

Disaster Preparedness Handbook



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We urge you to utilize this Disaster Preparedness Checklist and complete the Emergency Information Form to ensure that your household is ready in the event of a catastrophe.



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Disaster Preparedness Checklist

CHECK ALL THE BOXES THAT APPLY TO YOU:

GO-BAG

- I have a “Go-Bag,” packed with survival essentials and ready to grab at a moment’s notice.
- My Go-Bag includes a backup supply of critical medicine as well as copies of my prescriptions.

BACKUP GENERATOR

- I have a whole-house generator with the capacity to power the fundamental functions of my property in the event of a power outage.
- I have enough fuel on-site to power my generator for a reasonable amount of time.

DOCUMENTS

- I keep paper copies of important documents such as identification, credit cards, and insurance policies in a safe and secure spot.
- I have a list of important phone numbers written down on paper should I ever need it.

MONEY

- I always have \$200-\$500 cash on hand in the event that ATMs and credit card terminals are down.

PETS

- I have emergency pet food and water in a portable container.
- Carrying cases and leashes for my animals are easily accessible.
- There is enough space in my vehicle to accommodate all of my pets and family in case of evacuation (or I have an animal trailer).

NEWS

- I own a multifunction radio that can be powered with a hand crank and automatically programmed to receive emergency weather alerts.

CHILDREN

- I understand the evacuation plan of my child’s school/childcare and know where to pick them up.
- My child’s emergency contact is also informed about the school’s evacuation plan.

TRANSPORTATION

- I keep a physical local and state map in my glove compartment.
- I never let the fuel level of my car dip below 25%.
- I keep an alternate emergency kit in my car and I replace its water and non-perishable food rations on a yearly basis.

COMMUNICATION

- If I live in a rural community or an area with notoriously poor reception, I’ve purchased a reliable satellite phone.
- My household has planned a sequence of emergency meeting locations at varying distances from home, and each person understands when and where to wait for each other in the event of separation.
- I have established an out-of-state contact who will act as a liaison and relay information regarding the whereabouts of each individual.
- I carry a portable power bank with solar options to charge my cell phone.

KNOWLEDGE

- I know how to swim, perform CPR, and operate a fire extinguisher.

If you did not check all of the boxes above, there are vulnerable gaps that must be addressed in your family’s disaster-response plan.

Emergency Information Form

Complete the Household Information pages for yourself, and an Individual Information form for each family member using as much detail as possible. Keep individual copies as well as a master copy in your Family Go-Bag at all times.

HOUSEHOLD INFORMATION

PERSONAL INFORMATION

NAME:

ADDRESS:

TEL:

CELL:

EMAIL:

HOUSEHOLD OCCUPANTS

NAME

AGE

CELL

EMAIL

PETS

NAME

PET TYPE

SPECIAL FEATURES (COLOR, BREED, ETC.)

VETERINARIAN

COMPANY:

VET'S NAME:

TEL:

ADDRESS:

BANKING

BANK:

ACCOUNT NUMBER:

LOCAL EMERGENCY CONTACT

NAME:

ADDRESS:

TEL:

EMAIL:

OUT OF AREA CONTACT

NAME:

ADDRESS:

TEL:

EMAIL:

FAMILY MEETING PLACE

SPOT 1:

SPOT 2:

SPOT 3:

INDIVIDUAL INFORMATION

Copy the following pages for each individual in the household

INDIVIDUAL INFORMATION

NAME:

ADDRESS:

TEL:

CELL:

EMAIL:

LOCAL EMERGENCY CONTACT

NAME:

ADDRESS:

TEL:

EMAIL:

OUT OF AREA CONTACT

NAME:

ADDRESS:

TEL:

EMAIL:

PRIMARY CARE DOCTOR

NAME:

ADDRESS:

TEL:

EMAIL:

SPECIALIST DOCTOR

NAME:

ADDRESS:

TEL:

EMAIL:

HEALTH INSURANCE

COMPANY:

GROUP NUMBER:

PATIENT NUMBER:

INSURANCE COMPANY TEL:

MEDICATIONS (INCLUDE COPIES OF THE PRESCRIPTIONS)

MEDICATION NAME	DATE PRESCRIBED	PRESCRIPTION EXPIRATION	# OF REFILLS
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PASSPORT (INCLUDE A COPY OF THE PASSPORT)

FULL NAME ON PASSPORT:

PASSPORT#:

ISSUING COUNTRY:

EXPIRATION:

DRIVER'S LICENSE (INCLUDE A COPY OF THE DRIVERS LICENSE)

FULL NAME ON LICENSE:

LICENSE#:

STATE:

EXPIRATION:

CHILDREN'S SCHOOLS

NAME OF SCHOOL:

ADDRESS:

TEL:

NAME OF SCHOOL:

ADDRESS:

TEL:

ADDITIONAL INFORMATION

