

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

SEPTEMBER 1984

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PDR ADOCK 05000352
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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 East Vincent 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 East Vincent 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 East Vincent 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: Col. Ray Gunther
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) Everett H. Wilson	<u> </u> home <u> </u> office	_____
(2) Charles E. Pancoast	<u> </u> home <u> </u> office	_____
(3) James L. Giatras	<u> </u> home <u> </u> office	_____
b. Key Staff		
(1) Police Services Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(2) Fire Services Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(3) Transportation Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____

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

Have key staff report to EUC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	935-2440	_____
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 (EUC).

- a. Activated _____
(time)
- b. County Municipal Liaison Officer notified of EUC activation (431-6160). _____
(time)
- c. Check communication systems for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM or WQJJ 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)
- n. 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.
- j. Review fact sheet (Appendix A-1). _____
(time)

5. Verify that the following have been notified:

	Telephone	Time
a. School		
(1) East Vincent Elementary School Kenneth J. Swart	469-9235 office	_____
(2) St. Joseph's Kindergarten	948-3557 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) Vincent Heights	<u>948-6602</u> office	_____
(2) Park Springs	_____ home _____ office	_____ _____
(3) Kimberton Farms	_____ name/title <u>933-3635</u> office	_____ home _____ office
(4) Grace Assembly Day Care	_____ name/title <u>495-5279</u> office	_____ 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 the 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:
 - 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>935-2440</u> | _____ |
| (2) School | | |
| (a) East Vincent Elementary School | | |
| Kenneth J. Swart | <u>469-9235 office</u> | _____ |
| (b) St. Joseph's Kindergarten | <u>948-3557 office</u> | _____ |
| (3) Verification Message: | | |

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

b. Notification:

- | | Telephone | Time |
|-----------------------------|--|----------------|
| (1) Elected Officials | | |
| (a) Everett H. Wilson | <u> home</u>
<u> office</u> | _____
_____ |
| (b) Charles E. Pancoast | <u> home</u>
<u> office</u> | _____
_____ |
| (c) James L. Giatras | <u> home</u>
<u> office</u> | _____
_____ |
| (2) Special Facilities | | |
| (a) Vincent Heights | <u>948-6602 office</u> | _____ |
| (b) Park Springs | <u> home</u>
<u> office</u> | _____
_____ |
| (c) Kimberton Farms | <u> home</u>
<u> office</u> | _____
_____ |
| <u>name/title</u> | <u>933-3635 office</u> | _____ |
| (d) Grace Assembly Day Care | <u> home</u>
<u> office</u> | _____
_____ |
| <u>name/title</u> | <u>495-5279 office</u> | _____ |

(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) Everett H. Wilson	<u> </u> home <u> </u> office	_____ _____
(2) Charles E. Pancoast	<u> </u> home <u> </u> office	_____ _____
(3) James L. Giatras	<u> </u> home <u> </u> office	_____ _____
b. Key Staff		
(1) Police Services Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(2) Fire Services Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(3) Transportation Officer or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-2440</u>	_____

b. Verification Message:

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

4. Report to and activate the local Emergency Operations Center

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 or 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. Review fact sheet (Appendix A-1). _____
(time)

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

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

7. Verify that the following have been notified:

	Telephone	Time
a. School		

- (1) East Vincent Elementary School
Kenneth J. Swart 469-9235 office _____
- (2) St. Joseph's Kindergarten 948-3557 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) Vincent Heights	<u>948-6602 office</u> _____	
(2) Park Springs	_____ home _____ _____ office _____	
(3) Kimberton Farms	<u> name/title </u> _____ home _____ <u>933-3635 office</u> _____	
(4) Grace Assembly Day Care	<u> name/title </u> _____ <u>495-5279 office</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 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 the County Transportation Officer. _____ (time)

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

11. 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 Public Works Officer (431-6160) are aware of any problem areas.

_____ (time)

12. Ensure ARES operator contacts the County ARES base upon arrival at Municipal EUC. _____ (time)

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

(b) Park Springs

_____ home _____
_____ office _____

(c) Kimberton Farms

_____ name/title _____ home _____
_____ 933-3635 office _____

(d) Grace Assembly
Day Care

_____ name/title _____ 495-3557 office _____

(3) Message:

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

16. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator




GENERAL EMERGENCY

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

1. Document:

- a. Date: _____
- b. Time: _____
- c. Source: _____
- d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Everett H. Wilson	 home _____ office	_____ _____
(2) Charles E. Pancoast	 home _____ office	_____ _____
(3) James L. Giatras	 home _____ office	_____ _____
b. Key Staff		
(1) Police Services Officer	_____ home	_____
or	_____ office	_____
Deputy	_____ home	_____
	_____ office	_____
(2) Fire Services Officer	_____ home	_____
or	_____ office	_____
Deputy	_____ home	_____
	_____ office	_____
(3) Transportation Officer	_____ home	_____
or	_____ office	_____
Deputy	_____ home	_____
	_____ office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-2440</u>	_____

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 or WCOJ 1420 AM. _____
(time)

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

g. Log all messages which provide information or require action. Post pertinent data on school board.

h. Review fact sheet (Appendix A-1). _____
(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. School		
(1) East Vincent Elementary School Kenneth J. Swart	<u>469-9235 office</u>	_____
(2) St. Joseph's Kindergarten	<u>948-3557 office</u>	_____

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) Vincent Heights	948-6602 office	_____
(2) Park Springs	_____ home _____ office	_____
(3) Kimberton Farms	_____ name/title 933-3635 office	_____
(4) Grace Assembly Day Care	_____ name/title 495-5279 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 Radiological Officer has distributed dosimeters/KI to emergency workers and EOC staff. _____ (time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Public Works Officer (431-6160) are aware of any problem areas.

_____ (time)

11. Ensure ARES operator contacts County ARES base upon arrival at the Municipal EOC. _____ (time)

12. If sheltering is recommended:

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

b. Monitor EBS station to ensure proper instructions are being given to the general population. _____ (time)

c. In the event of a siren failure, 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 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 Municipal Liaison Officer of any additional unmet needs (431-6160). _____
(time)

(1) _____

(2) _____

(3) _____

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

(1) _____

(2) _____

(3) _____

14. Maintain General Emergency status until:

a. Reduction of classification. _____
(time)

b. Termination of emergency. _____
(time)

c. EUC must be evacuated. _____
(time)

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

a. Verification:

- | | Telephone | Time |
|------------------------------------|-----------------|-------|
| (1) Police Department | <u>935-2440</u> | _____ |
| (2) School | | |
| (a) East Vincent Elementary School | | |
| Kenneth J. Swart | 469-9235 office | _____ |
| (b) St. Joseph's Kindergarten | 948-3557 office | _____ |
| (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) Everett H. Wilson | <u> </u> home
<u> </u> office | _____
_____ |
| (b) Charles E. Pancoast | <u> </u> home
<u> </u> office | _____
_____ |
| (c) James L. Giatras | <u> </u> home
<u> </u> office | _____
_____ |

- | | | |
|--------------------------------|---|----------------|
| (2) Special Facilities | | |
| (a) Vincent Heights | <u>948-6602</u> office | _____ |
| (b) Park Springs | _____ home
_____ office | _____
_____ |
| (c) Kimberton Farms | _____ home
name/title <u>933-3635</u> office | _____
_____ |
| (d) Grace Assembly Day
Care | name/title <u>495-5279</u> office | _____
_____ |

(3) Message:

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

16. If the 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 Chester County Library. _____

(time)

c. Notify Chester County Municipal Liaison Officer (431-6160) 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
TLU	Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local roads to Route 113 South to Route 100 South

Reception Center: West Whiteland Township Building*

Host School(s): Owen J. Roberts School District to Twin Valley High School*

Decontamination Station: Lionville Fire Company

Transportation Staging Area: EUC

Homebound Support Hospital: Pocopson Home, West Chester

*Agreement under development.

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B

Implementing Procedure

Police Services*

Police Services Officer: (name)
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Police Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.
(time)
2. Ensure that normal police functions are maintained.
3. Review remaining emergency procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

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

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 equipment operators. 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 431-6160.
 - c. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - 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 Radiological Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Mobilize additional police personnel and equipment operators. 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 EUC, Police Services at 431-6160. _____
(time)
 - d. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheitering,
 - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). _____
(time)
 - (2) Initiate increased security measures, i.e., increase vehicular patrols. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). _____
(time)
 - (2) Ensure roadways are clear. _____
(time)
 - (3) Upon completion of assignments, ensure police relocate to the Uwchlan Township Building. _____
(time)

Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Lionville Fire Company.

 - (4) Relocate to alternate EUC after population has departed. _____
(time)

If termination, have emergency workers return dosimeters and unused KI
to the Radiological Officer.

x B-2

(time)

Re: (s)/Actions Taken:

Officers
igned

1
1
1
1
1

ANNEX C

Implementing Procedure

Fire Services*

Fire Services Officer: (name)
Alternate: (name)

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 C-3). 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 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; complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-3). Report unmet needs to the County Radiological Officer.

(time)
 - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-2); obtain a signed receipt (reference Appendix C-4).

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

(time)
 - c. 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)
4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. 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 C-3). Report unmet needs to the County Radiological Officer.

(time)
 - d. 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 Lionville Fire Company.

 - b. Relocate to alternate EUC. _____
(time)

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

4. Remarks/Actions Taken:

ROUTE ALERTING TEAMSI. GENERAL

- A. The East Vincent Township is divided into 6 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 the Chester County DES, 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 or WCAU 1210 AM.

"There is an emergency at the Limerick Generating Station; please tune to your EBS station WCOJ 1420 AM."
- C. Upon completion of route, notify the 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. 63-A Alert Team: Spring City Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 63-D Alert Team: Spring City Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-A Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-B Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 62-C Alert Team: Ridge Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

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

Sector No. 61-H Alert Team: Kimberton 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	
Emergency Operations Center	10
55 Ridge Road	
Spring City, PA	
B. Police Department	
East Vincent Township Police Department	4
C. Public Works	10
Total Units of Dosimetry-KI Required	<u>24</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.	DC4-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____

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

C-4-1

Draft

ANNEX D

Implementing Procedure

Transportation*

Transportation Officer: _____ (name)
Alternate: _____ (name)

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.
_____ (time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).
_____ (time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). _____ (time)
 - a. Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support.
_____ (time)
 - b. Notify County Transportation Coordinator (431-6160) of changes in requirements for those individuals requiring special transportation support other than ambulance.
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 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 (431-616U) of any changes in requirements. _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). _____
(time)
 - (1) Notify County Medical Coordinator (431-616U) of changes in requirements for those individuals requiring ambulance support.

(time)
 - (2) Notify County Transportation Officer (431-616U) of changes in requirements for those individuals requesting 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 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 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)
 - (1) Notify 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 D-2). _____
(time)
 - (1) Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support.

(time)
 - (2) Notify County Transportation Coordinator (431-6160) of changes in requirements for those individuals who require special transportation support other than ambulance. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available.
 - 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 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 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)

e. Relocate to alternate EOC after population has departed.

(time)

3. If termination, return dosimeters and unused KI to Radiological Officer.

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC

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.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 2

Ambulances: 3

Vehicles Available

Buses: 0

Ambulances: 0

Unmet Needs

Buses: 2

Ambulances: 3