

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

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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 Douglass 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 Douglass 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 Douglass Township EMA staff officers:

1. Emergency Management: Emergency Management Coordinator
2. Police Services: Police Services Officer
3. Fire Services: Fire Services Officer
4. Medical/Ambulance Services: 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: Anthony Minotto
Alternate: Douglas Sands

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 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) Gene Rinehimer	<u> </u> home	_____
	<u> </u> office	_____
(2) Melvin Rhoads	<u> </u> home	_____
	<u> </u> office	_____
(3) Robert H. Trainer	<u> </u> home	_____
	<u> </u> office	_____
b. Key Staff		
(1) Fire Services Officer		
Patricia Minotto	<u> </u> home	_____
	<u> </u> office	_____
Deputy Anita Bonney	<u> </u> home	_____
	<u> </u> office	_____
(2) Transportation Officer		
Catherine Sands	<u> </u> home	_____
	<u> </u> office	_____
Deputy Grant Yergey	<u> </u> home	_____
	<u> </u> office	_____
(3) Police Services Officer		
Steve Boettgen	<u> </u> home	_____
	<u> </u> office	_____

Deputy Joseph Minotto, III _____ home _____
_____ office _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

	Telephone	Time
a. Police Department	<u>367-8500</u>	_____

b. Verification Message:

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

4. Report to and activate local Emergency Operations Center (EOC).

a. Activated _____
(time)

b. County Municipal Liaison notified of EOC activation
(_____) _____
(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. Log all incoming messages that provide information or require action. _____
(time)

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

5. Verify that the following have been notified:

	Telephone	Time
a. Schools		
(1) Pine Forge S.D.A. Elementary		
Mrs. C. Smith	_____ home _____	
Principal	<u>323-0340</u> office _____	

(2) Pine Forge Academy

Mr. W. A. Cheatham
Administrator

home _____
326-1485 office _____

(3) Pine Forge Elementary

Donald Hile
Principal

home _____
323-7609 office _____

b. Verification Message:

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

6. Notify the following:

		Telephone	Time
a. Special Facilities			
(1) Colebrookdale Manor	_____	home _____	_____
	name/title	office _____	_____
(2) YMCA Camp	_____	home _____	_____
	name/title	office _____	_____
(3) Chateau	_____	home _____	_____
	name/title	office _____	_____

c. 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 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:

a. Verification

	Telephone	Time
(1) Police Department	_____	_____
(2) Public/Parochial School		
(a) Pine Forge S.D.A. Elementary		
Mrs. C. Smith	home	_____
Principal	<u>323-0340</u>	office _____
(b) Pine Forge Academy		
Mr. W. A. Cheatham	home	_____
Administrator	<u>326-1485</u>	office _____
(c) Pine Forge Elementary		
Donald Hile	home	_____
Principal	<u>323-7609</u>	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 or reduced to Unusual Event."

b. Notification:

	Telephone	Time
(1) Elected Officials		
(a) Ger. Rinehimer	home _____	office _____
(b) Melvin Rhoads	home _____	office _____
(c) Robert H. Trainer	home _____	office _____
(2) Special Facilities		

(a) Colebrookdale Manor	name/title	home office
(b) YMCA Camp	name/title	home office
(c) Chateau	name/title	home office

(3) Message:

"This is (name/title) . The emergency at the Limerick Generating Station has been terminated or 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) Gene Rinehimer	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
(2) Melvin Rhoads	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
(3) Robert H. Trainer	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
b. Key Staff		
(1) Fire Services Officer		
Patricia Minotto	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
Deputy	Anita Bonney	
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
(2) Transportation Officer		
Catherine Sands	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____
Deputy	Grant Yergey	
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">home</div>	_____
	<div style="border-bottom: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="display: inline-block; text-align: left; margin-left: 5px;">office</div>	_____

(3) Police Services Officer
Steve Boettgen

home _____
office _____

Deputy Joseph Minotto, III

home _____
office _____

Have key staff report to EOC. _____
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|--------------------------|-----------|-------|
| | _____ | _____ |
| a. Police Department | | |
| b. Verification Message: | | |

"This is _____ (name). 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 notified of EOC activation
_____ . _____
(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. If public alert system has been activated, notify hearing
impaired. _____
(time)
 - h. In the event of a siren failure, receive notification from the
County that appropriate Route Alert Teams have been dispatched.

(time)
 - i. Log all messages which provide information or require action.

(time)
 - j. Review Fact Sheet. (Appendix A-1) _____
(time)
5. Have additional emergency personnel report to the EOC (for 24-hour
operation), or where needed.

6. Ensure that appropriate EUC staff have placed their respective emergency workers on standby status. _____ (time)

7. Verify that the following have been notified:

		Telephone	Time
a. Schools			
(1) Pine Forge S.D.A. Elementary			
	Mrs. C. Smith Principal	_____ home 323-0340 office	_____
(2) Pine Forge Academy			
	Mr. W. A. Cheatham Administrator	_____ home 326-1485 office	_____
(3) Pine Forge Elementary			
	Donald Hile Principal	_____ home 323-7609 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) Colebrookdale Manor	_____ name/title	_____ home _____ office	_____
(2) YMCA Camp	_____ name/title	_____ home _____ office	_____
(3) Chateau	_____ name/title	_____ home _____ 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 EUC staff have reviewed their respective resource inventories and have reported deficiencies to you. Report all unmet needs to the County Municipal Liaison (_____). _____ (time)

10. Ensure Fire Service Officer has distributed dosimeters/KI to emergency workers. _____
(time)
11. 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 Municipal Liaison are aware of any problem areas. _____
(time)
12. Ensure RACES operator contacts the County RACES base upon arrival at Municipal EUC. _____
(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>367-8500</u>	_____
(a) Pine Forge S.D.A. Elementary		
Mrs. C. Smith	_____ home	_____
Principal	<u>323-0340</u> office	_____
(b) Pine Forge Academy		
Mr. W. A. Cheatham	_____ home	_____
Administrator	<u>326-1485</u> office	_____
(c) Pine Forge Elementary		
Donald Hile	_____ home	_____
Principal	<u>323-7609</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) Gene Rinehimer	_____ home _____ office	_____ _____
(b) Melvin Rhoads	_____ home _____ office	_____ _____
(c) Robert H. Trainer	_____ home _____ office	_____ _____

(2) Special Facilities

(a) Colebrookdale Manor	_____ name/title	_____ home _____ office	_____ _____
(b) YMCA Camp	_____ name/title	_____ home _____ office	_____ _____
(c) Chateau	_____ name/title	_____ home _____ office	_____ _____

(3) Message:

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

16. Remarks/Actions Taken:

Implementing Procedure
Emergency Management Coordinator




GENERAL EMERGENCY

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

1. Document:

- a. Date: _____
- b. Time: _____
- c. Source: _____
- d. Details: _____

2. Notify:

	Telephone	Time
a. Elected Officials		
(1) Gene Rinehimer	 home _____ office	_____ _____
(2) Melvin Rhoads	 home _____ office	_____ _____
(3) Robert H. Trainer	 home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer		
Patricia Minotto	_____ home _____ office	_____ _____
Deputy Anita Bonney	_____ home _____ office	_____ _____
(2) Transportation Officer		
Catherine Sands	_____ home _____ office	_____ _____
Deputy Grant Yergey	_____ home _____ office	_____ _____

(3) Police Services Officer
Steve Boettgen

 home
 office

Deputy Joseph Minotto, III

 home
 office

Have key staff report to EOC.
(time)

3. Verify that the following have been notified:

- | | Telephone | Time |
|--------------------------|-----------------|-----------------------------|
| a. Police Department | <u>367-8500</u> | <u> </u> |
| 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 Municipal Liaison notified of EOC activation
() .
(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.
(time)
- g. Log all incoming messages which provide information or require action. Post all pertinent data on status board.
(time)
- h. Review Fact Sheet. (Appendix A-1)
(time)

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

6. Verify that the following have been notified:

- | | Telephone | Time |
|----------------------------------|----------------------------------|-----------------------------|
| a. Schools | | |
| (1) Pine Forge S.D.A. Elementary | | |
| Mrs. C. Smith | <u> </u> home | <u> </u> |
| Principal | <u>323-0340</u> office | <u> </u> |

(2) Pine Forge Academy

Mr. W. A. Cheatham
Administrator

home _____
326-1485 office _____

(3) Pine Forge Elementary

Donald Hile
Principal

home _____
323-7609 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) Colebrookdale Manor	_____	_____	_____
	name/title	home	office
(2) YMCA Camp	_____	_____	_____
	name/title	home	office
(3) Chateau	_____	_____	_____
	name/title	home	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 EJC 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 Fire Service 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 the public alert system has been activated, notify hearing impaired. _____
(time)
 - b. Monitor EBS station to ensure proper instructions are being given to the general population. _____
(time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)

13. If evacuation is ordered:
 - a. When the public alert system has been activated, notify hearing impaired. _____
(time)
 - b. Monitor EBS station to ensure proper instructions are being given to the general public. _____
(time)
 - c. In the event of a siren failure, receive notification from the County that appropriate Route Alert Teams have been dispatched. _____
(time)
 - d. Ensure Traffic Control Points have been manned. _____
(time)
 - e. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation. _____
(time)
 - f. Be prepared to conduct road clearing operations, as necessary. _____
(time)
 - g. Advise County Municipal Liaison of any additional unmet needs (____). _____
(time)
 - (1) _____
 - (2) _____
 - (3) _____
 - n. Monitor evacuation process and report any problem areas to the County. _____
(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) Police Department	<u>367-8500</u>	_____

b. Verification Message:

(2) Schools

(a) Pine Forge S.D.A. Elementary				
Mrs. C. Smith		home		
Principal	<u>323-0340</u>	office		

(b) Pine Forge Academy				
Mr. W. A. Cheatham		home		
Administrator	<u>326-1485</u>	office		

(c) Pine Forge Elementary				
Donald Hile		home		
Principal	<u>323-7609</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) Gene Rinehimer	<u>_____</u>	home _____ office _____
(b) Melvin Rhoads	<u>_____</u>	home _____ office _____

(c) Robert H. Trainer

home office

(2) Special Facilities

(a) Colebrookdale Manor

name/title home office

(b) YMCA Camp

name/title home office

(c) Chateau

name/title home 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 Fleetwood Area High School. (time)

c. Notify Berks County upon your arrival at alternate EOC. (time)

17. Remarks/Actions Taken:

FACT SHEETAbbreviations:

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

Evacuation Information:

Evacuation Route: Local routes to Rts. 562 and 662

Reception Center: Oley Valley High School

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

Decontamination Station: Daniel Boone High School

Transportation Support Hospital: St. Joseph's Hospital, Reading

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. Ensure normal police functions are maintained.
 - c. Proceed to Step 2.

2. If escalation from Alert or if proceeding from Step 1, then:
 - a. Mobilize, if necessary, additional police personnel (reference Appendix B-1) and have them report to police station. Make assignments as necessary. _____
(time)
 - b. Review personnel/equipment inventory (reference Appendix B-1), verify availability, and report unmet needs to 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 Fire Service 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)
 - (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) Assist in obtaining material for traffic control as necessary.
 - (3) Upon completion of assignments, population has evacuated, ensure police relocate to Daniel Boone High School. _____
(time)
 - (4) Relocate to alternate EOC after population has departed. _____
(time)
3. If termination, have police personnel return dosimeters and unused KI to the Fire Service Officer. _____
(time)

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

4. Remarks/Actions Taken:

POLICE - EMERGENCY 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>
D-1	Douglass Dr. & 562	Township	1
D-2	Greshville Rd. & Route 562	Township	1
D-3	Douglass Dr. & Route 422	Township	1
D-4	Hill School Rd. & Douglass Dr.	Township	1
D-5	Glendale Rd. & Douglass Dr.	Township	1

ACCESS CONTROL POINTS

None required in Township

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 EUC. _____
(time)
 - b. Ensure normal fire protection services are maintained.
 - c. Upon delivery from County EUC, inventory dosimeters/KI and prepare for distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-3). Report unmet needs to your Coordinator. _____
(time)
 - d. Proceed to Step 2.
2. If escalation from Alert, or if proceeding from Step 1, then:
 - a. Distribute dosimeters/KI to municipal emergency workers and EUC Staff (reference Appendix C-2); obtain a signed receipt (reference Appendix C-4). _____
(time)
 - b. Ensure Fire Department Emergency workers have been issued dosimeters/KI. _____
(time)
 - c. Review remaining emergency procedures in the event of escalation. _____
(time)
 - d. 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. Upon delivery from County EOC, inventory dosimeters/KI and prepare the distribution. If applicable, complete a Receipt Form for Dosimetry-Survey Meters-KI (reference Appendix C-3). Report unmet needs to your Coordinator. _____
(time)
 - c. Distribute dosimeters/KI to municipal emergency workers (reference Appendix C-2); obtain a signed receipt (reference Appendix C-4).

(time)
 - d. Ensure Fire Department 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. Monitor route alerting. _____
(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.
 - c. Relocate to alternate EOC.
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:

ROUTE ALERTING TEAMS

I. GENERAL

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

II. PURPOSE

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

III. PROCEDURES

- A. When dispatched by Berks County Communications, commence route alerting in designated sector. (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 Communications 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: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 2 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 3 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 4 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 5 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

Sector No. 6 Alert Team: _____ Fire Department

Leader: _____

Assistant: _____

Transient Location(s): _____ (TBD)

Hearing Impaired: List is on file in the EUC.

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Douglass Township EUC	12
Township Building	
Douglass Drive	
B. Police Department	
Douglass Township Police Department	2
Box 503	
Douglass Drive	
C. Public Works	
Bill Grill	3
Total Units of Dosimetry-KI Required 17	

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 _____
 SURE: 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	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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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			
1 each			1 bottle	1 each			

C-4-1

Draft

ANNEX D
Implementing Procedure
Transportation

Transportation Officer: Catherine Sands
Alternate: Grant Yergey

UNUSUAL EVENT

No response required.

ALERT

The Transportation Officer shall:

1. Upon request of the Emergency Management Coordinator, report to the EUC.
(time)
2. Update the list of those individuals who do not normally have transportation available 24-hours a day (reference Appendix U-1).
(time)
3. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3).
 - a. Notify Municipal EMC of changes in the list of those individuals requiring ambulance support. (time)
4. Maintain Alert status until notified of termination, escalation or reduction of classification.
5. Remarks/Actions Taken:

Transportation

SITE EMERGENCY

The Transportation Officer shall:

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

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

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
(time)
 - (1) Notify Municipal EMC of changes in requirements for those individuals requiring ambulance support. _____
(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, located at the EOC, is accessible and available. _____
(time)
 - b. Review remaining emergency procedures in the event of escalation.

(time)
 - c. Maintain Site Emergency status until notified of termination, escalation or reduction of classification.
3. If termination, return dosimeters and unused KI to Fire Service Officer.

(time)
4. Remarks/Actions Taken:

Transportation

GENERAL EMERGENCY

The Transportation Officer shall:

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

(time)
 - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix D-3). _____
(time)
 - (1) Notify Municipal EMC of changes in requirements for those individuals requiring ambulance support. _____
(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 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 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)
 - 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 St. Joseph Hospital Reading. 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 Fire Service Officer.

(time)

4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is be on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Resources Required

Buses: 1

Resources Available

Buses: 0

Unmet Needs

Buses: 1

RESIDENTS WITH SPECIAL TRANSPORTATION REQUIREMENTS

A. Residents Requiring Ambulance Support

List is on file in the EUC.

B. Residents With Other Special Requirements

List is on file in the EUC.