

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

SEPTEMBER 1984

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IMPLEMENTING PROCEDURES

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INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the North Coventry 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 North Coventry 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 North Coventry 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: Fire Services Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Transportation 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: Melvin Guest
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:
 - a. Date: _____
 - b. Time: _____
 - c. Source: _____
 - d. Details: _____

 - e. Actions Recommended: _____

 - f. Actions Taken: _____

Note: This procedure has been modified to include Communication 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) Robert Saylor	<u> </u> home <u> </u> office	_____ _____
(2) E. Kent High	<u> </u> home <u> </u> office	_____ _____
(3) William R. Deegan	<u> </u> home <u> </u> office	_____ _____
(4) Larry Challenger	<u> </u> home <u> </u> office	_____ _____
(5) Kenneth J. Bickel	<u> </u> home <u> </u> office	_____ _____
b. Key Staff		
(1) Police Services Officer Charles Wilt or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(2) Fire Services Officer Doug Keim or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____

- (3) Transportation Officer _____ home _____
 James Botdorf _____ office _____
 or
 Deputy _____ home _____
 Mark Ryznar _____ office _____
- (4) Radiological Officer _____ home _____
 John Ireland _____ office _____
 or
 Deputy _____ home _____
 _____ office _____

Have key staff report to EOC. _____
 (time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>323-8360</u>	_____
b. Fire Department	<u>323-3263</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. Log all incoming messages that provide information or require action. Post pertinent data on the status board. _____
 (time)

j. Review Fact Sheet (Appendix A-1). _____
(time)

5. Verify that the following have been notified:

	Telephone	Time
a. School		
(1) North Coventry Elementary School Greg Cunningham	469-9247 office	_____

b. Verification Message:

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

6. Notify the following:

	Telephone	Time
a. Special Facilities		
(1) Coventry Mall John Roller	327-0770 office	_____
(2) Coventry Nursery School (9:00am-11:30am) Mrs. Charles Hartman	_____ home 326-3958 office	_____
(3) U.C.C. Camp Wilmer Swinehart	326-1644 326-9515 326-5035	_____
(4) Kay F. Broussard Day Care	323-9356	_____

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 Municipal EOC. _____
(time)

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

9. Report all unmet needs to the County Municipal Liaison Officer (431-6160).

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

(1) Police Department 323-8360 _____

(2) Fire Department 323-3263 _____

(3) School

(a) North Coventry Elementary School
Greg Cunningham 469-9247 office _____

(4) Verification Message:

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

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Robert Saylor	<u> </u> home <u> </u> office	_____ _____
(b) E. Kent High	<u> </u> home <u> </u> office	_____ _____
(c) William R. Deegan	<u> </u> home <u> </u> office	_____ _____
(d) Larry Challenger	<u> </u> home <u> </u> office	_____ _____
(e) Kenneth J. Bickel	<u> </u> home <u> </u> office	_____ _____

(2) Special Facilities

- (a) Coventry Mall
John Roller 327-0770 office
- (b) Coventry Nursery School (9:00am-11:30am)
Mrs. Charles Hartman home
326-3958 office
- (c) U.C.C. Camp 326-1644
Wilmer Swinehart 326-9515
326-5035
- (d) Kay F. Broussard Day Care 323-9356

(3) Message:

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

11. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

SITE EMERGENCY

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

1. Document:








a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Robert Saylor	 home _____ office _____	_____ _____
(2) E. Kent High	 home _____ office _____	_____ _____
(3) William R. Deegan	 home _____ office _____	_____ _____
(4) Larry Challenger	 home _____ office _____	_____ _____
(5) Kenneth J. Bickel	 home _____ office _____	_____ _____
b. Key Staff		
(1) Police Services Officer Charles Wilt or Deputy	 home _____ office _____ home _____ office _____	_____ _____ _____ _____
(2) Fire Services Officer Doug Keim	 home _____ office _____	_____ _____

	or		home	_____
Deputy			office	_____
(3)	Transportation Officer		home	_____
	James Botdorf	_____	office	_____
	or			
	Deputy		home	_____
	Mark Ryznar	_____	office	_____
(4)	Radiological Officer		home	_____
	John Ireland	_____	office	_____
	or			
	Deputy		home	_____
		_____	office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:
- | | Telephone | Time |
|--------------------------|-----------------|-------|
| a. Police Department | <u>323-8360</u> | _____ |
| b. Fire Department | <u>323-3263</u> | _____ |
| c. Verification Message: | | |

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

4. Report to and activate the local Emergency Operations Center
- Activated _____
(time)
 - County Municipal Liaison Officer notified of EOC activation (431-6160). _____
(time)
 - Communications system checked for operability. _____
(time)
 - Establish EOC security. _____
(time)
 - Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. _____
(time)
 - Ensure Route Alert Teams have been mobilized as necessary.

(time)
 - If the public alert system has been activated, notify hearing impaired. _____
(time)
 - 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 information 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.
- 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. School | | |
| (1) North Coventry Elementary School
Greg Cunningham | 469-9247 office | _____ |
| b. 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) Coventry Mall
John Roller | 327-0770 office | _____ |
| (2) Coventry Nursery School (9:00am-11:30am)
Mrs. Charles Hartman | _____ home
326-3958 office | _____
_____ |
| (3) U.C.C. Camp
Wilmer Swinehart | 326-1644
326-9515
326-5035 | _____

_____ |
| (4) Kay F. Broussard Day Care | 323-9356 | _____ |
| 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 counter-

parts 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 (431-6160) are aware of any problem areas.

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

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

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	<u>323-8360</u>	_____
(2) Fire Department	<u>323-3263</u>	_____
(3) School		
(a) North Coventry Elementary School Greg Cunningham	<u>469-9247 office</u>	_____

(4) Verification Message:

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

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Robert Saylor	_____ home _____ office	_____
(b) E. Kent High	_____ home _____ office	_____
(c) William R. Deegan	_____ home _____ office	_____
(d) Larry Challenger	_____ home _____ office	_____
(e) Kenneth J. Bickel	_____ home _____ office	_____
(2) Special Facilities		
(a) Coventry Mall John Roller	327-0770 office	_____
(b) Coventry Nursery School (9:00am-11:30am) Mrs. Charles Hartman	_____ home 326-3958 office	_____
(c) U.C.C. Camp Wilmer Swinehart	326-1644 326-9515 326-5035	
(d) Kay F. Broussard Day Care	323-9356	

(3) Message:

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

17. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator

GENERAL EMERGENCY

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

1. Document:

a. Date: _____




b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Robert Saylor	<u> </u> home <u> </u> office	_____ _____
(2) E. Kent High	<u> </u> home <u> </u> office	_____ _____
(3) William R. Deegan	<u> </u> home <u> </u> office	_____ _____
(4) Larry Challenger	<u> </u> home <u> </u> office	_____ _____
(5) Kenneth J. Bickel	<u> </u> home <u> </u> office	_____ _____
b. Key Staff		
(1) Police Services Officer Charles Wilt or Deputy	<u> </u> home <u> </u> office <u> </u> home <u> </u> office	_____ _____ _____ _____
(2) Fire Services Officer Doug Keim	<u> </u> home <u> </u> office	_____ _____

	or		home	_____
	Deputy		office	_____
(3)	Transportation Officer		home	_____
	James Botdorf		office	_____
	or			
	Deputy		home	_____
	Mark Ryznar		office	_____
(4)	Radiological Officer		home	_____
	John Ireland		office	_____
	or			
	Deputy		home	_____
			office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>323-8360</u>	_____
b. Fire Department	<u>323-3263</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 (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. 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. School		
(1) North Coventry Elementary School Greg Cunningham	469-9247 office	_____

b. Verification Message:

"This is _____ (name/title) _____. I would like to verify that you have been notified that a 'General Emergency' has been declared at the Limerick Generating Station. The recommended protective action is _____."

7. Notify the following:

	Telephone	Time
a. Special Facilities		
(1) Coventry Mall John Roller	327-0770 office	_____
(2) Coventry Nursery School (9:00am-11:30am) Mrs. Charles Hartman	_____ home 326-3958 office	_____ _____
(3) U.C.C. Camp Wilmer Swinehart	326-1644 326-9515 326-5035	_____ _____ _____
(4) Kay F. Broussard Day Care	323-9356	_____

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 County ARES base upon arrival at the Municipal EOC. _____
(time)
12. Report all unmet needs to the County Municipal Liaison Officer (431-6160).
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 a 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 (431-6160). _____
(time)
 - (1) _____
 - (2) _____
 - (3) _____

a. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer (431-6160). _____ (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	<u>323-8360</u>	_____
(2) Fire Department	<u>323-3263</u>	_____
(3) School		
(a) North Coventry Elementary School Greg Cunningham	<u>469-9247 office</u>	_____

(4) Verification Message:

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

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) Robert Saylor	<u> </u> home <u> </u> office	_____ _____
(b) E. Kent High	<u> </u> home <u> </u> office	_____ _____
(c) William R. Deegan	<u> </u> home <u> </u> office	_____ _____

- (d) Larry Challenger [redacted] home office _____
- (e) Kenneth J. Bickel [redacted] home office _____

(2) Special Facilities

- (a) Coventry Mall
John Roller 327-0770 office _____
- (b) Coventry Nursery School (9:00am-11:30am)
Mrs. Charles Hartman [redacted] home office _____
- (c) U.C.C. Camp
Wilmer Swinehart 326-1644
326-9515
326-5035
- (d) Kay F. Broussard Day Care 323-9356

(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. _____ (time)
- c. Notify Chester County Municipal Liaison Officer (431-6160) 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 724 West or local roads to Route 100 South to Route 23 West

Reception Center: Cumru Elementary School (724 W); Morgan Corporation (23W)

Host School(s): Owen J. Roberts School District to Twin Valley High School*

Decontamination Station: Daniel Boone High School*

Transportation Staging Area: EUC

Homebound Support Hospital: Pocopson Home, West Chester

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

*Agreement pending.

ANNEX B

Implementing Procedure

Police Services

Police Services Officer: Chief Charles Wilt
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 EOC.
(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:

Police Services

SITE EMERGENCY

The Police Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at 431-6160. _____
(time)
 - c. Ensure police emergency workers have been issued dosimeters-KI. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General needs to County EOC, Police Services at 431-6160. _____
(time)
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 EOC. _____
(time)
 - b. Mobilize additional police personnel and have them report to police station (reference Appendix B-1). Make assignments as necessary. _____
(time)
 - c. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Police Services at 431-6160. _____
(time)
 - d. Ensure police 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) Upon completion of assignments, ensure police relocate to Daniel Boone High School.* _____
(time)
 - (3) Relocate to alternate EOC after population has departed. _____
(time)
3. If termination, have police personnel return dosimeters and unused KI to the Radiological Officer. _____
(time)

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

4. Remarks/Actions Taken

*Agreement under development.

POLICE - EMERGENCY RECALL ROSTER

5 Officers

Names and telephone numbers on file in the EOC

POLICE - RESOURCE INVENTORY

4 vehicles, all with PA system

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
N. Coventry 1	Rt. 724 & Keim St.	Township	1
N. Coventry 2	Rt. 724 & Hanover St.	Township	1
N. Coventry 3	Rt. 724 & Rt. 100	Township	2
N. Coventry 4	S. Hanover St. Rt. 100	Township	1
N. Coventry 5	S. Hanover St. & Cedarville Rd.	Township	1
N. Coventry 6	Laurelwood & Rt. 724	Township	1
N. Coventry 7	Cedarville Rd. & Rt. 100	Township	1

ACCESS CONTROL POINTS

None required in the Township.

ANNEX C
Implementing Procedure
Fire Services*

Fire Services Officer: Douglas Keim
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.
(time)
2. Ensure that normal fire protection services are maintained.
3. If required, ensure mobilization of sufficient personnel to meet Route Alert Team requirements and make assignments to vehicles (reference, Appendix C-2). (time)
4. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). (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)
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 Medical/Ambulance 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. If required, ensure mobilization of sufficient personnel to meet Route Alert Team requirements and make assignments to vehicles (reference, Appendix C-2). _____
(time)
 - d. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). _____
(time)
 - (1) Notify County Medical Coordinator (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)
 - 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. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - c. Review personnel/equipment inventory (reference Appendix C-3), 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. _____
(time)
 - 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. Ensure mobilization of sufficient personnel to meet Route Alert Team requirements and make assignments to vehicles (reference, Appendix C-2). _____
(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).
 - (1) Notify County Medical Coordinator (431-6160) of changes in requirements for those individual requiring ambulance support. _____
(time)
 - (2) Notify Municipal Transportation Officer of changes in requirements for those individuals requiring special transportation support other than ambulance. _____
(time)
 - d. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). _____
(time)
 - e. Ensure Fire Department emergency workers have been issued dosimeters/KI. _____
(time)
 - f. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at 431-6160. _____
(time)
 - g. Prepare a list of names and addresses of persons to be picked up for each ambulance. _____
(time)
 - h. Persons being evacuated by ambulance shall be evacuated to St. Joseph's Hospital, Reading.
 - i. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Ensure population requiring ambulance transportation is served.
 - b. Monitor route alerting. _____
(time)

c. If evacuation is ordered, upon completion of assignments, ensure that Fire Department relocates to Kulptown Fire Co. _____ (time)

d. Relocate to alternate EOC.

3. If termination, have fire personnel return dosimeters and unused KI to Radiological Officer. _____ (time)

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

4. Remarks/Actions Taken:

*Agreement under development.

FIRE SERVICES EMERGENCY RECALL ROSTER

A current roster is on file in the EOC.

FIRE - RESOURCE INVENTORY

1 ladder truck
2 pumpers
1 brush truck
1 squad

ROUTE ALERTING TEAMS

I. GENERAL

- A. North Coventry Township is divided into 4 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 WCOJ 1220 AM or WCAU 1210 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. 64-A Alert Team: Norco Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EOC.

Sector No. 64-B Alert Team: Norco Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EOC.

Sector No. 64-C Alert Team: Norco Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EOC.

Sector No. 64-D Alert Team: Norco Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List will be on file in the EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

ANNEX D
Implementing Procedure
Transportation*

Transportation Officer: James Batdorf
Alternate: Mark Ryznar

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

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

(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1).

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

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

Transportation

SITE EMERGENCY

The Transportation Officer shall:

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

(time)
 - c. Contact Medical/Ambulance Services Officer (431-6160) 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. Review equipment/personnel inventory (reference Appendix D-3), verify availability, and report unmet needs to the the County Public Works Coordinator at 431-6160. Place equipment operators on standby status. _____
(time)
 - f. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure Transportation Staging Area, which is located at the EOC, is accessible and available. _____
(time)
 - b. Monitor weather conditions
 - c. Review remaining emergency procedures in the event of escalation.
 - d. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Radiological Officer.

(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

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

(time)
 - c. Contact the Medical/Ambulance Services Officer (431-6160) to obtain a list of those individuals who require specialized transportation (other than ambulances). _____
(time)
 - d. Review equipment/personnel inventory (reference Appendix D-3), verify availability and report unmet needs to the County Public Works Coordinator at 431-6160. Mobilize equipment operators and have them report to public works garage. _____
(time)
 - e. Monitor weather conditions.
 - f. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available.
 - 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 sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Add to Appendix D-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). _____
(time)
 - (2) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability (Reference Appendix D-2), notify the 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 for each vehicle. _____
(time)
 - d. Upon the arrival of vehicle(s) 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 center. _____
(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: 3

Vehicles Available

Buses: 0

Unmet Need

Buses: 3

PUBLIC WORKS RESOURCE INVENTORY

2 dump trucks
1 pick-up truck

ANNEX E

Implementing Procedure

Radiological

Radiological Officer: John Ireland
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EOC. _____
(time)
2. Inventory dosimeters/KI and prepare for distribution; 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 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. 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 EOC 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.
 - d. If termination, 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.

3. 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 TLD'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. Emergency Management Agency	
North Coventry Township EOC 873 S. Hanover Street Pottstown, PA	11
B. Fire Company	
Norco Fire Co. 144 W. Schuylkill Road Pottstown, PA	25
C. Police Department	
North Coventry Township Police Department 873 S. Hanover Street Pottstown, PA	5

Total Units of Dosimetry-KI Required: 41

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)	
.	DCA-622 Self-Reading Dosimeter (0-20R)	
4.	CD V-750 Dosimeter Charger	
5.	TLD (Thermoluminescent Dosimeter) Serial Numbers _____ THROUGH _____	
6.	Potassium Iodide (KI) Tablets (Bottles of 14 Tablets Each)	
7.	CD V-700 Survey Meter	
8.	Dosimetry-KI Report Form	
9.	Decontamination Monitoring Report Form	
10.	Receipt Form for Dosimetry-Survey Meters-KI	
11.	Acknowledgement of Receipt by Emergency Workers for Dosimetry-KI and Survey Meters	

RECEIVED BY: _____ TITLE _____
 SIGNATURE: X _____ DATE _____

Page: _____ of _____ pages ACKNOWLEDGMENT OF RECEIPT BY EMERGENCY WORKERS FOR DOSIMETRY-KI AND SURVEY METERS

NOTES: Emergency workers assigned to decontamination monitoring teams at decontamination monitoring stations or centers do NOT receive a CD V-730 or DCA 622 (see column 2). Only members of decontamination monitoring teams receive a CD V-700 survey meter (see column 6).

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 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: If (✓) 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			

E-3-1