

# Questions to Begin Emergency Planning Efforts



## EMERGENCY SUPPLIES

What emergency supplies would you need to have at home if you had to live without essential utilities such as water, heat or air conditioner or electricity for 2 weeks? Make your list of essential items here.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For more ideas, refer to SAFE Aging's Emergency Kit Checklist.  
<http://www.safeaging.com/information/support/EmergencyKit.pdf>

## LEAVING HOME IN A HURRY

What would you need to take with you if you had to leave your home rapidly? Make your list of essential items here.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EVACUATION PLANS

Where would you go if you had to be evacuated? Write the address and directions in the space provided.

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driving Directions:

Do you have a pet?  Yes  No

If so, does your evacuation site accept pets?  Yes  No

List the complete address and telephone number of an evacuation site that will accept your pet.

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driving Directions:

Will you need assistance if you were evacuated? Who would provide you the assistance? List the names and telephone numbers here.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SUPPLIES NEEDED IF EVACUATED

List the supplies you will need to take with you.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have all of your vital records in an easy to reach or retrieve location?  Yes  No

If not, find a watertight and fire safe container and place in an easy to reach location.

Do you have all of your critical telephone numbers listed in one easy to find place? (Critical numbers includes family, friends, associates, insurance, health, and financial phone numbers.)  Yes  No

## HOME SAFETY

Do you have a fire extinguisher?  Yes  No

If yes, do you know how to use it?  Yes  No

Location? \_\_\_\_\_

Do you have a battery operated radio/TV?  Yes  No (Needed in case electricity is shut off.)

Do you have cash available?  Yes  No (Needed in case banks are not open or electricity is shut off.)

Do you have a person who knows where you are during an emergency?

Yes  No If yes, write their name and complete telephone number including area code.

\_\_\_\_\_

If a tornado was a threat, which room in your home would be your safest room?

(Pick a room that does not have windows) \_\_\_\_\_

Do you have a disaster kit that has essential tools, supplies, foods and clothing that could sustain you for more than three days?  Yes  No

For more ideas, refer to SAFE Aging's Disaster Kit Checklist.

<http://www.safeaging.com/information/support/DisasterKit.pdf>