

EMERGENCY SUPPLY KIT

After an emergency, you may need to survive on your own for two weeks. Being prepared means having your own food, water and other supplies to last for two weeks. A disaster supplies kit is a collection of basic items your household may need in the event of an emergency.

Make sure your emergency kit is stocked with the items on the checklist below. Download a printable version to take with you to the store. Once you take a look at the basic items consider what unique needs your family might have, such as supplies for pets or seniors.

Basic Disaster Supplies Kit

To assemble your kit store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.

A basic emergency supply kit could include the following recommended items:

- ☐ Water (one gallon per person per day for two weeks, for drinking and sanitation).
- ☐ Food (at least a two-week supply of non-perishable food).
- ☐ Water purification tablets
- ☐ Can opener.
- ☐ Utility knife.
- ☐ Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert.
- ☐ Flashlight.
- ☐ First aid kit.
- ☐ Extra batteries.
- ☐ Hand sanitizers/soap.
- ☐ Clorox and disinfecting wipes.
- ☐ Paper plates and cups.
- ☐ Plastic Utensils.
- ☐ Prescription/Non-Prescription Medications
- ☐ Important documents in plastic file storage or zip lock bag (birth certificates, marriage certificates, social security cards, medical information, emergency contact numbers)
- ☐ Whistle (to signal for help).
- ☐ Dust mask (to help filter contaminated air).
- ☐ Plastic sheeting and duct tape (to shelter in place).
- ☐ Moist towelettes, garbage bags and plastic ties (for personal sanitation).
- ☐ Wrench or pliers (to turn off utilities).
- ☐ Manual can opener (for food).
- ☐ Local maps.
- ☐ Cell phone, solar powered chargers, backup battery, and charging cables.



Additional Emergency Supplies

Consider adding the following items to your emergency supply kit based on your individual needs:

- ☐ Masks.
- ☐ Soap.
- ☐ Hand sanitizer
- ☐ Disinfecting wipes.
- ☐ Prescription medications.
- ☐ Non-prescription medications.
- ☐ Prescription eyeglasses and contact lens solution.
- ☐ Cash or traveler's checks.
- ☐ Lanterns or oil lamps.
- ☐ Important family documents electronically or in a waterproof, portable container.
- ☐ Complete change of clothing appropriate for your climate and sturdy shoes
- ☐ Fire extinguisher.
- ☐ Matches in a waterproof container.
- ☐ Feminine supplies and personal hygiene items.
- ☐ Cooking supplies.
- ☐ Paper cups.
- ☐ Plates.
- ☐ Paper towels.
- ☐ Plastic utensils.
- ☐ Paper and pencil.

If you have pets and/or kids:

- ☐ Pet food and extra water for your pet.
- ☐ Diapers.
- ☐ Diaper Rash Cream
- ☐ Baby Formula.
- ☐ Baby food.
- ☐ Baby wipes.
- ☐ Books, games, puzzles or other activities for children.
- ☐ Sleeping bag or warm blanket for each person.

If you have a disability:

- ☐ Hearing devices.
- ☐ Writing devices.
- ☐ Oxygen.
- ☐ Suction equipment.
- ☐ Dialysis equipment.
- ☐ Sanitary supplies.
- ☐ Urinary supplies.
- ☐ Ostomy supplies.
- ☐ Walker, crutches, canes.
- ☐ Monitors.
- ☐ Wheelchair repair kit.
- ☐ Magnifiers.
- ☐ Communication & other assistive technology devices.

Maintaining Your Kit

After assembling your kit remember to maintain it so it's ready when needed:

- Keep canned food in a cool, dry place.
- Store boxed food in tightly closed plastic or metal containers.
- Replace expired items as needed.
- Re-think your needs every year and update your kit as your family's needs change.

Kit Storage Locations

Since you do not know where you will be when an emergency occurs, prepare supplies for home, work and cars.

- **Home:** Keep this kit in a designated place and have it ready in case you have to leave your home quickly.
- **Work:** Be prepared to shelter at work for at least 24 hours. Your work kit should include food, water and other necessities like medicines, as well as comfortable walking shoes, stored in a "grab and go" case.
- **Car:** In case you are stranded, keep a kit of emergency supplies in your car.

FIRST AID KIT

Everyone's first aid kit might look different, but here are some examples of what you can include in your own first aid kit. Make sure to include any individual medications or needs you might have that are specific to you.

- ☐ Pen & paper
- ☐ Work gloves
- ☐ Money
- ☐ First aid manual
- ☐ Aspirin or pain relievers
- ☐ Laxatives
- ☐ Rubbing alcohol
- ☐ Diarrhea medicine
- ☐ Petroleum jelly
- ☐ Soap
- ☐ Gauze
- ☐ Band-aids
- ☐ Triangular bandage (36"x36"x52")
- ☐ Elastic bandage
- ☐ Cotton balls
- ☐ Cotton swabs
- ☐ Safety pins
- ☐ Scissors
- ☐ Thermometer
- ☐ Sanitary napkins (also used as a pressure dressing)
- ☐ Disposable diapers (also use as a dressing/splint/padding)
- ☐ Microspore adhesive, paper tape
- ☐ Matches
- ☐ Needles
- ☐ Tweezers
- ☐ Small splints, popsicle sticks
- ☐ Heavy string
- ☐ Syrup of Ipecac
- ☐ Individual medical needs



SELF-ASSESSMENT CHECKLIST

The following questions will help you identify what you can do on your own, and what help you may need before, during, and after a disaster. This checklist does not list all areas, so you can add other areas that meet your situation:

1. Are you able to perform personal care on your own, such as bathing/showering and getting dressed?
2. Do you use assistive devices to help you perform personal care?
3. Are you able to move to a safe place within your home if you need to?
4. Are you able to cook your meals?
5. Do you need someone or the use of assistive devices to help you eat your food independently?
6. Can you leave your house in the event of an evacuation?
7. Can you drive in the event of an evacuation?
8. Do you need a specially equipped vehicle or accessible transportation?
9. Do you use life-support equipment that requires power?
10. If you use life-support equipment, do you have a back-up power plan?
11. If your back-up power plan runs out, do you have a third option?
12. Do you have a plan for when power and water services are cut off?
13. If you have a service animal or pet(s), are you able to care for it during and after a disaster?
14. If you are not able to care for your service animal or pet, is there another person that can care for the animal?
15. Are you able to call for help if you need assistance?
16. If you work in a multi-story building, and the elevator is not working, do you have an alternate plan to exit or evacuate the building?
17. Do you have a plan if your mobility aids are damaged or not available?



CAR EMERGENCY SUPPLY KIT

Your Car Emergency Kit is a smaller collection of disaster supplies stored in a backpack or pouch in your car:

- | | |
|--|--|
| <input type="checkbox"/> Small flashlight and batteries. | <input type="checkbox"/> Hygiene wipes |
| <input type="checkbox"/> Two Weeks worth of Bottled water. | <input type="checkbox"/> Important documents stored in plastic file, including emergency contact numbers and medical information |
| <input type="checkbox"/> Spare tire. | <input type="checkbox"/> Paper and pen/pencil |
| <input type="checkbox"/> Manual pump. | <input type="checkbox"/> Communication cards |
| <input type="checkbox"/> Jumper cables. | <input type="checkbox"/> Gas can. |
| <input type="checkbox"/> Non-perishable snacks. | <input type="checkbox"/> Sleeping bag & blankets. |
| <input type="checkbox"/> Whistle. | <input type="checkbox"/> Reflectors & flares. |
| <input type="checkbox"/> Red cloth to use as a flag. | <input type="checkbox"/> Short rubber hose for siphoning. |
| <input type="checkbox"/> Sunscreen. | <input type="checkbox"/> Shovel or Spade. |
| <input type="checkbox"/> Antiseptic. | <input type="checkbox"/> Fire extinguisher. |
| <input type="checkbox"/> Toilet paper | |
| <input type="checkbox"/> Hand sanitizer | |

WORK EMERGENCY SUPPLY KIT

If you work, you should also put together a Work Emergency Kit that is kept in your desk drawer or locker. It is a smaller collection of disaster supplies that may be stored in a backpack:

- ☐ Small flashlight and batteries.
- ☐ Bottled water.
- ☐ Fruit bars, bag of nuts.
- ☐ Whistle.
- ☐ Walking shoes/tennis shoes.
- ☐ Paper and pen/pencil.
- ☐ Emergency contact information and medical information.
- ☐ Extra glasses, hearing aid, or other assistive technology device



TIPS FOR INDIVIDUALS WHO ARE BLIND OR HAVE LOW VISION

Keep a card describing your vision loss in your emergency kits. A copy of this card should be with you at all times.

If you have some vision:

- Install security lights in each room to light your path.
- Include high-powered flashlights with extra wide beams and extra batteries as part of your emergency kit.
- Store extra magnifiers in your emergency kit.
- If you use contact lens, keep extra lens and solutions available.
- If you use a cane, keep extra canes in your emergency kits as well as in specific areas within your home, work, and places you go often.
- Keep your service animal close to you and on a leash or harness. They may become disoriented or frightened during or after a disaster.
- Label emergency supplies with large print, fluorescent tape or Braille.
- Consider storing a large-print clock, a talking clock or a Braille clock.
- Establish alternate plan if your auditory clues are lost after a disaster.

TIPS FOR INDIVIDUALS WITH HEARING DISABILITIES

- Keep a card describing your hearing loss in your emergency kits. A copy of this card should be with you at all times.
- If you use hearing aids, store them in a container in a handy area, such as on your nightstand next to your bed. You will be able to quickly and easily find them if an emergency situation arises.
- Keep extra batteries for your hearing aids, implants, TTY or other devices you use. Make sure you check your manuals for the correct way to store the batteries.
- Plan how you will communicate with first responders if you do not have your hearing aid or there is no interpreter available.
- Keep paper and pen/pencil available at all times.
- Make and carry pre-printed copies of information and key phrases to let responders know how to best help you.

TIPS FOR INDIVIDUALS WITH PHYSICAL OR MOBILITY DISABILITIES

- Keep a card describing your physical disability in your emergency kits. A copy of this card should be with you at all times.
- Attach your Evacuation Go-Kit to your walker, wheelchair, or scooter.
- If available, store extra canes, walkers, or wheelchairs in a convenient and secured area within your house and place of work.
- Include heavy gloves as part of your emergency kit to use as you go over broken glass or debris in your wheelchair.
- If you use a motorized wheelchair or scooter, have a back up battery source.
- Charge your batteries fully prior to a disaster situation. Check your manual on the recommended methods for charging your batteries.
- Arrange furniture in such a way that it creates a barrier-free walkway in your home and work place.
- Develop a plan on how you will be evacuated with specific instructions on how to lift and carry you in the event your wheelchair or scooter cannot be used.



TIPS FOR INDIVIDUALS WITH SPEECH-RELATED OR COMMUNICATION DISABILITIES

After you develop your emergency plan, practice what to do during and after an emergency situation. Practice until you feel sure that you know what to do when an emergency situation happens.

In addition to your emergency plan, make a list of all the things you need to do after an emergency situation. Keep it in a small notebook or voice recorder to help you remember these tasks. Practice what you will say to an emergency responder about yourself if you need help. Write these phrases or sentences on cards and keep in your wallet, backpack, and emergency kits. Take them out and show them to the emergency responder if you are not able to say it. Some phrases are:

- “I have a hard time understanding. Please speak slowly and use simple language.”
- “I forget things. Please write down information for me on this paper.”
- “I use a communication device. I can point to pictures or key phrases, which you will find in my wallet.”

TIPS FOR INDIVIDUALS WITH PETS AND SERVICE ANIMALS

Your emergency plan should include a plan for the care of your pet or service animal.

- Make sure your pet or service animal has ID tags that have emergency contact numbers on it.
- Make sure your pet's license and shots are up to date.
- If your pet or service animal is not able to go with you in the event of an evacuation:
- Identify people in your neighborhood or personal support network who are willing to take and care for your pets.
- Identify animal shelters in your neighborhood, and make arrangements in advance for your pets to stay at the shelter.
- Identify a neighbor who may be able to help your pet if you are not home.

Put together an emergency kit for your animal supplies to last a minimum of 7 days, including:

- | | |
|--|---|
| <input type="checkbox"/> Medications & dosage instructions. | <input type="checkbox"/> Vaccination records. |
| <input type="checkbox"/> 2 weeks supply of food/water. | <input type="checkbox"/> Veterinarian's information. |
| <input type="checkbox"/> Bowl for water and food. | <input type="checkbox"/> Medications & dosage instructions. |
| <input type="checkbox"/> Blanket or pillow for bedding. | <input type="checkbox"/> Pet carriers, cages. |
| <input type="checkbox"/> Plastic bags and paper towels/wipes for disposing of feces. | <input type="checkbox"/> Leashes/non-nylon halters/leads or rope. |
| <input type="checkbox"/> Extra leash or harness. | <input type="checkbox"/> Hoof pick. |
| <input type="checkbox"/> Toys. | <input type="checkbox"/> Horse blankets/sheets. |
| <input type="checkbox"/> Water buckets. | <input type="checkbox"/> Leg wraps. |
| <input type="checkbox"/> Bleach/disinfectant solution. | |
| <input type="checkbox"/> Duct tape. | |
| <input type="checkbox"/> Plastic bags. | |
| <input type="checkbox"/> Newspaper/paper towels. | |
| <input type="checkbox"/> Cat litter & box. | |
| <input type="checkbox"/> Can opener. | |

Animals may become frightened, confused or disoriented during and after an emergency situation. Keep them leashed securely close to you. Identify alternate ways of getting around or doing things if your service animal is not available to help you. Practice these options to see what may be the best method for you.

PET EMERGENCY CONTACTS

My veterinarian

Animal Services Resources

Friends & Family

Boarding Facility

Field Operations

- ☐ Officer Assistance
- ☐ Emergency Transport
- ☐ Evacuation/rescue assistance

Shelter Operations

- ☐ Lost / Found
- ☐ Volunteering
- ☐ Temporary Emergency Sheltering
- ☐ Information
- ☐ Donations

MY EMERGENCY PLAN CHECKLIST

In the event of an emergency please make sure you have all the things you need to execute your emergency plan.

Ask yourself, do I have:

- | | | |
|---|------------------------------|-----------------------------|
| 1. All my Basic Supply Kits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. An Emergency Support Team? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. All my Emergency Support Forms filled out? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. An evacuation plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Emergency transportation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Emergency meeting locations for you and your Emergency Support Team? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Review and update your plan at least once every three months. Make sure all your emergency supply kits are well supplied and that perishable or expired products are replaced.



MY EMERGENCY SUPPORT TEAM

List people (family, friends, neighbors, service providers) who have agreed to be part of your emergency support team. It's important that people on your support team know about and understand how to assist with your special disability or health related needs. It's important to stay in touch with your support team members to make sure they are still available to help.

Name: _____

Phone number(s): _____

(Home) _____

(Work) _____

(Cell) _____

Name: _____

Phone number(s): _____

(Home) _____

(Work) _____

(Cell) _____

Name: _____

Phone number(s): _____

(Home) _____

(Work) _____

(Cell) _____

Name: _____

Phone number(s): _____

(Home) _____

(Work) _____

(Cell) _____

MY MEDICINE LIST

Medicine Name: _____

Describe the pill (color, size, shape, etc.) _____

What do you take it for? _____

Which doctor prescribed it? _____

Which pharmacy filled it? _____

Write instructions from label here:

Medicine Name: _____

Describe the pill (color, size, shape, etc.) _____

What do you take it for? _____

Which doctor prescribed it? _____

Which pharmacy filled it? _____

Write instructions from label here:

MY MEDICINE LIST

Medicine Name: _____

Describe the pill (color, size, shape, etc.) _____

What do you take it for? _____

Which doctor prescribed it? _____

Which pharmacy filled it? _____

Write instructions from label here:

Medicine Name: _____

Describe the pill (color, size, shape, etc.) _____

What do you take it for? _____

Which doctor prescribed it? _____

Which pharmacy filled it? _____

Write instructions from label here:

EMERGENCY MEDICAL INFORMATION

Name:_____ Date of Birth:_____ Address:_____

City:_____ Social Security Number:_____

Health Insurance Company:_____

Individual/Group Policy Number:_____ Medicaid Policy Number:_____

Medicare Policy Number:_____ My doctor/clinic is (name):_____

Phone:_____ Address:_____

Email:_____

Who to contact in and emergency:

Name:_____

Phone:_____

Address:_____

Email:_____

Medications/dosages _____

Allergies/Sensitivities _____

Special Diet _____

Special Needs (Do you use equipment like a walker, wheelchair, cane, etc. Do you need special assistance due to a speech or hearing difficulty?) _____

NOTES