

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

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IMPLEMENTING PROCEDURES

Table of Contents

	<u>Page</u>
Introduction.....	ii
Annex A. Emergency Management Coordinator.....	A-1
Appendix A-1 - Traffic Control Points and Access Control Points.....	A-1-1
Appendix A-2 - Fact Sheet.....	A-2-1
Annex B. Fire Services.....	B-1
Appendix B-1 - Recall Roster and Resource Inventory.....	B-1-1
Appendix B-2 - Route Alerting.....	B-2-1
Attachment 1 - Route Alert Teams.....	B-2-2
Attachment 2 - Route Alerting Sector Map.....	B-2-5
Attachment 3 - Message - Hearing Impaired.....	B-2-6
Appendix B-3 - Municipal Dosimetry/KI List.....	B-3-1
Appendix B-4 - Municipality Dosimetry/KI Receipt Form.....	B-4-1
Appendix B-5 - Emergency Worker Dosimetry/KI Receipt Form.....	B-5-1
Annex C. Transportation.....	C-1
Appendix C-1 - Persons Requiring Transportation Assistance.....	C-1-1
Appendix C-2 - Transportation Resource Requirement.....	C-2-1
Appendix C-3 - Special Assistance.....	C-3-1

## INTRODUCTION

This section is intended to provide detailed immediate action guidance to those emergency response personnel designated to support the Warwick 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 Warwick 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 Warwick 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: Transportation Officer
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: Fred Hurlock  
Alternate: Vic Frederick

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 Police Services and Communications 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) Ron Ewing	_____ home _____ office	_____ _____
(2) Ron Horosky	_____ home _____ office	_____ _____
(3) Raymond Peachey	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer or Deputy	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(2) Transportation Officer or Deputy	_____ home _____ office _____ home _____ office	_____ _____ _____ _____

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

3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department (Elverson)	<u>286-5909</u>	_____
b. Ambulance (Elverson)	<u>286-5909</u>	_____



- |   | Telephone       | Time  |
|---|-----------------|-------|
| a. Special Facilities                   |                 |       |
| (1) Warwick Park                        | 469-9461 office | _____ |
|   | _____           |       |
|   | name/title      |       |
| (2) St. Peters Village Hotel            | 469-9074 office | _____ |
|   | _____           |       |
|   | name/title      |       |
| * (3) French Creek and Hopewell Village |                 |       |
| (4) Kids-R-Us, Inc.                     | 469-6669 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 ARES operator contacts County ARES base upon arrival at Municipal EOC. \_\_\_\_\_  
(time)
8. Review remaining emergency procedures in the event of escalation.
9. Report all unmet needs to County Municipal Liaison Officer (431-6160).
10. Maintain Alert status until notified of termination, escalation or reduction of classification:
  - a. Date: \_\_\_\_\_
  - b. Time: \_\_\_\_\_
  - c. Source: \_\_\_\_\_
  - d. Disposition
    - (1) Termination \_\_\_\_\_
    - (2) Escalation \_\_\_\_\_
    - (3) Reduction \_\_\_\_\_
11. If escalation, accomplish appropriate Implementing Procedure. If termination or reduction of classification, verify/notify the following:
  - a. Verification:

\*Will be notified by Berks County.





3. Verify that the following have been notified:

	Telephone	Time
a. Fire Department (Elverson)	<u>286-5909</u>	_____
b. Ambulance (Elverson)	<u>286-5909</u>	_____

"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.  
(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. If the 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. Post pertinent data on status board. \_\_\_\_\_  
(time)
  - j. Verify the County has assigned a ARES unit to the EOC. \_\_\_\_\_  
(time)
  - k. Review fact sheet (Appendix A-2). \_\_\_\_\_  
(time)
5. Have additional emergency personnel report to the EOC (for 24-hour operation), or where needed. \_\_\_\_\_  
(time)
6. Ensure that appropriate EOC staff have placed their respective emergency workers on standby status. \_\_\_\_\_  
(time)
7. Verify that the following have been notified:

	Telephone	Time
a. Schools		
Warwick Elementary	Harry Hess Principal	<u>469-9280</u> office _____







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) Ron Ewing	_____ home _____ office	_____ _____
(2) Ron Horosky	_____ home _____ office	_____ _____
(3) Raymond Peachey	_____ home _____ office	_____ _____
b. Key Staff		
(1) Fire Services Officer or Deputy	_____ home _____ office _____ home _____ office	_____ _____ _____ _____
(2) Transportation Officer or Deputy	_____ home _____ office _____ home _____ office	_____ _____ _____ _____

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

3. Verify that the following have been notified:

- |                               | Telephone       | Time  |
|-------------------------------|-----------------|-------|
| a. Fire Department (Elverson) | <u>286-5909</u> | _____ |
| b. Ambulance (Elverson)       | <u>286-5909</u> | _____ |
| c. Verification Message:      |                 |       |

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

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

- Activated \_\_\_\_\_  
(time)
- County Municipal Liaison Officer notified of EOC activation.  
\_\_\_\_\_  
(time)
- Communications system checked for operability. \_\_\_\_\_  
(time)
- Establish EOC security. \_\_\_\_\_  
(time)
- Monitor EBS station WCAU 1210 AM or WCOJ 1420 AM. \_\_\_\_\_  
(time)
- Ensure Route Alert Teams have been mobilized as necessary.  
\_\_\_\_\_  
(time)
- Log all messages which provide information or require response.  
Post pertinent data on status board.
- Verify the County has assigned an ARES unit to the EOC.
- 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         |                         |                              |
| Warwick Elementary | Harry Hess<br>Principal | <u>469-9280</u> 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) Warwick Park	<u>469-9461</u> office	<u>          </u>
	name/title	
(2) St. Peters Village Hotel	<u>469-9074</u> office	<u>          </u>
	name/title	
* (3) French Creek and Hopewell village		
(4) Kids-R-Us, Inc.	<u>469-6669</u> office	<u>          </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.

8. Verify Resource Availability:

Ensure appropriate EOC staff have reviewed their respective resource inventories and have reported deficiencies to their respective counterparts in the County EOC; for example, the Municipal Transportation Officer contacts County Transportation Officer.           

(time)

9. Ensure Fire Services Officer has distributed dosimeters/KI to emergency workers and EOC staff.           

(time)

10. Review road conditions with EOC staff, i.e., there is no construction or other activity which would hinder movement of personnel or vehicles to/from the area. Ensure that the Transportation Officer and the County Public Works Officer (431-6160) are aware of any problem areas.

            
(time)

11. Ensure ARES operator contacts County ARES base upon arrival at the 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)

\*Will be notified by Berks County.

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

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

d. Ensure Access Control Points are manned.

13. If evacuation is ordered:

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

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

b. Monitor EBS station to ensure proper instructions are being given to the general public.

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

c. In the event of a siren failure, receive notification from the County that appropriate Route alert Teams have been dispatched.

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

d. Ensure Access Control Points have been manned (reference Appendix A-1).

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

e. Ensure Traffic Control Points have been manned (reference Appendix A-1).

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

f. Assign sufficient emergency workers to Transportation Officer to support transportation resources, i.e., one emergency worker should be available for each vehicle used to evacuate those persons who do not have transportation.

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

g. Advise County Municipal Liaison Officer of any additional unmet needs (431-616J).

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

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

h. Monitor evacuation process and report any problem areas to the County Municipal Liaison Officer (431-616U).

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

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

14. Maintain General Emergency status until:

a. Reduction of classification. \_\_\_\_\_ (time)

b. Termination of emergency. \_\_\_\_\_ (time)



(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. \_\_\_\_\_ (time)
  - c. Notify Chester County Municipal Liaison Officer upon your arrival at alternate EOC. \_\_\_\_\_ (time)
17. Remarks/Actions Taken:

\*Will be notified by Berks County.

TRAFFIC CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
28	Route 23 & Route 345	PSP	2
29	Route 23 & St. Peter's Road	PSP	2
Warwick 1	Route 23 & Trythall Road	Township	1
Warwick 2	Route 23 & County Park Road	Township	1

ACCESS CONTROL POINTS

<u>Post Number</u>	<u>Location</u>	<u>Responsible Police Organization</u>	<u># Officers Assigned</u>
216	Route 345 & Redding Furnance Road	PSP	Barricade
217	Route 345 & Route 23	PSP	1
218	Route 345 & Warwick Road	PSP	Barricade
219	Route 345 & Northside Road	PSP	Barricade
220	Route 345 & Harmonyville Road	PSP	1
221	Route 345 & Laurel Road	PSP	Barricade

FACT SHEETAbbreviations:

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

Evacuation Information:

Evacuation Route: Local roads to Route 23 West

Reception Center: Morgan Corporation

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

Decontamination Station: Elverson Fire Co.

Transportation Staging Area: EUC

Homebound Support Hospital: Pocopson Home, West Chester

\*Agreement under development.

## STATUS BOARD FORMAT

DATE	TIME	MESSAGE	ACTION/COMMENTS

ANNEX B  
Implementing Procedure  
Fire Services\*

Fire Services Officer: Raymond Peachey  
Alternate: (name)

UNUSUAL EVENT

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

ALERT

The Fire Services Officer shall:

1. Upon request of Emergency Management Coordinator, report to the EUC.  
\_\_\_\_\_ (time)
2. Ensure that normal fire protection services are maintained.
3. Prepare Control TLD's for pick up by the County. \_\_\_\_\_ (time)
4. 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 431-6160. \_\_\_\_\_ (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.

## 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 431-6160. \_\_\_\_\_  
(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. Distribute 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 431-6160. \_\_\_\_\_  
(time)
  - e. Review remaining emergency procedures in the event of escalation.
  - 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 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 431-6160. \_\_\_\_\_  
(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 C-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 431-6160. \_\_\_\_\_  
(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. Note: Upon completion of emergency tasks during a contaminating incident, each emergency worker is to report to the decontamination station located at the Elverson Fire Company.
  - c. Relocate to alternate EOC. \_\_\_\_\_  
(time)
3. If termination, collect dosimeters and unused KI 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

2 pumpers  
1 brush truck  
1 tanker

ROUTE ALERTING TEAMS

I. GENERAL

- A. The Warwick 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 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 WCUJ 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. 32-A Alert Team: Elverson Fire Department

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

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

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

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

Sector No. 32-B Alert Team: Elverson Fire Department

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

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

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

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

Sector No. 32-C Alert Team: Elverson Fire Department

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

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

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

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

Sector No. 32-D Alert Team: Elverson Fire Department

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

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

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

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

Sector No. 32-E Alert Team: Elverson Fire Department

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

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

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

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

ROUTE ALERTING SECTOR MAP

Map will be inserted in final draft.

MESSAGE - HEARING IMPAIRED

There is an emergency at the Limerick Generating Station.

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

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

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

MUNICIPAL DOSIMETRY-KI LIST

<u>AGENCY</u>	<u>NUMBER OF EMERGENCY WORKERS</u>
A. Municipal Emergency Management Agency	
Warwick Township EOC Route 23 Warwick, PA	10
B. Fire Company	
Elverson Fire Company P. O. Box 181 Elverson, PA	32
C. Ambulance Service	
Elverson Ambulance P. O. Box 181 Elverson, PA	5
D. Public Works	7
Total Units of Dosimetry-KI Required	<u>54</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 \_\_\_\_\_

SIC JRE: X \_\_\_\_\_ DATE \_\_\_\_\_





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)
    - (1) Notify the County Transportation Coordinator (431-6160) of any changes in requirements. \_\_\_\_\_  
(time)
  - c. Update the list of those individuals requiring special assistance in the event of evacuation (reference Appendix C-2). \_\_\_\_\_  
(time)
    - (1) Notify County Medical Coordinator (431-6160) of changes in requirements for those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify the County Transportation Coordinator of changes in requirements for 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. 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 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 County Medical Coordinator (431-6160) of changes in requirements list of those individuals requiring ambulance support. \_\_\_\_\_  
(time)
    - (2) Notify the County Transportation Coordinator of changes in requirements for individuals requiring special transportation support other than ambulance. \_\_\_\_\_  
(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) 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 Coordinator at 431-6160 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-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 Pocopson Home, West Chester. Emergency workers need not accompany vehicles to reception facilities. \_\_\_\_\_  
(time)
  - e. Be prepared to conduct road clearing operations as necessary.
  - f. Relocate to alternate EOC after population has departed.  
\_\_\_\_\_
3. If termination, return dosimeters and unused KI to Fire Services Officer. \_\_\_\_\_  
(time)
  4. Remarks/Actions Taken:

PERSONS REQUIRING TRANSPORTATION ASSISTANCE

List is on file in the EOC.

TRANSPORTATION RESOURCE REQUIREMENTS

Vehicles Required

0

Vehicles Available

0

Unmet Need

0

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.