

Seabrook Station State Notification Fact Sheet

Time Notification Initiated: NH _____ MA _____

Block 1: This is: _____ at Seabrook Station.

Name Title

Block 2:
 Time Declared: _____
 Unusual Event
 Alert
 Site Area Emergency
 General Emergency

OR

 Time Terminated: _____

Block 3: The emergency initiating condition is _____.

Block 4: We recommend the following protective actions:

None As follows

New Hampshire

<u>ERPA</u>	<u>Town</u>	<u>Shelter</u>	<u>Evacuate</u>
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A.	Seabrook	<input type="checkbox"/>	<input type="checkbox"/>
	Hampton Falls	<input type="checkbox"/>	<input type="checkbox"/>

C.	Kensington	<input type="checkbox"/>	<input type="checkbox"/>
	S. Hampton	<input type="checkbox"/>	<input type="checkbox"/>

D.	Hampton	<input type="checkbox"/>	<input type="checkbox"/>
	N. Hampton	<input type="checkbox"/>	<input type="checkbox"/>

F.	Brentwood	<input type="checkbox"/>	<input type="checkbox"/>
	E. Kingston	<input type="checkbox"/>	<input type="checkbox"/>
	Exeter	<input type="checkbox"/>	<input type="checkbox"/>
	Newfields	<input type="checkbox"/>	<input type="checkbox"/>
	Newton	<input type="checkbox"/>	<input type="checkbox"/>
	Kingston	<input type="checkbox"/>	<input type="checkbox"/>

G.	Greenland	<input type="checkbox"/>	<input type="checkbox"/>
	Stratham	<input type="checkbox"/>	<input type="checkbox"/>
	Rye	<input type="checkbox"/>	<input type="checkbox"/>
	New Castle	<input type="checkbox"/>	<input type="checkbox"/>
	Portsmouth	<input type="checkbox"/>	<input type="checkbox"/>

Massachusetts

<u>ERPA</u>	<u>Town</u>	<u>Shelter</u>	<u>Evacuate</u>
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B.	Amesbury	<input type="checkbox"/>	<input type="checkbox"/>
	Salisbury	<input type="checkbox"/>	<input type="checkbox"/>

E.	Merrimac	<input type="checkbox"/>	<input type="checkbox"/>
	Newburyport	<input type="checkbox"/>	<input type="checkbox"/>
	Newbury	<input type="checkbox"/>	<input type="checkbox"/>
	West Newbury	<input type="checkbox"/>	<input type="checkbox"/>

Beaches

Evacuate

Seabrook Beach
 Hampton Beach

Close

Parker River National Wildlife Refuge
 Plum Island Beach
 Salisbury Beach

Potassium Iodide (General Emergency only)

Implement KI plans for the general public

Block 5: A radiological release Has not occurred
 Has occurred and is continuing
 Occurred but has been terminated

Block 6: Authorized by: _____
STED / SED / RM Date Time

Block 7: Acknowledge receipt of this message with your name.

New Hampshire: _____ Massachusetts: _____
Name of Dispatcher Name of Dispatcher