

Physical Household Address	
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Editing Instructions **Error! Bookmark not defined.**

Type information into the gray shaded boxes.

Family Members / Household Contact Info:

Name	Home Phone	Cell Phone	Email

**Main "In case of emergency" contact person

Pet(s) Info:

Name	Type	Color	Micro-Chip	Registration #

The disasters that are likely to affect our household are:

<input type="checkbox"/> Tornado	<input type="checkbox"/> Severe Storms	<input type="checkbox"/> Ice Storm	<input type="checkbox"/> Flash Flood	<input type="checkbox"/> River Flooding
<input type="checkbox"/> Wildfires	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Winter Storm	<input type="checkbox"/> Heatwave	<input type="checkbox"/> Drought
<input type="checkbox"/> Pandemic (flu)	<input type="checkbox"/> Sinkhole	<input type="checkbox"/> House Fire	<input type="checkbox"/>	<input type="checkbox"/>

Evacuations / Travel Plans

What are the escape routes from our home? (know at least 2 ways to get out of your neighborhood)

1	
2	
3	

If separated during an emergency, what is our meeting place in our neighborhood?

If we cannot return home or are asked to evacuate, what is our meeting place outside of our neighborhood?

If we have to leave the house because it is unsafe (fire, collapse, smoke, etc.) our meeting place near the house is?

Emergency Contacts

Main Out of the Area Contact

Name	Home Phone	Cell Phone	Email

Alternate Out of the Area Contact:

Name	Home Phone	Cell Phone	Email

If at school/daycare, our children will be evacuated to:

Child's Name	Evacuation Site	Pickup Procedure

Nearest Tornado Safe Rooms

Name of Facility	Address	Minutes from our house	Do they accept pets?

Our plan for people in our household with a disability or special need is:

(include person responsible, any special medications or equipment needed, etc.)

Person's Name	Plan
Medical Equipment Needed	
Medications Needed	
Location of Medications	

Person's Name	Plan
Medical Equipment Needed	
Medications Needed	
Location of Medications	

Person's Name	Plan
Medical Equipment Needed	
Medications Needed	
Location of Medications	

Pre-Disaster Activities

Family Member Responsibilities:

Task	Description	Family Member Responsible
Home Disaster Kit	Stock the disaster kit and make sure it is up to date. See recommended list below.	
Evacuation Kit	Stock the Evacuation kit and make sure it is accessible and ready to go at a moments notice. Include items you might want to take to an evacuation shelter. See recommended list below.	
First Aid Kit	Stock the First Aid kit and make sure it is up to date. See recommended list below.	
Pet Evacuation Kit	Stock the pet evacuation kit and make sure it is up to date. Be sure to include pet supplies in your Home Disaster Kit also. See recommended list below.	
Vehicle Emergency Kit	Stock the Vehicle Emergency Kit and make sure it is up to date and in the vehicle at all times. See recommended list below	
Information Access	Make sure that the NOAA Radio is programmed and has fresh batteries. Ensure that all family members have an up to date copy of this plan. Make sure all members have at least 2 ways to get emergency notifications (Swift 911 App, local media alert apps, etc). Make sure there is a battery powered radio both disaster kits. Make sure every family member has a copy of this plan.	
Family Medical / Medicine Information	Keep current lists of family members medications and medical information. Make sure these lists are in the evacuation kit. Include medication list, doctors contact info, medical alerts and any allergic reaction information. See template below.	
Financial Information	Obtain copies of bank statements and keep some cash in the disaster kits in the event ATMs and credit cards do not work due to power outages. Bring copies of utility bills as proof of residence in applying for assistance from Red Cross or FEMA.	
Pet Information	Keep a phone list of pet-friendly motels and animal shelters and Vets and keep in the pet disaster kit.	
Information Notebook	Include a 3-ring binder to your kit to store reference material in. Include: how to purify water, first aid instructions, NOAA radio frequencies, pet first aid, etc. Keep an electronic copy as well as important documents on a jump drive stored in the disaster kit.	
Smoke, Carbon Monoxide Detectors, Fire Extinguishers	Check each piece of equipment monthly to ensure proper operation, check and replace batteries as needed. Have the fire extinguishers tested annually.	
Generator	Check and start the generator monthly to ensure proper operation. Check oil level, filters and fuel supply. Refer to manufacturers recommendations on long term fuel storage in the fuel tank.	

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Home Disaster Kit Contents:

<input type="checkbox"/>	Water, Stored in Gal Jugs for cleaning, sanitation, food prep (1 gal per person per day) 4 days preferred)	<input type="checkbox"/>	Water, smaller bottles for drinking (1 gal per person per day)
<input type="checkbox"/>	Food (at least a four-day supply of non-perishable food)	<input type="checkbox"/>	Garbage Bags
<input type="checkbox"/>	Battery-powered or hand crank radio	<input type="checkbox"/>	Basic tools (hammer, screwdrivers, pliers, wrench, crowbar)
<input type="checkbox"/>	NOAA Weather Radio	<input type="checkbox"/>	Tool to turn of utilities: gas, water
<input type="checkbox"/>	Flashlight with spare batteries	<input type="checkbox"/>	Manual can opener
<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	Local Paper Maps
<input type="checkbox"/>	Whistle	<input type="checkbox"/>	Solar powered cell phone charger
<input type="checkbox"/>	Phone Chargers	<input type="checkbox"/>	Duct Tape
<input type="checkbox"/>	N-95 Dust Masks	<input type="checkbox"/>	Toilet paper
<input type="checkbox"/>	Family Medical / Medicine List	<input type="checkbox"/>	Baby / Small Children's Supplies (formula, toys, etc)
<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	Blankets
<input type="checkbox"/>	Pet Information	<input type="checkbox"/>	Change of Clothes
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Moist towelettes
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Feminine Supplies
<input type="checkbox"/>	Paper and Pencil	<input type="checkbox"/>	Rain Poncho's
<input type="checkbox"/>	Chlorine Bleach (purify water)	<input type="checkbox"/>	Medicine Dropper (measure bleach for water)
<input type="checkbox"/>	Information Notebook	<input type="checkbox"/>	Spare reading glasses
<input type="checkbox"/>	Contact lenses and solutions	<input type="checkbox"/>	Pet Food
<input type="checkbox"/>	Mess Kit (paper plates, utensils, paper towels, etc)	<input type="checkbox"/>	Vitamins
<input type="checkbox"/>	Knife	<input type="checkbox"/>	Multi-Tool
<input type="checkbox"/>	Leather Work Gloves	<input type="checkbox"/>	Winter Clothes (gloves, knit hat, etc.)
<input type="checkbox"/>	Roll of Plastic Sheeting	<input type="checkbox"/>	Hand Sanitizer
<input type="checkbox"/>	Pepper Spray	<input type="checkbox"/>	Candles
<input type="checkbox"/>		<input type="checkbox"/>	Fire starter (matches, lighter, etc)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Optional Items			
<input type="checkbox"/>	Lantern	<input type="checkbox"/>	Tarps
<input type="checkbox"/>	Two Way Radios (FRS Radios)	<input type="checkbox"/>	Books, Games, Puzzles
<input type="checkbox"/>	Small Cooking Stove with Fuel	<input type="checkbox"/>	Utility Rope
<input type="checkbox"/>	Sleeping Bags	<input type="checkbox"/>	Paracord
<input type="checkbox"/>	Light Sticks	<input type="checkbox"/>	Fire Starter (matches, lighters, etc)
<input type="checkbox"/>	ZipLoc Bags	<input type="checkbox"/>	Bandana's
<input type="checkbox"/>	Super Glue	<input type="checkbox"/>	Water Purification Tablets
<input type="checkbox"/>	Hatchet	<input type="checkbox"/>	Chainsaw
<input type="checkbox"/>	Small Water Filter	<input type="checkbox"/>	Extra Firewood
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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First Aid Kit Contents:

<input type="checkbox"/>	2-inch sterile gauze pads (12+)	<input type="checkbox"/>	Tweezers
<input type="checkbox"/>	4-inch sterile gauze pads (12+)	<input type="checkbox"/>	Needle
<input type="checkbox"/>	Hypoallergenic adhesive tape (2)	<input type="checkbox"/>	Moistened towelettes
<input type="checkbox"/>	Triangular bandages (3)	<input type="checkbox"/>	Antiseptic
<input type="checkbox"/>	2-inch sterile roller bandages (6+ rolls)	<input type="checkbox"/>	Thermometer
<input type="checkbox"/>	3-inch sterile roller bandages (6+ rolls)	<input type="checkbox"/>	Ice Packs
<input type="checkbox"/>	Scissors	<input type="checkbox"/>	Tube of petroleum jelly or other lubricant
<input type="checkbox"/>	Assorted sizes of safety pins	<input type="checkbox"/>	Latex gloves (2 pair)
<input type="checkbox"/>	Cleansing agent/soap	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Hydrocortisone	<input type="checkbox"/>	Bug Spray
<input type="checkbox"/>	Ibuprofen / Tylenol	<input type="checkbox"/>	Calamine Lotion
<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Neosporin
<input type="checkbox"/>	Antacids	<input type="checkbox"/>	Saline Solution
<input type="checkbox"/>	Baby Wipes	<input type="checkbox"/>	Large Trauma Pads (6+)
<input type="checkbox"/>	Q-Tips	<input type="checkbox"/>	Emergency Blankets
<input type="checkbox"/>	Imodium / Pepto-Bismol	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Evacuation Kit Contents: (to go to a **Long-Term Shelter**, consider a kit for each family member)

<input type="checkbox"/>	Map marked with at least two evacuation routes	<input type="checkbox"/>	Change of clothing
<input type="checkbox"/>	Prescriptions or special medications	<input type="checkbox"/>	Extra eyeglasses or contact lenses
<input type="checkbox"/>	An extra set of car keys, credit cards, cash	<input type="checkbox"/>	First aid kit
<input type="checkbox"/>	Flashlight	<input type="checkbox"/>	Battery-powered radio and extra batteries
<input type="checkbox"/>	Toilet Paper	<input type="checkbox"/>	Copies of important documents (birth certificates, passports, License, SS # etc.)
<input type="checkbox"/>	Pet Disaster Kit	<input type="checkbox"/>	Personal computer information on a jump drive
<input type="checkbox"/>	Chargers for cell phones, laptops, etc.	<input type="checkbox"/>	Personal Care Items: tooth brush, deodorant, etc.
<input type="checkbox"/>	Baby / Small Children's Supplies (formula, toys, etc)	<input type="checkbox"/>	Family Medical / Medicine List
<input type="checkbox"/>	NOAA Weather Radio	<input type="checkbox"/>	Financial Information
<input type="checkbox"/>	Paper and Pencil	<input type="checkbox"/>	Feminine Supplies
<input type="checkbox"/>	Any special dietary needs or food	<input type="checkbox"/>	Any Special Medical Equipment/extra batteries
<input type="checkbox"/>	Emergency Contact Lists	<input type="checkbox"/>	Bedding (sleeping bags or warm blankets)
<input type="checkbox"/>	Who is responsible for grabbing the kit?	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Pet Evacuation Kit

<input type="checkbox"/>	Food (at least 4 days' supply)	<input type="checkbox"/>	Water (at least 4 days' supply)
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Medical records
<input type="checkbox"/>	Cat Litter Box, Litter, Litter Scoop	<input type="checkbox"/>	Garbage Bags (collect pet waste)
<input type="checkbox"/>	Leash / Harness	<input type="checkbox"/>	Pet Carrier
<input type="checkbox"/>	Current Photo's / Descriptions of pets	<input type="checkbox"/>	Vet Contact info
<input type="checkbox"/>	Grooming Items	<input type="checkbox"/>	Bleach
<input type="checkbox"/>	Paper Towels	<input type="checkbox"/>	Micro Chip Information
<input type="checkbox"/>	Food and Water Dishes	<input type="checkbox"/>	Flea and tick medication
<input type="checkbox"/>	Toys	<input type="checkbox"/>	Pet First Aid Book
<input type="checkbox"/>	Pet First Aid Kit	<input type="checkbox"/>	Latex Gloves
<input type="checkbox"/>	Treats	<input type="checkbox"/>	Bedding
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Vehicle Emergency Kit

<input type="checkbox"/>	Jumper cables	<input type="checkbox"/>	Flares or reflective triangle
<input type="checkbox"/>	Ice Scraper	<input type="checkbox"/>	Cell Phone Charger
<input type="checkbox"/>	Cat Litter or Sand for traction	<input type="checkbox"/>	Can of Ice Melt for door locks and handles
<input type="checkbox"/>	Blanket	<input type="checkbox"/>	Warm clothes, stocking cap, winter boots, gloves
<input type="checkbox"/>	Small First Aid Kit	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Tire Gauge	<input type="checkbox"/>	Foam Tire Sealant
<input type="checkbox"/>	Flashlight and extra batteries	<input type="checkbox"/>	Duct Tape
<input type="checkbox"/>	Drinking water	<input type="checkbox"/>	Snacks
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Information Notebook Contents

<input type="checkbox"/>	A copy of this plan	<input type="checkbox"/>	Insurance information
<input type="checkbox"/>	Info on how to sanitize water	<input type="checkbox"/>	Informational Web Sites
<input type="checkbox"/>	First Aid Manuals	<input type="checkbox"/>	Copies of titles, registrations
<input type="checkbox"/>	Bank Account Information	<input type="checkbox"/>	Identification / Driver's License / SS#
<input type="checkbox"/>	Immunization records	<input type="checkbox"/>	Birth Certificates
<input type="checkbox"/>	Maps of the area	<input type="checkbox"/>	Pet-friendly motels and animal shelters
<input type="checkbox"/>	Names and addresses of close relatives	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Family Medicine Information

Name	Medication	When Med is taken	Doctor	4-day supply in Disaster Kit? (yes/no)

Family Medical Information

Name	Age	Medical Issue	Doctor

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Preparedness Activities

General Preparedness Activities			
<input type="checkbox"/>	Does everyone have a copy of this plan?	<input type="checkbox"/>	Have we practiced our Evacuation Drill?
<input type="checkbox"/>	Have we practiced our Fire Drill?	<input type="checkbox"/>	Does everyone know how to use 911?
<input type="checkbox"/>	Do we have adequate Insurance Coverage? Do we need Flood Insurance?	<input type="checkbox"/>	Do we have smoke detectors installed?
<input type="checkbox"/>	Do we know how to shut the power off if needed?	<input type="checkbox"/>	Have we checked the batteries in the smoke detectors and tested them monthly
<input type="checkbox"/>	We have a working carbon monoxide detector?	<input type="checkbox"/>	
<input type="checkbox"/>	Chemicals stored out of reach of children	<input type="checkbox"/>	Tall, heavy furniture secured to wall?
<input type="checkbox"/>	Do we know how to shut off the gas and water to our house?	<input type="checkbox"/>	Is our water heater strapped to the wall to prevent tip over?
<input type="checkbox"/>	Do we have Carbon Monoxide Detectors installed?	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Fire Safety Preparedness			
<input type="checkbox"/>	Do we have fire extinguishers? ABC type	<input type="checkbox"/>	Flammable liquids stored properly?
<input type="checkbox"/>	Fire Extinguishers up to date and working?	<input type="checkbox"/>	Have we replaced frayed or cracked extension and appliance cords?
<input type="checkbox"/>	Does everyone know where to meet outside if we have a fire and have to get out?	<input type="checkbox"/>	Are our important papers and valuables stored in a fire-proof safe or cabinet?
<input type="checkbox"/>	Everyone has two ways out of the house in case of a fire?	<input type="checkbox"/>	Combustible materials are not stored near the furnace, hot water heater or space heaters?
<input type="checkbox"/>	Our chimney / flue pipes have been cleaned and checked?	<input type="checkbox"/>	Utility shut off tools are stored in an accessible location?
<input type="checkbox"/>	Is our house number clearly visible outside?	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
Tornado Preparedness			
<input type="checkbox"/>	Do we know where to go inside the house in the event of a tornado?	<input type="checkbox"/>	Can we stay in the house if there is a tornado, or do we go to the nearest Safe Room?
<input type="checkbox"/>	If we have to go to a Safe Room tornado shelter, do we have a "kit" prepared to take with us? Toys, baby needs, water, radio, phone charger, etc.	<input type="checkbox"/>	If we have to go to the nearest Safe Room, have we practiced getting there and know how long it will take.
<input type="checkbox"/>	Do we know the opening procedures for the Safe Room that we will be going to?	<input type="checkbox"/>	Do we have a NOAA weather alert radio in the home? Have we checked it monthly?
<input type="checkbox"/>	Does everyone in the family have a way to receive weather alerts and warnings?	<input type="checkbox"/>	Does everyone in the home know the difference between watches and warning issued by NOAA?
<input type="checkbox"/>	Have we practiced our "in home" tornado drill?	<input type="checkbox"/>	Does someone in the family watch the weather forecast daily?
<input type="checkbox"/>	Is our disaster kit stored near the tornado shelter in our home?	<input type="checkbox"/>	Is there a battery powered radio in our tornado shelter location?
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Winter Weather / Ice Storm Preparedness

<input type="checkbox"/>	Our home is well insulated and we have weather stripping around our doors and windows	<input type="checkbox"/>	Do we have a working carbon monoxide detector?
<input type="checkbox"/>	Our vehicles are winterized and always have more than a half tank of gas?	<input type="checkbox"/>	Our vehicles have an emergency kit?
<input type="checkbox"/>	Are tree limbs trimmed away from our house / power lines?	<input type="checkbox"/>	Do we add extra food items to our disaster kit in the winter in case we loose power for several days?
<input type="checkbox"/>	Do we have plenty of batteries on hand in case we loose power for several days?	<input type="checkbox"/>	Do we have an alternate lighting source? Solar lights, candles, lanterns, etc.
<input type="checkbox"/>	Do we have shovels for snow removal?	<input type="checkbox"/>	Do we have extra bags of Ice Melt?
<input type="checkbox"/>	Do we have an emergency heat source?	<input type="checkbox"/>	Do we have a way to cook without electricity?
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Severe Weather / Thunderstorm Preparedness

<input type="checkbox"/>	We removed dead or rotting trees and branches that could fall and cause injury or damage	<input type="checkbox"/>	Outdoor objects are secured that could blow away or cause damage.
<input type="checkbox"/>	Everyone knows the difference between "Watch and Warnings" issued by NOAA	<input type="checkbox"/>	We have a NOAA weather radio.
<input type="checkbox"/>	Everyone has at least 2 ways to receive alerts?	<input type="checkbox"/>	Everyone knows to stay away from windows during the storm and to stay indoors?
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Flood / Flash Flood Preparedness

<input type="checkbox"/>	Do we need to purchase Flood Insurance?	<input type="checkbox"/>	Have we checked with local officials / neighbors to see if our property is prone to flooding?
<input type="checkbox"/>	Everyone in the family knows not to drive thru flooded roadways?	<input type="checkbox"/>	If our property is prone to flooding, do we have a plan to elevate important items, unplug electrical appliances before water comes into the house?
<input type="checkbox"/>	Are the roads to our house prone to flooding/	<input type="checkbox"/>	If the roads are impassable, do we have a different way to get home, or someplace to stay until it is safe to return home?
<input type="checkbox"/>	Are our important papers kept in a water proof container?	<input type="checkbox"/>	Are there things we can do to reduce flooding potential? Berms, ditches, culverts, etc?
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Power Outage Preparedness

<input type="checkbox"/>	Do we have coolers on hand to keep food from spoiling?	<input type="checkbox"/>	Do we have 2litre bottles with frozen water stored in the freezer to put in the coolers?
<input type="checkbox"/>	Do we have a thermometer to check the temperature of our food?	<input type="checkbox"/>	Do we keep our vehicle gas tanks full of gas?
<input type="checkbox"/>	Do we need to purchase a small generator?	<input type="checkbox"/>	Do we have plenty of spare batteries
<input type="checkbox"/>	Do we have an alternate way of heating the home?	<input type="checkbox"/>	Do we have an alternate way of cooking?
<input type="checkbox"/>	Do we have an alternate way of lighting the home?	<input type="checkbox"/>	Does everyone know the risks of Carbon Monoxide poisoning?
<input type="checkbox"/>	Do we have an alternate way of charging our phones?	<input type="checkbox"/>	Does everyone know where the emergency release on the garage door is?
<input type="checkbox"/>	Do we have backup power for any special medical equipment in the home?	<input type="checkbox"/>	Do we have a way to store water to flush the toilet in case the water supply is cut off? (bath tub)
<input type="checkbox"/>	Do we have plenty of paper plates, plastic cups, plastic utensils so we don't wash dishes?	<input type="checkbox"/>	Do we have plenty of "entertainment" on hand: board games, puzzles, books, etc.
<input type="checkbox"/>	Do we have cash on hand in case the ATM's don't work?	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Terrorism Preparedness

<input type="checkbox"/>	Do we know where the school's evacuation sites are and how we will pick up our children if activated?	<input type="checkbox"/>	Does everyone know the "Shelter in Place" procedures?
<input type="checkbox"/>	Do we have a room that we can seal off for "Shelter in Place" in case of a chemical leak/spill?	<input type="checkbox"/>	If the threat of Nuclear War is closer at hand, can we increase our Disaster Supply Kit to a 2-week supply quickly and easily?
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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Communication Plan

Used when the emergency or event initially happens.

Used when family is dispersed over a large area, more than 1 mile from home

1. Primary

a. Cell Phone

- i. Voice: naturally the first choice of communication to give and receive the most accurate information with the most content
- ii. Text: Text messages sometimes will go thru when voice calls will not due to overloaded network traffic. Almost as good as voice, but content suffers somewhat due to the fact that you are not having a normal conversation. Text messaging is more covert.

2. Alternate

- a. Use someone else's phone to try to contact the person
- b. Use someone else's phone that is on a different carrier.
- c. Try to contact another person. If that works, have that person try to contact the family member you are trying to contact and relay information.
- d. Land Line telephones:
 - i. If cell towers are down, landline phones can be used. There are not many pay phones available now. Entering a business and asking permission to use their phone will work sometimes.

3. Contingency

- a. Out of state contact: If none of the above work, and there is an active widespread emergency (large tornado, large earthquake, terrorism, widespread power outage, etc.), you should contact the out of state contacts.
- b. If all family members cannot contact each other, or one or more cannot be contacted, **each one** should call BOTH of the out of state contacts and let them know what is happening, their status and what they will be doing or where they are headed to. Then the out of state contact can let each family member know what is happening and relay any messages as the others call in.
 - i. Primary out of state contact: (name)
 1. First try a voice phone call to (phone number)
 2. If voice doesn't work, try text message.
 3. If the call goes thru but no answer, leave a message and then send a detailed text message.
 - ii. Secondary out of state contact: (name)
 1. First try a voice phone call to (phone number)
 2. If voice doesn't work, try text message.
 3. If the call goes thru but no answer, leave a message and then send a detailed text message.
- c. (names of family, i.e. Dad and Mom) will contact the out of state contact on every half hour (1:30, 2:30, etc).
- d. The (names of family, i.e. the kids) will contact the out of state contact on top of the hour (1:00, 2:00, etc) until we all get home.

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Items to consider for Long Term Preparedness and Self Sufficiency

<input type="checkbox"/>	Chainsaw	<input type="checkbox"/>	Camp Coffee Pot
<input type="checkbox"/>	Cooking Grate (cook over an open fire)	<input type="checkbox"/>	Camp Shower
<input type="checkbox"/>	Dutch Oven	<input type="checkbox"/>	Camp Stove
<input type="checkbox"/>	Fire Starting Materials/Tinder	<input type="checkbox"/>	Canned food
<input type="checkbox"/>	Hand powered kitchen utensils	<input type="checkbox"/>	Charcoal, lighter fluid
<input type="checkbox"/>	Hatchet / Ax	<input type="checkbox"/>	Coleman Lanterns
<input type="checkbox"/>	Home Canned Food	<input type="checkbox"/>	Freeze Dried Food
<input type="checkbox"/>	Oil Lamps / Lamp Oil	<input type="checkbox"/>	FRS Two Way Radios
<input type="checkbox"/>	Self Defense Items	<input type="checkbox"/>	Garden
<input type="checkbox"/>	Solar Power, Panels, Batteries, Charge Controllers	<input type="checkbox"/>	Small personal water filters
<input type="checkbox"/>	Water Purification Tablets	<input type="checkbox"/>	Rain Water Collection System
<input type="checkbox"/>	Wood Stove	<input type="checkbox"/>	Tent
<input type="checkbox"/>	Firewood	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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Completed Drills / Exercises (enter the dates when completed)

Drill	Date	Date	Date	Date	Date
Fire / Unsafe Building Drill					
Evacuation to a Long-Term Shelter Drill					
Evacuation to a FEMA Safe Room Drill					
Flood Evacuation Drill					
Shelter in Place Tornado Drill					
Shelter in Place Hazardous Materials Drill					
Communication Drill					

Each Drill should be practiced at least twice a year.

Schedule of Drills and Exercises

January	February	March	April	May	June
July	August	September	October	November	December

Disaster Kit Maintenance

Kit	Date Updated	Date Updated	Date Updated	Date Updated	Date Updated
Home Disaster Kit					
Evacuation Kit					
First Aid Kit					
Pet Evacuation Kit					
Vehicle Kit 1					
Vehicle Kit 2					
Vehicle Kit 3					
Vehicle Kit 4					
Informational Notebook					
Medication Information					
Family Medical Information					
Smoke Detectors					
Fire Extinguishers					
Carbon Monoxide Detectors					
Chimney / flue pipe inspected					
Generator					

Check / replace batteries, check for expired items, update information as needed, replenish used stock.

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