

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

SEPTEMBER 1984

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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-2-2
Attachment 2 - Route Alerting Sector Map.....	C-2-5
Attachment 3 - Message - Hearing Impaired.....	C-2-6
Annex D. Transportation.....	D-1
Appendix D-1 - Persons Requiring Transportation Assistance.....	D-1-1
Appendix D-2 - Transportation Resource Requirement.....	D-2-1
Annex E. Radiological.....	E-1
Appendix E-1 - Municipal Dosimetry/KI List.....	E-1-1
Appendix E-2 - Municipality Dosimetry/KI Receipt Form.....	E-2-1
Appendix E-3 - Emergency Worker Dosimetry/KI Receipt Form.....	E-3-1
Annex F. Medical/Ambulance Services.....	F-1
Appendix F-1 - Special Assistance.....	F-1-1

## INTRODUCTION

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

Guidance for development of these implementing procedures has been provided through the policies contained within the East Pikeland Township RERP to which these procedures are annexed.

For ease of reference, implementing procedures have been color-coded by incident classification as follows:

Blue - Unusual Event  
Blue - Alert  
Yellow - Site Emergency  
Pink - General Emergency

Implementing procedures contained herein are assigned to the respective East Pikeland 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: Medical/Ambulance Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Police Services 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: George Hughes  
Alternate: Earl Sands  
Robert Dobson

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) John Yeager, Chairman	 home _____ office	_____ _____
(2) John Doyle	 home _____ office	_____ _____
(3) Michael Gaydos	 home _____ office	_____ _____
b. Key Staff		
(1) Coordinator George Hughes or Deputy Earl Sands or Deputy Coordinator Robert Dobson	_____ home _____ office _____ home _____ office _____ home _____ office	_____ _____ _____ _____ _____ _____
(2) Police Services Officer Earl Sands or Deputy Kirby Bloomquist or Bruce Otry or	_____ home _____ office _____ home _____ office _____ home _____ office	_____ _____ _____ _____ _____ _____

Ken Dobson	_____	home	_____
	_____	office	_____
(3) Fire/Rescue Services Officer			
Robert Dobson	_____	home	_____
or	_____	office	_____
Deputy			
Garrit Dobson	_____	home	_____
or	_____	office	_____
Richard Dobson	_____	home	_____
	_____	office	_____
(4) Transportation Officer			
Kirby Bloomquist	_____	home	_____
or	_____	office	_____
Deputy			
Brian Gallagher	_____	home	_____
	_____	office	_____
(5) Radiological Officer			
Bruce Otry	_____	home	_____
or	_____	office	_____
Deputy			
Richard Dobson	_____	home	_____
	_____	office	_____
(6) Ambulance Officer			
Chuck Fields	_____	home	_____
or	_____	office	_____
Deputy			
John Pollinger, III	_____	home	_____
or	_____	office	_____
Richard Edinger	_____	home	_____
	_____	office	_____

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

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-0606/935-2440</u>	_____
b. Fire Department	<u>933-9961/933-8966</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 EUC activation [REDACTED]  
[REDACTED] (time) \_\_\_\_\_
- c. Check communication systems for operability. \_\_\_\_\_  
 (time) \_\_\_\_\_
- d. Establish EOC security. \_\_\_\_\_  
 (time) \_\_\_\_\_
- e. Monitor EBS station WCAU 1210 AM or WCUJ 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. Log all messages that provide information or require action. Post pertinent data on status board.
- j. Review Fact Sheet. (appendix A-1) \_\_\_\_\_  
 (time) \_\_\_\_\_

5. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) East Pikeland Elementary Jeffrey Hohman Principal	home _____ <u>933-3836</u> office _____ <u>933-3844</u>	_____ _____ _____
(2) St. Basil's Sister Patricia Wickenkeiser Principal	home _____ <u>933-2345</u> office _____	_____ _____
b. Major Industries		
(1) Monsey Products	<u>933-8888</u> office	_____
(2) Cromby Power Plant	<u>933-8995</u> office	_____
(3) Pierce-Stevens	<u>933-8857</u> office	_____
(4) WATPRU	_____ office	_____
(5) Royersford Foundry	<u>935-7200</u> office	_____
(6) Roberts Meatpacking	<u>933-7782</u> 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		
Phoenix-Kimberton Mall	<u>935-2390</u> office	_____
Zion's Lutheran Church Day Care	[REDACTED] home <u>948-3323</u> office	_____ _____
Camp Council	<u>933-8181</u> office	_____
Zion Lutheran Church Day Care Center	<u>948-3323</u> office	_____
Wanda M. Grover Day Care	<u>933-8307</u> office	_____

b. Message:

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

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

7. Ensure ARES operator contacts the County ARES base upon arrival at the Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to the County Municipal Liaison Officer [REDACTED].
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
  - a. Date: \_\_\_\_\_
  - b. Time: \_\_\_\_\_
  - c. Source: \_\_\_\_\_
  - d. Disposition
    - (1) Termination \_\_\_\_\_
    - (2) Escalation \_\_\_\_\_
    - (3) Reduction \_\_\_\_\_



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

a. Verification

	Telephone	Time
(1) Police Department	<u>935-0606/935-2440</u>	_____
(2) Fire Department	<u>933-9961/933-8966</u>	_____
(3) Schools		
(a) East Pikeland Elementary Jeffrey Hohman Principal	<div style="display: flex; justify-content: space-between;"> <span>_____ home</span> <span>_____</span> </div> <u>933-3836</u> office _____ <u>933-3844</u>	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>
(b) St. Basil's Sister Patricia Wickenkeiser Principal	<div style="display: flex; justify-content: space-between;"> <span>_____ home</span> <span>_____</span> </div> <u>933-2345</u> office _____	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>
(4) Major Industries		
(a) Monsey Products	<u>933-8888</u> office _____	_____
(b) Cromby Power Plant	<u>933-8995</u> office _____	_____
(c) Pierce-Stevens	<u>933-8857</u> office _____	_____
(d) WATPRU	_____ office _____	_____
(e) Royersford Foundry	<u>935-7200</u> office _____	_____
(f) Roberts Meatpacking	<u>933-7782</u> office _____	_____
(5) Verification Massage:		

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

b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) John Yeager, Chairman	<div style="display: flex; justify-content: space-between;"> <span><u>_____</u> home</span> <span>_____</span> </div> <u>_____</u> office _____	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>
(b) John Doyle	<div style="display: flex; justify-content: space-between;"> <span><u>_____</u> home</span> <span>_____</span> </div> <u>_____</u> office _____	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>
(c) Michael Gaydos	<div style="display: flex; justify-content: space-between;"> <span><u>_____</u> home</span> <span>_____</span> </div> <u>_____</u> office _____	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>

(2) Special Facilities

Phoenix-Kimberton Mall	<u>935-2390</u> office _____
Zion's Lutheran Church Day Care	<u>██████████</u> home _____ <u>948-3323</u> office _____
Camp Council	<u>933-8181</u> office _____
Zion Lutheran Church Day Care Center	<u>948-3323</u> office _____
Wanda M. Grover Day Care	<u>933-8307</u> 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) John Yeager, Chairman	<u>                    </u> home <u>                    </u> office	_____ _____
(2) John Doyle	<u>                    </u> home <u>                    </u> office	_____ _____
(3) Michael Gaydos	<u>                    </u> home <u>                    </u> office	_____ _____
b. Key Staff		
(1) Coordinator		
George Hughes	<u>                    </u> home	_____
or	<u>                    </u> office	_____
Deputy		
Earl Sands	<u>                    </u> home	_____
or	<u>                    </u> office	_____
Deputy Coordinator		
Robert Dobson	<u>                    </u> home	_____
	<u>                    </u> office	_____
(2) Police Services Officer		
Earl Sands	<u>                    </u> home	_____
or	<u>                    </u> office	_____

Deputy			
Kirby Bloomquist	_____	home	_____
or	_____	office	_____
Bruce Otry	_____	home	_____
or	_____	office	_____
Ken Dobson	_____	home	_____
	_____	office	_____

(3) Fire/Rescue Services Officer			
Robert Dobson	_____	home	_____
or	_____	office	_____
Deputy			
Garrit Dobson	_____	home	_____
or	_____	office	_____
Richard Dobson	_____	home	_____
	_____	office	_____

(4) Transportation Officer			
Kirby Bloomquist	_____	home	_____
or	_____	office	_____
Deputy			
Brian Gallagher	_____	home	_____
	_____	office	_____

(5) Radiological Officer			
Bruce Otry	_____	home	_____
or	_____	office	_____
Deputy			
Richard Dobson	_____	home	_____
	_____	office	_____

(6) Ambulance Officer			
Chuck Fields	_____	home	_____
or	_____	office	_____
Deputy			
John Pollinger, III	_____	home	_____
or	_____	office	_____
Richard Edinger	_____	home	_____
	_____	office	_____

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

3. Verify that the following have been notified:

- |                          | Telephone                | Time  |
|--------------------------|--------------------------|-------|
| a. Police Department     | <u>935-0606/935-2440</u> | _____ |
| b. Fire Department       | <u>933-9961/933-8966</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 (\_\_\_\_\_) \_\_\_\_\_  
(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. \_\_\_\_\_  
(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. Log all messages that provide information or require action. Post pertinent data on status board. \_\_\_\_\_  
(time)
  - j. Review Fact Sheet. (Appendix A-1) \_\_\_\_\_  
(time)
5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed. \_\_\_\_\_  
(time)
6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. \_\_\_\_\_  
(time)
7. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) East Pikeland Elementary Jeffrey Hohman Principal	_____ home 933-3836 office 933-3844	_____ _____ _____
(2) St. Basil's Sister Patricia Wickenkeiser Principal	_____ home 933-2345 office	_____ _____
b. Major Industries		
(1) Monsey Products	933-8888 office	_____
(2) Cromby Power Plant	933-8995 office	_____

- (3) Pierce-Stevens 933-8857 office \_\_\_\_\_
- (4) WATPRO \_\_\_\_\_ office \_\_\_\_\_
- (5) Royersford Foundry 935-7200 office \_\_\_\_\_
- (6) Roberts Meatpacking 933-7782 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		
Phoenix-Kimberton Mall	<u>935-2390</u> office	_____
Zion's Lutheran Church Day Care	[REDACTED] home <u>948-3323</u> office	_____ _____
Camp Council	<u>933-8181</u> office	_____
Zion Lutheran Church Day Care Center	<u>948-3323</u> office	_____
Wanda M. Grover Day Care	<u>933-8307</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 their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts the County Transportation Officer. \_\_\_\_\_

(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 Public Works Officer ([REDACTED]) are aware of any problem areas.

\_\_\_\_\_  
(time)

12. Ensure ARES operator contacts the County ARES 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) Police Department	<u>935-0606/935-2440</u>	_____
(2) Fire Department	<u>933-9961/933-8966</u>	_____
(3) Schools		
(a) East Pikeland Elementary Jeffrey Hohman Principal	_____ home <u>933-3836</u> office <u>933-3844</u>	_____ _____ _____
(b) St. Basil's Sister Patricia Wickenkeiser Principal	_____ home <u>933-2345</u> office	_____ _____
(4) Major Industries		
(a) Monsey Products	<u>933-8888</u> office	_____
(b) Cromby Power Plant	<u>933-8995</u> office	_____
(c) Pierce-Stevens	<u>933-8857</u> office	_____
(d) WATPRO	_____ office	_____
(e) Royersford Foundry	<u>935-7200</u> office	_____

(f) Roberts Meatpacking

933-7782 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 \_\_\_\_\_."

d. Notification

	Telephone	Time
(1) Elected Officials		
(a) John Yeager, Chairman	<u>[redacted] home</u> <u>[redacted] office</u>	_____
(b) John Doyle	<u>[redacted] home</u> <u>[redacted] office</u>	_____
(c) Michael Gaydos	<u>[redacted] home</u> <u>[redacted] office</u>	_____
(2) Special Facilities		
Phoenix-Kimberton Mall	<u>[redacted] office</u>	_____
Zion's Lutheran Church Day Care	<u>[redacted] home</u> <u>948-3323 office</u>	_____
Camp Council	<u>933-8181 office</u>	_____
Zion Lutheran Church Day Care Center	<u>948-3323 office</u>	_____
Wanda M. Grover Day Care	<u>933-8307 office</u>	_____
(3) Message:		
	"This is <u>(name/title)</u> . 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) John Yeager, Chairman	_____ home _____ office	_____ _____
(2) John Doyle	_____ home _____ office	_____ _____
(3) Michael Gaydos	_____ home _____ office	_____ _____
b. Key Staff		
(1) Coordinator George Hughes or Deputy Earl Sands or Deputy Coordinator Robert Dobson	_____ home _____ office _____ home _____ office _____ home _____ office	_____ _____ _____ _____ _____ _____
(2) Police Services Officer Earl Sands or	_____ home _____ office	_____ _____

Deputy  
 Kirby Bloomquist \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Bruce Utry \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Ken Dobson \_\_\_\_\_ home \_\_\_\_\_  
 \_\_\_\_\_ office \_\_\_\_\_

(3) Fire/Rescue Services Officer  
 Robert Dobson \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Deputy  
 Garrit Dobson \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Richard Dobson \_\_\_\_\_ home \_\_\_\_\_  
 \_\_\_\_\_ office \_\_\_\_\_

(4) Transportation Officer  
 Kirby Bloomquist \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Deputy  
 Brian Gallagher \_\_\_\_\_ home \_\_\_\_\_  
 \_\_\_\_\_ office \_\_\_\_\_

(5) Radiological Officer  
 Bruce Utry \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Deputy  
 Richard Dobson \_\_\_\_\_ home \_\_\_\_\_  
 \_\_\_\_\_ office \_\_\_\_\_

(6) Ambulance Officer  
 Chuck Fields \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Deputy  
 John Pollinger, III \_\_\_\_\_ home \_\_\_\_\_  
 or \_\_\_\_\_ office \_\_\_\_\_  
 Richard Edinger \_\_\_\_\_ home \_\_\_\_\_  
 \_\_\_\_\_ office \_\_\_\_\_

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

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>935-0606/935-2440</u>	_____
b. Fire Department	<u>933-9961/933-8966</u>	_____
c. Verification Message:		

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. I would like to verify that you have been notified that a 'General Emergency' has been declared at the

Limerick Generating Station. The recommended protective action is

4. Report to and activate the local Emergency Operations Center.
  - a. Activated \_\_\_\_\_ (time)
  - b. County Municipal Liaison Officer notified of EOC activation \_\_\_\_\_ (time)
  - c. Communications system checked for operability. \_\_\_\_\_ (time)
  - d. Establish EOC security. \_\_\_\_\_ (time)
  - e. Monitor EBS station WCOJ 1420 AM. \_\_\_\_\_ (time)
  - f. Ensure Route Alert Teams have been mobilized. \_\_\_\_\_ (time)
  - g. Log all messages which provide information or require action. Post pertinent data on status board. \_\_\_\_\_ (time)
  - 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) East Pikeland Elementary Jeffrey Hohman Principal	home _____ 933-3836 office _____ 933-3844 _____	_____
(2) St. Basil's Sister Patricia Wickenkeiser Principal	home _____ 933-2345 office _____	_____
b. Major Industries		
(1) Monsey Products	933-8888 office _____	_____
(2) Cromby Power Plant	933-8995 office _____	_____
(3) Pierce-Stevens	933-8857 office _____	_____
(4) WATPRU	_____ office _____	_____
(5) Royersford Foundry	935-7200 office _____	_____
(6) Roberts Meatpacking	933-7782 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		
Phoenix-Kimberton Mall	935-2390 office	_____
Zion's Lutheran Church Day Care	██████████ home 948-3323 office	_____ _____
Camp Council	933-8181 office	_____
Zion Lutheran Church Day Care Center	948-3323 office	_____
Wanda M. Grover Day Care	933-8307 office	_____

b. Message:

"This is \_\_\_\_\_ (name/title) \_\_\_\_\_. A 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is \_\_\_\_\_."

Note: If a protective action has not yet been determined, instruct them to tune to the EBS station.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer. \_\_\_\_\_

(time)

9. Ensure Radiological Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_

(time)

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

(time)

11. Ensure ARES operator contacts the County ARES base upon arrival at the Municipal EOC. \_\_\_\_\_

(time)

12. If sheltering is recommended:

- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
  - b. Monitor EBS station to ensure proper instructions are being given to the general population. \_\_\_\_\_  
(time)
  - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_ (time)
13. If evacuation is ordered:
- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
  - b. Monitor EBS station to ensure proper instructions are being given to the general public. \_\_\_\_\_  
(time)
  - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.  
\_\_\_\_\_ (time)
  - d. Ensure Traffic Control Points have been manned. \_\_\_\_\_  
(time)
  - e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. \_\_\_\_\_  
(time)
  - f. Advise County Municipal Liaison Officer of any additional unmet needs ( [REDACTED] ). \_\_\_\_\_  
(time)
    - (1) \_\_\_\_\_
    - (2) \_\_\_\_\_
    - (3) \_\_\_\_\_
  - g. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer. \_\_\_\_\_  
(time)
    - (1) \_\_\_\_\_
    - (2) \_\_\_\_\_
    - (3) \_\_\_\_\_
14. Maintain General Emergency status until:
- a. Reduction of classification. \_\_\_\_\_  
(time)
  - b. Termination of emergency. \_\_\_\_\_  
(time)
  - c. EUC must be evacuated. \_\_\_\_\_  
(time)

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

a. Verification:

	Telephone	Time
(1) Police Department	<u>935-0606/935-2440</u>	_____
(2) Fire Department	<u>933-9961/933-8966</u>	_____
(3) Schools		
(a) East Pikeland Elementary Jeffrey Hohman Principal	_____ home <u>933-3836</u> office <u>933-3844</u>	_____ _____ _____
(b) St. Basil's Sister Patricia Wickenkeiser Principal	_____ home <u>933-2345</u> office	_____ _____
(4) Major Industries		
(a) Monsey Products	<u>933-8888</u> office	_____
(b) Cromby Power Plant	<u>933-8995</u> office	_____
(c) Pierce-Stevens	<u>933-8857</u> office	_____
(d) WATPRU	_____ office	_____
(e) Royersford Foundry	<u>935-7200</u> office	_____
(f) Roberts Meatpacking	<u>933-7782</u> office	_____

(b) Verification

"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 \_\_\_\_\_."

d. Notification

	Telephone	Time
(1) Elected Officials		
(a) John Yeager, Chairman	_____ _____ home _____ office	_____ _____ _____
(b) John Doyle	_____ _____ home _____ office	_____ _____ _____
(c) Michael Gaydos	_____ _____ home _____ office	_____ _____ _____

a. Special Facilities

Phoenix-Kimberton Mall	935-2390 office _____
Zion's Lutheran Church Day Care	██████████ home _____ 948-3323 office _____
Camp Council	933-8181 office _____
Zion Lutheran Church Day Care Center	948-3323 office _____
Wanda M. Grover Day Care	933-8307 office _____

(3) Message:

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

16. If the EOC must be evacuated:

- a. If possible, wait until the municipality has been evacuated before leaving the EOC.
- b. Secure the facility and proceed to alternate EOC located at the Chester County Library, Exton. \_\_\_\_\_ (time)
- c. Notify Chester County Municipal Liaison Officer 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 Environment Protection Agency  
 EPZ Emergency Planning Zone  
 KI Chemical symbol for potassium iodide  
 PAG Protection Action Guide  
 RACES Radio Amateur Civil Emergency Services  
 REACT Radio Emergency Action Citizens team  
 TCP Traffic Control Point  
 TLU Thermoluminescent Dosimeter

Evacuation Information:

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

Reception Center: West Whiteland Township Building\*

Host School(s): Phoenixville Sr. High School to Conestoga Sr. High School to Tredyffrin - Eastown Jr. High; Schuylkill Elementary to New Eagle School; Barkely Elementary to Hillside Elementary; East Pikeland and Second Avenue Schools to Valley Forge Elementary.

Decontamination Station: Lionville Fire Company

Transportation Staging Area: EOC

Homebound Support Hospital: Pocopson Home, West Chester

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 STATUS BOARD FORMAT
 

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DATE	TIME	MESSAGE	ACTION/COMMENTS
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\*Agreement under development.



ANNEX B

Implementing Procedure

Police Services\*

Police Services Officer:	<u>Earl Sands</u>
Alternate:	<u>Kirby Bloomquist</u>
Alternate:	<u>Bruce Utrey</u>
Alternate:	<u>Ken Dobson</u>

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 EUC. \_\_\_\_\_  
(time)
  - b. Ensure normal police functions are maintained.
  - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and equipment operators. Have them report to police station and make assignments as necessary. \_\_\_\_\_  
(time)
  - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EUC, Police Services at 431-6160. \_\_\_\_\_  
(time)
  - c. Ensure police and public works emergency workers have been issued dosimeters-KI. \_\_\_\_\_  
(time)
  - d. Monitor weather conditions. \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - f. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have police personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken

Police Services

GENERAL EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Mobilize additional police personnel and equipment operators. Have them report to police station (reference Appendix B-1). Make assignments as necessary. \_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EUC, Police Services at 431-6160. \_\_\_\_\_  
(time)
  - d. Ensure police and public works emergency workers have been issued dosimeters-KI. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
  
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is 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) Ensure roadways are cleared. \_\_\_\_\_  
(time)
    - (3) Upon completion of assignments, ensure police relocate to the Uwchlan Township Building \_\_\_\_\_  
(time)

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

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

3. If termination, have police personnel return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_

(time)

4. Remarks/Actions Taken:

POLICE - EMERGENCY RECALL ROSTER

Names and telephone numbers is on file in the EOC.

POLICE AND PUBLIC WORKS RESOURCE INVENTORY

4 Vehicles

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
East Pikeland 1	Pikeland Ave. & Rt. 724	East Pikeland	1
East Pikeland 2	Township Line Rd. & Rt. 113	East Pikeland	1
42	Rt. 23 & Rt. 724	PSP	2
East Pikeland 3	Rt. 113 & Rapps Dam Rd.	East Pikeland	1
East Pikeland 4	Rt. 113 & Hares Hill Rd.	East Pikeland	1
East Pikeland 5	Coldstream Rd. & Rt. 113	East Pikeland	1

ACCESS CONTROL POINTS

None required in Township.

ANNEX C

Implementing Procedure

Fire Services

Fire Services Officer: Robert Dobson  
Alternate: Garrit Dobson  
Alternate: Richard Dobson

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. Review remaining procedures in the event of escalation.
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

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. 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. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EUC, 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, 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 C-1). \_\_\_\_\_  
(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 County EOC, Fire Services at 431-6160. \_\_\_\_\_  
(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)
  - b. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Lionville Fire Company.  
\_\_\_\_\_  
(time)

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

  - c. Relocate to alternate EOC. \_\_\_\_\_  
(time)
3. If termination, have fire personnel return dosimeters and unused KI to Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EUC.

FIRE - RESOURCE INVENTORY

3 pumpers  
1 aerial  
1 tanker  
1 field truck  
1 rescue truck  
1 squad

ROUTE ALERTING TEAMSI. GENERAL

- A. The East Pikeland Township is divided into 6 Sectors.
- B. Each Sector is assigned a Route Alert Team (reference Attachment 1).
- C. Two (2) persons should be assigned to each team.

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Chester County DES, commence route alerting in designated sectors (reference Attachment 2).
- B. Route Alerting is accomplished by driving slowly along designated roads, periodically activating the vehicle siren and making the following announcement on the PA system:  
  
"There is an emergency at the Limerick Generating Station; please tune to your EBS station WCAU 1210 AM or WCJJ 1420 AM."
- C. Upon completion of route, notify Chester County DES and return to station.

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

ROUTE ALERT TEAMS

Sector No. 61-C Alert Team: Kimberton Fire Department

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-D Alert Team: Kimberton Fire Department

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-G Alert Team: Kimberton Fire Department

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-H Alert Team: Kimberton Fire Department

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EOC.

Sector No. 61-I Alert Team: Kimberton Fire Department

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EOC.

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

Leader: \_\_\_\_\_

Assistant: \_\_\_\_\_

Transient Location(s): \_\_\_\_\_ (TBD)

Hearing Impaired: List is on file in the EUC.

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.





Transportation

SITE EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).  
\_\_\_\_\_  
(time)
  - c. Contact Medical/Ambulance Services Officer to obtain list of those individuals who require specialized transportation (other than ambulance). \_\_\_\_\_  
(time)
  - d. Notify the County Transportation Coordinator (431-6160) of any changes in requirements. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Ensure that Transportation Staging Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(time)
  - b. Review remaining emergency procedures in the event of escalation.
  - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to 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 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. Contact the Medical/Ambulance Services Officer to obtain a list of those individuals who require specialized transportation (other than ambulances). \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is sheltering, no further action is required.
  - b. If recommended protective action is evacuation, then:
    - (1) Add to Appendix F-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 County Transportation Coordinator at 431-6160 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. \_\_\_\_\_  
(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. Emergency workers need not accompany vehicles to reception facilities.

                      
(time)

e. Relocate to alternate EOC after population has departed.

                      
(time)

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

                      
(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1

Vehicles Available

Buses: 0

Unmet Needs

Buses: 1

ANNEX E  
Implementing Procedure  
Radiological

Radiological Officer: Bruce Otrey  
Alternate: Richard Dobson

UNUSUAL EVENT

No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EUC. \_\_\_\_\_  
(time)
2. 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 the County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
3. Prepare Control TLD's for pick-up by the County. \_\_\_\_\_  
(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/Action Taken:

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. 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 the County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
  - c. Prepare Control TLD's for pick-up by the county. \_\_\_\_\_  
(time)
  - d. 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 remaining procedures in the event of escalation.
  - c. 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)

NOTE: All dosimeters will be returned to the County.

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 EOC. \_\_\_\_\_  
(time)
  - b. 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 the County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
  - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix E-1) and EOC staff; obtain a signed receipt (reference Appendix E-3) \_\_\_\_\_  
(time)
  - d. Prepare Control TLU's for pick-up by the County. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. 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)

NOTE: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:



MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Emergency Operations Center	15
Kimberton Fire Company	
Kimberton, PA	
B. Fire Company	
Kimberton Fire Company	45
Kimberton Road	
Kimberton, PA 19442	
C. Police Department	
East Pikeland Township Police Dept.	8 + 5 Aux.
Rapps Dam Road	
Kimberton, PA	
D. Public Works	
Contractor	6

Total Units of Dosimetry-KI Required: 79

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)	
2.	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 \_\_\_\_\_  
 SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_

Figure E-3

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 column 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 a KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

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

DATE \_\_\_\_\_

NAME OF EMERGENCY ORGANIZATION \_\_\_\_\_

RESPONSIBLE INDIVIDUAL \_\_\_\_\_

ORGANIZATION ADDRESS \_\_\_\_\_

1	2	3	4	5	6	7	8
CD V-742 DOSIMETER (0-200R)	CD V-730 OR DCA- 622 (Serial Number) (0-20R)	TLD (THERMO- LUMINESCENT DOSIMETER)  (Serial Number)	KI (POTASSIUM IODIDE) (Tablets)	DOSIMETRY- KI REPORT FORM	CD V-700 SURVEY METER	INDIVIDUAL'S NAME (print legibly)	INDIVIDUAL'S SIGNATURE
1 each	✓	✓	✓	✓	✓		
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
1 each			1 bottle	1 each			
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1 each			1 bottle	1 each			

E-3-1

Draft

ANNEX F

Implementing Procedure

Medical/Ambulance Services

Medical Services Officer: Chuck Fields  
Alternate: John Pollinger, III  
Alternate: Richard Edinger

UNUSUAL EVENT

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

ALERT

The Medical Services Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.  
(time)
2. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix F-1). (time)
  - a. Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support.  
(time)
  - b. Notify Municipal Transportation Officer of changes in requirements for those individuals requiring special transportation support other than ambulance. (time)
3. Ensure that normal medical/ambulance services are maintained.
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:

Medical/Ambulance Services

SITE EMERGENCY

The Medical 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). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator at 431-6160, of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify Municipal Transportation Officer of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - c. Ensure that normal medical/ambulance services are maintained.
  - 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 the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Action Taken:

Medical/Ambulance Services

GENERAL EMERGENCY

The Medical Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EUC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-1). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator at 431-6160, of changes in requirements for those individuals requiring ambulance support.  
\_\_\_\_\_  
(time)
    - (2) Notify Municipal Transportation Officer of changes in the requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - c. 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:
    - (1) Ensure that population requiring ambulance transportation is served. Provide for direction and control of outside ambulance resources upon their arrival at the municipal staying area by ensuring an emergency worker is assigned to each ambulance.  
\_\_\_\_\_  
(time)
    - (2) Prepare a list of names and addresses of persons to be picked up for each ambulance. \_\_\_\_\_  
(time)
    - (3) Persons being evacuated by ambulance shall be evacuated to Pocopson Home, West Chester.
  - b. Relocate to alternate EUC after population has departed. \_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to the Radiological Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:

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.