CHECKLIST



Emergency supplies checklist

To prepare for any emergency, collect a cache of supplies to shelter-in-place at home and a to-go bag in case you need to evacuate quickly. Pack a large backpack or shoulder bag and keep it ready near your exit. You may also wish to have a kit in your office and a commuter kit in your car.

| Essential preparedness supplies to shelter-in-place: | | | | | | | | |
|--|---|---|---------|---|--|--|--|--|
| | Water: at least one gallon per person per day for Non-perishable food to last your family for 14 day First Aid and medications | - | | | | | | |
| То | -go supplies: | | | | | | | |
| | Food and water | | Hygiene | | | | | |
| | □ Water packets, bottled water, or water purifiers □ Non-perishable, easy-to-carry food, such as protein and fruit bars Food prep | | | Goap Toothbrush and toothpaste Dental floss – it has many uses! Feminine supplies Tacial tissues Toilet-in-a-Bag | | | | |
| \subseteq | ☐ A mess kit with utensils, plate, cup | | | Sanitation wipes | | | | |
| | ☐ Can opener ☐ Dish soap | | Esse | ntial items | | | | |
| + | First aid Prescription medications Pain relievers, anti-diarrhea medication, antacids, laxatives, and vitamins Facemasks Hand sanitizer Disinfectant spray Wash cloth Disposable gloves Dressings Bandages Burn gel Splints Antiseptic | | | Cash Pens and notebook Battery-powered or hand-crank radio Flashlight Batteries Colar phone-charger or car-battery Chone charger Whistle or alarm to signal for help Lighter or matches in a waterproof Container Plastic sheeting and duct tape Tools: wrench, pliers, knife, multi-tool Local maps Pet supplies and food Clothing, including changes in Underwear, hat, gloves Prescription glasses and sunglasses An envelope containing photocopies of identification, legal documents, such as banking and insurance information, medical information, emergency and | | | | |

household contacts

HOME PREPARATION

Home preparation checklist

Consider how your home will fare during a disaster and what you can do to keep it safe for you and your family.

| Have alternative sanitation | | | | | |
|-----------------------------------|---|--|--|--|--|
| | Toileting Hand sanitizer Sanitation wipes | | | | |
| Shut off utilities | | | | | |
| Know the location of your home's: | | | | | |
| | Gas shutoff valve Water main shutoff valve Main circuit breaker | | | | |
| Secure furniture | | | | | |
| | Refrigerator Washer/dryer Avoid placing glass frames over beds Avoid placing chandeliers above beds | | | | |
| Ins | Insure your home | | | | |

ACTION PLAN WORKSHEET

Emergency action plan

Because you may not be together during an emergency, it is critical for you and your family to have an action plan if disaster strikes. This worksheet can help your family create a plan for how to stay safe, contact one another, and regroup if separated. Print and laminate a copy for your home and each member of your family to keep with them.

In an emergency, remember to **STOP:**

S: STOP... slow down. Take a few deep breaths.

T: THINK... read the plan. Think about where you are and what makes the most sense.

O: OBSERVE... look around you. Are you in a safe place? Do you or others need first aid/help of another kind?

P: PLAN... read the plan and then make a plan. Get your "go bag", or other supplies.

1. Emergency Meeting Plan: Where are you? Let's find each other!

| Stay put will come home as quickly as possible. It may take time. | | | | | |
|--|--|--|--|--|--|
| Take shelter outside. Add specific instructions where to take shelter and where food and water are stored. | | | | | |
| Assess your situation. Do you or others need first aid? Check to see if neighbors can help. Where are your first aid supplies? Add specific instructions. | | | | | |
| Is there a neighbor you can trust? List a neighbor, their house description, and instructions to provide them with your whereabouts if you leave. | | | | | |
| Stay put. will come home as quickly as possible. It may take time depending on where they are. | | | | | |
| Take shelter outside. Add specific instructions. | | | | | |
| Assess your situation. Do you or others need first aid? Where are your first aid supplies? Add specific instructions. | | | | | |
| Is there a neighbor you can trust? List a neighbor, their house description, and instructions to provide them with your whereabouts if you leave. | | | | | |
| Stay at school. Someone there will guide you. Ideally you will stay at the school until one of us comes to get you. | | | | | |
| | | | | | |
| Assess your situation. Find temporary shelter. Send a text to our primary and secondary out of state contact. | | | | | |
| Meet at our neighborhood meeting spot: If that is also in the evacuation zone meet at: | | | | | |
| | | | | | |

ACTION PLAN WORKSHEET

| 2. Communicate: Text or call to communicate your location, well-being and plan to our primary out of town contact AND [Parent/Guardian Name]. Text messages are likely to work better in an earthquake than calling or landline telephones. | | | | | | | | | |
|---|---|--|-------------------------|-----------------|---------------|-------|--|--|--|
| Who are youHow are you | ou? Be as sp with? Siste ? Injured (w | pecific as possible. S or/brother, neighbor hat type), scared, th d, water, first aid, et | (names), irsty, etc. | Friend (names). | etc. | | | | |
| Primary | | Name: Relationship: Location - Out of State: | | | Phone number: | | | | |
| Secondary | Name: Relationship: Location - Out of State: | | | Phone number: | | | | | |
| Secondary | Secondary Name: Relationship: Location - Out of State: | | | Phone number: | | | | | |
| Local Area Fa | mily & F | riend Contacts | ; | | | | | | |
| Name | | Address | | Phone | | Email | | | |
| | | | | | | | | | |
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