

How Prepared Is Your Family?

Action	Suggestions	Completed?
Educate yourself and your family.	Talk to your local emergency management agencies and the American Red Cross chapter about: <ul style="list-style-type: none"> ▪ Types of disasters likely to affect the community and how to prepare for them ▪ Community warning systems and evacuation plans ▪ Animal care during and after a disaster ▪ Taking responsibility for elderly and disabled persons ▪ Disaster plans at work places, schools, day care centers, or other places where your family spends time 	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Be sure you have adequate insurance coverage.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Conduct a home hazard hunt to identify anything that can move, fall, break, or cause a fire.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Take a Red Cross first-aid and CPR class.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Create a family plan and practice it.	Identify "safe rooms" or shelter areas for earthquakes and violent weather.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Determine the best escape routes out of the safe rooms/shelter areas.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Pick two places to meet in case you cannot return to your home—one spot just outside your home and another outside the neighborhood.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Create a contact list.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Identify an out-of-state relative or friend as a family contact in case family members	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	are in separate locations at the time of disaster. Be sure work and school offices have this number on file.	
	Discuss what to do in an evacuation and how to care for your pets.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Teach young children how and when to dial 911 and what to say.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Post all emergency numbers by every phone.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hold fire and emergency evacuation drills periodically (every six months) with all members of the family.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Quiz family members periodically, (children every six months), on procedures and contact information.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Store originals of important family documents in a safe deposit box.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Be a good neighbor.	Meet with your neighbors to plan how to work together in case of an emergency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Know your neighbors' special needs or skills, such as medical, technical.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Make plans for each other's children in case a parent is not able to get home.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Store adequate supplies	Store supplies in a sturdy, pest-free container and place in an accessible location:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Water for 3-5 days (one gallon per person per day, in a plastic container). Mark date of storage on container, and replace every three months. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Non-perishable foods for 3-5 days, including pet food if applicable. Replace every six months. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Manual can opener 	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"> ▪ Flashlights with extra batteries 	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	▪ Extra pair of prescription eyeglass, contact lenses (and cleaning solution)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Battery-operated radio or TV and extra batteries	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Prescription drugs that are used regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ First-aid kit	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Extra set of car keys	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ One blankets or sleeping bag per person	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Information (style, serial number, etc.) on critical medical devices (respirator, pacemaker, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Small amount of cash and a credit card	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Children's toys, games, books, pictures, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Extra battery for cell phone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Sanitation supplies	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Special items for infants/elderly/disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ One change of clothing and footwear per person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Take care of utilities	Locate and show all adults where and how to shut off main utility valves for water, gas, electricity.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Install smoke detectors on each floor, especially near bedrooms; test and replace batteries once a year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Teach family members how to use fire extinguishers and show them where they are kept. Test extinguishers once a year.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Create a home exit plan and evacuation box	Create basic floor plan of home and clearly mark exits to be used for emergencies. Post in each room.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	Create an evacuation box to “grab and go” in a waterproof container. Include:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Small amount of cash	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Irreplaceable photos/negatives in plastic	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Written inventory of valuable possessions (updated annually)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Insurance policy numbers and company phone numbers	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Copies of other important family or home documents and contact list	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Copies of prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
	▪ Copies of important legal documents—deeds, wills, birth certificates, immunization records, first two pages of prior two years’ tax returns, etc. <i>Original documents should be kept in a safe deposit box.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>