

COLEBROOKDALE 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 Colebrookdale 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 Colebrookdale 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 Colebrookdale 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: Jonathan Smoyer
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

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

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Russell Miller, President	_____ home	_____
(2) John Dirolf	_____ home	_____
(3) George Schoenly	_____ home _____ office	_____ _____
(4) Glenn Rambo	_____ home _____ office	_____ _____
(5) Ernest Hartline	_____ home	_____
b. Key Staff		
(1) Police Services Officer	_____ home _____ office	_____ _____
(2) Fire Services Officer	_____ home _____ office	_____ _____
(3) Transportation Officer	_____ home _____ office	_____ _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Department	_____	_____
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 Municipal Liaison notified of EOC activation
_____. _____
(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)
- h. In the event of a siren failure, recieve notification from the County that appropriate Route Alert Teams have been dispatched.

(time)
- i. Log all incoming messages that provide information or require a response. Post pertinent information on status board.
- j. Review fact sheet (Appendix A-1). _____
(time)

5. Verify that the following have been notified:

		Telephone	Time
a. Schools			
Colebrookdale Elementary	Ruth Webster Principal	_____ home 367-6031 office	_____ _____
Montessori Academy of Pennsylvania	Barbara Broadbent Administrator	_____ home 367-0286 office	_____ _____

b. Major Industries

Boyertown Packing

Dan Sautter
Plant Engineer

367-2991 office _____

c. Verification Message:

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

6. Notify the following:

Telephone Time

a. Special Facilities

(1) St. Columbkille's Church Day Care

367-5975 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 contact the County RACES base upon arrival at the Municipal EOC. _____

(time)

8. Report all unmet needs to the County Municipal Liaison _____.

(time)

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

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

a. Date: _____

b. Time: _____

c. Source: _____

d. Disposition

(1) Termination _____

(2) Escalation _____

(3) Reduction _____

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

a. Verification:

	Telephone	Time
(1) Police Department	_____	_____
(2) Fire Department	_____	_____
(3) Schools		
Colebrookdale Elementary		
Ruth Webster	_____ home	_____
Principal	367-6031 office	_____
Montessori Academy of Pennsylvania		
Barbara Broadbent	777-7581 home	_____
Administrator	367-0286 office	_____
(4) Major Industries		
Boyertown Packing		
Dan Sautter	367-2991 office	_____
Plant Engineer		
(5) Verification Message:		
<p>"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."</p>		

b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) Russell Miller, President	_____ home	_____
(b) John Dirolf	_____ home	_____
(c) George Schoenly	_____ home	_____
	_____ office	_____
(d) Glenn Rambo	_____ home	_____
	_____ office	_____
(e) Ernest Hartline	_____ home	_____
(2) Special Facilities		
(a) Police Department	_____ home	_____
	_____ office	_____

(3) Message:

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

12. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

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

1. Document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Russell Miller, President	_____ home	_____
(2) John Dirolf	_____ home	_____
(3) George Schoenly	_____ home _____ office	_____ _____
(4) Glenn Rambo	_____ home _____ office	_____ _____
(5) Ernest Hartline	_____ home	_____
b. Key Staff		
(1) Police Services Officer	_____ home _____ office	_____ _____
(2) Fire Services Officer	_____ home _____ office	_____ _____
(3) Transportation Officer	_____ home _____ office	_____ _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Department	_____	_____
c. Verification Message:		

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

4. Report to and activate the local Emergency Operations Center

- a. Activated _____
(time)
 - b. County Municipal Liaison 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. 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. Verify the County has assigned a RACES unit to the Municipal EOC.

(time)
 - j. Log all incoming messages that provide information or require action. Post pertinent information on 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. _____
(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. Schools			
	Colebrookdale Elementary	Ruth Webster	
		Principal	
		home _____	
		367-6031 office _____	
	Montessori Academy of Pennsylvania		
		Barbara Broadbent	
		Administrator	
		home _____	
		367-0286 office _____	
b. Major Industries			
	Boyetown Packing	Dan Sautter	
		Plant Engineer	
		367-2991 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) St. Columbkille's Church Day Care	
	367-5975 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 (_____) . _____
(time)

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

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

12. Ensure RACES operator contacts the County RACES base upon arrival at 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) Police Department	_____	_____
(2) Fire Department	_____	_____
(3) Schools		

Colebrookdale Elementary

Ruth Webster
Principal

home _____
367-6031 office _____

Montessori Academy of Pennsylvania

Barbara Broadbent
Administrator

home _____
367-0286 office _____

(4) Major Industries

Boyertown Packing

Dan Sautter
Plant Engineer

367-2991 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) Russell Miller, President	<u> </u> home	<u> </u>
(b) John Dirolf	<u> </u> home	<u> </u>
(c) George Schoenly	<u> </u> home <u> </u> office	<u> </u>
(d) Glenn Rambo	<u> </u> home <u> </u> office	<u> </u>
(e) Ernest Hartline	<u> </u> home	<u> </u>
(2) Special Facilities		
(a) St. Columbkil's Church Day Care	<u> </u> 367-5975 office <u> </u>	<u> </u>
(3) Message:		
"This is <u> </u> (name/title) <u> </u> . The emergency at the Limerick Generating Station has been terminated/reduced to <u> </u> ."		

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) Russell Miller, President	 home	_____
(2) John Dirolf	 home	_____
(3) George Schoenly	 home office	_____ _____
(4) Glenn Rambo	 home office	_____ _____
(b) Ernest Hartline	 home	_____
b. Key Staff		
(1) Police Services Officer	_____ home office	_____ _____
(2) Fire Services Officer	_____ home office	_____ _____
(3) Transportation Officer	_____ home office	_____ _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Department	_____	_____
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 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. Verify the County has assigned a RACES unit to the Municipal EOC.

(time)

h. Log all incoming messages that provide information or require action. Post all pertinent information on 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			
	Colebrookdale Elementary	Ruth Webster	
		Principal	
		home	_____
		367-6031 office	_____
	Montessori Academy of Pennsylvania		
		Barbara Broadbent	
		Administrator	
		home	_____
		367-0286 office	_____

b. Major Industries

Boyertown Packing

Dan Sautter
Plant Engineer

367-2991 office _____

c. Verification Message:

"This is _____ (name) _____. 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) St. Columbkil's Church Day Care

367-5975 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 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 Municipal Liaison are aware of any problem areas. _____

(time)

11. Ensure RACES operator contacts the County RACES based upon arrival at Municipal EOC. _____

(time)

12. If sheltering is recommended:

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

(time)

b. Monitor 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 of any additional unmet needs
(_____) _____
(time)
- (1) _____
- (2) _____
- (3) _____
- g. 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) Police Department	_____	_____
(2) Fire Department	_____	_____
(3) Schools		
Colebrookdale Elementary		
Ruth Webster Principal	_____ home 367-6031 office	_____
Montessori Academy of Pennsylvania		
Barbara Broadbent Administrator	_____ home 367-0286 office	_____
(4) Major Industries		
Boyertown Packing	Dan Sautter Plant Engineer	367-2991 office _____
(5) Verification Message:		
"This is _____ (name) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."		

b. Notification

	Telephone	Time
(a) Russell Miller, President	_____ home	_____
(b) John Dirolf	_____ home	_____
(c) George Schoenly	_____ home _____ office	_____
(d) Glenn Rambo	_____ home _____ office	_____
(e) Ernest Hartline	_____ home	_____
(2) Special Facilities		
(a) St. Columbkil's Church Day Care	367-5975 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 Fleetwood Area High School _____
(time)

c. Notify Berks County upon your arrival at alternate EOC. _____
(time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

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

Evacuation Information:

Evacuation Route: Local roads to Route 73 West

Reception Center: Oley Valley High School

Host School(s): Boyertown School District to Kutztown University/
Kutztown Area Junior High School

Decontamination Station: Oley Valley High School

Transportation Staging Area: EOC

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

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 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 Municipal EMC.

(time)
 - c. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification, or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have personnel return dosimeters and unused KI to the Fire Services Officer. _____
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Mobilize additional police personnel and have them report to police station (reference Appendix B-1). Make assignments as necessary.

(time)
 - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to Municipal EMC.

(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 sheltering,
 - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Fire Services Implementing Procedure). _____
(time)
 - (2) Initiate increased security measures, i.e., increase vehicular patrols, conditions permitting. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). If necessary, contact Boyertown Communications at 367-2500 for dispatch of police personnel. _____
(time)
 - (2) Be prepared to conduct road clearing operations as necessary.

(time)
 - (3) Assist in obtaining material for traffic control as necessary.
 - (4) Upon completion of assignments, ensure police relocate to Washington Township Building. _____
(time)
 - (5) Relocate to alternate EOC after population has departed.

(time)

c. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at Uley Valley High School.

3. If termination, have police personnel return dosimeters and unused KI to the Fire Services Officer. _____

(time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
C-1	Route 73 & Funk Road	Township	1
C-2	Swamp Creek Rd. & Ramp to Rt. 100	Township	1
C-3	Route 562 & Henry Avenue	Township	1
C-4	Junior High School/Boyertown Elementary Parking Lot*	Township	1

*School in session only.

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 EUC.
(time)
2. Ensure that normal fire protection services are maintained.
3. 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 C-5). Report unmet needs to you Coordinator.
(time)
4. Review remaining emergency 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 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. Upon delivery from County EOC, inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-5). Report unmet needs to your Coordinator. _____
(time)
 - 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 C-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6).

(time)
 - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to Municipal EMC.

(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. Upon completion, 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. Upon delivery from County EOC, inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-5). Report unmet needs to your Coordinator. _____
(time)
 - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6).

(time)
 - d. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - e. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - f. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to Municipal EMC.

(time)
 - g. 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. Inform County EOC upon completion of all route alerting in municipality. _____
(time)
 - c. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Bally Fire Department.

(time)
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Uley Valley High School.
 - d. Relocate to alternate EOC.
3. Upon completion, collect dosimeters, unused KI and forms from emergency workers and prepare for return to County. _____
(time)

4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EUC.

FIRE - RESOURCE INVENTORY

2 pumpers
1 tanker
2 brush trucks

ROUTE ALERTING TEAMS

I. GENERAL

- A. Colebrookdale Township is divided into 5 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Berks County EMA, 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 EMA 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. 7-A Alert Team: Liberty Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC

Sector No. 17-B Alert Team: Liberty Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC

Sector No. 17-C Alert Team: Liberty Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC

Sector No. 17-D Alert Team: Liberty Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Colebrookdale Township EOC	14
Township Building	
R.D. #1	
Boyertown, PA	
B. Fire Company	
Liberty Fire Company	40
930 North Reading Avenue	
New Berlinville, PA 19545	
C. Police Department	
Colebrookdale Township Police Dept.	4
R. D. #1	
Boyertown, PA	
D. Public Works	5
Total Units of Dosimetry-KI Required	<u>63</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)	
	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 _____
 SIGNATURE: X _____ DATE _____

Page: _____ of _____ pages

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 1 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	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
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		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

C-5-1

Draft

Appendix C-5

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).
 - a. Notify Municipal EMC of changes in requirements for those individuals requiring ambulance support. (time)
4. Review remaining emergency 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 procedures 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).
 - (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 Municipal EMC of changes in requirements for those individuals requiring ambulance support. _____
(time)
 - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. _____
(time)
 - b. Review remaining emergency procedures in the event of escalation.

(time)
 - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Services Officer. _____
(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

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

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3).
 - (1) Notify Municipal EMC of changes in requirements for those individuals requiring ambulance support. _____
(time)
 - d. Ensure that the Transportation Staging Area, which is located at the EUC, is assessible and available. _____
(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Add to Appendix D-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (2) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (reference Appendix D-2), notify the Municipal EMC of additional requirements. _____
(time)
 - (3) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)
 - c. Prepare a list of names and addresses of persons to be picked up for each vehicle including ambulances. _____
(time)
 - d. Upon the arrival of vehicles at the municipal transportation staging areas, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be

provided for each vehicle along with instructions to return to the municipal staging area where, they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to St. Joseph Hospital, Reading, PA. Emergency workers need not accompany vehicles to reception facilities. _____

(time)

e. Relocate to alternate EOC after population has departed.

(time)

3. If termination, return dosimeters and unused KI to Fire Services Officer. _____

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1

Vehicles Available

Buses: 0

Unmet Needs

Buses: 1

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

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