

Emergency Preparedness Checklist

Food and Beverage



- | | |
|--|---|
| <input type="checkbox"/> Water
(1 gallon per person, per day) | <input type="checkbox"/> Pet food and supplies
(if needed) |
| <input type="checkbox"/> Non-perishable food (3-day supply for evacuation; 2-week supply for home) | <input type="checkbox"/> Manual can opener |
| | <input type="checkbox"/> Baby food/formula
(if needed) |

Essential Supplies



- | | |
|--|--|
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Copies of personal documents
— Passports — Insurance cards
— Birth certificates — Social Security cards |
| <input type="checkbox"/> Battery-powered radio | |
| <input type="checkbox"/> Extra batteries | |
| <input type="checkbox"/> Deluxe first aid kit | <input type="checkbox"/> Maps of the area |
| <input type="checkbox"/> Medications (7-day supply) | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Multi-purpose tool | <input type="checkbox"/> Emergency blankets |
| <input type="checkbox"/> Sanitation and personal hygiene items | <input type="checkbox"/> Family and emergency contact info |
| <input type="checkbox"/> Cell phone and chargers | <input type="checkbox"/> Evacuation route maps |

Family Action Plan



Determine what disasters are most likely to impact your home and have a plan for each.

Confirm a designated meeting area for all household members.

Household Meeting Area: _____

Discuss and identify every potential escape route in the home.

Create a meeting place outside of the neighborhood for anyone separated from the household.

Neighborhood Meeting Place: _____

Make sure everyone's cell phone has emergency contact information.

Emergency Contact Info: _____

First Name: _____ Last Name: _____ Phone: _____

First Name: _____ Last Name: _____ Phone: _____

First Name: _____ Last Name: _____ Phone: _____

Consider placing pet information on front and back doors for rescue workers.

Ensure all disaster kits and important documents are in easily accessible spaces.

Re-evaluate your plan every 6 months; update as needed.

Plan Evaluated: ____ Plan Evaluated: ____ Plan Evaluated: ____ Plan Evaluated: ____

Practice evacuations twice a year with all household members.

Evacuation Practice Date: ____ Evacuation Practice Date: ____ Evacuation Practice Date: ____ Evacuation Practice Date: ____