

WEST VINCENT 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 West Vincent 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 West Vincent 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 West Vincent Township EMA staff officers:

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

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 M. Burnley	 home office	_____ _____
(2) Proctor Wetherill	 home office	_____ _____
(3) Lenore B. Richards	 home office	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harry White	 home office	_____ _____
(2) Communications Officer A. Gooding or Deputy R. Good	_____ home office _____ home office	_____ _____ _____ _____ _____
(3) Transportation Officer Proctor Wetherill or Deputy Earl Church	 home office _____ home office	_____ _____ _____ _____ _____
(4) Police Services Officer Barry Ritschard or	_____ home office	_____ _____ _____

Deputy  
George Burnley

\_\_\_\_\_ home  
\_\_\_\_\_ office \_\_\_\_\_

(5) Public Works Officer  
Lenore Richards

\_\_\_\_\_ home  
\_\_\_\_\_ office \_\_\_\_\_

or  
Deputy  
W. Hoy

\_\_\_\_\_ home  
\_\_\_\_\_ office \_\_\_\_\_

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

3. Verify that the following have been notified:

- |                          | Telephone | Time  |
|--------------------------|-----------|-------|
| a. Police Department     | _____     | _____ |
| b. Fire Department       | _____     | _____ |
| 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.  
\_\_\_\_\_
- 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.  
\_\_\_\_\_
- i. Log all incoming messages that provide information or require a response. Post pertinent data on status board. \_\_\_\_\_  
(time)
- j. Review fact sheet (Appendix A-1). \_\_\_\_\_  
(time)

5. Notify the following:



(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) George M. Burnley	<u>                    </u> home <u>                    </u> office	_____
(b) Proctor Wetherill	<u>                    </u> home <u>                    </u> office	_____
(c) Lenore B. Richards	<u>                    </u> home <u>                    </u> office	_____
(2) Special Facilities		
(a) Camphill Village USA Helen Zipperlen	<u>                    </u> 935-0300	_____
(b) Laymens Home	<u>                    </u> 827-7665	_____
(c) Black Angus Inn Manager	<u>                    </u> 458-5389 <u>                    </u> 458-5336 office	_____

(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) George M. Burnley	 home  office	_____ _____
(2) Proctor Wetherill	 home  office	_____ _____
(3) Lenore B. Richards	 home  office	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harry White	 home  office	_____ _____
(2) Communications Officer A. Gooding or Deputy R. Good	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(3) Transportation Officer Proctor Wetherill or Deputy Earl Church	 home  office _____ home _____ office	_____ _____ _____ _____

(4) Police Services Officer	_____	home	_____
Barry Ritschard	_____	office	_____
or			
Deputy	_____	home	_____
George Burnley	_____	office	_____
(5) Public Works Officer	_____	home	_____
Lenore Richards	_____	office	_____
or			
Deputy	_____	home	_____
W. Hoy	_____	office	_____

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

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Department	458-8479	_____
c. Verification Message:		

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

4. Report to and activate the local Emergency Operations Center

- a. Activated \_\_\_\_\_  
(time)
- b. County Municipal Liaison Officer notified of EOC activation.  
\_\_\_\_\_ (time)
- c. 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 a response. Post pertinent data on status board. \_\_\_\_\_ (time)



- 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     | _____           | _____ |
| (2) Fire Department       | <u>458-8479</u> | _____ |
| (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) George M. Burnley                       | _____ home<br>_____ office                | _____<br>_____ |
| (b) Proctor Wetherill                       | _____ home<br>_____ office                | _____<br>_____ |
| (c) Lenore B. Richards                      | _____ home<br>_____ office                | _____<br>_____ |
| (2) Special Facilities                      |                                           |                |
| (a) Camphill Village USA<br>Helen Zipperlen | <u>935-0300</u>                           | _____          |
| (b) Laymens Home                            | <u>827-7665</u>                           | _____          |
| (c) Black Angus Inn<br>Manager              | <u>458-5389</u><br><u>458-5336</u> office | _____<br>_____ |



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) George M. Burnley	_____ home _____ office	_____ _____
(2) Proctor Wecherill	_____ home _____ office	_____ _____
(3) Lenore B. Richards	_____ home _____ office	_____ _____
b. Key Staff		
(1) Deputy Coordinator Harry White	_____ home _____ office	_____ _____
(2) Communications Officer A. Gooding or Deputy R. Good	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____
(3) Transportation Officer Proctor Wetherill or Deputy Earl Church	_____ home _____ office  _____ home _____ office	_____ _____  _____ _____

(4) Police Services Officer \_\_\_\_\_ home \_\_\_\_\_  
 Barry Ritschard \_\_\_\_\_ office \_\_\_\_\_  
 or  
 Deputy \_\_\_\_\_ home \_\_\_\_\_  
 George Burnley \_\_\_\_\_ office \_\_\_\_\_

(5) Public Works Officer \_\_\_\_\_ home \_\_\_\_\_  
 Lenore Richards \_\_\_\_\_ office \_\_\_\_\_  
 or  
 Deputy \_\_\_\_\_ home \_\_\_\_\_  
 W. Hoy \_\_\_\_\_ office \_\_\_\_\_

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

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	_____	_____
b. Fire Department	_____	_____
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 incoming messages that provide information or require a response. Post pertinent data on status board. \_\_\_\_\_  
 (time)

5. Ensure that all necessary emergency response personnel have reported to the EOC, where needed, or to pre-assigned location. \_\_\_\_\_  
 (time)

6. Notify the following:

	Telephone	Time
a. Special Facilities		

(1) Camphill Village USA			
	Helen Zipperlen	935-0300	_____
(2) Laymens Home		<u>827-7665</u>	_____
(3) Black Angus Inn			
	Manager	458-5389	_____
		<u>458-5336 office</u>	_____

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.

7. 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)

8. Ensure Police Services Officer has distributed dosimeters/KI to emergency workers and EOC staff. \_\_\_\_\_

(time)

9. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed. \_\_\_\_\_

(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 Director are aware of any problem areas. \_\_\_\_\_

(time)

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

(time)

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

(time)

13. If sheltering is recommended:

a. When the public alert system has been activated, notify hearing impaired. \_\_\_\_\_

(time)

b. Monitor EBS station to ensure proper instructions are being given to the general population. \_\_\_\_\_

(time)

c. In the event of 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.
- 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) \_\_\_\_\_
- g. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer \_\_\_\_\_  
(time)
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_

15. Maintain General Emergency status until:

- a. Reduction of classification. \_\_\_\_\_  
(time)
- b. Termination of emergency. \_\_\_\_\_  
(time)
- c. EUC must be evacuated. \_\_\_\_\_  
(time)

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

a. Verification:

	Telephone	Time
(1) Police Department	_____	_____
(2) Fire Department	<u>458-8479</u>	_____

(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) George M. Burnley	_____ home _____ office	_____
(b) Proctor Wetherill	_____ home _____ office	_____
(c) Lenore B. Richards	_____ home _____ office	_____
(2) Special Facilities		
(a) Camphill Village USA Helen Zipperlen	935-0300	_____
(b) Laymens Home	827-7665	_____
(c) Black Angus Inn Manager	458-5385 458-5336 office	_____

(3) Message:

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

17. If the EOC must be evacuated:

- If possible, wait until the Township has been evacuated before leaving the EOC.
- Secure the facility and proceed to alternate EOC located at the Chester County Library, Exton. \_\_\_\_\_ (time)
- Notify Chester County Municipal Liaison Officer upon your arrival at alternate EOC. \_\_\_\_\_ (time)

18. Remarks/Actions Taken:

FACT SHEETAbbreviations:

ACP Access Control Point  
 ARES Amateur Radio Emergency Service  
 EBS Emergency Broadcast System  
 EPA Environmental Protection Agency  
 KI Chemical symbol for potassium iodide  
 PAG Protective Action Guide  
 RACES Radio Amateur Civil Emergency Services  
 REACT Radio Emergency Action Citizens Team  
 TCP Traffic Control Point  
 TLD Thermoluminescent Dosimeter

Evacuation Information:

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

Reception Center: Downingtown High School

Host School(s): Twin Valley High School\*

Decontamination Station: Lionville Fire Company

Transportation Staging Area: EOC

Homebound Support Hospital: Pocopson Home, West Chester

\*Agreement under development

## STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B  
Implementing Procedure  
Police Services\*

Police Services Officer: Barry Ritschard  
Alternate: George Burnley

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 Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_ (time)
2. Ensure that normal police functions are maintained.
3. 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 County Radiological Officer at 431-6160. \_\_\_\_\_ (time)
4. Prepare Control TLD's for pick up by the County. \_\_\_\_\_ (time)
5. Review remaining emergency procedures in the event of escalation.
6. Maintain Alert status until notified of termination, escalation or reduction of classification.
7. Remarks/Actions Taken:

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

## 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. 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 County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
  - d. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(time)
  - e. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. \_\_\_\_\_  
(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. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5). \_\_\_\_\_  
(time)
  - d. Ensure police emergency workers have been issued dosimeters-KI. \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - f. Maintain Site Emergency status until notified of termination, escalation or reduction of classification. (NOTE: If a protective action is recommended at Site Emergency, accomplish the appropriate steps indicated in the General Emergency section.)
3. If termination, collect dosimeters, unused KI and forms from emergency workers and prepare for return to the County. \_\_\_\_\_  
(time)  
Note: All dosimeters will be returned to the County.
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). \_\_\_\_\_  
(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. 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 County Radiological Officer at 431-6160. \_\_\_\_\_  
(time)
  - e. Distribute dosimeters/KI to municipal emergency workers (reference Appendix B-3); obtain a signed receipt (reference Appendix B-5). \_\_\_\_\_  
(time)
  - f. Prepare Control TLD's for pick up by the County. \_\_\_\_\_  
(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 sheltering,
    - (1) If requested, have Police Department personnel assist Fire Department with route alerting (reference Communications Implementing Procedure). \_\_\_\_\_  
(time)
    - (2) Initiate increased security measures, i.e., increase vehicular patrols, conditions permitting. \_\_\_\_\_  
(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 the Uwchlan Township Building. \_\_\_\_\_  
(time)



POLICE SERVICES RECALL ROSTER

Names and telephone numbers are on file in the EOC.

POLICE - RESOURCE INVENTORY

2 cars



TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
34	Route 100 & Horseshoe Trail	PSP	2
W. Vincent 1	Route 100 & Birchrun Road	TWP	1
35	Route 100 & Route 401	PSP	2
36	Route 401 & St. Matthews Road	PSP	2

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Emergency Management Agency	
West Vincent Township EUC	10
Schoolhouse Lane & Flowing Springs Road	
B. Fire Company	
C. Police Department	
West Vincent Township Police Dept.	4
Schoolhouse Lane & Flowing Springs Road	
D. Public Works	5

Total Units of Dosimetry-KI Required \_\_\_\_\_

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 \_\_\_\_\_  
 S. JRE: X \_\_\_\_\_ DATE \_\_\_\_\_





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 EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).
    - (1) Notify the County Medical Coordinator at 431-6160 of any changes in requirement for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
  - c. Ensure normal fire protection services are maintained.
  - d. Verify the County has assigned a ARES unit to the Township EOC.
  - e. Proceed to Step 2
2. If escalation from Alert, or if proceeding from Step 1, then:
  - a. Mobilize additional fire personnel as necessary and have them report to the fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - b. Ensure emergency workers have been issued dosimeters/KI. \_\_\_\_\_  
(time)
  - c. Review personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to County EOC, Fire Services at 431-6160. \_\_\_\_\_  
(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, have emergency workers return dosimeters and unused KI to Police Services 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 EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-3).
    - (1) Notify County Medical Coordinator at 431-6160 of changes in requirements. \_\_\_\_\_  
(time)
  - c. Mobilize additional fire personnel and have them report to fire station (reference Appendix C-1). \_\_\_\_\_  
(time)
  - d. Ensure emergency workers have been issued dosimeters/KI.  
\_\_\_\_\_  
(time)
  - e. Review fire personnel/equipment inventory (reference Appendix C-1), verify availability, and report unmet needs to the County Fire Coordinator. \_\_\_\_\_  
(time)
  - f. Verify the County has assigned a ARES unit to the Township EOC.
  - g. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. Monitor route alerting. \_\_\_\_\_  
(time)
  - b. If recommended protective action is evacuation, then:
    - (1) Ensure population requiring ambulance transportation is served.  
\_\_\_\_\_  
(time)
    - (2) Upon completion of assignments, ensure that Fire Department relocates to Lionville Fire Company.

Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Lionville Fire Company.
    - (3) Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)

3. If termination, have emergency workers return dosimeters and unused KI to the Police Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken:



FIRE SERVICES EMERGENCY RECALL ROSTER

Names and telephone numbers are on file in the EOC.

FIRE - RESOURCE INVENTORY

(To Be Developed)

ROUTE ALERTING TEAMS

I. GENERAL

- A. The West Vincent Township is divided into 8 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 1420 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. 61-B Alert Team: Kimberton Fire Department

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

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

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

Hearing Impaired: List is on file in the EOC.

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

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

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

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

Hearing Impaired: List is on file in the EOC.

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

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

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

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

Hearing Impaired: List is on file in the EOC.

Sector No. 62-A Alert Team: Ridge Fire Department

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

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

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

Hearing Impaired: List is on file in the EOC.

Sector No. 73-A Alert Team: Ludwig's Corner Fire Department

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

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

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

Hearing Impaired: List is on file in the EOC.

Sector No. 73-B Alert Team: Ludwig's Corner Fire Department

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

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

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

Hearing Impaired: List is on file in the EOC.

Sector No. 73-C Alert Team: Ludwig's Corner Fire Department

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

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

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

Hearing Impaired: List is on file in the EOC.

Sector No. 73-D Alert Team: Ludwig's Corner Fire Department

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

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

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

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.

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 EOC. \_\_\_\_\_  
(time)
  - b. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix D-1), report any changes to the County Transportation Coordinator at 431-6160. \_\_\_\_\_  
(time)
  - c. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Review remaining emergency procedures in the event of escalation.
  - b. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Police 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 D-1), report any changes to the County Transportation Coordinator at 431-6160. \_\_\_\_\_  
(time)
  - c. Proceed to Step 2.
2. If escalation from Alert or Site Emergency, or if proceeding from Step 1, then:
  - a. If recommended protective action is 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 through 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 Pocopson Home, West Chester. Emergency workers need not accompany vehicles to reception facilities. \_\_\_\_\_  
(time)

e. Relocate to alternate EOC after population has departed.

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

3. If termination, return dosimeters and unused KI to Police Services Officer. \_\_\_\_\_

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

Bus: 3  
Ambulances: 2

Vehicles Available

Buses: 0  
Ambulances: 0

Unmet Needs

Buses: 3  
Ambulances: 2

ANNEX E  
Implementing Procedure  
Public Works

Public Works Officer: Lenore Richards  
Alternate: W. Hoy

UNUSUAL EVENT

No response required.

ALERT

The Public Works Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EOC.
2. Review remaining procedures in the event of escalation.
3. Maintain Alert status until notified of termination, escalation or reduction of classification.
4. 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. Proceed to Step 2.
2. If escalation from Alert or if proceeding from Step 1, then:
  - a. Monitor weather conditions. \_\_\_\_\_  
(time)
  - b. Ensure public works emergency workers have been issued dosimeters/ KI. \_\_\_\_\_  
(time)
  - c. Review remaining 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 Police Services 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 EOC. \_\_\_\_\_  
(time)
  - b. Monitor weather conditions. \_\_\_\_\_  
(time)
  - c. Ensure public works 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. If recommended protective action is evacuation, be prepared to conduct road clearing operations as necessary.
  - b. Assist in obtaining material for traffic control as necessary.
  - c. Relocate to alternate EOC after population has departed.  
\_\_\_\_\_  
(time)
3. If termination, return dosimeters and unused KI to the Fire Services Officer. \_\_\_\_\_  
(time)
4. Remarks/Actions Taken: