ROCKPORT

RESOURCE

MANUAL

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ROCKPORT
RESOURCE MANUAL

INTRODUCTION

The Resource Manual contains telephone communications, resource listings, facilities information and forms that support the CEM Plan. Where references are made to the Resource Manual, that information will be found under the appropriate listing in the Resource Manual Table of Contents.

1.0 EMERGENCY TELEPHONE DIRECTORY
CALL DOWN ROSTERS

POLICE DEPARTMENT

Chief Thomas McCarthy

911	Emergency
978-546-3444	Business

FIRE DEPARTMENT

911	Emergency
978-546-6750	Business

EMERGENCY MEDICAL SERVICES

911	Emergency
978-546-3444	Business

EMD

Carlton Ray Director

911	Emergency
978-546-1000	Business

EOC

911	Emergency
978-546-1000	Business

DPW

Carlton Ray Director

911	Emergency
978-546-3525	Business

HAZ-MAT
NOTIFICATION LIST

I.	LOCAL AGENCIES	PHONE
	Fire	978-546-6750
	Police	978-546-3444
	Health	978-546-3701
	Emergency Management	978-546-1000
	LEPC Chairman	978-546-6750
II.	STATE AGENCIES	
	Massachusetts Emergency Mgmt Agency, (MEMA)	508-820-2000
	Department of Environmental Protection, (DEP)	508-292-5500
	Northeast/Metro Boston (Woburn)	617-727-5194
	Southeast (Lakeville)	508-946-2700
	Central (Worcester)	508-792-7650
	Western (Springfield)	413-784-1100
	Department of Public Health, (MDPH)	617-624-6000
	Massachusetts State Police, (MSP)	800-525-5555
	Department of Labor & Occupational Safety (Boston)	617-727-3452
III.	FEDERAL AGENCIES	
	National Response Center	800-424-8802
	Environmental Protection Agency (EPA)	617-223-7265
	Department of Transportation (DOT)	617-494-2000
	Federal Emergency Mgmt Agency, (FEMA)	617-223-9540
IV.	OTHER	
	CHEMTREC	800-424-9300

EMERGENCY TELEPHONE NUMBERS

SPECIAL:

800-424-9300	CHEMTREC
301-816-5100	NRC Emergency Ops Center, Washington DC
800-424-8802	USCG National Response Center
800-851-8061	DLA Defense Logistics Agency (Hazardous Materials other than explosives or ammunition)
703-697-0218	US Army Operations Center (explosives & ammo)
703-325-2102	JNACC Defense Nuclear Agency & Dept. of Energy

FEDERAL:

202-586-8100	DOE Dept. of Energy National Emergency Operations Center
215-597-9898	EPA Environmental Protection Agency national office
202-898-6100	FEMA Federal Emergency Management Agency national office
301-951-0550	NRC Nuclear Regulatory Agency national office

Regional Offices:

516-344-2200	DOE Region 1 Radiological Assistance program
617-223-9540	FEMA Region 1 Boston MA
610-337-5000	NRC Regional Office King of Prussia PA
617-223-7265	EPA Regional Office Boston MA
617-223-3000	US Coast Guard Marine Safety Office Boston MA
617-223-8555	US Dept of Transportation Region 1 Boston MA

STATE:

617-727-9530 X456	Coastal Zone Management Boston
508-820-2000	Emergency Management Agency
617-292-5500	MA Environmental Protection Agency Boston
617-973-7305	MA Highway Department Boston
617-727-9710	NIAT team (office hours) Boston
508-820-2121	NIAT (other times) Framingham
508-820-2300	State Police Framingham

2.0 COMMUNICATIONS
LOCAL MEDIA CENTER

NAME	STREET	TOWN	TELEPHONE
Town Hall DPW Office	34 Broadway St	Rockport	978-546-6894

LIST OF EMERGENCY BROADCAST STATIONS

WBZ	1170 Soldiers Field Rd	Boston	617-787-7000
WEI	529 Main St	Boston	617-242-5900
WGBH	125 Western Ave	Boston	617-492-2777
WHDH	7 Bulfinch Place	Boston	617-725-0777
WMEX	330 Stuart St	Boston	617-542-0241
WRKO	3 Fenway Plaza	Boston	617-236-6800
WVBF	Pru Tower #1313	Boston	617-375-2100
WCGY	33 Franklin St	Lawrence	978-683-7171
WCAP	243 Central St	Lowell	978-454-0404
WLLH	40-44 Chruch St	Lowell	978-458-8486
WHAV	30 How St	Haverhill	978-374-4733
WNBP	6 Federal St	Newburyport	978-462-1450

MEDIA ORGANIZATIONS

RADIO:

WBZ	1170 Soldiers Field Rd	Boston	617-787-7000
WEI	529 Main St	Boston	617-242-5900
WGBH	125 Western Ave	Boston	617-492-2777
WHDH	7 Bulfinch Place	Boston	617-725-0777
WMEX	330 Stuart St	Boston	617-542-0241
WRKO	3 Fenway Plaza	Boston	617-236-6800
WVBF	Pru Tower #1313	Boston	617-375-2100
WCGY	33 Franklin St	Lawrence	978-683-7171
WCAP	243 Central St	Lowell	978-454-0404
WLLH	40-44 Chruch St	Lowell	978-458-8486
WHAV	30 How St	Haverhill	978-374-4733
WNBP	6 Federal St	Newburyport	978-462-1450

TELEVISION:

WBZ	1170 Soldiers Field Rd	Boston	617-787-7000
WGBH/ WGBX	125 Western Ave	Boston	617-492-2777
WHDH	7 Bulfinch Place	Boston	617-725-0777
WLVI	75 Morrissey Blvd	Boston	617-265-5656
WSBK	83 Birmingham Pkwy	Boston	617-783-3838
WQTV	1660 Soldiers Field Rd	Boston	617-787-6868
WXFT	1000 Providence Hwy	Dedham	781-326-8825
WCVB	5 TV Place	Needham	781-449-0400
WMFP	1 Parker St	Lawrence	978-975-3053
WMUR	50 Phillip Cote St	Manchester,NH	603-669-9999

LOCAL CABLE TELEVISION:

New England Cablevision	38 Blackburn Center	Gloucester	978-281-0811

NEWSPAPERS:

Beverly Times	Dunham Rd	Beverly	978-922-1234

ADDITIONAL MEDIA ORGANIZATIONS IN ROCKPORT

COMMUNICATIONS NETWORK

EMERGENCY MANAGEMENT

911 Emergency
978-546-1000 Business
2-Way Radio
KCA872
154.785

EOC MONITORS

NAWAS
NWS
EAS Radio, Cable TV

POLICE

911 Emergency
978-546-3444 Business
2-Way Radio
KCA872
154.785

PUBLIC WORKS

911 Emergency
978-546-3525 Business
2-Way Radio
KWV643
156.105

FIRE

911 Emergency
978-546-6750 Business
2-Way Radio
KDT268
155.145

RACES

EMERGENCY MEDICAL SERVICES

911 Emergency
978-546-3444 Business
2-Way Radio
KDT268
155.145/155.140

PRIMARY WARNING SYSTEMS

Fire Horn
Scanner
Bullhorn
Cable TV

OTHERS

SECONDARY WARNING SYSTEMS

Door-to-door
Loudspeaker

ADDITIONAL NUMBERS OR INFORMATION

Joe Perry	978-546-6578
Milt Ratynski	978-546-6598
Jon Cunningham	978-546-7736
Bob Smith	

3.0 RESOURCE INVENTORIES

POLICE INVENTORY	
REGULAR POLICE:	16
RESERVE POLICE:	3
SPECIAL POLICE:	
AUXILIARY POLICE:	
TOTAL:	19
CRUISERS:	5
CRUISERS (AMBULANCE):	
AMBULANCES:	1
PATROL WAGONS:	
TRUCKS:	
MOTORCYCLES:	
BOATS:	
RIFLES:	
RIOT & SHOTGUNS:	1 Riot 3 Shotguns
MACHINE GUNS:	
GAS GUNS:	1
GAS MASKS:	3
SMOKE (YES OR NO):	Yes
NUMBER OF CELLS:	7
SLEEPING FACILITIES (#):	
MESS FACILITIES:	

FIRE INVENTORIES		
PUMPER TANKERS:		
PUMPERS:	4	Class A
TANKERS:		
HOSE WAGONS:		
AERIAL LADDER TRUCKS:	1	75'
FORESTRY TRUCKS:		
FOAM (GAL/lbs.):		
PORTABLE PUMPS:		
RESUSCITATORS (OXYGEN):		
AIR PACKS:	20	
GENERATORS:		
RESCUE TRUCKS:	1	
AMBULANCE:		
BOATS:		

HOSE IN FEET -- TYPE OF THREAD:

3"--3000' 1 1/2"--4000' 2 1/2"--8000'

Miscellaneous (Deck guns, deluge sets, city service ladder trucks, breathing apparatus other than air packs, 3 or 4 inch hose, ambulances, cellar pumps, frogmen, etc.)

3 Deck Guns, 1 Deluge Set

OFFICERS: 11 MEN/WOMEN: 41

EMERGENCY
AUXILIARY:

EMERGENCY MEDICAL TECHNICIAN TRAINED: 12

DPW INVENTORY INVENTORY OF CONSTRUCTION EQUIPMENT AND SUPPLIES	
PERSONNEL	**QUANTITY**
ENGINEERS:	
SUPERINTENDENTS:	2
FOREMEN:	5
CLERKS:	4
TRUCK DRIVERS:	10
EQUIPMENT OPERATORS:	6
MECHANICS:	1
LABORERS:	20
OTHERS:	
TOTAL:	48

COMMUNICATIONS	**QUANTITY**	**FREQUENCY**
BASE STATIONS:	1	156.105
2-WAY RADIO UNITS (MOBILE):	4	
PORTABLE UNITS:		
OTHER:		

GARAGE, EQUIPMENT REPAIR: _X_ YES ___ NO

MACHINE SHOP: ___ YES _X_ NO

COMMENTS:

DPW INVENTORY(CON'T) EQUIPMENT AND SUPPLIES		
DESCRIPTION	**QUANTITY**	**TYPE**
BAGS, SAND:	100	
BARRICADE, HIGHWAY:	50	
BARRICADE/ELECTRIC BLINKERS:		
LIGHTS, PORTABLE, FLOOD:	2	
SAWS, CHAIN, POWER:	4	
BACKHOES:	3	
BOATS:	2	
CHIPPERS, BRUSH PORTABLE:		
COMPRESSORS:	1	
GENERATORS:	5	
GRADERS:		
LOADERS & SHOVELS:		
PLOWS, SNOW:	15	
PUMPS, WATER:	2	
TANKS, WATER:		
TRACTORS, TRAILERS:	2	
TRUCKS (OVER 2500 GW):	12	
WELDERS:	1	
WRECKERS:		
OTHER:		

COMMUNICATIONS INVENTORY				
EOC	**EQUIPMENT (# & TYPE)**	**CONTACT (TO WHERE)**	**CALL LETTERS**	**FREQUENCIES**
BASES	Same	as Police		
MOBILES				
PORTABLES				
REPEATERS				
TELETYPE				
TELEPHONE				
OTHER				
POLICE				
BASES	1		XCA872	154.785
MOBILES	5			
PORTABLES	9			
REPEATERS	1			
TELETYPE	1			
TELEPHONE	4			
OTHER				
FIRE				
BASES	2		KDT268	155.145
MOBILES	16			
PORTABLES	10			
REPEATERS				
TELETYPE				
TELEPHONE	2			
OTHER				

COMMUNICATIONS INVENTORY (CON'T)				
PUBLIC WORKS				
BASES	6		KWV643	156.105
MOBILES	26			
PORTABLES	4			
REPEATERS				
TELETYPE				
TELEPHONE	10			
OTHER	1 FAX			
MEDICAL				
BASES	1			
MOBILES	1			
PORTABLES	3			
TELEPHONE				
OTHER:				

HEALTH AND MEDICAL INVENTORY			
HOSPITAL TYPE:	NUMBER	NUMBER OF BEDS	EMERGENCY FACILITIES
NURSING HOMES:			
Den-Mar Nursing & Rehab Center 44 South Street		100	
PHARMACIES:	1		
MEDICAL CLINICS:	1		
FIRST AID CENTERS:			
RADIOLOGICAL CLINICS:			
MEDICAL LABORATORIES:			
RED CROSS CHAPTERS:	1	Lynn Griffin	Rockport Chapter
HOSPITAL BASED AMBULANCE:			
PACKAGED DISASTER HOSPITALS:			
OTHER:			
PRIVATE AMBULANCE:			

HEALTH AND MEDICAL INVENTORY (CON'T)

NUMBER OF PHYSICIANS IN COMMUNITY:	
NUMBER OF NURSES IN COMMUNITY:	REGISTERED ____35____ LPN ____
DENTISTS IN COMMUNITY:	3
VETERINARIANS IN COMMUNITY:	1
BLOOD BANKS #	AVERAGE # PINTS AVAILABLE: ____
MORTUARY SERVICES DAILY CAPACITY:	1

NOTE: ATTACH LIST OF FACILITIES NAMES, ADDRESSES, PHONE #'S, EMERGENCY CONTACT PERSON

TRANSPORTATION INVENTORY

BUSES (PRIVATE): COMPANY	ADDRESS	PHONE#	# OF BUSES & CAPACITY
Cape Ann Transit Authority	168 Eastern Avenue Gloucester	978-283-7916	

BUSES (PUBLIC): COMPANY	ADDRESS	PHONE#	# OF BUSES & CAPACITY
LIMOUSINE SERVICE: COMPANY	ADDRESS	PHONE#	# OF LIMOS & CAPACITY

TAXI FIRMS: COMPANY	ADDRESS	PHONE#	# OF CABS & CAPACITY

TRUCKING FIRMS: COMPANY	(NON-CONSTRUCTION) ADDRESS	PHONE#	# OF TRUCKS & CAPACITY
TRAIN SERVICE: COMPANY	PASSENGER	FREIGHT#	DESIGNATION (TO AND FROM)
MBTA	X		Rockport-Boston

AIRPORTS: NAME	ADDRESS	PHONE#	LENGTH OF MAIN RUNWAY	INSTRUMENT APPROVED	BASED PLANE

4.0 RESOURCES

MUTUAL AID LISTINGS

Town and Department with which Rockport has Mutual Aid Agreement.

Gloucester - Police/Fire

Manchester By The Sea - Police/Fire Ambulance

LINES OF SUCCESSION

HEAD OF GOVERNMENT

Chairman Board of Selectmen
DPW Board of Commissioners
Designee of Board of Selectmen

HEAD OF LOCAL EMERGENCY MANAGEMENT ORGANIZATIONS

Emergency Management Director
Emergency Management Coordinator
Designee of Emergency Management Director

HEAD OF LAW ENFORCEMENT

Police Chief
Sergeant
Designee of Police Chief

HEAD OF FIRE SERVICE

Fire Chief
Assistant Chief
Designee of Fire Chief

HEAD OF DPW

DPW Director
Assistant DPW Director
Designee of DPW Director

HEAD OF LOCAL HEALTH SERVICE

Chairman of Board of Health
Health Officer

PIO

Town Administrator
DPW Director
Chairman Board of Selectmen

HEAD OF DISASTER INFORMATION

(Responsible for coordination of application for disaster funds)

Senior Field Coordinator
Field Coordinator

ADDITIONAL REQUIREMENTS
PART I

EMERGENCY OPERATING CENTER

HEAD OF GOVERNMENT

EMERGENCY MANAGEMENT DIRECTOR

LAW ENFORCEMENT

FIRE SERVICE

DEPARTMENT OF PUBLIC WORKS

HEALTH/MEDICAL SERVICE

AMERICAN RED CROSS

COMMUNICATIONS AND WARNING SYSTEMS

SCHOOLS

SALVATION (VOAD)

COMMUNITY PLANNING

ASSESSOR

ANIMAL CONTROL

ADDITIONAL REQUIREMENTS
PART II

PUBLIC INFORMATION

TRAINING AND EDUCATION

DAMAGE ASSESSMENT

EVACUATION

SHELTER

ADDITIONAL REQUIREMENTS
PART III

CIVIL DISTURBANCE

DAM FAILURE

EARTHQUAKE

FLOODING

HURRICANES

PLUME INGESTION PATHWAY

TERRORISM

TORNADOES

WEAPONS RELATED

WINTER STORMS

ALTERNATE TRANSPORTATION SYSTEM

In the event of a total evacuation, it is estimated that 7,600 residents of Rockport have access to private automobiles. The remaining people without access to automobiles should proceed to their nearest public school where they will be evacuated by bus.

Facilities	**Street**	**Est. # of Evacuees**	**# of Buses Allocated**	**Source**
Rockport High School	24 Jerdans Lane	100	2	Cape Ann Transit Authority
Central Fire Station	37 Broadway Street	50	1	Same
Rockport Housing Authority	Poole's Lane	100	2	Same

5.0 FACILITIES
LOCAL LOCK-UP PRISONER RELOCATION PLAN

Name and address of Facility to which prisoners will be transferred:

Essex County House of Correction
Middleton

Contact Person at relocation facility:

Sheriff on duty

Alternate Contact Person:

978-750-1900

Source of Vehicles:

Police Dept

Other Needed Resources:

KEY FACILITIES

ESSENTIAL OPERATIONS

Organization/Address	Employees & Dependents	Officers Needed
Food Service:		
Whistle Stop Mall Railroad Avenue R J Hildonen's IGA 978-546-2844	3	1
Pharmacy:		
Sandy Bay Apothecary Whistle Stop Mall Railroad Avenue Peter Wonson 978-546-7521	2	1
Service Station:		
Sandy Bay Service Station 225 Main Street Jack Porter 978-546-7782	2	1

HEALTH FACILITY
LISTING

ROCKPORT HEALTH FACILITIES:

MAP #	NAME	STREET	TYPE	ADC*	DECONTAMINATION CAPABILITY (Yes or No)
1	Whistle Stop Medical Center	Railroad Avenue	First Aid	40	No
2	Police/Central Fire Station	37 Broadway	First Aid	20	No
3	Pigeon Cove Fire Station	Granite Street	First Aid	20	No
4	Den-Mar Nursing & Rehab Center	44 South Street	Level I, II	80	No

*Average Daily Capacity (Number of patients)

MORTUARY FACILITIES

The following mortuary facilities are located in Rockport. In the event of a disaster which requires additional mortuary services, the facilities listed below can be expanded as noted in column 4.

Also identified are facilities that can be utilized during an emergency as temporary mortuaries.

FACILITY NAME ADDRESS	CAPACITY	EXPANDED CAPACITY
Burgess & Mackey Funeral Home 177 Main Street	2	4

Cold Storage Facility:

Temporary Morgue for Mass Casualty Incident:

Name	Capacity
Addison Gilbert Hospital Washington Street Gloucester	

MASS CARE SHELTERS

Name of Bldg/ Facility	Generator (X)	Address	Feeding Yes/No	Restrictions
Rockport High School Charles Martin 978-546-1234	X	24 Jerdens Lane	Yes	100
Central Fire Station Russell Anderson 978-546-6750	X	37 Broadway Street	Yes	50
Pigeon Cove Fire Station James Darisi 978-546-6848		Granite Street	Yes	20

RESTRICTIONS:

*Indicates Reception Center

COMMUNITY FALLOUT SHELTERS				
Map Location	Name and Address of Shelters	PF	# Spaces	Population

VITAL RECORDS INFORMATION
AVAILABILITY OF RECORDS

Location of Town's Clerk's Original Records:
Town Hall - Clerk's Office

Form of Town Clerk's Original Records:
paper

Location of Town Clerk's Duplicate Records:
Town Hall - Basement Vaule

Form of Town Clerk's Duplicate Records:
paper

Location of Assessor's Original Records:
Town Hall - Basement

Form of Assessor's Original Records:
paper

Location of Assessor's Duplicate Records:
Town Hall - Basement

Form of Assessor's Duplicate Records:
paper

Location of Legal Department's Original Records:
Town Hall - Selectmen's Office

Form of Legal Department's Original Records:
paper

Location of Legal Department's Duplicate Records:
Town Hall - Basement

Form of Legal Department's Duplicate Records:
paper

OTHER INFORMATION PERTAINING TO THE AVAILABILITY OF COMMUNITY RECORDS:

DPW STAGING AREA

The DPW staging are is:

34 Broadway Street

Additional Emergency DPW staging areas are:

DPW Garage
Upper Main Street

WAREHOUSING GOODS STAGING AREA

The Warehousing Goods Staging Area is:

Rockport High School
24 Jerdens Lane

Additional Emergency Warehousing Goods Staging Areas are:

Central Fire Station
37 Broadway Street

POTENTIAL TERRORISM TARGET

	NAME/ADDRESS	TELEPHONE	CONTACT
1)	Water Treatment Main Street	978-546-6992	Roy Lee
2)	Sewer Treatment Off Prospect Street	978-546-7888	Larry Wonson
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			

SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
#1 Den-Mar Nursing & Rehab Center 44 South St	Stanley Trochi 978-546-3181							
#2 Rockport Housing Authority 13 Millbrook Pk	Bill Leonard 978-546-3181							
#3 Pigeon Cove Ledges 13 Curtis St	Manager 978-546-7410							
#4 Rockport Senior Housing Center Broadway St	Opening 1998							
#5 Rainbow Day School 26 Stockholm St	Principal 978-546-7846							
#6 Rockport Elem School Jerdens Lane	Principal 978-546-1220							
#7 Community Middle School Jerdens Lane	Principal 978-546-1250							
#8 Rockport HS 24 Jerdens Lane	Principal 978-546-1234							

NOTES:

* 24-hr facility, handicapped accessibility, generator, etc.

** To be completed when calling to confirm vehicle availability during emergency

6.0 FORMS

EOC SUPPORT FORM UTILIZATION

This information describes the EOC forms that follow as listed below:

a. EOC Activation Checklist

This checklist is used to record key steps taken during the EOC activation process.

b. EOC Staffing Roster

Staff reporting to the EOC are listed for 24 hour staffing.

c. Message handling Procedure

Describes message handling for message form which follows the message handling procedure.

d. Message Log

Used to record message traffic received at EOC.

e. Increased Readiness Report

This form outlines key steps that may be taken in readiness for an anticipated emergency such as hurricane land fall, or flooding. Information would be reported to MEMA.

f. Initial Disaster Report

A summary of initial disaster related damage and assistance needs forwarded by the community to MEMA.

g. Situation Report (SITREP)

Periodic report forwarded to MEMA summarizing current emergency conditions in the community. Information is used to brief the Governor, and to manage emergency support to cities and towns.

h. Organized Volunteer Action

Records activities of Volunteer Organizations Active in Disaster (VOAD), other volunteer organizations and individuals.

i. Security Log

Used to record all persons entering or departing the EOC. Maintained at the EOC entrance.

j. Temporary Pass/Vehicle Pass

May be issued by local law enforcement to authorized individuals entrance into disaster areas which may be controlled for security or public safety reasons.

EOC ACTIVATION CHECKLIST

1. Notify:

2. ___ Activate operations phones as required

3. ___ Assign security to EOC entrance

4. ___ Radio check

5. ___ Brief personnel on situation

6. ___ Review operating procedures

7. ___ Initiate Increased Readiness Report

8. ___ Notify

Each department head shall be responsible for further notification and staffing in accordance with the department's Standard Operating Procedures. Staffing levels will be determined by the scope and extent of the emergency situation.

EOC STAFFING ROSTER

Position Number	Position	Phone Ext	1st Shift	2nd Shift

MESSAGE HANDLING PROCEDURES

RADIO OPERATOR

. record message

. enter into radio log

. forward to Message Coordinator

MESSAGE COORDINATOR

. determine appropriate action department

. assign priority

. enter into log

. forward to appropriate department representative

. notify plotter of significant events

ACTION DEPARTMENT

. determine capability to respond

- forward if unable to respond

. coordinate and complete response

. enter into log

. forward to Message Coordinator

- also Communications Room if necessary

MESSAGE COORDINATOR

. complete log

. forward to plotter and file

MESSAGE FORM
POSITION-MESSAGE NO. _____

DATE _____ TIME _____

REPORTED BY: _____

LOCATION: _____

PHONE/RADIO: _____

MESSAGE: _____

_____

_____

_____

MESSAGE COORDINATOR LOG

FORWARDED TO: _____

PRIORITY _____ LOG _____ PLOTTER _____

ROUTINE _____

OPERATIONS

ACTION TAKEN: _____

_____

_____

COMPLETE _____ LOG _____

RADIO MESSAGE ON BACK _____

MESSAGE COORDINATOR _____

PLOTTER

MESSAGE LOG

MESSAGE #	TIME IN	MESSAGE	ACTION TAKEN	FORWARDED TO	TIME OUT

DAILY STAFF JOURNAL LOG

DAILY STAFF JOURNAL LOG		PAGE:		OF:	
POSITION/ORGANIZATION	LOCATION	PERIOD FROM:		COVERED TO:	
		HOUR	DATE	HOUR	DATE

ITEM #	TIME LOGGED	MESSAGES, INCIDENTS, etc.	ACTION TAKEN

NAME: SIGNATURE:

CHRONOLOGICAL LOG

NAME _____ PAGE _____ OF ____

POSITION _____ DATE _____

TIME	MESSAGE or EVENT	ACTIONS REQUIRED

INCREASED READINESS REPORT

From: _____

INCREASED READINESS REPORTING (IRR) LOCAL STATUS FORM	DATE:	REPORT NO.
INCREASED READINESS (IR) ACTIONS TO BE REPORTED		TODAY'S REPORT
BASIC ACTIONS TO INCREASE LOCAL GOVERNMENT READINESS		
1A	HEAD OF GOVERNMENT BRIEFED AND CHECKLIST OF 1R ACTIONS REVIEWED	1A
1B	LOCAL EMERGENCY OPERATIONS PLAN REVIEWED AND/OR UPDATED	1B
EMERGENCY PUBLIC INFORMATION		
2A	MODERATES STEP-UP IN LOCAL EMERGENCY MANAGEMENT PUBLIC INFORMATION ACTIVITIES	2A
2B	LOCAL CSP-TYPE INFORMATION DISSEMINATED TO PUBLIC	2B
2C	FINAL PUBLIC INFORMATION CRISIS PREPARATIONS SHORT OF TAKING SHELTER	2C
SIGNIFICANT PUBLIC ACTIONS DURING IR PERIOD		
3A	ESTIMATED LEVEL OF RETAIL FOOD SALES ABOVE NORMAL	3A
3B	ESTIMATED LEVEL OF RETAIL GASOLINE SALES ABOVE NORMAL	3B
3C	ESTIMATED NUMBER OF PERSONS WHO HAVE EVACUATED	3C
3D	ESTIMATED NUMBER OF EVACUEES ARRIVING	3D
ACCELERATED TRAINING		
4A	ACCELERATED TRAINING STARTED	4A
4B	NUMBER OF SHELTER MANAGERS COMPLETING TRAINING	4B
4C	NUMBER OF RADIOLOGICAL MONITORS COMPLETING TRAINING	4C
EOC FACILITY IMPROVEMENT		
5A	IMPROVEMENT OR DEVELOPMENT OF EOC COMPLETED	5A
DIRECTION AND CONTROL READINESS		
6A	EOC MANNED 24 HOURS AS STANDBY LEVEL	6A
6B	EOC MANNED AT MINIMUM OPERATIONAL LEVEL	6B
6C	EOC FULLY MANNED	6C
PUBLIC SHELTER IMPROVEMENT		
10A	EXPEDIENT GROUP SHELTER IMPROVEMENT AND/OR CONSTRUCTION STARTED	10A
10B	EXPEDIENT GROUP SHELTER IMPROVEMENT AND/OR CONSTRUCTION COMPLETED	10B
TEXT:		
	COMM INITIAL	TIME SENT

INITIAL DISASTER REPORT

1. WHAT HAPPENED: _____

2. WHEN IT HAPPENED: _____

3. WHERE IT HAPPENED: _____

4. EXTENT OF DAMAGE OF LOSS: _____

_____

_____

_____

5. BEST ESTIMATE OF INJURED, HOMELESS, FATALITIES: _____

_____

_____

6. TYPE AND EXTENT OF ASSISTANCE REQUIRED, IF KNOWN: _____

_____

_____

7. ADDITIONAL REMARKS PERTINENT TO SITUATION: _____

_____

_____

_____

COMPLETED BY:

NAME: _____ TITLE: _____

DATE: _____ TIME: _____

SITUATION REPORT
(Content and Format, Standard Daily Situation Report)

FROM: Date:
TO: MEMA
SUBJECT: _____ Situation Report No:_____

1. **TYPE OF EMERGENCY**

   a. Identify the type of emergency, by name if it is due to a tropical storm or hurricane. (ie. David, Donna)
   b. Describe where it happened and when, or when it is likely to happen.

2. **DAMAGE**

   a. Casualties: Number of dead and injured and location(s) of these.
   b. Type and extent of property damage, especially as this directly affects people (e.g. major highways, bridges, rail routes, airports, deep waterports), or military facilities.

3. **LOCAL ACTIONS**

   a. Major actions, such as dissemination of warning, activation and use of EOCs, coordinating rescue operations, management of evacuations, arranging for necessary emergency supplies, working with mass media to get official information to the people.

4. **STATE ACTIONS**

   a. Participation by MEMA (1) Staff.
   b. Other

5. **FEDERAL ACTIONS**

   a. Participation by FEMA Regional Staff members.
   b. Use of FEMA supported resources, such as NAWAS and other communications nets, local EOCs funded by FEMA, stockpile engineering equipment, packaged disaster hospitals, surplus or excess property utilized, radio stations able to remain on-the-air because of FEMA provided emergency generators, On-Site Assistance elements brought to bear in the emergency, etc.

6. **MILITARY ACTION**

   a. State National Guard or Federal Active Duty Forces involved, described in terms of number of troops and type of equipment committed, and their mission(s).
   b. Actions by Army Corps of Engineers

7. **OTHER FEDERAL AGENCIES**

   List actions by other Federal Government Civil Agencies in support of operations.

8. **ORGANIZED VOLUNTEER ACTION**

   Identify American Red Cross and other volunteer agency participation in emergency actions, and describe major actions they have taken.

9. **OTHER**

   PREPARED BY:

   NAME: TITLE:

   DATE: TIME:

SECURITY LOG

NAME	REPRESENTING	TIME IN	SOCIAL SECURITY #	TIME OUT

TEMPORARY PASS

_____
Print Name

The bearer of this pass is authorized to pass in connection with official emergency management business.

Valid Until_____

Date Issued_____

_____
Issuing Officer

EMERGENCY MANAGEMENT

CARD NUMBER: _____ DATE: _____

ISSUED TO:

_____

AGENCY: _____

CITY/TOWN: _____

_____

EMERGENCY MANAGEMENT DIRECTOR

THE DRIVER AND OCCUPANTS OF THIS VEHICLE ARE AUTHORIZED TO PASS PURSUANT TO OFFICIAL EMERGENCY MANAGEMENT BUSINESS. THIS CARD SHOULD BE DISPLAYED WHEN THE VEHICLE IS SERVING IN A DISASTER AREA.

NON-TRANSFERABLE

OFFICIAL VEHICLE

DISASTER FACT SHEET

COMMUNITY:

DATE OF DISASTER:

TYPE OF DISASTER:

CHIEF EXECUTIVE OFFICER:

Telephone (Work) (Home)

COMMUNITY'S DISASTER INFORMATION COORDINATOR:

Telephone (Work) (Home)

DIRECTOR, MEMA:

Telephone (Work) (Home)

MEMA DISASTER ASSISTANCE COORDINATOR:

Telephone (Work) (Home)

PRELIMINARY DAMAGE ESTIMATE

OF BUSINESSES: DAMAGED _____ DESTROYED

OF RESIDENTIAL UNITS: DAMAGED _____ DESTROYED

OF PUBLIC BUILDINGS:DAMAGED _____ DESTROYED

ESTIMATED MONETARY LOSS:BUSINESS $ _____

RESIDENTIAL $ _____

PUBLIC $_____

TOTAL $ _____

CON'T

1. BEST ESTIMATE OF INJURED, HOMELESS, FATALITIES:

_____

_____

_____

_____

2. TYPE AND EXTENT OF ASSISTANCE REQUIRED, IF KNOWN:

_____

_____

_____

_____

3. ADDITIONAL REMARKS PERTINENT TO SITUATION:

_____

_____

_____

_____

DAMAGE ASSESSMENT REPORT

1. TYPE OF DISASTER:

2. INCIDENT DATE:

3. ESTIMATE OF DISASTER RELATED DAMAGES

DAMAGED # DESTROYED MONETARY LOSS

BUSINESS:

-MANUFACTURING

-SERVICE

-RETAIL

AGRICULTURAL

RESIDENTIAL

PUBLIC (STATE/LOCAL)

4. EFFECT ON POPULATION

NUMBER OF HOMELESS:

NUMBER OF UNEMPLOYED (DUE TO DISASTER):

NUMBER OF PEOPLE EVACUATED:

NUMBER OF PEOPLE INJURED:

NUMBER OF PEOPLE KILLED:

DESCRIPTION OF AFFECTED POPULATION:

URBAN _____ RURAL _____

INCOME LEVEL: LOWER _____ MIDDLE _____ UPPER _____

AVERAGE INCOME PER CAPITA: _____

AVAILABILITY OF VACANT HOUSING IN THE AREA:

DAMAGE ASSESSMENT & DISASTER RECOVERY FACILITY DATA

DAMAGE ASSESSMENT VEHICLE/EQUIPMENT STAGING AREA #1:

DPW Garage
Upper Main Street

DAMAGE ASSESSMENT VEHICLE/EQUIPMENT STAGING AREA #2:

Rockport High School
24 Jerdens Lane

DISASTER RECOVERY CENTER #1:

Town Hall
34 Broadway Street

DISASTER RECOVERY CENTER #2:

Rockport High School
24 Jerdens Lane

DISASTER FIELD OFFICE #1:

Police Department
37 Broadway Street

DISASTER FIELD OFFICE #2:

Rockport High School
24 Jerdens Lane

DESIGNATION OF APPLICANT'S AGENT FORM
(Please see "mock" form below before completing)

_____ _____
(Name of Applicant's Agent) (Official Title of Applicant's Agent)

is hereby authorized to execute for and in behalf of the

_____
(Applicant: City/Town or State Agency)

as the Applicant's Agent. Said Applicant's Agent is responsible for the administration, work, monitoring, and coordination of the MEMA Public Assistance Program.

SIGNATURES: _____

AUTHORIZATION: APPLICANT'S AGENT:

_____ _____
Typed Name and Official Title Typed Name and Official Title

Signature

Date: _____ Date: _____

****

DESIGNATION OF APPLICANT'S AGENT FORM
"MOCK"
BERKSHIRE TORNADO 1995

Mary Smith Town Accountant
(Name of Applicant's Agent) (Official Title of Applicant's Agent)

is hereby authorized to execute for and in behalf of the

Pine Valley

(Applicant: City/Town or State Agency)

as the Applicant's Agent. Said Applicant's Agent is responsible for the administration, work monitoring, and coordination of the MEMA Public Assistance Program.

SIGNATURES: _____

AUTHORIZATION: APPLICANT'S AGENT:

John Davis, Mayor Mary Smith, Town Accountant
Typed Name and Official Title Typed Name and Official Title

Signature: _____ _____

Date: September 1, 1995 Date: September 1, 1995

5. INDIVIDUAL AFFECTED BUSINESSES:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

6. INDIVIDUAL AFFECTED RESIDENTIAL UNITS:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

7. INDIVIDUAL AFFECTED AGRICULTURAL UNITS:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

8. INDIVIDUAL AFFECTED PUBLIC FACILITIES:

A. DEBRIS CLEARANCE

B. PROTECTIVE MEASURES

C. ROAD SYSTEMS

D. WATER CONTROL FACILITIES

E. PUBLIC BUILDING AND RELATED EQUIPMENT

F. PUBLIC UTILITIES

G. FACILITIES UNDER CONSTRUCTION

H. PRIVATE NON-PROFIT FACILITIES

I. OTHER (NOT IN ABOVE CATEGORIES)

	NAME/ADDRESS	PHONE	LOSS INSURANCE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

9. LOCAL RESPONSE:

A local State of Emergency was declared at: _____

LOCAL RESOURCE EXPENDED

NUMBER OF PERSONNEL	REGULAR TIME		OVER TIME		EQUIPMENT	
	Hours	Cost	Hours	Cost	Type	Cost
POLICE						
FIRE						
EMERGENCY MANAGEMENT						
DPW						
OTHER						

10. IMPACT STATEMENT

Briefly describe the impact of this disaster on your community. This should be a narrative description to document a clear picture of the magnitude and severity of the disaster as reflected by losses or damages, effects on people, and the effect on the local government. The resultant hardships, economic and social consequences should also be addressed. Finally, it should include the short and long term impact of this disaster on your community if federal disaster assistance is not provided. (Complete on plain white paper and attach).

11. Attach a map of the affected area. A planning department map or assessor's map is normally suitable.

12. Attach Before and After photos of the affected areas.

SHELTER REGISTRATION FORM

LAST NAME _____ PHONE _____

HOME ADDRESS _____

FAMILY MEMBERS LIVING AT ADDRESS (FIRST NAME)	RELATION	OVER OR UNDER AGE 18	* F/M	DISABILITY	SKILLS OR JOB TITLE	WORK ASSIGNED IN SHELTER	S.S. #

6. IMMEDIATE FAMILY MEMBERS NOT IN THIS SHELTER:

PRESUMED WHEREABOUTS:

RELATION:

REMARKS:

(USE BACK IF NECESSARY)

* Female or Male

7.0 RADIOLOGICAL

EOC RADEF SECTION STAFFING

Date (time) of last update:_____ Page ____ of____

Position Title	Name Last, First, MI	Telephone Numbers	Training Date	Shift	
				1	2
Radiological Officers					
RADEF Operations					
Technical Support					
RADEF Analysts					
RADEF Plotters					
Instrument Specialists					
Decon Specialists					

RADIOLOGICAL MONITOR LIST

Date (time of last update):_____ Page____of____

Name	Telephone Number	Shift		Assignment
		1	2	

STANDARD OPERATING PROCEDURE
for EOC RADEF SECTION OPERATIONS

I. PURPOSE

The purpose of this SOP is to provide guidance for the direction and coordination of the Local EOC RADEF Section staff.

II. PROCEDURE

A. EOC RADEF Section Notification and Activation

Upon notification that the EOC RADEF Section is being activated, the Radiological Officer (Chief of the Local RADEF System and EOC RADEF Section) should use SOP Enclosure 1, "EOC RADEF Section Activation Checklist" to bring the EOC RADEF Section to operational readiness.

B. Increased Readiness (Surge) Phase of Operations

1. General RADEF Section Activities

During a period of Increased Readiness activities, the Local community EOC should be at least partially activated, including key EOC RADEF Section personnel.

The Radiological Officer should review SLG-100,"Guide for Increasing Local Government Civil Defense Readiness During Periods of International Crisis" Section 12, "Actions to Increase Radiological Defense Readiness".

2. Fallout Shelter Guidance

Guidance for Fallout Shelter upgrading of protection from fallout radiation and expedient Fallout Shelter construction designs is found in SLG-100, Section 6.

3. Emergency Public Information (Section 3)

Guidance for Emergency Public Information is provided in SLG-100, Section 3.

4. Accelerated Monitor Training (Section 5)

Guidance for implementing an accelerated training program to train Radiological Monitors is provided

in SLG-100, Section 5.

5. Agricultural Readiness (Section 22)

Guidance for RADEF actions on radiation protection from Fallout radiation in rural farming areas is found in SLG-100, Section 22.

6. Radiological Instrumentation Inventory

The Radiological Officer should complete SOP for crisis Distribution of Instruments and batteries. Deficiencies should be reported to the State RADEF Officer for action.

7. Assignment of RADEF Personnel

The Local Radiological Officer should update, "EOC RADEF Section Staffing" and 2.2,"Radiological Monitor List" to make RADEF System 24-hour two-shift staffing assignments for the Local EOC and field facilities and teams.

8. Readiness Drills

Upon completion of SOP Enclosure 1 actions and the arrival of key EOC RADEF Section personnel, readiness drills should be initiated by the Local Radiological Officer.

9. Radiological Monitoring Preparations

All RADEF System radiological monitoring preparation activities should be performed using the guidance found in Appendix Attachment 2.2,"Radiological Monitoring Operations".

III. ENCLOSURES

1.*Form, "EOC RADEF Section Activation Checklist"
2.*Form, "Radiation Exposure Record"
3.*Form, "Radiation Exposure Rate History Record"
4.*Form, "Radiological Reporting Log"

*NOTE: These forms are furnished to be duplicated and filled out upon activation.

SOP for EOC RADEF Section Operations
Enclosure 1: EOC RADEF Section Activation Checklist

A. RADEF Instruments

1. Operability test instruments

____a. EOC instrument sets _____
____b. Field instrument sets _____

2. Distribution of local bulk stocks

____a. Order local bulk stock distribution_____

3. Implement Crisis Distribution Plan

____a. Priority 1; Emerg Svcs, Key Fac, Vital Ind ____

____b. Priority 2; Shelter Kits_____

4. Mobilization of Surge produced instruments

____a. Arrange to take delivery from FEMA_____
____b. Arrange for distribution to field_____

B. EOC Staff Radiation Protection

1. Assign personnel protection monitors to EOC

____a. Review SOPs
____b. Prepare forms _____

2. Distribution of instrument sets

____a. Conduct operability tests _____
____b. Distribute Dosimeters

3. Staff Training

____a. Surge training for RMs (as required)_____
____b. Review use of dosimeters (all staff)_____

4. Expedient upgrade of facility

____a. Survey of facility recommendations
____b. Oversee expedient upgrade (as required) _____
____c. Relocate to alternate EOC (as required)_____

C. Monitoring and Reporting M&R Network

1. Establish or update location list

____a. Refine M&R Station facility list

2. Assign or update staff assignments to M&R Stations

____a. Assign monitors to M&R stations _____

3. Bring stations to operational status

____a. Distribute instrument sets to stations ____

____b. Produce/distribute data collection and reporting forms _____

____c. Establish communications with M&R stations _____

4. Staff training

____a. Conduct surge training (as required)_____

____b. Review SOPs_____

____c. Instrument operability tests_____

5. Expedient upgrade of facility

____a. Conduct survey of facility with expedient upgrade for recommendations_____

____b. Requests for assistance (as required)_____

____c. Oversee upgrading (as required)

D. Radiation Exposure and Exposure Rate Prediction

1. Assign EOC RADEF section staff to

____a. Predicting accumulated doses (TR-89) _____

____b. Predicting fallout exposure rates (TR-89) _____

2. Conduct surge training for staff

____a. Use of FEMA document TR-89_____

____b. Use of FEMA document TR-90 _____

3. Review of SOPs

____a. Review of TR-89 by assigned staff_____

____b. Review of TR-90 by assigned staff____

4. Produce/distribute necessary forms

____a. Predicting accumulated doses _____
____b. Predicting fallout exposure rates _____

E. Maps and plotting of RADEF Data

1. Assign EOC staff to this function

____a. Assign plotters_____

2. Checkoff of plotting supplies (by assigned personnel)

____a. Computer and computer supplies_____

____b. Overhead projection equipment & supplies___

____c. Plotting/white/chalk boards, Events Log____

____d. Road/town/geological survey maps, chart of coastal waters_____

____e. Office supplies, pens, pencils, markers, chalk, paper, staples, paper clips, etc____

____f. Dose rate history curve materials, calculator, graph paper, calculations forms____

____g. Copier and supplies_____

3. Staff training

____a. Surge training of plotters (as required)____

____b. Review of SOPs_____

SOP for EOC RADEF Section Operations
Enclosure 2: Radiation Exposure Record - Form

Name:_____ Age:_____Years

Address:_____ SSN:_____-____-_____

_____

Authorized_____
Shelter/Facility:_____Exposure/Dose:_____R

_____ Page____of____

Date	Local Time	New/Added Exposure (R)	Total Exposure (R)	Comments
		XXXXXXXXXX		

Note: SSN = Social Security Number

SOP for EOC RADEF Section Operations
Enclosure 3: Radiation Exposure Rate History Record - Form

Name of
Shelter/Facility:_____

Address:_____

Instrument Used:___CDV-715___CDV-717___CDV-700___Other_____

Serial #:_____ Calibration Date:_____

Page____of____

Date	Local Time	Exposure Rate (R/hr)	Date	Local Time	Exposure Rate (R/hr)

SOP for EOC RADEF Section Operations
Enclosure 4: Radiological Reporting Log

Name of
Shelter/Facility:_____

Location
Address:_____

****

Report of when initial radiation exposure rate exceeded 0.5 R/hr:

Report Made To:_____ Location:_____
Time:_____
Date:_____ Time of Reading:_____ Exposure
Rate:_____R/hr

See Note (1) Date:_ Time	Rate	See Note (2) Date:_ Time	Rate	See Note (3) Date:_ Time	Rate	See Note (4) Once Each Day	
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
		12 hr. dose is		24 hr. dose is			
			R		R		
		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX		12 day dose is	
XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX			R
12 hr. dose is		24 hr. dose is		48 hr. dose is		14 day dose is	
	R		R		R		R

All radiation readings should by taken on the hour (H).

(1) H+1 to H+12 hourly exposure rates taken every hour.
(2) H+13 to H+24 exposure rates taken every 3 hours.
(3) H+25 to H+48 exposure rates taken every 6 hours.
(4) Daily exposure rate reading taken at noon.

STANDARD OPERATING PROCEDURE
for RADIOLOGICAL MONITORING OPERATIONS

I. PURPOSE

The purpose of this SOP is to provide guidance to RADEF System Radiological Monitors for performing their functional duties.

II. PROCEDURE

A. General

1. Radiation Records

Use SOP Enclosure 1, "Radiation Exposure Record" to record radiation exposures for each individual in each of your Local RADEF System facilities.

Use SOP Enclosure 2, "Survey Meter Record" to record general radiation readings.

Use SOP Enclosure 3, "Radiological Reporting Log" to record Monitoring and Reporting Station radiological data.

2. Radiological Reports

a. Immediate (FLASH) Report. All Radiological Monitors should make an immediate (FLASH) Report to the Local EOC upon initial measurement of 0.5 R/hr which indicates the arrival of Fallout at that location.

b. Periodic Reports. Upon request from the Local EOC RADEF Section, Radiological Monitors should provide radiological data for Local community and State use in preparing RADEF Warning and Advisory notices to the Public.

B. Increased Readiness (Surge) Period Actions

1. Radiological Monitor Training

Radiological Monitor training is expected to be made available by the local community Radiological Officer with support from the State RADEF Officer upon request.

2. Fallout Shelter Assignment

Upon assignment to a Fallout Shelter, the Radiological Monitor should ask the Local Radiological Officer about the status of RADEF instrument set(s) delivery at the assigned Fallout Shelter.

Upon arrival at the Fallout Shelter, perform actions found on Checklist B,"Standard Checklist for Radiological Monitors" in SOP FEMA Publication CPG 2-6.4, "Radiation Safety in Shelters". Report instrument problems to the EOC RADEF Section Technical Support Branch for correction.

Periodically test communications links to the Local EOC RADEF Section RADEF Operations Branch.

Listen to an available AM/FM radio for updating crisis information and instructions.

Prepare SOP Enclosure 2,"Survey Meter Readings", for recording of all radiation readings.

C. Emergency Response Period Actions

1. Fallout Shelter Assignment

Upon notification of Emergency Response phase of operations, perform Checklist A,"For Immediate Action" in SOP Enclosure 4,"Radiation Safety in Shelters".

2. Complete all items in B 2 above.

D. Recovery Period Actions

1. Fallout Shelter Assignments

Under direction from the local Radiological Officer, conduct limited unsheltered missions from the Fallout Shelter to re-establish critical community services or for relocation to a safer Fallout Shelter.

III. ENCLOSURES

1. Form, "Radiation Exposure Record" (Page 51)
2. Form, "Survey Meter Readings" (Page 52)
3. Form, "Radiological Reporting Log" (Page 53)

STANDARD OPERATING PROCEDURE
for CRISIS DISTRIBUTION OF INSTRUMENTS AND BATTERIES

I. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how Radiological Defense (RADEF) Instruments resources would be supplemented and allocated during a crisis (Surge) period.

II. PROCEDURE

During a period of crisis (Surge) activities, the Local Radiological Officer should update Page 60, "Radiological Instrument Set Inventory" to identify the quantities of dosimeters, dosimeter chargers, batteries,and instrument set resources available to the Local RADEF System.

A. Existing Local Bulk-Stored Inventory of RADEF Instruments

Instrument Descriptions	CDV-	Available	Status
1. Dosimeters	742	_____	_____
2. Dosimeters Chargers	750	_____	_____
3. Self-Protection Set	777	_____	_____
4. Monitoring & Reporting Station	777A	_____	_____
5. Alternate Self-Protection Set	777-1	_____	_____
6. Fallout Shelter Set	777-2	_____	_____
7. Batteries (D-Cell)		_____	_____

B. Crisis (Surge) Period Needs/Allocations from State Inventory

Instrument Descriptions	CDV-	Requested	Allocated
1. Dosimeters	742	_____	_____
2. Dosimeters Chargers	750	_____	_____
3. Self-Protection Set	777	_____	_____
4. Monitoring & Reporting Station	777A	_____	_____
5. Alternate Self-Protection Set	777-1	_____	_____
6. Fallout Shelter Set	777-2	_____	_____
7. Batteries (D-Cell)		_____	_____

C. Summary of Dosimeter/Charger Planned Crisis Distribution

	Facility Name and Address	Quantities CDV-750	CDV-742
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

NOTE: Identify additional distributions on page reverse side.

D. Planned Methods for Distribution

The Local Radiological Officer must coordinate with other Local Agencies to request assistance with the distribution of available RADEF instruments to their assigned locations. In addition, Radiological Monitors should also assist with the distribution/transportation of instruments, as needed.

E. Summary of Instrument Set Planned Crisis Distribution

	Quantities (CDV-)			
Facility Name/Address	777	777A	777-1	777-2
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

NOTE: Identify additional distributions on page reverse side.

III. ENCLOSURES: None

FALLOUT SHELTER CAPABILITY

Page____of____

Facility Name Address	Shelter Spaces	Instrument Sets	
		Needed	Issued

RADIOLOGICAL INSTRUMENT SET INVENTORY

Page____of____

Facility Name (1) Address	Contact Person	Phone Number	Instrument Sets	
			Type	Number

(1) Jurisdiction: List Community or Agency

TRANSPORTATION RADIOLOGICAL ACCIDENT

I. INTRODUCTION

The purpose of this plan is to provide a documented and coordinated plan for preparedness and emergency response actions for transportation accidents involving radiological materials in Massachusetts. The plan provides a methodology for a coordinated response effort by MEMA, Massachusetts Department of Public Health (MDPH), Massachusetts Department of Environmental Protection (MDEP), Massachusetts Department of Food and Agriculture (MDFA), Massachusetts Department of Labor and Industries (MDLI), Massachusetts Highway Department (MHD), Massachusetts State Police (MSP), city and town governing bodies, and local fire and police.

II. SITUATION AND ASSUMPTIONS

A. Situation

First response teams may have to respond to Transportation Accidents where part or all of a cargo being transported may involve radiological materials.

B. Assumptions

1. There are two probable accident consequences that will require prepared and trained response effort to be successful.

    a. Low Hazard with High Probability - accidents that may involve tight Type A or B packaging.

    b. High Hazard with Low Probability - accidents that involve Type B Highway Route Controlled Quantity (HRCQ) shipments with conceivable severe damage to the packaging resulting in radioactive release.

2. First Responders must be trained to assess the situation for immediate localized hazard and removed site risks.

    a. Immediate hazard - applicable to both probable accident consequences. Cargo is contained within close proximity to the transporting vehicle and will remain localized regardless of environmental or physical influences.

    b. Removed site risks - applicable to both probable accident transporting consequences. Packaged cargo

or released radioactive materials may be carried off-site through environmental or physical influences, i.e. rain,surface contours, closed and open storm water drainage systems. Removed site risks will require additional on site actions to preclude radioactive material from being transported off-site. Greatly increased response actions will be required to prevent further movement when radioactive materials have escaped the immediate transportation accident site.

3. This section of the CEMP, serves as a removable Appendix to be used in conjunction with the Radiological Protection Annex and the separately published "Transport of Radioactive Materials Q&A" furnished with every CD V-777-1 Radiation Kit provided by MEMA. This plan is further limited to non-Federal jurisdictional accidents, such as, nuclear weapons or related devices which come under the control of the Department of Defense (DOD) or Department of Energy (DOE).

III. CONCEPT OF OPERATIONS

A. Concept

1. First responders, usually police and fire fighters will initially assess the situation, restrict access to the accident site, provide incident notification to MSP, MDPH Nuclear Incident Advisory Team (NIAT) and MEMA, and request additional responders MHD, MDEP, HAZMAT and clean-up contractors to handle specific problems and try to help mitigate escalation of the situation. The first on-scene responder will take charge of the situation until properly relieved under the Incident Command System (ICS).

2. If the incident involves nuclear weapons or related devices, or if there is a transportation accident with significant radiological consequences, the transfer of Command of the situation would be to DOD and/or DOE from the local Incident Commander (IC) upon arrival of proper representatives of these agencies.

B. Response

1. First Responders arriving at the scene should assess the situation from a safe

distance, upwind, by reading placards and labels using binoculars, approach site with caution staying upwind. Locate shipping papers if practical.

2. Notify dispatcher of initial information gathered and assessment. Dispatcher notifies any local radiological authorities, the MSP who in turn notify the NIAT (Office hours 617-727-9710, Other times 508-820-2121) and MEMA who will notify others if appropriate.

3. The first responders organize under the ICS and perform life saving rescue and emergency first aid to any victim(s). Accident victims should be removed from proximity of any measurable radioactive material, emergency workers should measure any exposure using the CD V-777 kit.

4. Establish control lines to restrict access to the Controlled Area. Determine the Non-controlled area and identify an appropriate Command Post (CP) location.

5. As a minimum the following accident information needs to be obtained and recorded.

   (a) Names of injured persons requiring life saving and other priority medical care and disposition.

   (b) Name of caller, organization affiliation, location of accident, telephone number or communications identifier.

   (c) Description or other identification of the vehicle, type of vehicle, placard(s), number and type of packages and markings (labels) and DOT/NRC certification number. Indications of any possible releases such as wet areas or the presence of fire or smoke.

   (d) Description or identification of radioactive materials as obtained from the shipping papers and other identifiers.

(e) Radionuclide(s) activity level in curies.

(f) Regulated Quantities (RQ), shipping names and United Nations/North American (UN/NA) identification number(s).

(g) Make note of the Emergency Response information utilized during the response and make note of which Guide was used from the Emergency Response Guidebook (ERG) USDOT 5800.6.

(h) Record the physical and chemical form of the material and other hazardous properties noted.

(i) Description of the relevant environmental characteristics such as wind direction, weather conditions, terrain, surrounding population, accessibility, etc.

(j) Identify organizations on scene and keep a log as to requests made to others for support.

(k) Prognosis for termination or worsening of situation.

(l) Identification of shipper and carrier involved.

6. Record and document any radiation exposure of all persons including emergency workers and evacuees monitored for contamination. Include the person's name, address location, time and date of monitoring, instrument used and calibration date, radiation exposure measured, any advice given and the source of that advice and record any measurements made following decontamination.

7. Make notes or keep copies of any news releases provided to the media and retain copies, obtain written authorization for any such written releases. Make notes of what information was imparted during oral press conferences.

C. Recovery - Post-Accident Operations

1. Following the satisfactory mitigation of the incident, the next function is to assure the cleanup and decontamination of property (both real and personal), vehicles and equipment.

2. Though it should not hamper post accident operations, efforts should be made to determine who will conduct and pay for the clean up, decontamination operations and other liability concerns.

3. All vehicles and equipment used in mitigating the incident shall be monitored before return to normal service.

D. Support

1. The shipper of the materials may well be best equipped to deal with the materials involved, it is important to establish communications to determine if they can supply a team to mitigate the problem.

2. The news media can be of assistance in providing emergency announcements over radio and television explaining to the public exactly what the problem is and how exposure can be minimized.

3. Assistance from neighboring states and nuclear power plant operators may be requested by MEMA.

IV. ORGANIZATION AND RESPONSIBILITIES

A. Organization

NIAT, which is the action arm of MDPH concerned with radiation protection, is tasked to accept notifications of Radiological Incidents 24 hours a day and responds to such incidents when notified with appropriate radiological measuring equipment.

B. Administration and Logistics

MEMA is responsible for coordinating logistical matters regarding the maintenance of this appendix.

C. Plan Development and Maintenance

This plan puts into place assurances that the primary responsibility for emergency response to transportation accidents have been specifically established and documented in writing, and that appropriate organizational capabilities exist for responding to transportation accidents on a 24 hour basis.

D. State and Federal Involvement

1. Response to radiological transportation accidents will be directed by the jurisdictional local IC or On-Scene Commander.

2. Federal agencies will support the leading role of the State and will not become involved without direct request from the State. However, the DOD or the DOE assume the lead role when nuclear weapons or devices are involved or when the accident presents significant radiological consequences.

V. AUTHORITIES

1. Federal Laws: PL 81-920, PL 93-288, PL 100-408, Atomic Energy Act of 1954 as amended, National Security Decision Directive No. 259, 49 CFR Parts 171-180.

2. Massachusetts statutes Chapter 639 Acts of 1950, as amended, Chapter 579 Acts of 1968, Chapter 111, Sections K through P.

3. State Executive Orders: EO 34, EO 144, EO 242, EO 276.

VI. ATTACHMENTS

1. Radiological Incident Information Recording Form

2. Emergency Telephone Numbers

RADIOLOGICAL INCIDENT INFORMATION RECORDING FORM

Date:_____ Time:_____

1. Person calling _____

   a. Position-Title_____

   b. Address_____

   c. Telephone number for call back _____

   d. Radio call number for call back _____

2. Address where incident occurred _____

   _____

3. Were people injured? Yes____ No____

   If yes, what is being done with them?

4. Is fire involved? Yes____ No____

   If yes, has a fire department been called? Yes____ No____

5. What happened at the incident scene? _____

   _____

   _____

   _____

   _____

   (This information can come from an interview with the vehicle operator)

6. Has the incident area been restricted as to access?

   Yes ____ No ____

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