

UNION TOWNSHIP  
BERKS 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 Union 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 Berks County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Union 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 Union Township EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Fire Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Transportation Officer
5. Communications: Communications Officer
6. Transportation: Transportation Officer
7. Public Works: Radiological Officer
8. Radiological: Radiological 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: Mary Catherine Lowery  
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) Ronald J. Kretzman	_____ home _____ office	_____ _____
(2) Donald Gutekunst	_____ home _____ office	_____ _____
(3) Donald Button	_____ home _____ office	_____ _____
b. Key Staff		
(1) Radiological Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(3) Fire Services 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  | _____     | _____ |
| b. Verification Message:  |           |       |
| "This is <u>          (name &amp; title)          </u> . 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 notified of EOC activation [REDACTED].  
\_\_\_\_\_ (time)
- c. Check communication systems for operability. \_\_\_\_\_  
(time)
- d. Establish EOC security. \_\_\_\_\_  
(time)
- e. Monitor EBS station WHUM 1240 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 which provide information or require action. Post pertinent information on the status board.
- j. Review fact sheet (Appendix A-1). \_\_\_\_\_  
(time)

5. Verify that the following have been notified:

- |                              | Telephone       | Time  |
|------------------------------|-----------------|-------|
| a. Schools                   |                 |       |
| (1) Monocacy Elementary      |                 |       |
| Royer Weinhold<br>Principal  | 582-2261 office | _____ |
| (2) Daniel Boone High School |                 |       |
| Daniel Casciano<br>Principal | 582-8384 office | _____ |

b. Major Industries

- |   |   |
|---|---|
| (1) Birdsboro Casting<br>H. Herb                  | <u>582-1575 office</u> _____                    |
| (2) Berks Associates<br>Receptionist              | <u>385-3031 office</u> _____                    |
| (3) Yellow Freight<br>Joe Novak                   | <u>327-2030 office</u> _____<br><u>582-5321</u> |
| (4) Dampman Oil<br>Mr. Youse                      | <u>323-7610 office</u> _____                    |
| (5) Hopewell Non-Ferrous Foundry<br>Joseph Dradza | <u>385-6900 office</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."

6. Notify the following:

- |                              | Telephone                    | Time |
|------------------------------|------------------------------|------|
| a. Special Facilities        |                              |      |
| (1) Douglassville Adult Home | <u>385-6175 office</u> _____ |      |
| (2) River Road Boarding Home | <u>385-6487 office</u> _____ |      |

b. Message:

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

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

7. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Municipal Liaison \_\_\_\_\_
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	_____	_____
(2) Schools		
(a) Monocacy Elementary Roger Weinhold Principal	<u>582-2261</u> office _____	_____
(b) Daniel Boone High School Daniel Casciano Principal	<u>582-8384</u> office _____	_____
(3) Major Industries		
(a) Birdsboro Casting H. Herb	<u>582-1575</u> office _____	_____
(b) Berks Associates Receptionist	<u>385-3031</u> office _____	_____
(c) Yellow Freight Joe Novak	<u>327-2030</u> office _____ <u>582-5321</u>	_____
(d) Dampman Oil Mr. Youse	<u>323-7610</u> office _____	_____
(e) Hopewell Non-Ferrous Foundry Joseph Dradza	<u>385-6900</u> office _____	_____
(4) Verification Message:		

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



b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) Ronald J. Kretzman	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(b) Donald Gutekunst	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(c) Donald Button	<u>                    </u> home <u>                    </u> office	<u>                    </u> <u>                    </u>
(2) Special Facilities		
(a) Douglassville Adult Home	<u>385-6175</u> office	<u>                    </u>
(b) River Road Boarding Home	<u>385-6487</u> office	<u>                    </u>
(3) Message:		

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

11. 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: \_\_\_\_\_


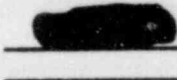
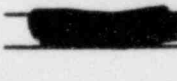
c. Source: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Ronald J. Kretzman	 home _____ office	_____ _____
(2) Donald Gutekunst	 home _____ office	_____ _____
(3) Donald Button	 home _____ office	_____ _____
b. Key Staff		
(1) Radiological Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(3) Fire Services 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 \_\_\_\_\_

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 notified of EOC activation \_\_\_\_\_

(time)

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

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

e. Monitor EBS station WHUM 1240 AM. \_\_\_\_\_  
(time)

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

g. When 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 which provide information or require action. Post pertinent data on the status board.

j. 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) Monocacy Elementary Royer Weinhold Principal	<u>582-2261</u> office	_____
(2) Daniel Boone High School Daniel Casciano Principal	<u>582-8384</u> office	_____
b. Major Industries		
(1) Birdsboro Casting H. Herb	<u>582-1575</u> office	_____
(2) Berks Associates Receptionist	<u>385-3031</u> office	_____
(3) Yellow Freight Joe Novak	<u>327-2030</u> office <u>582-5321</u>	_____
(4) Dampman Oil Mr. Youse	<u>323-7610</u> office	_____
(5) Hopewell Non-Ferrous Foundry Joseph Dradza	<u>385-6900</u> office	_____

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) Douglassville Adult Home	<u>385-6175</u> office	_____
(2) River Road Boarding Home	<u>385-6487</u> 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 you. Report all unmet needs to the County Municipal Liaison ( [REDACTED] ) \_\_\_\_\_ (time)

10. Ensure Radiological 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 Municipal Liaison are aware of any problem areas. \_\_\_\_\_ (time)

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

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

14. 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 \_\_\_\_\_

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

a. Verification:

	Telephone	Time
(1) Fire Department	_____	_____
(2) Schools		
(a) Monocacy Elementary Roger Weinhold Principal	582-2261 office	_____
(b) Daniel Boone High School Daniel Casciano Principal	582-8384 office	_____

(3) Major Industries

- (a) Birdsboro Casting  
H. Herb 582-1575 office \_\_\_\_\_
- (b) Berks Associates  
Receptionist 385-3031 office \_\_\_\_\_
- (c) Yellow Freight  
Joe Novak 327-2030 office \_\_\_\_\_  
582-5321
- (d) Dampman Oil  
Mr. Youse 323-7610 office \_\_\_\_\_
- (e) Hopewell Non-Ferrous Foundry  
Joseph Dradza 385-6900 office \_\_\_\_\_

(4) Verification Message:

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

b. Notification

- |                              | Telephone                                | Time           |
|------------------------------|--|----------------|
| (1) Elected Officials        |  |                |
| (a) Ronald J. Kretzman       | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (b) Donald Gutekunst         | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (c) Donald Button            | <u>_____</u> home<br><u>_____</u> office | _____<br>_____ |
| (2) Special Facilities       |  |                |
| (a) Douglassville Adult Home | <u>385-6175 office</u>                   | _____          |
| (b) River Road Boarding Home | <u>385-6487 office</u>                   | _____          |

(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


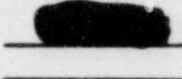

GENERAL EMERGENCY

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) Ronald J. Kretzman	 home office	_____ _____
(2) Donald Gutekunst	 home office	_____ _____
(3) Donald Button	 home office	_____ _____
b. Key Staff		
(1) Radiological Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(3) Fire Services Officer	_____ home _____ office	_____ _____
or		

Deputy

_____	home	_____
_____	office	_____
_____	home	_____
_____	office	_____
_____	home	_____
_____	office	_____

(4) Communications Officer

or  
Deputy

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

3. Verify that the following have been notified:

a. Fire Department

_____	Telephone	_____	Time	_____
-------	-----------	-------	------	-------

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 notified of EOC activation (\_\_\_\_\_\_).  
\_\_\_\_\_ (time)

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

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

e. Monitor EBS station WHUM 1240 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 status 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. Schools		
(1) Monocacy Elementary Roger Weinhold Principal	<u>582-2261</u> office	_____
(2) Daniel Boone High School Daniel Casciano Principal	<u>582-8384</u> office	_____
b. Major Industries		
(1) Birdsboro Casting H. Herb	<u>582-1575</u> office	_____
(2) Berks Associates Receptionist	<u>385-3031</u> office	_____
(3) Yellow Freight Joe Novak	<u>327-2030</u> office <u>582-5321</u>	_____
(4) Dampman Oil Mr. Youse	<u>323-7610</u> office	_____
(5) Hopewell Non-Ferrous Foundry Joseph Dradza	<u>385-6900</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) Douglassville Adult Home	<u>385-6175</u> office	_____
(2) River Road Boarding Home	<u>385-6487</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 you. Report all unmet needs to the County Municipal Liaison (\_\_\_\_). \_\_\_\_\_  
 (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 Municipal Liaison are aware of any problem areas. \_\_\_\_\_  
 (time)
11. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_  
 (time)
12. If sheltering is recommended:
  - a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
 (time)
  - b. Monitor 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 Access Control Points are manned. \_\_\_\_\_  
 (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 Access Control Points have been manned. \_\_\_\_\_  
 (time)
  - e. Ensure Traffic Control Points have been manned. \_\_\_\_\_  
 (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. Advise County Municipal Liaison of any additional unmet needs  
(██████████). \_\_\_\_\_  
(time)

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

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

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

h. Monitor evacuation process and report any problem areas to the  
County Municipal Liaison. \_\_\_\_\_  
(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	_____	_____
(2) Schools		
(a) Monocacy Elementary Roger Weinhold Principal	582-2261 office	_____
(b) Daniel Boone High School Daniel Casciano Principal	582-8384 office	_____
(3) Major Industries		
(a) Birdsboro Casting H. Herb	582-1575 office	_____
(b) Berks Associates Receptionist	385-3031 office	_____

(c) Yellow Freight  
Joe Novak

327-2030 office \_\_\_\_\_  
582-5321

(d) Dampman Oil  
Mr. Youse

323-7610 office \_\_\_\_\_

(e) Hopewell Non-Ferrous Foundry  
Joseph Dradza

385-6900 office \_\_\_\_\_

(4) Verification Message:

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

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Ronald J. Kretzman	<u>                    </u> home <u>                    </u> office	_____
(b) Donald Gutekunst	<u>                    </u> home <u>                    </u> office	_____
(c) Donald Button	<u>                    </u> home <u>                    </u> office	_____
(2) Special Facilities		
(a) Douglassville Adult Home	<u>385-6175</u> office	_____
(b) River Road Boarding Home	<u>385-6487</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. Remarks/Actions Taken:

FACT SHEETAbbreviations:

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

Evacuation Information:

EBS Stations: WHUM-1240 AM; WBYD - 107.5 FM; WRAW - 1340 AM; WEFU - 850 AM

Evacuation Route: Local roads Route 724 W

Reception Center: Cumru Elementary School

Host School(s): Daniel Boone High School\*

Decontamination Station: Daniel Boone High School\*

Transportation Staging Area: EUC

Homebound Support Hospital: St. Joseph's Hospital, Reading

\*Agreement under development.

## STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B

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 EUC.  
(time)
2. Ensure that normal fire and police services 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 Police Services 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 and police services are maintained.
  - c. 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). Make assignments as necessary. \_\_\_\_\_  
(time)
  - b. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to Municipal Coordinator. \_\_\_\_\_  
(time)
  - d. Review remaining emergency procedures in the event of escalation.
  - e. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
3. If termination, have fire personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(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 EOC. \_\_\_\_\_  
(time)
  - b. Mobilize additional fire personnel and have them report to fire station (reference Appendix B-1). \_\_\_\_\_  
(time)
  - c. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - d. Review personnel/equipment inventory (reference Appendix B-3), verify availability, and report unmet needs to Municipal EMC. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Monitor route alerting. \_\_\_\_\_  
(time)
3. If recommended protective action is sheltering, ensure increased security measures have been implemented, i.e., Access Control Points have been manned and increased security patrols (reference Appendix B-3). \_\_\_\_\_  
(time)
4. If recommended protective action is evacuation:
  - a. Ensure Traffic Control Points are manned (reference Appendix B-3). \_\_\_\_\_  
(time)
  - b. Ensure Access Control Points are manned (reference Appendix B-3). \_\_\_\_\_  
(time)
5. If termination, have fire personnel return dosimeters and unused KI to Radiological Officer. \_\_\_\_\_  
(time)

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

6. Remarks/Actions Taken:

\*Agreement under development.



FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are maintained  
in a separate file in the EUC.

RESOURCE INVENTORY

1 Pumper  
1 Tanker  
1 Brush Truck  
1 Jeep

ROUTE ALERTING TEAMSI. GENERAL

- A. Union Township is divided into 1 Sector.
- 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 Berks County Communications, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along designated roads, periodically activating the vehicle siren and making the following announcement on the PA system:

"There is an emergency at the Limerick Generating Station; please tune to your EBS station WHUM 1240 AM."

- C. Upon completion of route, notify Berks County Communications and return to station.

Note: If route alerting has taken place during a contaminating incident, proceed to the designated emergency worker/decontamination station.

ROUTE ALERT TEAMS

Sector No. 1 Alert Team: Kulptown 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.

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
PSP-3	Route 724 & River Bridge Road	PSP	2
PSP-4	Route 724 & Shed Road	PSP	2
U-1	Shed Road & Red Corner Road	Township	

ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
100	Route 724 & Shed Road	PSP	2
101	Shed Road & Red Corner Road	PSP	1
102	Shed Road & Park Road	PSP	1

ANNEX C  
Implementing Procedure  
Communications

Communications Officer:           (name)            
Alternate:           (name)          

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
          (time)
2. Verify the County has assigned a RACES unit to the Municipal EUC.  
          (time)
3. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction c classification.
5. Remarks/Actions Taken:

Communications

SITE EMERGENCY

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, Then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Receive, document and disseminate information and messages as necessary.
  - c. Verify the County has assigned a RACES unit to the Municipal EUC.  
\_\_\_\_\_  
(time)
  - d. Ensure communications emergency workers have been issued dosimeters/ KI.
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Review remaining procedures in the event of escalation.
  - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



Communications

GENERAL EMERGENCY

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Receive, document and disseminate information and messages, as necessary.
  - c. Verify the County has assigned a RACES unit to the Municipal EUC.  
\_\_\_\_\_  
(time)
  - d. Ensure communication emergency workers have been issued dosimeters/ KI.
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:

Continue above-listed actions.
3. If termination, return dosimeters and unused KI to Radiological Officer.  
\_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

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-3). (time)
  - a. Notify Municipal EMC of changes in requirements for those individuals requiring ambulance or transportation support.  
(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 D-1).  
\_\_\_\_\_  
(time)
    - (1) Notify the Municipal EMC of any changes in requirements.  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_  
(time)
    - (1) Notify the Municipal EMC of changes in the list of those individuals requiring special assistance support. \_\_\_\_\_  
(time)
  - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Review remaining emergency procedures in the event of escalation.
  - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Radiological Officer.  
\_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

## Transportation

### GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). \_\_\_\_\_  
(time)
    - (1) Notify the Municipal EMC of changes in requirements for those individuals requiring ambulance or transportation support.  
\_\_\_\_\_  
(time)
  - d. 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 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 your coordinator of additional requirements. \_\_\_\_\_  
(time)
    - (4) Inform the EMC of the number of vehicles that need to be 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. provided for each vehicle along with instructions to return to the municipal staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to St. Joseph's Hospital, Reading. Emergency workers need not accompany vehicles to reception center.

                      
(time)

e. Relocate to alternate EUC after population has departed.

                      
(time)

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

                      
(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1  
Ambulances: 1

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 1  
Ambulances: 1

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

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





Radiological

SITE EMERGENCY

The Radiological Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Upon delivery from County EUC, inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix E-2). Report unmet needs to your Coordinator. \_\_\_\_\_  
(time)
  - c. 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 E-1) and EUC staff; obtain a signed receipt (reference Appendix E-3). \_\_\_\_\_  
(time)
  - b. Review equipment/personnel inventory (reference Appendix E-4), verify availability, and report unmet needs to the Municipal EMC.  
\_\_\_\_\_  
(time)
  - c. Review remaining procedures in the event of escalation.
  - d. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, collect dosimeters/KI, and forms from emergency workers, inventory, and prepare for return to County EUC. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

Radiological

GENERAL EMERGENCY

The Radiological Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Upon delivery from County EUC, inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix E-2). Report unmet needs to your Coordinator. \_\_\_\_\_  
(time)
  - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix E-1) and EUC staff; obtain a signed receipt (reference Appendix E-3). \_\_\_\_\_  
(time)
  - d. Review equipment/personnel inventory (reference Appendix E-4), verify availability, and report unmet needs to the Municipal EMC. Mobilize equipment operator. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Assist in obtaining material for traffic control as necessary.
  - b. Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
3. Upon termination of emergency, collect dosimeters/KI and forms from emergency workers, inventory, and prepare for return to County EOC. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Union Township EUC	15
_____	
_____	
B. Fire Company	
Union Township Fire Company #1	35
of Kulptown	
R. D. #1	
Douglassville, PA 19518	
C. Public Works	
_____	6
(Address) _____	
_____	
_____	
Total Units of Dosimetry-KI Required	<u>56</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 \_\_\_\_\_  
 DATE: 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 those items (and 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) (0-200R)	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			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

E-3-1

Draft

PUBLIC WORKS RECALL ROSTER

Names and telephone numbers is on file in the EOC.

PUBLIC WORKS RESOURCE INVENTORY

Chevy Pickup  
Chevy Dump  
Ford Dump