

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

SEPTEMBER 1984

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PDR ADOCK 05000352
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IMPLEMENTING PROCEDURES

Table of Contents

	<u>Page</u>
Introduction.....	ii
Annex A. Emergency Management Coordinator.....	A-1
Appendix A-1 - Fact Sheet.	A-1-1
Annex B. Police Services.....	B-1
Appendix B-1 - Recall Roster and Resource Inventory.....	B-1-1
Appendix B-2 - Traffic Control Points and Access Control Points.....	B-2-1
Annex C. Fire Services.....	C-1
Appendix C-1 - Recall Roster and Resource Inventory.....	C-1-1
Appendix C-2 - Route Alerting.....	C-2-1
Attachment 1 - Route Alert Teams.....	C-2-3
Attachment 2 - Route Alerting Sector Map.....	C-2-5
Attachment 3 - Message - Hearing Impaired.....	C-2-6
Appendix C-3 - Municipal Dosimetry/KI List.....	C-3-1
Appendix C-4 - Municipal Dosimetry/KI Receipt Form.....	C-4-1
Appendix C-5 - Emergency Workers Dosimetry/KI Receipt Form....	C-5-1
Annex D. Ambulance/Transportation Services.....	D-1
Appendix D-1 - Special Transportation Requirements.....	D-1-1
Appendix D-2 - Persons Requiring Transportation Assistance.....	D-2-1
Appendix D-3 - Transportation Resource Requirements.....	D-3-1

INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Schuylkill Township Radiological Emergency Response Plan (RERP). These actions represent the steps necessary to ensure that the general public is adequately protected. However, because conditions for emergency situations may vary, further actions may be dictated through the Chester County EOC or local elected officials.

Guidance for development of these implementing procedures has been provided through the policies contained within the Schuylkill 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 Schuylkill 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: Norman Vutz
Alternate: Herman A John

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		
Herman A. John	_____ home _____ office	_____ _____
Lawrence Drake	_____ home	_____
R. Kimbel Colket	_____ home _____ office	_____ _____
Norman Vutz	_____ home _____ office	_____ _____
Edward Stoeber	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Service Officer	_____ home	_____
Tom Marchigiano	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____
(2) Fire Service Officer	_____ home	_____
Albert McIntyre	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____
(3) Transportation Officer	_____ home	_____
_____	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Valley Forge Fire Department	<u>935-9930</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 Municipal Liaison Officer notified of EOC activation. (431-6160) _____
(time)
- c. Check communication systems for operability. _____
(time)
- d. Establish EOC security. _____
(time)
- e. Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. _____
(time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

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

(time)
- i. Verify the County has assigned an ARES unit to the Township EOC.


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

5. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) Schuylkill Township Elementary	Frank Orlando, Principal	<u>933-2456 office</u> _____

- (2) Phoenixville Area Junior High David Stewart, Principal 933-1012 office _____
- (3) Northern Chester Co. Vo./Tech. School Robert Zimmerman Director 933-8877 office _____
- (4) Valley Forge Christian Academy Scott Nason Administrator 933-6273 office _____

b. Major Industries

- (1) American Inks and Coating Corp. David Smith _____ home _____ office _____
- (2) McAvoy Vitrified Brick Company R. Kimbel Colket  home _____ office _____
- (3) West Company _____ home _____ 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:

a. Special Facilities

- (1) YMCA Baker Park/Day Care _____ 933-5861 office _____
- (2) Lucille Susan Frattone Day Care _____ 935-7016 office _____
- (3) Susan Griffith Day Care _____ 933-1552 office _____

b. Message:

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

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

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

8. Report all unmet needs to the County Municipal Liaison Officer (431-6160) _____ (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) Valley Forge Fire Department	<u>935-9930</u>	_____
(3) Schools		
(a) Schuylkill Township		
Elementary	Frank Orlando, Principal	<u>933-2456</u> office
(b) Phoenixville Area		
Junior High	David Stewart, Principal	<u>933-1912</u> office
(c) Northern Chester Co.		
Vo./Tech. Sch.	Robert Zimmerman Director	<u>933-8877</u> office
(d) Valley Forge	Scott Nason	<u>933-6273</u> office
Christian Academy	Adm.	_____
(4) Major Industries		
(a) American Inks and Coating Corp.		
David Smith	_____	home _____ office
(b) McAvoy Vitrified Brick Company		
R. Kimbel Colket	_____	home _____ office

(c) West Company

_____ home
_____ office _____

(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		
Herman A. John	_____ home _____ office	_____
Lawrence Drake	_____ home	_____
R. Kimbel Colket	_____ home _____ office	_____
Norman Vutz	_____ home _____ office	_____
Edward Stoeber	_____ home _____ office	_____
(2) Special Facilities		
(a) YMCA Baker Park/Day Care	933-5861 office	_____
(b) Lucille Susan Frattone Day Care	935-7016 office	_____
(c) Susan Griffith Day Care	933-1552 office	_____

(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		
Herman A. John	_____ home _____ office	_____ _____
Lawrence Drake	_____ home	_____
R. Kimbel Colket	_____ home _____ office	_____ _____
Norman Vucz	_____ home _____ office	_____ _____
Edward Stoeber	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Service Officer	_____ home	_____
Tom Marchigiano	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____
(2) Fire Service Officer	_____ home	_____
Albert McIntyre	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____

(3) Transportation Officer _____ home _____
 _____ office _____
 or _____ home _____
 Deputy _____ office _____

Have key staff report to EOC. _____
 (time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Valley Forge Fire Department	<u>935-9930</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.

- a. Activated _____
 (time)
- b. County Municipal Liaison Officer notified of EOC activation. (431-5160) _____
 (time)
- c. Communications system checked for operability. _____
 (time)
- d. Establish EOC security. _____
 (time)
- e. Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. _____
 (time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

 (time)
- g. If the public alert system has been activated, notify hearing impaired. _____
 (time)
- h. Verify the County has assigned an ARES unit to the Township EOC.

 (time)
- i. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
- j. Log all incoming messages that provide information or require a response. Post all pertinent data 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. Public/Parochial Schools			
(1) Schuylkill Township Elementary	Frank Orlando, Principal	<u>933-2456</u> office	_____
(2) Phoenixville Area Junior High	David Stewart, Principal	<u>933-1912</u> office	_____
(3) Northern Chester Co. Vo./Tech. Sch.	Robert Zimmerman Director	<u>933-8877</u> office	_____
(4) Valley Forge Christian Academy	Scott Nasor Adm.	<u>933-6273</u> office	_____
b. Major Industries			
(1) American Inks and Coating Corp.	David Smith	_____ home _____ office	_____ _____
(2) McAvoy Vitrified Brick Company	R. Kimbel Colket	_____ home _____ office	_____ _____
(3) West Company		_____ home _____ 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) YMCA Baker Park/Day Care		933-5861 office	_____
(2) Lucille Susan Frattone Day Care		935-7016 office	_____
(3) Susan Griffith Day Care		933-1552 office	_____

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 Fire Officer contacts the County Fire Officer. _____ (time)

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

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

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

13. Report all unmet needs to the County Municipal Liaison Officer (431-6160) _____ (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) Police Department	_____	_____

- (2) Valley Forge Fire Department 935-9930 _____
- (3) Public/Parochial Schools
 - (a) Schuylkill Township
 - Elementary Frank Orlando, 933-2456 office _____
Principal
 - (b) Phoenixville Area
 - Junior High David Stewart, 933-1912 office _____
Principal
 - (c) Northern Chester Co.
 - Vo./Tech. Sch. Robert Zimmerman 933-8877 office _____
Director
 - (d) Valley Forge Christian Academy Scott Nason 933-6273 office _____
Adm.

- (4) Major Industries
 - (a) American Inks and Coating Corp.
 - David Smith _____ home _____
_____ office _____
 - (b) McAvoy Vitrified Brick Company
 - R. Kimbel Colket [redacted] home _____
[redacted] office _____
 - (c) West Company
 - _____ home _____
_____ 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		
Herman A. John	[redacted] home _____ [redacted] office _____	_____
Lawrence Drake	[redacted] home _____	_____
R. Kimbel Colket	[redacted] home _____ [redacted] office _____	_____
Norman Vutz	[redacted] home _____	_____

Edward Stoeber

 office _____
 home _____
 office _____

(2) Special Facilities

(a) YMCA Baker Park/Day Care

933-5861 office _____

(b) Lucille Susan Frattone Day Care

935-7016 office _____

(c) Susan Griffith Day Care

933-1552 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 2b and 4 may be omitted:

1. Document:

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

2. Notify:

	Telephone	Time
a. Elected Officials		
Herman A. John	_____ home _____ office	_____ _____
Lawrence Drake	_____ home	_____
R. Kimbel Colket	_____ home _____ office	_____ _____
Norman Vutz	_____ home _____ office	_____ _____
Edward Stoeber	_____ home _____ office	_____ _____
b. Key Staff		
(1) Police Service Officer	_____ home	_____
Tom Marchigiano	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____
(2) Fire Service Officer	_____ home	_____
Albert McIntyre	_____ office	_____
or	_____ home	_____
Deputy	_____ office	_____

(3) Transportation Officer _____ home _____
 _____ office _____
 or _____ home _____
 Deputy _____ office _____

Have key staff report to EOC. _____
 (time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Valley Forge Fire Department	935-9930	_____
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 Officer notified of EOC activation.
 (431-6160) _____
 (time)
- c. Communications system checked for operability. _____
 (time)
- d. Establish EOC security. _____
 (time)
- e. Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. _____
 (time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

 (time)
- g. Verify the County has assigned an ARES unit to the Township EOC.

 (time)
- h. Log all incoming messages that provide information or require a response. Post all pertinent data 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. Public/Parochial Schools		

- | | | | | |
|-----|--|------------------------------|-----------------|-------|
| (1) | Schuylkill Township
Elementary | Frank Orlando,
Principal | 933-2456 office | _____ |
| (2) | Phoenixville Area
Junior High | David Stewart,
Principal | 933-1912 office | _____ |
| (3) | Northern Chester Co.
Vo./Tech. Sch. | Robert Zimmerman
Director | 933-8877 office | _____ |
| (4) | Valley Forge
Christian Academy | Scott Nason
Adm. | 933-6273 office | _____ |

b. Major Industries

- | | | | | |
|-----|------------------------------------|------------------|----------------------------|-------|
| (1) | American Inks and
Coating Corp. | David Smith | _____ home
_____ office | _____ |
| (2) | McAvoy Vitrified
Brick Company | R. Kimbel Colket | _____ home
_____ office | _____ |
| (3) | West Company | | _____ home
_____ 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) YMCA Baker Park/Day Care | 933-5861 office | _____ |
| (2) Lucille Susan Frattone Day Care | 935-7016 office | _____ |
| (3) Susan Griffith Day Care | 933-1552 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 Fire Officer contacts County Fire Officer. _____

(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers. _____
- (time)
10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Public Works Officer are aware of any problem areas. _____
- (time)
11. Ensure ARES operator contacts the County ARES base upon arrival at the Township EOC. _____
- (time)
12. Report all unmet needs to the County Municipal Liaison Officer (431-6160) _____
- (time)
13. If sheltering is recommended:
- a. When the public alert system has been activated, notify hearing impaired. _____
- (time)
- b. Monitor EBS station to ensure proper instructions are being given to the general population. _____
- (time)
- c. In the event of siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
- (time)
14. If evacuation is ordered:
- a. When the public alert system has been activated, notify hearing impaired. _____
- (time)
- b. Monitor EBS station to ensure proper instructions are being given to the general public. _____
- (time)
- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
- (time)
- d. Ensure Traffic Control Points have been manned. _____
- (time)
- e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____
- (time)
- f. Advise County Municipal Liaison officer of any additional unmet needs. _____
- (time)

- (1) _____
- (2) _____
- (3) _____

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

- (1) _____
- (2) _____
- (3) _____

15. Maintain General Emergency status until:

- a. Reduction of classification. _____
(time)
- b. Termination of emergency. _____
(time)
- c. EOC must be evacuated. _____
(time)

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

a. Verification:

	Telephone	Time
(1) Police Department	_____	_____
(2) Valley Forge Fire Department	<u>935-9930</u>	_____
(3) Public/Parochial Schools		
(a) Schuylkill Township		
Elementary Frank Orlando, Principal	<u>933-2456</u> office	_____
(b) Phoenixville Area		
Junior High David Stewart, Principal	<u>933-1912</u> office	_____
(c) Northern Chester Co.		
Vo./Tech. Sch. Robert Zimmerman, Director	<u>933-8877</u> office	_____
(d) Valley Forge Christian Academy	Scott Nason, Adm.	<u>933-6273</u> office
(4) Major Industries		

- (a) American Inks and Coating Corp.
David Smith _____ home _____
_____ office _____
- (b) McAvoy Vitrified Brick Company
R. Kimbel Colket _____ home _____
_____ office _____
- (c) West Company _____ home _____
_____ 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 | | |
| Herman A. John | _____ home _____
_____ office _____ | _____ |
| Lawrence Drake | _____ home _____ | _____ |
| R. Kimbel Colket | _____ home _____
_____ office _____ | _____ |
| Norman Vutz | _____ home _____
_____ office _____ | _____ |
| Edward Stoeber | _____ home _____
_____ office _____ | _____ |
| (2) Special Facilities | | |
| (a) YMCA Baker Park | _____ home _____
_____ office _____ | _____ |

(3) Message:

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

17. 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.

c. Notify Chester County Municipal Liaison Officer upon your arrival at alternate EOC.

(time)

18. 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 23 East to Route 202 South or
 local roads to White Horse Road to Route 29 South to
 Route 202 South

Reception Center: Stetson Middle School

Host School(s): Schuylkill Elementary to New Eagle School, Northern
 Chester County Vo-Tech to Valley Forge Jr. High School;
 Valley Forge Christian Academy to Lansdale Christian
 Academy.

Decontamination Station: Valley Forge Fire Company

Transportation Staging Area: EOC

Homebound Support Hospital: Pocopson Home, West Chester

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B

Implementing Procedure

Police Services*

Police Services Officer: Tom Marchigiano
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. Monitor weather conditions. _____
(time)
 - c. Review Police personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at 431-6160. _____
(time)
 - d. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - e. Review remaining emergency procedures in the event of escalation.
 - f. Maintain Site Emergency status until notified of termination, escalation or reduction of classification. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. Upon termination of emergency, have emergency workers return dosimeters/unused KI to Township Fire Service 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 police personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services Officer at 431-6160. _____
(time)
 - d. Ensure police and public works emergency workers have been issued dosimeters-KI. _____
(time)
 - e. Monitor weather conditions. _____
(time)
 - f. 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. _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points are manned (reference Appendix B-2). _____
(time)
 - (2) Be prepared to conduct road clearing operations as necessary.

(time)
 - (3) Upon completion of assignments ensure police relocate to Valley Forge Fire Company. _____
(time)
 - (4) Relocate to alternate EOC after population has departed.

(time)

3. Upon termination of emergency, have emergency workers return dosimeters/
unused KI to Township Fire Service Officer. _____

(time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

- 3 - Police Cars
- 3 - Bullhorns
- 2 - Portable Radios
- 5 - Police Officers
- 15 - Fire Police

TRAFFIC CONTROL POINTS AND ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
Schuylkill Twp. 1	Route 23 & White Horse Rd.	Township	1
Schuylkill Twp. 2	Pothouse Rd. & Charlestown Rd.	Township	1
Schuylkill Twp. 3	Pothouse Rd. & White Horse Rd.	Township	1
Schuylkill Twp. 4	Route 29 & Pothouse Rd.	Township	1
Schuylkill Twp. 5	White Horse Rd. & Valley Park Rd.	Township	1
Schuylkill Twp. 6	*White Horse Rd. entrance to Schuylkill Elementary School	Township	1
Schuylkill Twp. 7	*Charlestown Rd. entrance to Northern Chester Vo-Tech	Township	1

*Note: Only if school is in session.

ANNEX C

Implementing Procedure

Fire Services*

Fire Services Officer: Albert McIntyre
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EOC.

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

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

Fire Services

SITE EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-5). _____
(time)
 - d. Prepare Control TLD's for pick up by the County. _____
(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 C-1). _____
(time)
 - b. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6). _____
(time)
 - c. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at 431-6160. _____
(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, collect dosimeters/KI and forms from emergency workers, inventory, and prepare for return to County EOC. _____
(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. Prepare Control TLD's for pick up by the County. _____
(time)
 - c. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - d. 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 the County Radiological Officer at 431-6160. _____
(time)
 - e. Distribute dosimeters/KI to municipal emergency workers and EOC staff (reference Appendix C-4); obtain a signed receipt (reference Appendix C-6). _____
(time)
 - f. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at 431-6160. _____
(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)
Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Valley Forge Fire Company.
 - b. Relocate to alternate EOC. _____
(time)
3. Upon termination of emergency, collect dosimeters/KI from emergency workers, inventory, and prepare for return to County EOC.

(time)
4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

A current list of names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

2 pumpers
1 rescue truck
2 brush trucks
1 tanker

ROUTE ALERTING PROCEDURES

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Chester County 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 WCOJ 1420 AM or WCAU 1210 AM.
- C. Upon completion of route, notify Chester 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 AND MAPS

Sector No. 68-A Alert Team: Valley Forge Fire Department

Leader: * _____
Assistant: * _____
Transient Location: _____ None
Hearing Impaired: List are on file in the EOC.

Sector No. 68-B Alert Team: Valley Forge Fire Department

Leader: * _____
Assistant: * _____
Transient Location: _____ None
Hearing Impaired: List are on file in the EOC.

Sector No. 68-C Alert Team: Valley Forge Fire Department

Leader: * _____
Assistant: * _____
Transient Location: _____ None
Hearing Impaired: List are on file in the EOC.

Sector No. 68-D Alert Team: Valley Forge Fire Department

Leader: * _____
Assistant: * _____
Transient Location: _____ None
Hearing Impaired: List are on file in the EOC.

Sector No. 68-E Alert Team: Valley Forge Fire Department

Leader: * _____
Assistant: * _____
Transient Location: _____ None
Hearing Impaired: List are on file in the EOC.

*Route Alert Teams will be determined at the time of a incident based upon available manpower. Names are on file in Township EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in the 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.

ROSTER OF EMERGENCY WORKERS

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
Schuylkill Township	17
801 Valley Park Road	
Phoenixville, PA 19460	
B. Fire Companies	
Vally Forge Fire Department	25
Valley Park Road	
Valley Forge, PA 19481	
C. Police Department	
Schuylkill Township	5
801 Valley Park Road	
Phoenixville, PA 19460	
D. Public Works	
801 Valley Park Road	20
Phoenixville, PA 19460	
Total Units of Dosimetry-KI Required	<u>67</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 (U-2UUR)	
2.	CD V-730 Self-Reading Dosimeter (U-2OR)	
3.	DCA-622 Self-Reading Dosimeter (U-2UR)	
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 2 and 6. Record the serial number of the DCA-622 in column 2 and the serial number of the TLD in column 3. By signing column 8, the individual accepts responsibility for each item indicated on the respective line and agrees to return these items (less the KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

INSTRUCTIONS FOR RETURN OF ITEMS DESCRIBED: [✓] by the organization's responsible individual indicates return of each item.

DATE _____
 NAME OF EMERGENCY ORGANIZATION _____
 RESPONSIBLE INDIVIDUAL _____
 ORGANIZATION ADDRESS _____

1	2	3	4	5	6	8	
CD V-742 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER) (Serial Number)	KI (POTASSIUM IODIDE) (Tablets)	DOSIMETRY - KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
1 each	✓	✓	1 bottle	1 each	✓		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			

ANNEX D

Implementing Procedure

Transportation Services*

Transportation Officer: (name)
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Transportation Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
 (time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-1). Report any changes to the County Medical Coordinator at 431-6160. (time)
3. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-2). Report any changes to the County Transportation Coordinator at 431-6160.
 (time)
4. Ensure that normal ambulance services are maintained.
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 Ambulance Procedures.

Transportation Services

SITE EMERGENCY

The Transportation 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. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-1). Report any changes to the County Medical Coordinator at 431-6160.

(time)
 - c. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-2). Report any changes to the County Transportation Coordinator at 431-6160.

(time)
 - d. Review transportation resource requirements (reference Appendix D-3). _____
(time)
 - e. Notify the County Transportation Coordinator at 431-6160 of any changes in requirements. _____
(time)
 - f. Ensure emergency workers have been issued dosimeters-KI. _____
(time)
 - g. Ensure that normal ambulance services are maintained.
 - h. 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.
 - 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, have emergency workers return dosimeters/unused KI to Fire Service Officer. _____
(time)
4. Remarks/Actions Taken:

Transportation Services

GENERAL EMERGENCY

The Transportation 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. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-1). Report any changes to the County Medical Coordinator at 431-6160.

(time)
 - c. Review transportation resource requirements (reference Appendix D-3). _____
(time)
 - d. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-2).

(time)
 - e. Notify the County Transportation Coordinator of any changes in requirements. _____
(time)
 - f. Ensure emergency workers have been issued dosimeters-KI. _____
(time)
 - g. 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 evacuation, then:
 - (1) Ensure that population requiring ambulance transportation is served. _____
(time)
 - (2) Add to Appendix D-2 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-3), notify the County Transportation Coordinator at 431-6160 of any additional requirements. _____
(time)
 - (4) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)

- c. Prepare a list of names and addresses of persons to be picked-up for each vehicle including ambulances. _____
(time)
 - d. Upon the arrival of vehicles at the municipal transportation staging areas, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the municipal staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to Pocopson Home, West Chester. Emergency workers need not accompany vehicles to reception facilities. _____
(time)
 - e. Relocate to alternate EOC after population has departed.

(time)
3. If termination, have emergency workers return dosimeters and unused KI to Fire Service Officer. _____
(time)
4. Remarks/Actions Taken:

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

Lists are on file in the EOC.

B. Residents With Other Special Requirements

Lists are on file in the EOC.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List are on file in the EOC

TRANSPORTATION RESOURCE REQUIREMENTS

<u>Vehicles Required</u>	<u>Vehicles Available</u>	<u>Unmet Needs</u>
2 Buses	0 bus	2 Buses
5 Ambulances	0 Ambulance	5 Ambulances