

# Personal Preparedness Plan

## *TEMPLATE*

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Name

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Date

## Plan Maintenance

*Mark off task and enter date completed*

<i>Activity</i>	<i>Start</i>	<i>6 mo</i>	<i>1 yr</i>	<i>18 mo</i>	<i>2 yrs</i>
Review Plan and Quiz Family Members					
Hold Fire and Emergency Evacuation Drills					
Replace stored food and water					
Check fire extinguishers and fire alarms					

## Local Emergency Numbers

FOR ALL EMERGENCIES, DIAL 911

Police	Fire/ Rescue	Poison Control

## Local Hospitals

Hospital Name	Phone Number

## Contact Information for Official Emergency Workers

Agency	Name	Address	Phone	Website

## People in my Plan - General

PERSON 1

Name	Age	Birth Day	Relation	Special Needs	Cell Phone
Special Skills/Roles					
Other					

## People in my Plan - Employment

PERSON 1

Employer Name	Employer Address	Employer Phone Number

## People in my Plan - Medical Information

PERSON 1

Blood Type	Allergies	Medical Conditions	Medications & Dosages
Other Medical Information			

## People in my Plan - Medical Insurance Information

PERSON 1

Insurance Provider	Policy Number	Primary Care Physician	Phone Number

*Add additional People in Your Plan here.*

## Designated Meeting Places

Outside House	Local	Out-of-Town

## Out of Town Contact Persons

Name	Address	Home Phone	Work Phone	Email

## Contact Information for Family and Friends

Relation	Name	Address	Home Phone	Work Phone	Email

## Contact Information for Maintenance Workers

Designation	Name	Address	Work Phone

## My Household Information

Home Address	Home Phone	Home Email Address

## Household Utility and Service Providers

Utility/ Service	Provider	Phone	Notes

## Household Insurance

Company Provider	Policy Number	Agent	Phone Number

## Family Assets

Account Type	Institution	Account Number	Phone Number

## Pet Information

Name	Type of Animal/ Breed	License Number	Veterinary Information

## Vehicle Information

Make	Model	Year	License Plate	VIN

## Vehicle Insurance Information

Company Provider	Policy Number	Agent	Phone Number

## Household Inventory

Item	Description	Location	Purchase Date	Purchase Price

## Home Layout/ Diagram

**Home Fire Escape Route/ Diagram**

Blank area for drawing the Home Fire Escape Route/ Diagram.

**Instructions for Home Emergency Protocols**

**Directions for Electricity Shut-Off**

Blank area for writing the Directions for Electricity Shut-Off.

**Directions for Water Shut-Off**

Blank area for writing the Directions for Water Shut-Off.

**Directions for Gas Shut-Off**

Blank area for writing the Directions for Gas Shut-Off.



# Disaster Supply Kit

## Sustenance

- |   |   |
|---|---|
| <input type="checkbox"/> Bottled Water (3 gallons per person/day, 5 day supply) | <input type="checkbox"/> Plates, Cups, Silverware, Paper Towels |
| <input type="checkbox"/> Non-Perishable Food (5 day supply)                     | <input type="checkbox"/> Pots & Pans                            |
| <input type="checkbox"/> Cooler   | <input type="checkbox"/> Can Opener                             |
| <input type="checkbox"/> Ice  | <input type="checkbox"/> Detergent & Sponge                     |
| <input type="checkbox"/> Camping Stove w/ Fuel                                  | <input type="checkbox"/> Vitamins & Iodine Tablets              |

## Medical and Sanitation

- |  |  |
|--|--|
| <input type="checkbox"/> First Aid Kit             | <input type="checkbox"/> Soap                                |
| <input type="checkbox"/> Latex Gloves              | <input type="checkbox"/> Toothbrush, Toothpaste & Floss      |
| <input type="checkbox"/> Non-Prescription Drugs    | <input type="checkbox"/> Razor & Shaving Cream               |
| <input type="checkbox"/> Prescription Drugs        | <input type="checkbox"/> Deodorant                           |
| <input type="checkbox"/> Toilet Paper              | <input type="checkbox"/> Towels                              |
| <input type="checkbox"/> Hand Sanitizer            | <input type="checkbox"/> Battery Powered Fan                 |
| <input type="checkbox"/> Bleach                    | <input type="checkbox"/> Tweezers & Nail Clippers & Scissors |
| <input type="checkbox"/> Sunscreen & Bug Repellant |  |

## Clothing & Bedding

- |  |   |
|--|---|
| <input type="checkbox"/> Changes of Clothes          | <input type="checkbox"/> Air Mattress             |
| <input type="checkbox"/> Footwear (Closed Toe Shoes) | <input type="checkbox"/> Blankets / Sheets        |
| <input type="checkbox"/> Rain Gear                   | <input type="checkbox"/> Protective Hats & Gloves |
| <input type="checkbox"/> Sunglasses                  | <input type="checkbox"/> Sewing Kit               |

### Emergency Supplies

Tool Kit

Tape

Bucket

Flashlight

Batteries

Emergency Whistle

Knife

Scissors

Safety Pins

Rope

Zip-Ties

Fire Extinguisher

Lighter & Matches

Candles

Radio/TV/Weather Band (Battery or Hand-Crank Powered)

Zip Lock Bags

Garbage Bags

Plastic Sheeting

### Documents

Insurance Policies

Bank Account Numbers

Passports and/or Birth Certificates

Current Personal Photographs

Hard-Drive Backup of Computer Documents

Copy of this Personal Preparedness Plan

Paper & Pens

Maps

### Miscellaneous

Games / Entertainment

Cash & Credit Cards

Extra Set of House and Car Keys

Laptop Computer