

UPPER FREDERICK TOWNSHIP,  
MONTGOMERY COUNTY  
RADIOLOGICAL EMERGENCY RESPONSE PLAN  
FOR INCIDENTS AT THE  
LIMERICK GENERATING STATION  
IMPLEMENTING PROCEDURES

SEPTEMBER 1984

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PDR ADOCK 05000352  
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IMPLEMENTING PROCEDURES

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## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Upper Frederick 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 Montgomery County EOC or local elected officials.

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

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Emergency Management Coordinator
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: Transportation Officer
5. Communications: Emergency Management Coordinator
6. Transportation: Transportation Officer
7. Public Works: Emergency Management Coordinator
8. Radiological: Fire Services Officer

NOTE: IF YOU NEED TO DEVIATE FROM THIS PLAN OR IF ANY PROBLEMS ARE ENCOUNTERED, NOTIFY THE COUNTY EOC.

ANNEX A

Implementing Procedure\*

Emergency Management Coordinator

Emergency Management Coordinator: Charles Meehan  
Alternate: (name)

UNUSUAL EVENT

1. If notified, document:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Details: \_\_\_\_\_

\_\_\_\_\_

e. Actions Recommended: \_\_\_\_\_

\_\_\_\_\_

f. Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\*Note: This procedure has been modified to include Communications, Police Services and Public Works 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) Richard Buckman	_____ home _____ office	_____ _____
(2) Rowland Hobson	_____ home _____ office	_____ _____
(3) Robert Wayland	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____

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

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department	<u>754-7779</u>	_____





6. Notify the following:

a. Special Facilities

Telephone Time

(1) Perkiomen Valley Academy

                     office \_\_\_\_\_

(2) Philadelphia County GSA  
Camp Laughing Waters

                     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 the Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to County Operations Officer                     .
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) Fire Department

Telephone Time  
754-7779 \_\_\_\_\_

(2) Nursing Home

Fredrick Mennonite Home

                     office \_\_\_\_\_

(3) 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) Richard Buckman	_____ home _____ office	_____
(b) Rowland Hobson	_____ home _____ office	_____
(c) Robert Wayland	_____ home _____ office	_____
(2) Special Facilities		
(a) Perkiomen Valley Academy	_____ office	_____
(b) Philadelphia County GSA Camp Laughing Waters	_____ office	_____
(3) Message:		

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

12. Remarks/Actions Taken:



Implementing Procedure  
Emergency Management Coordinator

SITE EMERGENCY

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

1. Document:

- a. Date: \_\_\_\_\_
- b. Time: \_\_\_\_\_
- c. Source: \_\_\_\_\_
- d. Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Notify:

	Telephone	Time
<b>a. Elected Officials</b>		
(1) Richard Buckman	_____ home _____ office	_____ _____
(2) Rowland Hobson	_____ home _____ office	_____ _____
(3) Robert Wayland	_____ home _____ office	_____ _____
<b>b. Key Staff</b>		
(1) Fire Services Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____

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

3. Verify that the following have been notified:

a. Fire Department Telephone 754-7779 Time \_\_\_\_\_

b. 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 Operations Officer notified of EOC activation \_\_\_\_\_ (time)

c. Communications system checked for operability. \_\_\_\_\_ (time)

d. Establish EOC security. \_\_\_\_\_ (time)

e. Monitor Alert and Warning/EBS station KYW 1060 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 siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. \_\_\_\_\_ (time)

i. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County OEP Communications Officer at \_\_\_\_\_. \_\_\_\_\_ (time)

j. Log all messages which provide information or require action. Post pertinent data on the status board.

k. Review fact sheet (Appendix A-2). \_\_\_\_\_ (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:

a. Nursing Home Telephone \_\_\_\_\_ Time \_\_\_\_\_  
Frederick Mennonite Home \_\_\_\_\_ 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) Perkiomen Valley Academy	_____ office	_____
(2) Philadelphia County GSA Camp Laughing Waters	_____ 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 FOC 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 Fire Services Officer has distributed dosimeters/KI to emergency workers. \_\_\_\_\_ (time)
11. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Field Services Officer \_\_\_\_\_ are aware of any problem areas. \_\_\_\_\_ (time)
12. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EOC. \_\_\_\_\_ (time)
13. Report all unmet needs to the County Operations Officer \_\_\_\_\_. \_\_\_\_\_ (time)
14. Review remaining emergency procedures in the event of escalation.
15. Maintain Site Emergency status until notified of termination, escalation, or reduction of classification:

a. Date: \_\_\_\_\_

b. Time: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Disposition:

- (1) Termination \_\_\_\_\_
- (2) Escalation \_\_\_\_\_
- (3) Reduction \_\_\_\_\_

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

a. Verification:

- |   | Telephone                          | Time  |
|---|------------------------------------|-------|
| (1) Fire Department   | <u>754-7779</u>                    | _____ |
| (2) Nursing Home  |                                    |       |
| Frederick Mennonite Home  | <u>                    </u> office | _____ |
| (3) 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) Richard Buckman  | _____ home<br>office                       | _____<br>_____ |
| (b) Rowland Hobson   | <u>                    </u> home<br>office | _____<br>_____ |
| (c) Robert Wayland   | <u>                    </u> home<br>office | _____<br>_____ |
| (2) Special Facilities   |  |                |
| (a) Perkiomen Valley Academy   | <u>                    </u> office         | _____          |
| (b) Philadelphia County GSA<br>Camp Laughing Waters  | <u>                    </u> office         | _____          |
| (3) Message:   |  |                |
| "This is _____ (name/title) _____. The emergency at the Limerick Generating Station has been terminated/reduced to _____." |  |                |

17. Remarks/Actions Taken:

Implementing Procedure  
Emergency Management Coordinator

GENERAL EMERGENCY

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

1. Document:

- a. Date: \_\_\_\_\_
- b. Time: \_\_\_\_\_
- c. Source: \_\_\_\_\_
- d. Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Richard Buckman	_____ home _____ office	_____ _____
(2) Rowland Hobson	_____ home _____ office	_____ _____
(3) Robert Wayland	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____
(2) Transportation Officer	_____ home _____ office	_____ _____
or Deputy	_____ home _____ office	_____ _____

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



3. Verify that the following have been notified:

a. Fire Department Telephone 754-7779 Time \_\_\_\_\_

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

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

a. Activated \_\_\_\_\_ (time)

b. County Operations Officer notified of EOC activation \_\_\_\_\_ (time)

c. Communications system checked for operability. \_\_\_\_\_ (time)

d. Establish EOC security. \_\_\_\_\_ (time)

e. Monitor Alert and Warning/EBS station KYW 1060 AM. \_\_\_\_\_ (time)

f. Ensure Route Alert Teams have been mobilized as necessary. \_\_\_\_\_ (time)

g. Verify the County has assigned a RACES unit to the Municipal EOC by contacting the County JEP Communications Officer at \_\_\_\_\_ (time)

h. Log all messages which provide information or require action. Post pertinent data on the status board.

i. Review fact sheet (Appendix A-2). \_\_\_\_\_ (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:

a. Nursing Home Telephone \_\_\_\_\_ Time \_\_\_\_\_  
Frederick Mennonite Home \_\_\_\_\_ 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) Perkiomen Valley Academy	██████████ office	_____
(2) Philadelphia County GSA Camp Laughing Waters	██████████ 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 EUC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EUC; for example, the Municipal Transportation Officer contacts County Transportation Officer. \_\_\_\_\_  
(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EUC staff. \_\_\_\_\_  
(time)
10. Review road conditions with EUC 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 Field Services Officer ██████████ are aware of any problem areas.  
\_\_\_\_\_  
(time)

11. Ensure RACES operator contacts the County RACES base upon arrival at the Municipal EUC. \_\_\_\_\_  
(time)

12. If sheltering is recommended:

- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
- b. Monitor Alert and Warnign/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 increased security measures have been implemented by the State Police/National Guard. \_\_\_\_\_  
(time)

13. If evacuation is ordered:

- a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_  
(time)
- b. Monitor Alert and Warning/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 (reference Appendix A-1). \_\_\_\_\_  
(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. Be prepared to initiate road clearing operations as necessary.  
\_\_\_\_\_  
(time)
- g. Advise County Operations Officer of any additional unmet needs  
\_\_\_\_\_. \_\_\_\_\_  
(time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_
- h. Monitor evacuation process and report any problem areas to the County Operations Officer. \_\_\_\_\_  
(time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_

14. Maintain General Emergency status until:

- a. Reduction of classification. \_\_\_\_\_  
(time)
  - b. Termination of emergency. \_\_\_\_\_  
(time)
  - c. EOC must be evacuated. \_\_\_\_\_  
(time)
15. If reduction of classification or termination of emergency, notify/verify the following:

a. Verification:

- |   | Telephone                          | Time  |
|---|------------------------------------|-------|
| (1) Fire Department   | <u>754-7779</u>                    | _____ |
| (2) Nursing Home  |                                    |       |
| Frederick Mennonite Home  | <u>                    </u> office | _____ |
| (3) 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) Richard Buckman   | _____ home<br>_____ office                       | _____<br>_____ |
| (b) Rowland Hobson  | <u>                    </u> home<br>_____ office | _____<br>_____ |
| (c) Robert Wayland  | <u>                    </u> home<br>_____ office | _____<br>_____ |
| (2) Special Facilities  |  |                |
| (a) Perkiomen Valley Academy  | <u>                    </u> office               | _____          |
| (b) Philadelphia County GSA<br>Camp Laughing Waters   | <u>                    </u> 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 Upper Perkiomen Senior High School. \_\_\_\_\_ (time)
- c. Notify Montgomery County upon your arrival at alternate EOC.  
\_\_\_\_\_ (time)

17. Remarks/Actions Taken:

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
U. Frederick 1	Perkiomenville Rd. & Route 73	Township	
74	Perkiomenville Rd. & Deep Creek Rd.	PSP	2
75	Perkiomenville Rd. & Route 29 South	PSP	2
76	Perkiomenville Rd. & Route 29 North	PSP	2



FACT SHEET

Abbreviations:

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
TLU	Thermoluminescent Dosimeter

Evacuation Information:

Evacuation Route: Local roads to Route 63 South to Route 113 North

Reception Center: County Line Plaza

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

Decontamination Station: Upper Perkiomen Senior High School

Transportation Staging Area: EOC

Homebound Support Hospital: North Penn Hospital,\* Lansdale

\*Agreement under development

STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS



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. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
    - d. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at \_\_\_\_\_  
(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 B-1). \_\_\_\_\_  
(time)
    - b. Distribution dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5).  
\_\_\_\_\_  
(time)
    - c. Ensure Fire Department Emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
    - d. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at \_\_\_\_\_. \_\_\_\_\_  
(time)
    - e. Review remaining emergency procedures in the event of escalation.  
\_\_\_\_\_  
(time)
    - f. Maintain Site Emergency status until notified of escalation, termination or reduction of classification.
  3. If termination, collect dosimeters, unused KI, and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)
- Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:

Fire Services

GENERAL EMERGENCY

The Fire Services Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
    - a. Report to the EOC. \_\_\_\_\_  
(time)
    - b. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
    - c. Inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix B-4). Report unmet needs to the County Radiological Officer at [REDACTED]. \_\_\_\_\_  
(time)
    - d. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5). \_\_\_\_\_  
(time)
    - e. Mobilize additional fire personnel and have them report to fire station (reference Appendix B-1). \_\_\_\_\_  
(time)
    - f. Ensure Fire Department emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
    - g. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to County EOC, Fire Services at [REDACTED]. \_\_\_\_\_  
(time)
    - h. 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 Upper Perkiomen High School. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Upper Perkiomen Senior High School. \_\_\_\_\_  
(time)
    - c. Relocate to alternate EOC. \_\_\_\_\_  
(time)
  3. If termination, collect dosimeters and unused KI and forms from emergency workers and prepare for return to County. \_\_\_\_\_  
(time)
- Note: All dosimeters will be returned to the County.

4. Remarks/Actions Taken:



FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

1 pumper  
1 brush truck  
1 tanker

ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Montgomery County OEP, 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 KYW 1060 AM."
- C. Upon completion of route, notify Montgomery County OEP 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. 87-A Alert Team: Upper Frederick Fire Department

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

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

Transient Location(s): University Girls Camp, Upper Perkiomen Valley Park

Hearing Impaired: List is on file in the EOC.

Sector No. 87-B Alert Team: Upper Frederick Fire Department

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

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

Transient Location(s): None

Hearing Impaired: List is on file in the EOC.

Sector No. 87-C Alert Team: Upper Frederick Fire Department

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

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

Transient Location(s): None

Hearing Impaired: List is on file in the EOC.

Sector No. 87-D Alert Team: Upper Frederick Fire Department

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

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

Transient Location(s): None

Hearing Impaired: List is on file in the EOC.

Sector No. 87-E Alert Team: Upper Frederick Fire Department

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

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

Transient Location(s): Camp Laughing Water, Camp Kiwanis

Hearing Impaired: List is on file in the EOC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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



MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Upper Frederick Township EOC Route 73 Obelisk, PA	10
B. Fire Company	
Upper Frederick Fire Company Box 29 Perkiomenville, PA 18074	20
Total Units of Dosimetry-KI Required	<u>30</u>

RECEIPT FORM FOR DOSIMETRY-SURVEY METERS-KI

ISSUED BY \_\_\_\_\_ ISSUED TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

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

LINE NUMBER	DESCRIPTION	QUANTITY
1.	CD V-742 Self-Reading Dosimeter (0-200R)	
	CD V-730 Self-Reading Dosimeter (0-20R)	
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 \_\_\_\_\_

SF JRE: X \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

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

DATE \_\_\_\_\_

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

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

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

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

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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 C-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Officer at \_\_\_\_\_ of changes in the list of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Proceed to Step 2
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. \_\_\_\_\_  
(time)
  - b. Review transportation resource requirements (reference Appendix C-2). \_\_\_\_\_  
(time)
  - c. Notify the County Transportation Coordinator 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 Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



## Transportation

### GENERAL EMERGENCY

The Transportation Officer shall:

1. If this is the first notification received or if escalation from Unusual Event, then:
  - a. Report to the EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix C-1).  
\_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3). \_\_\_\_\_  
(time)
    - (1) Notify the County Medical Officer at \_\_\_\_\_ of changes of requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify County Transportation Officer at \_\_\_\_\_ of changes in requirements for those individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(time)
  - d. Ensure that the Transportation Staging Area, which is located at the EOC, is accessible and available. \_\_\_\_\_  
(time)
  - e. Review transportation resource requirements (reference Appendix C-2). \_\_\_\_\_  
(time)
  - f. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is sheltering, no further action is required.
  - b. If recommended protective action is evacuation, then:
    - (1) Ensure population requiring ambulance transportation is served.  
\_\_\_\_\_  
(time)
    - (2) Add to Appendix C-1 the names and addresses of those individuals who call in requesting transportation assistance. (Note: Multiple copies of this list may be necessary). \_\_\_\_\_  
(time)
    - (3) As transportation resource requirements, including those for special needs (vans, etc.), exceed availability reference Appendix C-2), notify the County Transportation Officer \_\_\_\_\_ of additional requirements. \_\_\_\_\_  
(time)

- (4) Inform the EMC of the number of vehicles that have been requested thru the County and request that an emergency worker be made available for assisting each vehicle. \_\_\_\_\_ (time)
- c. Prepare a list of names and addresses of persons to be picked for each vehicle including ambulances. \_\_\_\_\_ (time)
- d. Upon the arrival of vehicles at the municipal transportation staging areas, ensure that an emergency worker is assigned to each vehicle. A list of names and addresses of persons to be picked-up should be provided for each vehicle along with instructions to return to the municipal staging area where they will receive directions to the designated Reception Center and assigned Mass Care Center. Persons being evacuated by ambulance shall be evacuated to North Penn Hospital\* in Lansdale. Emergency workers need not accompany vehicles to the reception center. \_\_\_\_\_ (time)
- e. Relocate to alternate EOC after population has departed. \_\_\_\_\_ (time)
3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_ (time)
4. Remarks/Actions Taken:

\*Agreement under development.

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Buses: 1  
Ambulances: 1

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 1  
Ambulances: 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.