



Disaster-Supply Kit Checklist

A disaster-supply kit should provide a collection of basic items that household members may need in the event of a disaster. A disaster-supply kit can be used in your home if there is an extended power outage or it could be used if you have to leave your home and go to a shelter. During an emergency, you will probably not have time to shop or search for the items you need.

A basic disaster-supply kit should

include these recommended items:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries.
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food - *manual*
- Local maps
- Cell phone with chargers, inverter or solar charger - *power strip*
- Important family documents such as copies of insurance policies, identification and bank account records in a water-proof, portable container
- Emergency reference material such as a first aid book or information from www.ready.gov
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper – When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

Additional Supplies:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Cash or traveler's checks and change

Visit Ready.gov

for more information on disaster-supply kits.





Family Emergency Communications Plan

Family Emergency Communication Plans can help to make sure you keep in contact with family and friends during an emergency or disaster.

Emergency Contact Information

Out-of-Town Contact

Name: _____
Home: _____
Cell: _____

Meeting Location

Alternate Meeting Location

Family Member Work Information

Workplace: _____

Address: _____

Phone: _____

Evacuation Location: _____

Out-of-State Meeting Location

Family Member Work Information

Workplace: _____

Address: _____

Phone: _____

Evacuation Location: _____

School Information

School: _____

Address: _____

Phone: _____

Evacuation Location: _____

- Family should fill out this plan together so that everyone is aware of, and familiar with, the information recorded.
- Select a family meeting spot where everyone can go in case you are separated.
- Learn where your city or town's shelter is located and how to get there.
- Make sure each family member has a copy of this plan and that it is easily accessible for all to see.
- Go over your family communications plan at least 3-4 times a year to ensure that it is up-to-date and maintained.
- Remember: Unless there is imminent danger, text don't talk! Texts may have an easier time getting through during an emergency or disaster as phone lines could be tied up.



Family Emergency Communications Plan

Medical & Insurance Information

Family Information

Name: _____

Date of Birth: _____ SSN: _____

Medical Information: _____

Family Information

Name: _____

Date of Birth: _____ SSN: _____

Medical Information: _____

Family Information

Name: _____

Date of Birth: _____ SSN: _____

Medical Information: _____

Family Information

Name: _____

Date of Birth: _____ SSN: _____

Medical Information: _____

Medical Contact

Doctor: _____

Phone: _____

Cell: _____

Medical Contact

Doctor: _____

Phone: _____

Cell: _____

Medical Contact

Doctor: _____

Phone: _____

Cell: _____

Insurance Information

Medical Insurance: _____

Phone: _____

Policy Number: _____

Insurance Information

Homeowners/Rental Insurance: _____

Phone: _____

Policy Number: _____

Visit Ready.gov for more information on making a plan.

