

# Emergency Plan Card

Keep a copy of your emergency plan information in your car, briefcase or purse. Photocopy as needed for additional family members.

### If you hear sirens:

- If you hear emergency sirens sound for four minutes in a loud, wavering tone, turn to your Emergency Alert System (EAS) radio or TV station for further instructions.
- EAS broadcasts may instruct you to stay indoors with windows and doors shut, a protective action called “sheltering-in-place.”
- Or, you may be instructed, depending on where you live, to evacuate. Do not evacuate unless your Emergency Response Planning Area (ERPA) is specifically instructed to do so.
- You may be instructed by safety officials on EAS broadcasts to either swallow a KI- potassium iodide tablet or to bring it with you.

Emergency Alert System (EAS) stations:

AM radio \_\_\_\_\_ FM radio \_\_\_\_\_ TV \_\_\_\_\_

ERPA number \_\_\_\_\_

General Population Reception Center \_\_\_\_\_

Recommended route to get to my Reception Center is

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency bus stop is located at \_\_\_\_\_

\_\_\_\_\_

Child’s name \_\_\_\_\_ School Reception Center \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

KI-potassium iodide location \_\_\_\_\_

“Check-in” phone number \_\_\_\_\_

Meeting place \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Advance Registration Card for People with Special Needs

If you require assistance in an emergency, please fill out this questionnaire and mail it back to us. Your cooperation will help us in making proper arrangements if it becomes necessary for you to be evacuated during an emergency of any kind. If you have any questions please contact the Orange County Department of Emergency Services at 1-800-942-7136.

Please print

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss/Ms.	
Address, including apartment number, building, floor	
City, ZIP+4	
Telephone (Home)	Date of Birth
Primary Disability(ies)	
Secondary Disability(ies)	

Name and phone number of a local relative or person who lives near you who should be contacted in an emergency:

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss/Ms.	
Address	
City	
Telephone	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend
2nd Telephone	

### ASSISTIVE EQUIPMENT USED:

- Cane(s)  Walker  Oxygen  Other  
 Crutches  Guide dog  Respirator  
 Wheelchair  Hospital Bed  Electric wheelchair

Are you  Blind or  Partially sighted?

Are you deaf/hearing impaired?  Yes  No

*If yes, do you have TTD/TTY?*  Yes  No

Are you completely bedridden?  Yes  No

*If not, do you have your own transportation?*  Yes  No

*If not, can you obtain a ride with a nearby person (relative, neighbor or friend)?*  Yes  No

*If not, can you get from your house to a bus stop unassisted?*  Yes  No

Please send additional cards for other persons with special needs in my household.

This information is released for emergency planning use by Orange County.

Signature \_\_\_\_\_

Please detach and mail this card. This questionnaire must be completed each time you receive a booklet on emergency planning to assure that we have up-to-date information on your needs.



### A MESSAGE FROM COUNTY EXECUTIVE EDWARD A. DIANA

Dear Orange Resident:

Keeping you and your family safe is a responsibility we take very seriously in Orange County. To ensure your health and security, we have put in place emergency planners and emergency service workers who are expertly trained and ready to assist all families of Orange County in the event of any emergency.

One element of the effort to safeguard county residents has been the creation of this booklet, *Community Emergency Planning for Indian Point: A Guide for You and Your Family*. It was developed to provide you and your family with crucial information should an emergency ever occur at Indian Point.

As County Executive, there is no greater role than that of keeping you and your families protected. I urge you to take the time to read through the material in this booklet with your family and fill out the areas that are pertinent to you.

Keep your filled-out booklet handy. It will help keep you and your family safe in the unlikely event of an emergency at Indian Point.

Sincerely,

Edward A. Diana  
Orange County Executive

ORANGE COUNTY  
DEPARTMENT OF EMERGENCY SERVICES  
255 Main Street  
Goshen, NY 10924

INSIDE: Important safety information on protecting your family

# Community EMERGENCY PLANNING for Indian Point

ORANGE COUNTY 2005-2006

## A Guide for You and Your Family

In the event of an emergency at the Indian Point nuclear power plant, this booklet will help you and your family stay safe.

It answers these important questions:

- How will I know if there’s an emergency at Indian Point? See page 1.
- How will I know which protective actions to take? See page 4.
- What Emergency Response Planning Area am I in? See page 3.
- Should I stay indoors? See page 4.
- Should I evacuate? See page 5.
- Where do I go if evacuated? See page 5.
- I have children in school. What happens to them in an emergency? See page 6.
- What is KI-potassium iodide? See page 8.
- What about people with special needs? See page 9.

Read and keep this **IMPORTANT** booklet.



www.orangecountygov.com

Follow this booklet’s simple six-step process to prepare you and your family for an emergency at Indian Point. Use the large map in the back of this booklet.

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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 244 WHITE PLAINS, NY  
POSTAGE WILL BE PAID BY ADDRESSEE

DEPARTMENT OF EMERGENCY SERVICES  
ORANGE COUNTY GOVERNMENT CENTER  
265 MAIN ST  
GOSHEN NY 10924-9952



**Fold Here**