

AMITY TOWNSHIP
BERKS COUNTY
RADIOLOGICAL EMERGENCY RESPONSE PLAN
FOR INCIDENTS AT THE
LIMERICK GENERATING STATION
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

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IMPLEMENTING PROCEDURES

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INTRODUCTION

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

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

1. Emergency Management: Emergency Management Coordinator
Deputy Emergency Management Coordinator
2. Police Services: Police Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Communications Officer
5. Communications: Communications Officer
6. Transportation: Transportation Officer
7. Public Works: Public Works 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: Harold Reigel
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

e. Actions Recommended: _____

f. Actions Taken: _____

Implementing Procedure
Emergency Management Coordinator

ALERT

1. Document:










a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) George Graefe, Jr. President	 home office	_____ _____
(2) William E. Leyrandye, Jr.	 home office	_____ _____
(3) Jacob S. Oxenford	 home office	_____ _____
(4) Walter J. Alphin	 home office	_____ _____
(5) Myron S. Wheeler	 home office	_____ _____
b. Key Staff		
(1) Police Services Officer or deputy	 home office  home office	_____ _____ _____ _____
(2) Fire Chief - Amity or deputy	 home office  home office	_____ _____ _____ _____

- b. County Municipal Liaison notified of EOC activation [REDACTED].
_____ (time)
 - c. Check communication systems for operability. _____ (time)
 - d. Establish EOC security. _____ (time)
 - e. Monitor EBS station WHUM 1240 AM. _____ (time)
 - f. Ensure Route Alert Teams have been mobilized as necessary.
_____ (time)
 - g. If public alert system has been activated, notify hearing impaired. _____ (time)
 - h. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched.
_____ (time)
 - i. Review fact sheet (reference Appendix A-1) _____ (time)
- b. Verify that the following have been notified:

		Telephone	Time
a. Schools			
(1) Daniel Boone School District	Joseph Minella Superintendent	[REDACTED] home [REDACTED] office	_____ _____
(2) Amity Elementary Center	Ralph Bagnato Principal	[REDACTED] home [REDACTED] office	_____ _____
b. Major Industries			
(1) Kiwi Corporation	George Barrett Plant Engineer	[REDACTED] office	_____
	Phillip R. Metzler Personnel Director	[REDACTED] office	_____
(2) American Crane & Hoist, Inc.	Pat Olock General Manager	[REDACTED] office	_____
	Odevar Norhein Vice President	[REDACTED] home [REDACTED] office	_____ _____
(3) Precision Technology	Donald S. Volk	[REDACTED] office	_____
c. Verification Message:			

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

6. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) St. Paul's Christian Preschool	Carol Keane	██████████ home office	_____ _____
(2) Hickory Dickory Dock	Marie Nace	██████████ home (unlisted) office	_____ _____

b. Message:

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

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

7. Ensure RACES operator contacts the County RACES 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 ██████████. _____ (time)
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:

		Telephone	Time
a. Verification:			
(1)	Police Department	<u>375-4545</u>	_____
(2)	Fire Department Amity	<u>375-4545</u>	_____
(3)	Fire Department - Monarch	<u>375-4545</u>	_____
(4)	Schools		
(a)	Daniel Boone School District	Joseph Minella Superintendent	_____ home _____ office
(b)	Amity Elem. Center	Ralph Bagnato Principal	_____ home _____ office
(5)	Major Industries		
(a)	Kiwi Corp.	George Barrett Plant Engineer	385-3041 office _____
		Phillip R. Metzler Personnel Director	385-3041 office Ext. 209 _____
(b)	American Crane & Hoist, Inc.	Pat Ulock General Manager	385-6061 office _____
		Udevar Norhein Vice President	_____ home 385-6061 office _____
(c)	Precision Technology	Donald S. Volk	385-6091 office _____

(6) Verification Message:

"This is _____ (name) _____. 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)	George Graefe, Jr. President	_____ home _____ office	_____
(b)	William E. Legrandye, Jr.	_____ home _____ office	_____
(c)	Jacob S. Uxenford	_____ home _____ office	_____

(d) Walter J. Alphin

_____ home
_____ office _____

(e) Myron S. Wheeler

_____ home
_____ office _____

(2) Special Facilities

(a) St. Paul's Carol Keane
Christian
Preschool

_____ home
385-6616 office _____

(b) Hickory Dickory Marie Nace
Dock

_____ home
(unlisted)
385-3318 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:














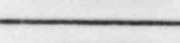




a. Date: _____

b. Time: _____

c. Source: _____

d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) George Graefe, Jr. President	 home  office	_____ _____
(2) William E. Leyrandge, Jr.	 home  office	_____ _____
(3) Jacob S. Oxenford	 home  office	_____ _____
(4) Walter J. Alphin	 home  office	_____ _____
(5) Myron S. Wheeler	 home  office	_____ _____
b. Key Staff		
(1) Police Services Officer or deputy	 home  office  home  office	_____ _____ _____ _____
(2) Fire Chief - Amity or deputy	 home  office  home  office	_____ _____ _____ _____

- d. Establish EOC security. _____
(time)
 - e. Monitor EBS station WHUM 1240 AM. _____
(time)
 - f. Ensure Route Alert Teams have been mobilized as necessary.

(time)
 - g. If the public alert system has been activated, notify hearing impaired. _____
(time)
 - h. In the event of a siren failure, receive information from the County that appropriate route alert have been dispatched. _____
(time)
 - i. Review fact sheet (reference 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)	Daniel Boone School District	Joseph Minella Superintendent	_____ home 582-2261 office _____
(2)	Amity Elementary Center	Ralph Bagnato Principal	_____ home 689-9521 office _____
b. Major Industries			
(1)	Kiwi Corporation	George Barrett Plant Engineer	385-3041 office _____
		Phillip R. Metzler Personnel Director	385-3041 office _____ Ext. 209
(2)	American Crane & Hoist, Inc.	Pat Olock General Manager	385-6061 office _____
		Udevar Norhein Vice President	_____ home 385-6061 office _____
(3)	Precision Technology	Donald S. Volk	385-6091 office _____
c. Verification Message:			

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

8. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) St. Paul's Christian Preschool	Carol Keane	[redacted] home 385-6616 office	_____ _____
(2) Hickory Dickory Dock	Marie Nace	[redacted] home (unlisted) 385-3318 office	_____ _____ _____
b. Message:			

"This is _____ (name/title) _____. An incident classification of 'Site Emergency' has been declared at the Limerick Generating Station." (Provide appropriate instructions as necessary.)

9. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to you. Report all unmet needs to the County Municipal Liaison ([redacted]). _____

(time)

10. Ensure Radiological Officer has distributed dosimeters/KI to emergency workers. _____

(time)

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

(time)

12. Ensure RACES operator contacts the County RACES base upon arrival at 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>375-4545</u>	_____
(2) Fire Department Amity	<u>375-4545</u>	_____
(3) Fire Department - Monarch	<u>375-4545</u>	_____
(4) Schools		
(a) Daniel Boone School District	Joseph Minella Superintendent [redacted] home 582-2261 office	_____ _____
(b) Amity Elem. Center	Ralph Bagnato Principal [redacted] home 689-9521 office	_____ _____
(5) Major Industries		
(a) Kiwi Corp.	George Barrett Plant Engineer Phillip R. Metzler Personnel Director	385-3041 office _____ 385-3041 office Ext. 209 _____
(b) American Crane & Hoist, Inc.	Pat Ulock General Manager Odevar Norhein Vice President	385-6061 office _____ [redacted] home _____ 385-6061 office _____
(c) Precision Technology	Donald S. Volk	385-6091 office _____
(6) Verification Message:		
"This is _____ (name) _____. I would like to verify you have been notified that the emergency at the Limerick Generating Station has been terminated/reduced to _____."		

b. Notification

	Telephone	Time
(1) Elected Officials		
(a) George Graefe, Jr. President	[redacted] home [redacted] office	_____ _____
(b) William E. Leyrandye, Jr.	[redacted] home [redacted] office	_____ _____
(c) Jacob S. Oxenford	[redacted] home [redacted] office	_____ _____

(3) Communications Officer or deputy	_____ home _____ office _____ home _____ office	_____
(4) Transportation Officer or deputy	_____ home _____ office _____ home _____ office	_____
(5) Fire Chief - Monarch or Deputy	_____ home _____ office _____ home _____ office	_____
(6) Public Works Officer or deputy	_____ home _____ office _____ home _____ office	_____
(7) Radiological Officer or deputy	_____ home _____ office _____ home _____ office	_____
(8) Deputy EMC	_____ home _____ office	_____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>375-4545</u>	_____
b. Fire Department Amity	<u>375-4545</u>	_____
c. Fire Department - Monarch	<u>375-4545</u>	_____
d. Verification Message:		

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

4. Report to and activate the local Emergency Operations Center.

a. Activated _____
(time)

- b. County Municipal Liaison notified of EOC activation [REDACTED].

 (time)
- c. Communications system checked for operability. _____
 (time)
- d. Establish EOC security. _____
 (time)
- e. Monitor EBS station WHUM 1240 AM. _____
 (time)
- f. Ensure Route Alert Teams have been mobilized as necessary.

 (time)
- g. Review fact sheet (reference 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) Daniel Boone School District	Joseph Minella Superintendent	[REDACTED] home 582-2261 office	_____ _____
(2) Amity Elementary Center	Ralph Bagnato Principal	_____ 689-9521 office	_____ _____
b. Major Industries			
(1) Kiwi Corporation	George Barrett Plant Engineer	385-3041 office	_____
	Phillip R. Metzler Personnel Director	385-3041 office Ext. 209	_____
(2) American Crane & Hoist, Inc.	Pat Olock General Manager	385-6061 office	_____
	Udevar Norhein Vice President	[REDACTED] home 385-6061 office	_____ _____
(3) Precision Technology	Donald S. Volk	385-6091 office	_____

c. Verification Message:

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

7. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) St. Paul's Christian Preschool	Carol Keane	██████████ home 385-6616 office	_____ _____
(2) Hickory Dickory Dock	Marie Nace	██████████ home (unlisted) 385-3318 office	_____ _____ _____

b. Message:

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

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

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to you. Report all unmet needs to the County Municipal Liaison (██████████). _____ (time)

9. Ensure Radiological Officer has distributed dosimeters/KI to emergency workers and EOC staff. _____ (time)

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

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

12. If sheltering is recommended:

a. When public alert system has been activated, notify hearing impaired. _____ (time)

b. Monitor EBS station to ensure proper instructions are being given to the general population. _____ (time)

c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____ (time)

d. Ensure Access Control Points have been manned. _____ (time)

13. If evacuation is ordered:

- a. When the public alert system has been activated, notify hearing impaired. _____
(time)
- b. Monitor EBS station to ensure proper instructions are being given to the general public. _____
(time)
- c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)
- d. Ensure Access Control Points have been manned. _____
(time)
- e. Ensure Traffic Control Points have been manned. _____
(time)
- f. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____
(time)
- g. Advise County Municipal Liaison of any additional unmet needs
_____. _____
(time)
 - (1) _____
 - (2) _____
 - (3) _____
- h. Monitor evacuation process and report any problem areas to the County Municipal Liaison. _____
(time)
 - (1) _____
 - (2) _____
 - (3) _____

14. Maintain General Emergency status until:

- a. Reduction of classification. _____
(time)
- b. Termination of emergency. _____
(time)
- c. 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>375-4545</u>	_____
(2)	Fire Department Amity	<u>375-4545</u>	_____
(3)	Fire Department - Monarch	<u>375-4545</u>	_____
(4)	Schools		
(a)	Daniel Boone School District	<u>582-2261</u>	home _____ office _____
	Joseph Minella Superintendent		
(b)	Amity Elem. Center	<u>689-9521</u>	home _____ office _____
	Ralph Bagnato Principal		
(5)	Major Industries		
(a)	Kiwi Corp.	385-3041	office _____
	George Barrett Plant Engineer		
	Phillip R. Metzler Personnel Director	385-3041 Ext. 209	office _____
(b)	American Crane & Hoist, Inc.	385-6061	office _____
	Pat Olock General Manager		
	Udevar Norhein Vice President	<u>385-6061</u>	home _____ office _____
(c)	Precision Technology	385-6091	office _____
	Donald S. Volk		
(6)	Verification Message:		

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

b. Notification

(1)	(a) George Graefe, Jr. President	<u> </u>	home _____ office _____
	(b) William E. Leyrandye, Jr.	<u> </u>	home _____ office _____
	(c) Jacob S. Uxenford	<u> </u>	home _____ office _____

(d) Walter J. Alphin

_____ home _____
_____ office _____

(e) Myron S. Wheeler

_____ home _____
_____ office _____

(2) Special Facilities

(a) St. Paul's Carol Keane
Christian
Preschool

_____ home _____
385-6616 office _____

(b) Hickory Dickory Marie Nace
Dock

_____ home _____
(unlisted) _____
385-3318 office _____

(3) Message:

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

16. Maintain General Emergency status until notified of termination or
reduction of classification.

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP	Access Control Point
ARES	Amateur Radio Emergency Service
EBS	Emergency Broadcast Service
EPA	Environmental Protection Zone
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
TLU	Thermoluminescent Dosimeter

Evacuation Information:

EBS Stations: WHUM-1240 AM; WBYU-107.5 FM; WRFY-102.5 FM; WRW-1340 AM;
Weeu-850 AM

Evacuation Route: Local routes to Rt 662 N or Rt 422 W

Reception Center: Oley Valley (Rt 662); Pathmark Plaza (Rt 422 W)

Host School(s): Amity Elementary to Daniel Boone Jr/Sr High School

Decontamination Station: Daniel Boone Jr/Sr High School*

Transportation Staging Area: EUC

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

*Agreement under development

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

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. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to Municipal EMC. _____
(time)
 - c. Ensure police emergency workers have been issued dosimeters-KI. _____
(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. Maintain Site Emergency status until notified of termination, reduction of classification or escalation. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section).
3. If termination, have 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 Municipal EMC.

(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)
 - b. Initiate increased security measures, i.e., increase vehicular patrols conditions permitting and, if applicable, man Access Control Points (reference Appendix B-2). _____
(time)
 - b. If recommended protective action is evacuation,
 - (1) Ensure Traffic Control Points and Access Control Points are manned (reference Appendix B-2). If necessary, contact Berks County Communications at 378-5500 to have police personnel dispatched. _____
(time)
 - (2) 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.*

*Agreement under development.

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 are on file Township EOC.)

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
PSP-5*	Route 422 & Route 662	PSP	2
PSP-6*	Route 422 & Limekiln Road	PSP	2
PSP-7*	Route 562 & Old Airport Road	PSP	2
A-1	Route 662 & Richards Ave.	Township	1
A-2	Route 662 & Nicholson Avenue	Township	1
A-3	Route 422 & Park Lane	Township	1
A-4	Route 422 & Old Airport Road	Township	1
A-5	Route 662 & Pine Forge Road	Township	1
A-6	Route 662 & Weavertown Road	Township	1
A-7	Old Airport Road & Route 662	Township	1

*Also Access Control Point

ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
103	Route 422 & Limekiln Road	PSP	2
104	Hill Road & Geiger Road	PSP	1
104-A	Old Airport Rd. & Weavertown Rd.	PSP	1
105	Route 562 & Old Airport Road	PSP	2

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. 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 Municipal EMC. _____
(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 Municipal EMC.

(time)
 - e. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Monitor route alerting, if required. _____
(time)
 - b. 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.*
3. If termination, have fire personnel return dosimeters and unused KI to Radiological Officer. _____
(time)
4. Remarks/Actions Taken:

*Agreements under development.

FIRE SERVICES EMERGENCY RECALL ROSTER

(Names and telephone numbers are on file in the Township EUC.)

FIRE - RESOURCE INVENTORY

Amity Fire Company

1 pumper
1 rescue
1 brush
1 tanker

Monarch Fire Company

2 pumpers
1 tanker
1 brush

ROUTE ALERTING PLANSI. GENERAL

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

"There is an emergency at the Limerick Generating Station; please tune to your EBS station WHUM 1240 AM."
- C. Upon completion of route, notify Berks County and return to station.

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

ROUTE ALERT TEAMS

Sector No. 1 Alert Team: Amity Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC.

Sector No. 2 Alert Team: Amity Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC.

Sector No. 3 Alert Team: Monarch Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC.

Sector No. 4 Alert Team: Monarch Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____

Hearing Impaired: List is on file in the EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

pages

ACKNOWLEDGMENT OF RECEIPT BY EMERGENCY WORKERS FOR DOSIMETRY-KI AND SURVEY METERS

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

INSTRUCTIONS FOR DISTRIBUTION: Enter (1) or (0) in columns 2 and 6. Record the serial number of the DCA-622 in column 2 and the serial number of the TLD in column 3. By signing column 8, the individual accepts responsibility for each item indicated on the respective line and agrees to return these items (less the KI authorized to be used) upon request and automatically when the nuclear power plant incident is terminated.

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

DATE _____

NAME OF EMERGENCY ORGANIZATION _____

RESPONSIBLE INDIVIDUAL _____

ORGANIZATION ADDRESS _____

1	2	3	4	5	6	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 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			

G-3-1

Draft 4

Appendix G-3

ANNEX D

Implementing Procedure

Communications*

Communications Officer: Matthew Beckett
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Communications Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.
_____ (time)
2. Verify the County has assigned a RACES unit to the Municipal EUC.
_____ (time)
3. Log all messages which provide information or require action. _____ (time)
Post pertinent information on status board.
4. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). _____ (time)
 - a. Notify Municipal EMC of changes in requirements for of 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 equipment inventory (reference Annex D-1), verify availability, and report unmet needs to Municipal EMC. _____ (time)
6. Review remaining emergency procedures in the event of escalation.
7. Maintain Alert status until notified of termination, escalation or reduction of classification.
8. Remarks/Actions Taken:

*Note: This procedure has been modified to include Medical/Ambulance procedures.

Communications

SITE EMERGENCY

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, Then:
 - a. Report to the EUC. _____
(time)
 - b. Verify the County has assigned a RACES unit to the EUC. _____
(time)
 - c. Log all messages which provide information or require action. Post pertinent information on status board. _____
(time)
 - d. Review equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to Municipal EMC. _____
(time)
 - e. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). _____
(time)
 - (1) Notify Municipal EMC 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)
 - f. Ensure communications emergency workers have been issued dosimeters/KI. _____
(time)
 - g. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Review remaining procedures in the event of escalation.
 - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to the Radiological Officer. _____
(time)
4. Remarks/Actions Taken:

Communications

GENERAL EMERGENCY /

The Communications Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Verify the County has assigned a RACES unit to the EUC. _____
(time)
 - c. Log all message which provide information or require action. Post pertinent information status board. _____
(time)
 - d. Review equipment inventory (reference Appendix D-1), verify availability, and report unmet needs to Municipal EMC.

(time)
 - e. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-2). _____
(time)
 - (1) Notify Municipal EMC 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)
 - f. Ensure communication emergency workers have been issued dosimeters/ KI. _____
(time)
 - g. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is evacuation, ensure that population requiring ambulance transportation is served. _____
(time)
3. If termination, return dosimeters and unused KI to Radiological Officer.

(time)
4. Remarks/Actions Taken:

RESOURCE INVENTORY

<u>Equipment Required</u>	<u>Equipment Available</u>	<u>Unmet Need</u>
Telephone: 4	4	0
RACES: 1	0	1

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

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

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 E-1).

(time)
 - c. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Ensure that the Transportation Staging Area, which is located at the EUC, is accessible and available.
 - b. Contact Communications Officer to obtain list of those individuals who require specialized transportation (other than ambulance).

(time)
 - c. Notify the Municipal EMC of any changes in requirements.

(time)
 - d. Review remaining emergency procedures in the event of escalation.
 - e. 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 E-1).

(time)
 - c. Contact the Communications 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 EOC, is accessible and available.
 - e. Notify the Municipal EMC of any changes in requirements.
 - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. If recommended protective action is sheltering, no further action is required.
 - b. If recommended protective action is evacuation, then:
 - (1) Add to Appendix E-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 E-2), notify the Municipal EMC of additional requirements. _____
(time)
 - (3) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. _____
(time)
 - c. Prepare a list of names and addresses of persons to be picked up for each vehicle including ambulances. _____
(time)

*A pick-up point can be established at Regner's IGA to accommodate Amity Gardens.

- d. Upon the arrival of vehicles at the municipal transportation staying area located at the Township Building, 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 transportation staying area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to St. Joseph Hospital, Reading. Emergency workers need not accompany vehicles to reception facilities. _____ (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 EUC.

TRANSPORTATION RESOURCE REQUIREMENTS

Resources
Required

1

Resources
Available

0

Unmet
Needs

1

ANNEX F

Implementing Procedure

Public Works

Public Works Officer: Jacob Oxenford
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
(time)
2. Review equipment/personnel inventory (reference Appendix F-1), verify availability, and report unmet needs to the Municipal EMC.
(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:

Public Works

SITE EMERGENCY

The Public Works Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EOC. _____
(time)
 - b. Notify the Municipal EMC of any personnel or equipment unmet needs.

(time)
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Place Township Public Works personnel on standby as necessary.

(time)
 - b. Monitor weather conditions. _____
(time)
 - c. Ensure public works emergency workers have been issued dosimeters/
KI. _____
(time)
 - d. Review remaining procedures in the event of escalation.
 - e. 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:

Public Works

GENERAL EMERGENCY

The Public Works Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
 - a. Report to the EUC. _____
(time)
 - b. Monitor weather conditions. _____
(time)
 - c. Ensure equipment operator emergency workers have been issued dosimeters/KI. _____
(time)
 - d. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
 - a. Mobilize Township Public Works personnel as necessary. Notify Municipal EMC of any unmet needs. _____
(time)
 - b. If recommended protective action is evacuation, be prepared to conduct road clearing operations as necessary. _____
(time)
 - c. Assist in obtaining material for traffic control as necessary.
3. If termination, return dosimeters and unused KI to the Radiological Officer. _____
(time)
4. Remarks/Actions Taken:

ANNEX G
Implementing Procedure
Radiological

Radiological Officer: Richard Schulze
Alternate: (name)

UNUSUAL EVENT

No response required.

ALERT

The Radiological Officer shall:

1. Upon notification, report to the EOC. _____
(time)
2. Upon delivery from County EOC, inventory dosimeters/KI and prepare for distribution; complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix G-2). Report unmet needs to your Coordinator.

(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/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. Upon delivery from County EOC, inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix G-2). Report unmet needs to your Coordinator. _____
(time)
 - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Distribute dosimeters/KI to municipal emergency workers (reference Appendix G-1) and EOC staff; obtain a signed receipt (reference Appendix G-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)
 - e. 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. Upon delivery from County EOC, inventory dosimeters/KI and prepare for distribution; if applicable, complete a Receipt Form for Dosimetry - Survey Meters - KI (reference Appendix G-2). Report unmet needs to your Coordinator. _____
(time)
 - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix G-1) and EOC staff; obtain a signed receipt (reference Appendix G-3). _____
(time)
 - d. 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	
Amity Township Building	21
P. O. Box 215	
Douglassville, PA 19518	
B. Fire Companies	
1. Amity Fire Co.	35
Box 383	
Douglassville, PA 19518	
2. Monarch Fire Co.	35
Monacacy Station, PA	
C. Police Department	
Amity Township Police	14
P. O. Box 215	
Douglassville, PA 19518	
D. Communications	
Matthew Beckett	2
P. O. Box 215	
Douglassville, PA 19518	
E. Public Works	
Jacob Oxenford	3
P. O. Box 215	
Douglassville, PA 19518	
F. Transportation	
Jay Rhoads	3
P. O. Box 215	
Douglassville, PA 19518	
Total Units of Dosimetry-KI Required	<u>113</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY _____ ISSUED TO _____

ADDRESS _____ ADDRESS _____

RESPONSIBLE INDIVIDUAL _____

TELEPHONE _____

INSTRUCTIONS: During a nuclear power plant incident, use this form to maintain property control when distributing the items listed below to municipalities and decontamination monitoring teams. This form should be used for transfer of these items in bulk form from: (1) the county emergency management agency to risk municipalities and decontamination monitoring teams; and (2) the municipalities to their local emergency response organizations (such as fire, police, and ambulance associations).

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
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 _____