: _____ TITLE _____
 SIGNATURE: X _____ DATE _____

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

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

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 2 and 6. Record the serial number of the DCA-622 in column 3 and the serial number of the TLD 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 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER) (Serial Number)	KI (POTASSIUM IODIDE) (Tablets)	DOSIMETRY- KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
1 each	✓	✓	✓	✓	✓		
1 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 5

Appendix B-5

ANNEX C

Implementing Procedure

Transportation

Transportation Officer: Rick Berryman
Alternate: Bill Fulmer
Ass't Deputy: Mary Jane Duncan

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
_____ (time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1).
_____ (time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____ (time)
 - a. Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support. _____ (time)
 - b. Notify County Transportation Officer at 431-6160 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 ambulance procedures.

Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1).

(time)
 - (1) Notify the County Transportation Coordinator (431-6160) of any changes in requirements. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____
(time)
 - (1) Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support.

(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 EOC, is accessible and available. _____
(time)
 - a. Review remaining emergency procedures in the event of escalation.

(time)
 - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to 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 C-1).

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).
 - (1) Notify County Medical Coordinator (431-6160) of changes in the list of those individuals requiring ambulance support.

(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) Ensure population requiring ambulance transportation is served.
 - (2) Add to Appendix C-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (3) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix C-2), notify the County Transportation Coordinator at _____
431-6160 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 up 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 Pocopson Home, West Chester. Emergency workers need not accompany vehicles to reception facilities. _____

(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: 1

Vehicles Available

Buses: 0

Unmet Needs

Buses: 1

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.