Home Preparedness Plan / Inspection Checklist

Family _____
Date _____

Family members should be SHOWN Where, and how to TURN OFF Utilities:

- The Water Main valve inside our home is located _____
- The Water Main valve outside or home is located _____
- The Gas Main valve is located _____
- The Gas Main Valve wrench is located _____
- The Main Electrical Shut Off panel is located _____

Home Preparations

- The "Safe Zone" in our home is _____
- If we need to leave our home we will go to: _____
- The best way out of our home from our "Safe Area" is_____
- Our 72 Hour kits are located _____
- We have ___ fire extinguishers in our home; They are located **(Inspected/checked Quarterly)**: Probable areas
  1 _____ 4 _____
  2 _____ 5 _____
  3 _____ 6 _____
- Fire Blankets _____

Communications

- FRS / GMRS / Amateur _____ Back-up Power_____ Spare Batteries?_____
- AM / FM Radio (Battery Powered) _____ NOAA Radio _____ (Battery Powered) Correctly Tuned?_____
- Portable charger(s) with charging cables appropriate for your devices. _____
- Secret Word (s) _____

Power Out Heating & Cooking

- Appliances (Heating):_____
- Appliances (Cooking):_____

Egress Planning

- In the event of an emergency, Identify facilities that may be used as an evacuation center. This includes schools, neighborhood & civic centers, etc.
  _____
- In the event of an emergency, Identify local family members / friends dwellings that you and your family may stay at. Consider a family & friends network to aid each other in the event of an emergency.
  (If their dwelling is habitable, and do they know you're coming?) _____
  Do you know who's planning / coming to stay with you? See the "Meal and Accommodation Plan".
- Identify all forms of transportation that you may use. i.e. cars, trucks, ATV's, motorcycles, side-by-sides, bicycles, tractor, etc._____
- Special Needs: (Such as how will you power CPAP or other devices - Is your power source capable of operating these devices and how will you charge them?) _____

CHECKLIST: Basic Kits to Prepare

First Aid Kits For

- 72hr Kit _____ Home _____ Any prescription meds in critical kits Y N
- Vehicle(s) _____ Outdoors _____ Spare Glasses / Contacts in kits Y N
- _____

- **72 Hour Kit** For Each Family Member, Pets (Grab & Go - Your may want to consider keeping your kit in your egress vehicle):
- _____

  This should include food & water, shelter, sleeping gear, sanitation, clothes, cookware, first aid kit, implements etc. to realistically care for your family for 3 days.
- **Vehicle Kits** One for each vehicle _____
- **Other Necessary / Special Requirements / Kits** _____

CHECKLIST: Home Preparation

- Clear area around water main shut-off valve and circuit breaker panels (interior and exterior)
- Wrench to shut off natural gas at the ready. Meter cleared 12" L&R, 10" Ground to valve, 36" cleared in front.
- Utility room cleared of debris and flammable materials (Good Housekeeping)
- Water heater secured to structure (building code in most places)
- Restraints on heavy items such as shelves, hutches, food & supply shelves etc.
- Hazardous / flammable items stored out of dwelling (Fuels, oils, fluids etc).
- Batteries in Smoke and CO alarms inspected and tested at least annually _____
- Dryer vents inspected and cleaned at regular intervals _____
- Container for important documents properly stored
- Fire extinguishers located in all probable areas and inspected at regular intervals
- Practice good housekeeping standards. Correct potential slip / trip / fall hazards; rugs etc.
- Battery operated radio with spare batteries
- For portable power out cooking / heating appliances (How will you prevent CO poisoning?)
- Sanitation Plan
  - How will you do your "business"?
  - How will you do the dishes?
  - Brush your teeth?
  - Bathe?.
- Implements Available: Saws, pry bars, shovels, gloves, dust masks etc.
- Home Message Center established (Weatherproof container outside of dwelling). _____
- Important contact / Next-of-Kin information prepared and properly secured (Family Emergency Plan). Is you plan completed in it's entirety? _____
- Food / Supplies Calendar: Are you tracking what you consume and replenishing those supplies?
- Storage Programs in place. This is to include food, water, commodities and supplies with rotation intervals. What are your plans to expand it? _____
  _____
  _____
- HVAC (furnace filter changed semi-annually **Filter Size** _____1) _____ 2) _____
- Do you have spares on-hand? _____

Notes / Recommendations:

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