

BOROUGH OF TRAPPE
MONTGOMERY 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 Borough of Trappe 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 Borough of Trappe 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 the Borough of Trappe EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Public Works 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: Public Works 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: Craig Moser
Alternate: Mark Werner

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	Time
a. Elected Officials		
(1) Arturo N. Lopez	_____ home _____ office	_____ _____
(2) Dr. Harvey P. Himmelstein	_____ home _____ office	_____ _____
(3) Frederick C. Crist	_____ home _____ office	_____ _____
(4) Richard L. Franks	_____ home _____ office	_____ _____
(5) Thomas J. Haley	_____ home _____ office	_____ _____
(6) Daniel E. Potteiger	_____ home _____ office	_____ _____
(7) Joseph King	_____ home _____ office	_____ _____
(8) Raymond B. Ziegler Mayor	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer Ken Whitman or	_____ home _____ office	_____ _____

Deputy	_____	home	_____
George Henderson	_____	office	_____
(2) Transportation Officer	_____	home	_____
	_____	office	_____
or			
Deputy	_____	home	_____
	_____	office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>489-0911</u>	_____
b. Ambulance	<u>489-0911</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 [REDACTED].
_____ (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.
_____ (time)
- i. Verify the county has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at [REDACTED].
_____ (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. Schools		
(1) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991</u> office	_____
(2) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196</u> office	_____
(3) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918</u> office	_____
(4) Bright Sport Nursery Susan Davidson Director	<u>489-1818</u> office	_____

b. Major Industries

(1) Uniform Tube	R. Thren	<u>948-3098</u> office	_____
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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) Happy Days Pre-School Maureen Gregory	<u>489-2797</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 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 County Operations Officer. ([REDACTED])
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>489-0911</u>	_____
(2) Ambulance	<u>489-0911</u>	_____
(3) Schools		
(a) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991 office</u>	_____
(b) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196 office</u>	_____
(c) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918 office</u>	_____
(d) Bright Spot Nursery Susan Davidson Director	<u>489-1818 office</u>	_____
(4) Major Industries		
(a) Uniform Tube R. Thren	<u>948-3098 office</u>	_____

(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) Arturo N. Lopez	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(b) Dr. Harvey P. Himmelstein	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(c) Frederick C. Crist	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(d) Richard L. Franks	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(e) Thomas J. Haley	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(f) Daniel E. Potteiger	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(g) Joseph King	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(h) Raymond B. Ziegler Mayor	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(2) Special Facilities		
(a) Happy Days Pre-School Maureen Gregory	<u> </u> home <u> </u> office	<u> </u> <u> </u>

(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) Arturo N. Lopez	_____ home _____ office	_____ _____
(2) Dr. Harvey P. Himmelstein	_____ home _____ office	_____ _____
(3) Frederick C. Crist	_____ home _____ office	_____ _____
(4) Richard L. Franks	_____ home _____ office	_____ _____
(5) Thomas J. Haley	_____ home _____ office	_____ _____
(6) Daniel E. Potteiger	_____ home _____ office	_____ _____
(7) Joseph King	_____ home _____ office	_____ _____
(8) Raymond B. Ziegler Mayor	_____ home _____ office	_____ _____

b. Key Staff

- | | | | |
|----------------------------|-------|--------|-------|
| (1) Fire Services Officer | _____ | home | _____ |
| Ken Whitman | _____ | office | _____ |
| or | | | |
| Deputy | _____ | home | _____ |
| George Henderson | _____ | office | _____ |
| (2) Transportation Officer | _____ | home | _____ |
| | _____ | office | _____ |
| or | | | |
| Deputy | _____ | home | _____ |
| | _____ | office | _____ |
| (3) Public Works Officer | _____ | home | _____ |
| | _____ | office | _____ |

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|--------------------------|-----------------|-------|
| a. Fire Department | <u>489-0911</u> | _____ |
| b. Ambulance | <u>489-0911</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

- Activated _____
(time)
- County Operations Officer notified of EOC activation (_____
(time)
- Communications system checked for operability. _____
(time)
- Establish EOC security. _____
(time)
- Monitor Alert and Warning/EBS station KYW 1060 AM. _____
(time)
- Ensure Route Alert Teams have been mobilized as necessary.

(time)
- 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. 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. Schools		
(1) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991</u> office	<u> </u>
(2) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196</u> office	<u> </u>
(3) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918</u> office	<u> </u>
(4) Bright Spot Nursery Susan Davidson Director	<u>489-1818</u> office	<u> </u>
b. Major Industries		
(1) Uniform Tube	R. Thren	<u>948-3098</u> office <u> </u>
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) Happy Days Pre-School Maureen Gregory	489-2797 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.

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) Fire Department	<u>489-0911</u>	_____
(2) Ambulance	<u>489-0911</u>	_____
(3) Schools		
(a) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991 office</u>	_____
(b) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196 office</u>	_____
(c) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918 office</u>	_____
(d) Bright Spot Nursery Susan Davidson Director	<u>489-1818 office</u>	_____
(4) Major Industries		
(a) Uniform Tube R. Thren	<u>948-3098 office</u>	_____
(5) Verification Message:		
"This is <u>(name/title)</u> . 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) Arturo N. Lopez	<u> </u> home <u> </u> office	_____ _____
(b) Dr. Harvey P. Himmelstein	<u> </u> home <u> </u> office	_____ _____
(c) Frederick C. Crist	<u> </u> home <u> </u> office	_____ _____

(d) Richard L. Franks

 home _____
 office _____

(e) Thomas J. Haley

 home _____
 office _____

(f) Daniel E. Potteiger

 home _____
 office _____

(g) Joseph King

 home _____
 office _____

(h) Raymond B. Ziegler
Mayor

 home _____
 office _____

(2) Special Facilities

(a) Happy Days Pre-School
Maureen Gregory

489-2797 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) Arturo N. Lopez	_____ home _____ office	_____ _____
(2) Dr. Harvey P. Himmelstein	_____ home _____ office	_____ _____
(3) Frederick C. Crist	_____ home _____ office	_____ _____
(4) Richard L. Franks	_____ home _____ office	_____ _____
(5) Thomas J. Haley	_____ home _____ office	_____ _____
(6) Daniel E. Potteiger	_____ home _____ office	_____ _____
(7) Joseph King	_____ home _____ office	_____ _____
(8) Raymond B. Ziegler Mayor	_____ home _____ office	_____ _____

b. Key Staff

- | | | | |
|----------------------------|-------|--------|-------|
| (1) Fire Services Officer | _____ | home | _____ |
| Ken Whitman | _____ | office | _____ |
| or | | | |
| Deputy | _____ | home | _____ |
| George Henderson | _____ | office | _____ |
| (2) Transportation Officer | _____ | home | _____ |
| | _____ | office | _____ |
| or | | | |
| Deputy | _____ | home | _____ |
| | _____ | office | _____ |
| (3) Public Works Officer | _____ | home | _____ |
| | _____ | office | _____ |

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|--------------------------|-----------------|-------|
| a. Fire Department | <u>489-0911</u> | _____ |
| b. Ambulance | <u>489-0911</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 Operations Officer notified of EOC activation (redacted).
_____ (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 Municipal EOC by contacting the County OEP Communications Officer. _____ (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) _____
(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		
(1) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991</u> office	_____
(2) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196</u> office	_____
(3) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918</u> office	_____
(4) Bright Spot Nursery Susan Davidson Director	<u>489-1818</u> office	_____

b. Major Industries

(1) Uniform Tube	R. Thren	<u>348-3098</u> 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) Happy Days Pre-School Maureen Gregory	<u>489-2797</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/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. 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) Fire Department	<u>489-0911</u>	_____
(2) Ambulance	<u>489-0911</u>	_____
(3) Schools		
(a) Perkiomen Valley Elementary-South Richard Devaney Principal	<u>489-2991 office</u>	_____
(b) Perkiomen Valley Middle Michael Friedberg Principal	<u>489-1196 office</u>	_____
(c) Twin Acres Country Day School Patricia Carson Principal	<u>489-7918 office</u>	_____
(d) Bright Spot Nursery Susan Davidson Director	<u>489-1818 office</u>	_____

(4) Major Industries

(a) Uniform Tube R. Thren 948-3098 office

(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) Arturo N. Lopez	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(b) Dr. Harvey P. Himmelstein	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(c) Frederick C. Crist	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(d) Richard L. Franks	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(e) Thomas J. Haley	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(f) Daniel E. Potteiger	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(g) Joseph King	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(h) Raymond B. Ziegler Mayor	<u> </u> home <u> </u> office	<u> </u> <u> </u>
(2) Special Facilities		
(a) Happy Days Pre-School Maureen Gregory	<u> </u> <u> </u>	<u>489-2797 office</u>

(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 Montgomery County Library in Norristown. _____
(time)
- c. Notify Montgomery County upon your arrival at alternate EOC located at the Montgomery County Library in Norristown. _____
(time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP Access Control Points
 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 113 North or local routes to Route 422 East

Reception Center: Montgomery Mall (Route 113 North);
Willow Grove Industrial Park (Route 422 East)

Host School(s): Perkiomen Valley School District to North Penn Senior High School.

Decontamination Station: Methacton Jr./Sr. High School

Transportation Staging Area: EOC

Homebound Support Hospital: Suburban General Hospital in Norristown.

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B
Implementing Procedure
Fire Services*

Fire Services Officer: Ken Whitman
Alternate: George Henderson

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 B-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 B-4). Report unmet needs to the County Radiological Officer at [REDACTED]. _____
(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 [REDACTED]. _____
(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 for distribution. If applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at [REDACTED] _____
(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 [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 Methacton Junior and Senior High School. _____
(time)
 - c. NOTE: Upon completion of emergency tasks during an contaminating incident, each emergency worker is to report to the decontamination station located at the Methacton Jr./Sr. High School.
 - d. Relocate to alternate EOC. _____
(time)

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

3 pumpers
1 aerial/squirt
1 field truck

ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Montgomery, 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 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. 77-A Alert Team: Trappe Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 77-B Alert Team: Trappe 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. Emergency Management Agency	
Borough of Trappe	16
P. O. Box 40	
Collegeville, PA 19426	
B. Fire Company	
Trappe Fire Company #1	30
20 West 5th Avenue	
Trappe, PA 19426	
C. Ambulance Service	
Trappe Fire Company Ambulance	25
20 West 5th Avenue	
Trappe, PA 19426	
D. Public Works	
P. O. Box 40	10
Collegeville, PA 19426	
Total Units of Dosimetry-KI Required	<u>81</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) 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 _____

SIGNED: 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 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

B-5-1

Draft

ANNEX C
Implementing Procedure
Transportation*

Transportation Officer: _____ (name)
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 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 Officer 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)
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 have transportation available 24-hours a day (reference Appendix C-1).

(time)
 - (1) Notify the County Transportation Officer at 631-1832 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 Officer at [REDACTED] 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 EOC, is accessible and available. _____
(time)
 - b. Review remaining emergency procedures in the event of escalation.
 - 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 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)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-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)
 - 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 population requiring ambulance transportation is served.

(time)
 - (2) Add to Appendix C-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (3) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix C-2), notify 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 Suburban General Hospital in Norristown. Emergency workers need not accompany vehicles to reception facilities. _____
(time)
- e. After population has relocated, ensure that ambulance service relocates to Methacton Junior and Senior High School.
- f. 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: 0

Vehicles Available

Buses: 0
Ambulances: 1*

Unmet Needs

Buses: 1
Ambulances: 0

*Local ambulance will remain available for emergency response.

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

List is on file in the EOC.

B. Residents With Other Special Requirements

List is on file in the EOC.

ANNEX D
Implementing Procedure
Public Works

Public Works Officer: Lloyd W. Sassaman
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.
(time)
2. Review equipment/personnel inventory, verify availability, and report unmet needs to the County Field Services Officer [REDACTED]
(time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

Note: This procedures has been modified to include Police procedures.

Public Works

SITE EMERGENCY

The Public Works Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Review equipment/personnel inventory, verify availability, and report unmet needs to the County Field Services Officer at _____
(time)
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Monitor weather conditions. _____
(time)
 - b. Ensure public works emergency workers have been issued dosimeters/KI. _____
(time)
 - c. Review remaining procedures in the event of escalation.
 - d. Maintain Site Emergency status until notified of termination, escalation or reduction of escalation.
3. If termination, return dosimeters and unused KI to Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

Public Works

GENERAL EMERGENCY

The Public Works Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Review equipment/personnel inventory, verify availability, and report unmet needs to the County Field Services Officer at _____
(time)
 - c. Monitor weather conditions. _____
(time)
 - d. Ensure public works emergency workers have been issued dosimeters/ KI. _____
(time)
 - e. Proceed to Step 2.

2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering,
 - (1) Ensure increased security measures have been taken. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Be prepared to conduct road clearing operations as necessary.

(time)
 - (2) Ensure Traffic Control Points are manned (reference Appendix D-1). _____
(time)
 - (3) Upon completion of assignments, ensure police 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.
 - (4) Assist in obtaining material for traffic control as necessary.

3. Relocate to alternate EOC after population has departed.

(time)

4. If termination, return dosimeters and unused KI to the Fire Services Officer. _____
(time)

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
Trappe 1	Route 422 & Fifth Street	Borough	1
Trappe 2	Route 422 & Seventh Street	Borough	1
85	Route 422 & Route 113	State	2

ACCESS CONTROL POINTS

(None Required in Borough)