

## How Prepared is your family?

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Action	Suggestions	Completed?
Educate yourself and your family.	Talk to your local emergency management agencies and the American Red Cross chapter about: 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"/>
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 are in separate locations at the time of disaster. Be sure work and school offices have this number on file.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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"/>
	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"/>
	Non-perishable foods for 3-5 days, including pet food if applicable. Replace every six months.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Manual can opener	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Flashlights with extra batteries	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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"/>
	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. Original documents should be kept in a safe deposit box.	Yes <input type="checkbox"/> No <input type="checkbox"/>