



FEMA

March 22, 2024

Captain Kevin Sweeney
Deputy State Director of Emergency Management
Michigan Department of State Police
Emergency Management and Homeland Security Division
P.O. Box 30634
Lansing, MI 48909

Dear Captain Sweeney,

Thank you for your January 31, 2024, submittal of the State of Michigan 2023 Annual Letter of Certification (ALC), to fulfill the Federal Emergency Management Agency's (FEMA) annual requirement. The ALC assists FEMA in determining reasonable assurance regarding offsite radiological emergency plans and preparedness.

The FEMA Region 5 Radiological Emergency Preparedness Program staff completed their review of the ALC and determined your ALC submittal is compliant with the December 2019 Radiological Emergency Preparedness Program Manual. Therefore, regulatory approval of the offsite radiological emergency response plans and preparedness program for the State of Michigan remains in effect. See 44 C.F.R. Part 350.

If you have any questions, please contact Sean O'Leary, Chair, Regional Assistance Committee, at (312) 408-5389.

Sincerely,

**MICHAEL S
CHESNEY**

Digitally signed by
MICHAEL S CHESNEY
Date: 2024.03.22
15:48:09 -05'00'

for Thomas C. Sivak
Regional Administrator

Attachment: 2023 State of Michigan ALC Checklist

Department of Homeland Security Federal Emergency Management Agency (FEMA) Radiological Emergency Preparedness (REP) Program					
ANNUAL LETTER OF CERTIFICATION (ALC) CHECKLIST 2016 RPM State of Michigan - Calendar Year 2023 Review Date - March 14, 2024					
Purpose: To provide guidance for review and evaluation of the ALC submitted by the State.					
Scope: The ALC is reviewed to determine whether all information and documentation is included pursuant to laws and regulations and FEMA REP Program Manual (RPM) guidance. Information contained in the ALC is compared with the Offsite Response Organization's (ORO's) plans/procedures and the Alert and Notification System (ANS) evaluation report for consistency and accuracy.				Basis: - 44 CFR 350.5 - NUREG-0654/FEMA-REP-1 - 2016 FEMA REP Program Manual	
General Note: This review is based on 2016 RPM guidance. The State of Michigan will complete transition to the 2019 RPM by the end of CY2024. This ALC Review Guide is structured in accordance with the 2019 RPM and is forward-leaning in its implementation. Though the review criteria in both the 2016 and 2019 ALC Review Guides are largely the same, a few Criteria (III.3, III.4, III.5, III.6) in the 2019 Review Guide are not applicable to this review.					
Confirm that the ALC includes the following items:					
I. Update of plans/procedures and Letters of Agreement (LOAs)					NOTES
1. A statement that ORO plans/procedures and LOAs have been reviewed for accuracy and completeness of information, and appropriate changes have been made. Updated LOAs and plan/procedure amendments must be submitted if not received previously. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion A.4)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report Secion VI, Page 19, lists when plans were last updated. Public Act 390 of 1976 precludes the need for Letters of Agreement by the State of Michigan and local jurisdictions. The Michigan Emergency Management Plan and the Nuclear Facility Emergency Management Plan were last updated in June 2022 and February 2023, respectively. Both will undergo revision and FEMA review in 2024. The Monroe County and Wayne County Emergency Plans were last updated in June 2022 and August 2020, respectively. Both will undergo revision and FEMA review in 2024. The D.C. Cook, Fermi 2, and Palisades Hostile Action Memorandum of Understanding (MOU) were updated in December 2023. Hostile Action MOUs were not submitted due to Homeland Security issues/Law Enforcement (LE) sensitive content. There has been no mention of related State and County procedures, or associated changes, since CY2018. Action Plan Going Forward: (1) FEMA & MSP will work together to identify the state and county procedures that need to be shared and reviewed. (2) FEMA will verify LE sensitive information and plan and procedure updates during CY2024 Staff Assistance Visits (SAVs).
a. That ORO LOAs have been reviewed for accuracy and completeness of information, and appropriate changes have been made.			X	N/A	
b. Update of LOAs.			X	N/A	
II. Responsibility for the Planning Effort					NOTES
1. A statement indicating that an annual review has been conducted. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion P.4)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	N/A
a. Date(s) the review occurred			X	N/A	
b. Signature page			X		
c. Plans/procedures, maps, charts, and agreements were reviewed at least annually to verify accuracy and completeness.			X		

III. Public Education and Information					NOTES
1. A statement that annual dissemination of information to the public was performed, and that the information includes how the public will be notified and what their actions should be in an emergency. Public information materials may take various forms, including but not necessarily limited to brochures, utility bill inserts, or calendars; all of these materials may be distributed in hardcopy and/or through electronic means (e.g., text message, email, websites). (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion G.1)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report Section I.B, Page 2. Publications described how the public will be notified of an incident at the plant, what actions should be taken, who to contact for additional information, information about radiation, protective actions, and provisions for special needs populations. They also provided information to the public regarding protecting the food and water supply during a radiological emergency. Recipients were identified by the utility. Publications were sent to all permanent households in the 10-mile EPZ. Hardcopies were provided to FEMA for review and included as attachments to this ALC. D.C. COOK: On December 5, 2022, calendars for 2023 were mailed to permanent residents of Berrien County. FERMI 2: On December 18 and 19, 2022, booklets were mailed or hand-delivered to permanent residents identified within the 10-mile EPZ. Additional copies were distributed in December 2022 and January 2023 to Wayne and Monroe County Emergency Management Agencies. PALISADES: Postcards were mailed via USPS in December 2022 and January 2023 to 10-mile EPZ residents. These postcards directed residents to an emergency preparedness brochure via an online link to the Holtec webpage. The use of a postcard was stated to be in accordance with their Post Shutdown Emergency Plan. Action Plan Going Forward: Publications produced for CY2024 will be reviewed by FEMA in 2024 as part of FEMA's Public Information Review per the 2019 REP Program Manual.
a. Dates of dissemination	X			3.3	
b. Means of dissemination	X				
c. Identification of recipients	X				
d. Verification that materials have been evaluated or the expected date of the evaluation	X				
2. A statement that emergency information was disseminated to locations frequented by transient populations in the plume exposure pathway emergency planning zone (EPZ), including (if applicable) hotels, motels, gas stations, phone booths, parks, marinas, boats, and other recreational areas. This may be accomplished by, but need not be limited to, decals, posters, or brochures/pamphlets. This statement should include that yearly maintenance and updates on emergency public information signs located along rivers, parks, and other recreational areas were performed, and be updated and redistributed as necessary. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion G.1)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report Section I.B, Page 2. Publications produced were the same in content and dates of dissemination for both residents and transient populations. Publications were developed jointly by the respective utility, and State and local governments. Publications were updated annually. Publications were delivered by USPS or hand-delivered to all permanent residents in the 10-mile EPZ and to facilities (e.g., motels, restaurants, banks, post offices, hospitals, marinas, stores) located in the 10-mile EPZ. Utilities were responsible for their distribution. None of the plants reported an increase in the number or size of any recreational area in any of the three 10-mile EPZ's.
a. Dates of dissemination	X			3.3	
b. Means of dissemination	X				
c. Identification of where information was distributed or posted	X				
d. Copies of all public information materials, or reference to location where all can be viewed	X				
e. Organizations responsible for distribution	X				
f. Identification of organizations responsible for maintenance/updates of public information materials	X				
g. Certification that parks and other recreational areas were not expanded, nor were new transient areas added to the plume exposure pathway EPZ. If expansions or additions were made, a statement must be provided that the appropriate additional signs were installed.	X				
3. A statement the annual media program was conducted to acquaint news media with emergency plans/procedures, information concerning radiation, and points of contact for release of public information during an emergency. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion G.5) (Note: In instances of poor attendance, in lieu of a meeting, a statement that Program materials covering requisite topics were mailed to media representatives must be provided.)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report Section I.A, Page 1. Media Briefing materials, including the relevant publication and cover letter, were mailed to local media in lieu of a meeting or in-person briefing. For D.C. Cook, the media package was mailed on April 10, 2023. For Fermi 2, the latest media package was mailed on January 9, 2024. For Palisades, media were directed to the Holtec website referenced above. Listings of local radio and television stations and newspapers that received mailings was provided. Recipients by the utilities, who also were responsible for mailing the materials.
a. Date(s) held	X			3.3	
b. Agencies/organizations invited/participated	X				
c. Organization(s) that sponsored the program	X				
d. Description of the program	X				

IV. Radiological Emergency Response Training					NOTES
1. A statement that initial training and annual retraining of personnel who implement radiological emergency response plans/procedures have been accomplished. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion O.1)					
The statement must include the following for all training conducted:	Yes	No	N/A	Associated Capability Target(s)	a/b/c. ALC Report Section V, pages 10-18. Lists of the types of training and dates are provided. Scope of trainings provided are found in Attachments A and B. Note that EGLE training records include the names of EGLE staff but do not account for other event participants. MSP records should develop the same level of clarity and detail as that of EGLE's training records. d. ALC Report Section V, pages 11-18: State-level Training (page 11); Allegan County and Berrien County (page 12); Monroe County (pages 13-14); VanBuren County (pages 14-15); Wayne County (page 15). REP Unit Training Codes are provided in Section V, page 18. e. Agencies represented in training can be found on sign-in sheets (Attachment B). f. Affected counties (5) in Michigan have been asked to begin tracking organizations that are offered training but do not participate. Letters offering training occurs at the country level. Berrien County's efforts (*) are included in Attachment B in the form of letters submitted by the Emergency Manager. While MSP is reportedly unable to track the individuals and organizations that are offered but do not attend training, "training for all agencies that play a role in a radiological response is available and those that do participate are recorded and tracked." [Section V, page 10] A FEMA SAV is proposed for 2024 to review training records at the State and county level. g. ALC Annual Report, Attachment B - Organizations hosting training can be found on sign-in sheets. Action Plan Going Forward: (1) A FEMA SAV is proposed for 2024 to review training records at the State and county level. (2) FEMA will work with MSP and EGLE on developing a consistent ALC training format that includes all information requested on one spreadsheet for each organization, including spelling out each training's scope and purpose and a listing of all attendees.
a. All required organizations were offered training pursuant to ORO plans/procedures	X			All Capability Targets	
b. Scope and purpose	X				
c. Dates training were held	X				
d. Number of participants	X				
e. Agencies/organizations represented	X				
f. Agencies/organizations invited, but who did not attend	X*				
g. Organization(s) that sponsored the training	X				
V. Drills <i>(Note: Only FEMA non-evaluated drills need to be reported in the ALC)</i>					NOTES
1. A statement that communication drills were conducted. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.4.f)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, pages 8-9, and Attachment A, 2023 EGLE ALC Records. Communication drills were conducted and are documented. Action Plan Going Forward: Communications drills should more clearly identify what is being tested and when, including IPAWS testing when combined with communications drills.
a. Monthly between the state and OROs within the plume exposure pathway EPZ	X			3.1	
b. Quarterly between state and Federal emergency response organizations, and states within the ingestion exposure pathway EPZ	X				
c. Annually between the nuclear power plant (NPP), state, and local emergency operations centers, and radiological field monitoring teams	X				
d. Dates of communication drills	X				
e. Participating organizations	X				
2. A statement that environmental monitoring drills, which include direct radiation measurements in the environment, collection and analysis of all sample media (e.g., water, vegetation, soil, air), and provisions for record keeping, that were performed during the period of this ALC. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.4.d) <i>(Note: Environmental monitoring drills must involve personnel and resources for dose assessment.)</i>					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Attachment A, page 24, EGLE ALC Records. Annual functional drill. Held May 3, 2023. Two FMTs were deployed to track and characterize a simulated airborne release of radioactive material.
a. Date(s) held	X			4.2, 4.3, 4.5, 4.6	
b. Organizations that participated	X				
3. A statement that lab drills were conducted, including an equipment list, calibrations, daily quality assurance/quality control (QA/QC). (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.4.c)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	N/A
a. Date(s) held			X	4.4	
b. Organizations that participated			X		
c. Equipment list			X		
d. Calibrations			X		
e. Daily QA/QC was conducted			X		

4. A statement that a medical services drill was conducted at each hospital listed in the emergency plan. FEMA evaluates biennially. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.4.b)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	N/A
a. Date(s) held			X	5.3	
b. Facilities that participated			X		
c. Contamination control measures utilized			X		
d. Dosimetry			X		
5. A statement that ingestion pathway and post-plume phase drills are conducted biennially. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion N.4.e)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	N/A
a. Date(s) held			X	1.6, 1.7, 4.3, 4.6	
b. Organizations that participated			X		
c. Sample plan development			X		
d. Analysis of lab results from samples			X		
e. Assessment of the impact on foodstuffs and agricultural products			X		
f. Protective decisions for reentry, relocation, return, and reoccupancy			X		
g. Foodstuffs/crop embargo			X		
h. Dissemination of ingestion exposure pathway EPZ information to pre-determined individuals and business			X		
i. Assessment of emergency worker knowledge of ingestion exposure pathway EPZ procedures			X		
j. Identification of the individual authorized to make decisions in the ingestion exposure pathway EPZ			X		
6. A statement outlining the results and corrective actions from exercises and/or drills that were implemented or completed.					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	
a. Date(s) held			X		N/A
b. A description of the process for tracking identified findings and any associated corrective actions from identification			X		
VI. 24-hour Staffing					NOTES
1. A statement that sufficient trained and capable staff are available to maintain 24-hour capability for protracted activation. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion A.5)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, page 7, and Attachment A, page 12. Twenty-four hour staffing of trained personnel is provided for and includes an established call-out list. Specifically, EGLE trains a sufficient number of staff to support continuous 24-hour operation of the EGLE Radiological Emergency Response Team (RERT). EGLE's standard RERT roster requires 50 people to support continuous around the clock full-scale deployment. Call-out system documentation is provided in ALC Report Attachment K.
a. That sufficient trained and capable staff are available for 24-hour protracted activation	X			1.1	
VII. Emergency Facilities and Equipment					NOTES
1. Identification of facilities that are new or have had substantial changes in structure or mission since initial evaluation. A substantial change is one that affects or has a direct impact on the emergency response operations performed in those facilities. (NUREG-0654/FEMA-REP-1, evaluation criteria F.1.a, F.1.b, F.1.c, G.2, H.6, J.11.d, J.13)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	The State of Michigan certifies that there has been no significant change in structure or mission for any facility during 2023. (ALC Report, Section II, page 4)
a. Verification that the facility has been evaluated or the expected date of the evaluation			X	1.2, 5.1, 5.2	
2. Certification that no substantial changes in structure or mission of previously reported facilities have occurred since initial evaluation. (NUREG-0654/FEMA-REP-1, evaluation criteria G.2, H.6, J.11.d, J.13, K.4)					
The statement must affirm that:	Yes	No	N/A	Associated Capability Target(s)	The State of Michigan certifies that there has been no significant change in structure or mission for any facility during 2023. There are no new facilities or any substantial changes to existing facilities. (ALC Report, Section II, page 4)
a. There are no other new emergency response facilities, communicaton systems or reception centers	X			1.2, 5.1, 5.2	
b. None of the other current facilities or reception centers in the plans/procedures have undergone substantial changes	X				

3. A statement that inspection, inventory, and operational checks were made of survey instruments used for radiological monitoring (evacuee and emergency worker) and environmental monitoring and analysis (radiological field monitoring teams and radiological laboratory) per national standards or the manufacturer's instructions, whichever is more frequent. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criteria H.11, H.11.a, H.11.b)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Attachment A, EGLE Records, pages 25-28.
a. Type of equipment	X			2.2, 4.2, 4.3	
b. Quantity of equipment	X				
c. Location of equipment	X				
d. Calibration frequency	X				
e. Dates of inspection/inventory check	X				
4. A statement that survey instruments used for measuring radiation during environmental monitoring and analysis (field teams and radiological laboratories) were calibrated per national standards or the manufacturer's instructions, whichever is more frequent. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criteria H.11, H.11.a, H.11.b)					
If calibration occurred, the statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Attachment A, EGLE Records, pages 29-58.
a. Type of equipment	X			2.2, 4.2, 4.3	
b. Quantity of equipment	X				
c. Location of equipment	X				
d. Dates of calibration	X				
5. A statement that direct reading dosimetry has been tested and maintained and inspected for electrical leakage per the national standards or manufacturer’s instructions, whichever is more frequent. Statement should include information regarding the recharging and replacement of dosimetry as necessary. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion H.11, H.11.a, H.11.b)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Section II.B and Attachment A, 2023 EGLE ALC Records. The Table in Section II.B lists direct reading dosimetry provided to each local jurisdiction along with the calibration and annual leak testing dates.
a. Type of equipment	X			2.2	
b. Quantity of equipment	X				
c. Location of equipment	X				
d. Dates of calibration	X				
e. Recharging of dosimetry	X				
f. Replacement of dosimetry	X				
g. Dates of annual DRD electrical leakage testing	X				
h. Dates of quarterly CDV-138 electrical leakage testing	X				
6. A statement that sufficient quantities of potassium iodide (KI) are available for emergency worker, institutionalized individuals, and if the plan calls for it, the general public. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion J.11.b)					
If quantities of KI were not verified by FEMA during the most recent biennial exercise, the statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Section II, Page 5, states that potassium iodide (KI) for emergency workers in Michigan was replaced "as of 2016". Adequate supplies of KI are on hand within Berrien and Monroe Counties. KI was disposed of in Allegan and Van Buren Counties. Contrary to the Report, MSP confirmed that 600 blister packs were procured for Wayne County with an expiration date of January 2030. Supplies are also on hand at the Field Team Center and the State of Michigan State Emergency Operation Center. ALC Report, Attachment F is devoted to the provision and description of KI to the public. Some of its information is outdated, with the more updated information, e.g., expiration dates, provided in Section II, but only for emergency workers. The 2024 ALC Report, Attachment F, needs to reflect updated information. Action Plan Going Forward: (1) Supplies and expiration dates of KI for emergency workers and the public were verified verbally with MSP to be adequate. In the 2024 ALC, the relevant Report Section and Appendix need to be updated and rewritten to reflect the current status. (2) In the meantime, supplies and expiration dates will be visually verified during the upcoming Fermi 2 biennial exercise for the State and for Monroe and Wayne Counties in August 2024.
a. Amounts of KI available	X			1.5	
b. Storage locations	X				
c. Expiration date(s)	X				

VIII. Alert and Notification					NOTES
1. A statement that a routine testing program was completed pursuant to the ANS evaluation report. (NUREG-0654/FEMA-REP-1, Rev. 2, evaluation criterion F.3 and RPM Part V: REP Program Alert and Notification System Guidance)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Section VII, pages 18-21, and Attachments D and E. A table is provided in Section VII for Fermi 2 and Palisades siren tests, listing the date, number of units tested, type, and operating percentage. Each achieved 99.8% overall operability, and met siren sound pressure/population density requirements. There was no corresponding information provided for Berrien County. There was a statement that Berrien County's system was retired after the April 29, 2021 test. There was reference to a backup route alerting method. There was no mention of IPAWS. Action Plan Going Forward*: The systems provided need to match the latest ANS Design Report, or a new Report needs to be developed. The primary and secondary systems need to be clearly delineated, and independent of one another. The role of IPAWS needs to be described clearly and testing results provided. (1) The D.C. Cook/Berrien County ANS Design Report will be the subject of discussion on March 18, 2024, in a meeting between FEMA HQ, FEMA Region 5, MSP, EGLE, and Berrien County. This meeting will answer questions that FEMA HQ has posed, re: their ANS Design Report.. (2) Berrien County maintained testing information for their ANS (e.g., IPAWS). Testing information will be provided in the 2024 ALC submittal and will be reviewed during the next D.C. Cook biennial exercise. (3) During the Fermi 2 biennial exercise in August 2024, the ANS Design Reports for Fermi 2/Monroe County will be reviewed, including information on their transition from the use of sirens to IPAWS. (4) If route alerting is relied upon as a backup "system", it will be evaluated as part of the upcoming Fermi 2 and/or D.C. Cook biennial exercises.
a. Types of tests conducted in accordance with the established schedule	X*			3.2	
b. Dates of tests	X				
2. A statement that the availability/reliability of the primary/backup system(s) are maintained pursuant to the ANS evaluation report. (RPM Part V: REP Program Alert and Notification System Guidance)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Section VII, pages 18-21, and Attachments D and E. Siren operability percentages are calculated as follows: number of sirens operable ÷ number of sirens = percent operable. A table is provided in Section VII for Fermi 2 and Palisades siren tests, listing the date, number of units tested, type, and operating percentage. Each achieved 99.8% overall operability, and met siren sound pressure/population density requirements. In October 2023, a siren in the Fermi 2 System failed. The siren was verified as being inaudible; a repair order filed; and it was verified audible immediately after repair and as part of the November 2023 test. In July 2023, a siren in the Palisades System failed. The siren was verified as being inaudible; a repair order filed; and it was verified audible immediately after repair and as part of the August 2023 test. There was no corresponding information provided for Berrien County. There was a statement that Berrien County's system was retired after the April 29, 2021 test. There was no mention of IPAWS or any other testing results. Action Plan Going Forward*: (1) All results of testing are expected to be included in the 2024 ALC. (2) Testing results for systems relied upon will be reviewed during the upcoming Fermi 2 and D.C. Cook biennial exercises.
a. Description of any failures that were detected and how they were mitigated, tracked, and trended.	X*			3.2	
3. A statement that the maintenance of the primary/backup system(s) are being conducted pursuant to the ANS evaluation report. (RPM Part V: REP Program Alert and Notification System Guidance)					
The statement must include:	Yes	No	N/A	Associated Capability Target(s)	ALC Report, Section VII, pages 18-21, and Attachments D and E. A table is provided in Section VII for Fermi 2 and Palisades siren tests, listing the date, number of units tested, type, and operating percentage. Each achieved 99.8% overall operability, and met siren sound pressure/population density requirements. In October 2023, a siren in the Fermi 2 System failed. The siren was verified as being inaudible; a repair order filed; and it was verified audible immediately after repair and as part of the November 2023 test. In July 2023, a siren in the Palisades System failed. The siren was verified as being inaudible; a repair order filed; and it was verified audible immediately after repair and as part of the August 2023 test. There were no specific descriptions of repairs provided. There was no corresponding information provided for Berrien County. There was a statement that Berrien County's system was retired. There was reference to a backup route alerting method. There was no mention of IPAWS. Action Plan Going Forward*: Descriptions of corrective maintenance conducted are will be included in the 2024 ALC.
a. Description of any corrective maintenance that was conducted.		X*		3.2	

4. When applicable , a statement that the verification process, as described in the ANS evaluation report, validates that the system or approach meets the design objectives. (RPM Part V: REP Program Alert and Notification System Guidance)					
			X		
5. A statement (if applicable) for exception areas requiring alert and notification methods (e.g., aircraft and/or mobile route alerting and notification) that routes, alerting methods, and resources remain unchanged. If changes did occur, the ANS evaluation report must be updated to reflect the modifications. (RPM Part V: REP Program Alert and Notification System Guidance)					
			X		There are no exception areas.
6. A statement that the system continues to meet the needs of population it was designed to alert/notify (i.e., the characterization of the population and the demographics that is described in the ANS evaluation report). (RPM Part V: REP Program Alert and Notification System Guidance)					
					ALC Report, Section VII, pages 20-21.