CREATING A FAMILY DISASTER PLAN

A Step-By-Step Guide

Provided to you by Jefferson County Homeland Security & Emergency Management
The ________________’s Family Disaster Plan

Last Updated __________________

List of Family Members:

• ________________________________
• ________________________________
• ________________________________
• ________________________________
• ________________________________
• ________________________________
• ________________________________
• ________________________________
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Designated Meeting Places

In the event we need to immediately evacuate from our house, or in the event that we come home and the house is not safe to enter, it is important that we have a designated meeting place outside of our home so that we know everyone is out and safe. Examples of meeting places outside the house include: mail box, end of driveway, the big oak tree behind or in front of the house.

Our meeting place outside of our house is: ________________________________

In the event we are not able to enter our neighborhood or have to leave our neighborhood for reasons such as a hazardous materials spill or other neighborhood evacuation it is important we have a designated meeting place outside of our neighborhood so that we know everyone is out and safe. Examples of meeting places outside of the neighborhood include: school parking lot, local restaurant or friends house.

Our meeting place outside of our neighborhood is: ___________________________

In the event that we would have to leave the entire area, such as in the case of a national attack, our meeting place would be: ________________________________
Designated Out of Town Contacts

In many emergencies, it is easier to contact someone out of town than to make a local call. For this reason, it is necessary to designate an out of town contact that our family will call to let them know our condition and whereabouts in time of emergency when we may not be able to get in touch with each other. Out of town contacts may include a friend, aunt or other family member that everyone is familiar with.

Designated Out of Town Contact

Name__________________________________ Phone___________________________

In the event that we cannot contact ____________________________, the backup contact is:

Name__________________________________ Phone___________________________
Floor Plan of Our Home

(Draw the Flood Plan of Your Home here. Designate 2 escape routes from each room)
### Emergency Telephone Numbers

<table>
<thead>
<tr>
<th><strong>For All Emergencies</strong></th>
<th>9-1-1</th>
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<tbody>
<tr>
<td>Jefferson County Homeland Security &amp; Emergency Management</td>
<td>304-728-3290*</td>
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<tr>
<td>Jefferson County Emergency Communications Center</td>
<td>304-725-8484</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>800-222-1222</td>
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<tr>
<td>American Red Cross</td>
<td>304-725-5015</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>304-267-4612</td>
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<tr>
<td>WV State Police, Jefferson County</td>
<td>304-725-9779 or cell *77</td>
</tr>
<tr>
<td>Jefferson County Sheriff’s Department</td>
<td>304-728-3205*</td>
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<tr>
<td>Charles Town Police Department</td>
<td>304-725-2714*</td>
</tr>
<tr>
<td>Harpers Ferry Police Department</td>
<td>304-535-6366*</td>
</tr>
<tr>
<td>Ranson Police Department</td>
<td>304-725-2411*</td>
</tr>
<tr>
<td>Shepherdstown Police Department</td>
<td>304-876-6036*</td>
</tr>
<tr>
<td>Shepherd University Security</td>
<td>304-876-5202*</td>
</tr>
<tr>
<td>Federal Bureau of Investigation</td>
<td>304-260-8600</td>
</tr>
<tr>
<td>US Marshal Service</td>
<td>304-623-0486</td>
</tr>
<tr>
<td>US Secret Service</td>
<td>304-347-5188</td>
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<tr>
<td>Jefferson County Health Department</td>
<td>304-728-8416*</td>
</tr>
<tr>
<td>WVU Healthcare – Jefferson Medical Center</td>
<td>304-728-1600</td>
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<tr>
<td>WVU Healthcare – Berkeley Medical Center</td>
<td>304-264-1000</td>
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</tbody>
</table>
Winchester VA Medical Center  540-536-8000

Jefferson Urgent Care (Rt.340, Charles Town)  304-728-8533

WV Department of Health & Human Resources  304-724-2600

National Response Center
(Chemical and oil spills; chemical/biological terrorism)  800-424-8802

Bakerton Volunteer Fire Department (Harpers Ferry)  304-876-0007*

Blue Ridge Volunteer Fire Department  304-725-8118*

Citizens Volunteer Fire Department (Charles Town)  304-725-2814*

Friendship Volunteer Fire Department (Harpers Ferry/Bolivar)  304-535-2211*

Independent Volunteer Fire Department (Charles Town/Ranson)  304-725-2514*

Shepherdstown Volunteer Fire Department  304-876-2311*

Middleway Volunteer Fire Department  304-668-3203*

State Emergency Spill Notification  800-642-3074

WV State Fire Marshal’s Arson Hotline  800-233-3473

Potomac Edison Power Company  888-544-4877 or 800-686-0011

Frontier Communications  800-921-8101

Comcast  800-934-6489

Cell Phone Provider  
Account No. ____________________

Other Provider  
Account No. ____________________
Other Provider ______________________
Account No. _________________________

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<tr>
<th>Other Important Numbers</th>
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*Phone not manned 24 hours/day. If no answer, call 304-725-8484. FOR ALL EMERGENCIES, CALL 9-1-1.
Neighbor’s Telephone Numbers

Get to know your neighbors. It is the most significant step you can take to improve your safety. In an emergency, your neighbors can respond faster than anyone else. Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together during a disaster until help arrives. Know your neighbor’s special skills (i.e., medical, technical and equipment) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make a plan for child care in case parents can’t get home.

Name__________________________
Address __________________________________
Phone Number _____________________________
Notes ____________________________________

Name__________________________
Address __________________________________
Phone Number _____________________________
Notes ____________________________________

Name__________________________
Address __________________________________
Phone Number _____________________________
Notes ____________________________________

Name__________________________
Address __________________________________
Phone Number _____________________________
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Phone Number _____________________________
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Phone Number _____________________________
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Name__________________________
Address __________________________________
Phone Number _____________________________
Notes ____________________________________

Name__________________________
Address __________________________________
Phone Number _____________________________
Notes ____________________________________
Emergency Alert System Radio Stations

In times of emergency, some radio stations are designated Emergency Alert System Stations. We should listen to these stations for emergency information, evacuation routes, sheltering information and other emergency information that needs to be relayed to us. Additionally, the County’s Plan calls for sirens to alert us to turn to one of the EAS stations. There will be fire trucks or other emergency vehicles to go through the neighborhoods with public address system notification for emergencies. If we hear the public address system, we should immediately turn to one of these stations for further information. The following EAS Stations near our home:

WEPM-AM 1340

WLTF-FM 97.5
## Local TV and Radio Stations

<table>
<thead>
<tr>
<th>Station</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>WINC Radio</td>
<td>92.5 FM</td>
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<tr>
<td>WWEG Radio</td>
<td>106.9 FM</td>
</tr>
<tr>
<td>WEPM Radio</td>
<td>1340 AM</td>
</tr>
<tr>
<td>WKMZ Radio</td>
<td>95.9 FM</td>
</tr>
<tr>
<td>WLTF Radio</td>
<td>97.5 FM</td>
</tr>
<tr>
<td>WRNR Radio</td>
<td>740 AM or 106.5 FM</td>
</tr>
<tr>
<td>WSCH Radio</td>
<td>89.7 FM</td>
</tr>
<tr>
<td>WUSQ Radio</td>
<td>1550 AM or 102.5 FM</td>
</tr>
<tr>
<td>Kiss Radio</td>
<td>98.3 FM</td>
</tr>
<tr>
<td>WVEP WV Public Radio</td>
<td>88.9 FM</td>
</tr>
<tr>
<td>WDVM TV</td>
<td>Channel 25</td>
</tr>
<tr>
<td>Jefferson County Government</td>
<td>Channel 17 or HD-73-3</td>
</tr>
<tr>
<td>Jefferson County Schools</td>
<td>Channel 18 or HD-79-5</td>
</tr>
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</table>
## Insurance Policy Information

### Health Insurance

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Group Name or Number</th>
<th>Policy Holder</th>
<th>Policy Holder’s Social Security No.</th>
<th>Telephone Number</th>
<th>Other Information</th>
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</table>

### Dental Insurance

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<thead>
<tr>
<th>Company Name</th>
<th>Group Name or Number</th>
<th>Policy Holder</th>
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<th>Telephone Number</th>
<th>Other Information</th>
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### Optical Insurance

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<tr>
<th>Company Name</th>
<th>Group Name or Number</th>
<th>Policy Holder</th>
<th>Policy Holder’s Social Security No.</th>
<th>Telephone Number</th>
<th>Other Information</th>
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### Life Insurance

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Group Name or Number</th>
<th>Policy Holder</th>
<th>Policy Holder’s Social Security No.</th>
<th>Telephone Number</th>
<th>Other Information</th>
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</table>
Home Owners/Renters Insurance

Company Name___________________________________________
Group Name or Number _________________________________
Policy Holder __________________________________________
Policy Holder’s Social Security No. _________________________
Telephone Number ______________________________________
Other Information _______________________________________

Business Insurance

Company Name___________________________________________
Group Name or Number _________________________________
Policy Holder __________________________________________
Policy Holder’s Social Security No. _________________________
Telephone Number ______________________________________
Other Information _______________________________________

Vehicle Insurance

Company Name___________________________________________
Group Name or Number _________________________________
Policy Holder __________________________________________
Policy Holder’s Social Security No. _________________________
Telephone Number ______________________________________
Other Information _______________________________________

Bank Account Information

Company Name___________________________________________
Group Name or Number _________________________________
Policy Holder __________________________________________
Policy Holder’s Social Security No. _________________________
Telephone Number ______________________________________
Other Information _______________________________________
Credit Card Information

Company Name___________________________________________
Group Name or Number ____________________________________
Policy Holder _____________________________________________
Policy Holder’s Social Security No. ___________________________
Telephone Number ________________________________________
Other Information _________________________________________

Other

Company Name___________________________________________
Group Name or Number ____________________________________
Policy Holder _____________________________________________
Policy Holder’s Social Security No. ___________________________
Telephone Number ________________________________________
Other Information _________________________________________

Other

Company Name___________________________________________
Group Name or Number ____________________________________
Policy Holder _____________________________________________
Policy Holder’s Social Security No. ___________________________
Telephone Number ________________________________________
Other Information _________________________________________

Other

Company Name___________________________________________
Group Name or Number ____________________________________
Policy Holder _____________________________________________
Policy Holder’s Social Security No. ___________________________
Telephone Number ________________________________________
Other Information _________________________________________
Medical Information for _____________________

Doctor(s) Name and Phone Number

__________________________________________________________________________
__________________________________________________________________________

Dentist (s) Name and Phone Number

__________________________________________________________________________
__________________________________________________________________________

Pharmacy Name and Phone Number

__________________________________________________________________________
__________________________________________________________________________

<table>
<thead>
<tr>
<th>RX#</th>
<th>Drug Name &amp; Dose</th>
<th>Dr.</th>
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Additional Information _________________________________________________________
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Medical Information for ________________________

Doctor(s) Name and Phone Number
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Dentist (s) Name and Phone Number
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Pharmacy Name and Phone Number
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RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

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RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

RX#_________ Drug Name & Dose ______________________ Dr.________________

Additional Information __________________________________________________________
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______________________________________________________________________________
Medical Information for ______________________

Doctor(s) Name and Phone Number
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Dentist(s) Name and Phone Number
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Pharmacy Name and Phone Number
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RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

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RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

RX#_________ Drug Name & Dose _________________ Dr.________________

Additional Information __________________________________________________________
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______________________________________________________________________________
Medical Information for _____________________

Doctor(s) Name and Phone Number
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Dentist (s) Name and Phone Number
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Pharmacy Name and Phone Number
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RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

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RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

RX#___________  Drug Name & Dose _______________________ Dr._____________

Additional Information ________________________________________________________
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______________________________________________________________________________
Medical Information for ____________________

Doctor(s) Name and Phone Number
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Dentist(s) Name and Phone Number
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Pharmacy Name and Phone Number
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RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________
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RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________
RX#__________ Drug Name & Dose __________________________ Dr.___________

Additional Information __________________________________________________________
Medical Information for ________________________

Doctor(s) Name and Phone Number

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Dentist (s) Name and Phone Number

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Pharmacy Name and Phone Number

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RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

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RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

RX#___________ Drug Name & Dose ________________ Dr. ________________

Additional Information __________________________________________________________
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Creating a Family Disaster Plan  Page 21 of 28
Medical Information for ____________________

Doctor(s) Name and Phone Number

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Dentist(s) Name and Phone Number

________________________________________________________________________
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Pharmacy Name and Phone Number

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RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

RX#_______ Drug Name & Dose _______________________ Dr.______________

Additional Information ______________________________________________________
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________________________________________________________________________
________________________________________________________________________
Medical Information for Pets

Pet Name _________________________
Veterinary Name and Phone Number _______________________________________
Species___________________________
Breed___________________________
Age _____ as of __________________
Sex_________________
Spayed or Neutered (Please Circle) Yes or No. If yes, date____
Color/Markings____________________
Rabies Tag No.____________________
Last Date of Vaccinations __________
Any illnesses or major surgeries ____________________________________________
_________________________________________________________________________
Food (Brand and amount used daily) __________________________________________
_________________________________________________________________________
RX#_____________ Drug Name & Dose ___________________________ Dr.________________
RX#_____________ Drug Name & Dose ___________________________ Dr.________________
RX#_____________ Drug Name & Dose ___________________________ Dr. ________________
Pet-friendly Hotel___________________________________________________________
Name and Phone Number ________________________________________________
Boarding Kennel __________________________________________________________
Name and Phone Number ________________________________________________
Animal Hospital __________________________________________________________
Name and Phone Number ________________________________________________
Friend or pet sitter _________________________________________________________
Name and Phone Number ________________________________________________
Additional Information __________________________________________

______________________________________________________________________________

(Please be sure to attach a picture of you and your pet to your plan)
How to Build a Disaster Supply Kit

A disaster supply kit is simply a collection of basic items your household may need in the event of an emergency. Try to assemble your kit well in advance of an emergency. You may have to evacuate at a moment’s notice and take essentials with you during an emergency. You will probably not have time to search for the supplies you need or shop for them.

You may need to survive on your own after an emergency. This means having your own food, water and other supplies in sufficient quantity to last for at least 72 to 96 hours. Local officials and relief workers will be on the scene after a disaster but they cannot reach everyone immediately. You could get help in hours or it might take days. Additionally, basic services such as electricity, gas, water, sewage treatment and telephones may be cut off for days or even a week, or longer. Your supply kit should contain items to help you manage during these outages.

The following checklists will help your family assemble a disaster supply kit that meets the needs of your household. The basic items that should be in a disaster supply kit are water, food, first-aid supplies, tools and emergency supplies, clothing and bedding, medication and specialty items. You will need to change the stored water and food supplies every six months, so be sure to write the date you stored it on the container.

We should also re-think our needs every year and update our kits as our household changes. Keep items in airtight plastic bags and put your entire disaster supply kit in one or two easy to carry containers such as an unused trash can, camping back pack or duffel bag.

Basic Disaster Supply Kit Essentials Include: (Remember to include items for each member of your family)

- 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. Stock canned foods, dry mixes and other staples that do not require refrigeration, cooking, water or special preparation.
- 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 and/or as the seasons change.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First Aid Kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct take to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
• Wrench or pliers to turn off utilities
• Can opener for food
• Local Maps
• Notepad and pens/pencils

Once you have gathered the supplies for a Basic Disaster Supply Kit, you may want to consider adding the following items:

First-Aid Kit:

• Two pairs of Latex or other sterile gloves if you are allergic to Latex
• Sterile dressings to stop bleeding
• Cleansing agent/soap and antibiotic towelettes
• Antibiotic ointment
• Burn ointment
• Adhesive bandages in a variety of sizes
• Eye wash solution to flush the eyes or as general decontaminant
• Thermometer
• Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
• Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies
• Non-prescription drugs such as aspirin, anti-diarrhea medication, antacid and laxatives
• Scissors
• Tweezers
• Tube of petroleum jelly or other lubricant

Tools and Emergency Supplies

• A portable, battery-powered or hand crank radio or television and extra batteries
• NOAA Weather Radio
• Flashlight and extra batteries
• Signal Flare
• Matches in a waterproof container (or waterproof matches)
• Shut-off wrench, pliers, shovel and other tools
• Duct tape and scissors
• Plastic sheeting
• Whistle
• Small canister, A-B-C type fire extinguisher
• Tube tent
• Compass
• Work gloves
• Paper, pens, and pencils
• Needles and thread
• Battery-operated travel alarm clock
• Safety goggles

Kitchen Items
• Manual can opener
• Mess kits or paper cups, plates and plastic utensils
• All-purpose knife
• Unscented household liquid bleach to treat drinking water
• Sugar, salt and pepper
• Aluminum foil and plastic wrap
• Re-sealing plastic bags
• If food must be cooked, small cooking stove and a can of cooking fuel (sterno, or propane)

Sanitation and Hygiene Items
• Washcloth and towel
• Towelettes, soap, hand sanitizer, liquid detergent
• Toothpaste, toothbrushes, shampoo, deodorant, comb and brush, razor, shaving cream, lip balm, sunscreen, insect repellent, contact lens solutions, mirror, feminine supplies
• Heavy-duty plastic garbage bags and ties—for personal sanitation uses and toilet paper
• Medium sized plastic bucket with tight lid
• Disinfectant and household chlorine bleach
• Consider including a small shovel for digging latrine
• Toilet paper, preferably camper’s toilet paper

Household Documents and Contact Numbers
• Personal identification, cash (including coins) or traveler’s checks, and a credit card
• Copies of important documents: birth certificates, wills, deeds, inventory of household goods, insurance papers, immunization records, bank and credit card account numbers, stocks and bonds. Be sure to store these in a watertight container
• Emergency contact list and phone numbers
• Map of the area and phone number of places you could go
• An extra set of car keys and house keys

Clothes and bedding
• One complete change of clothing and footwear for each household member. Shoes should be sturdy work shoes or boots. Rain gear, hat and gloves, extra socks, extra underwear, thermal underwear and sunglasses.
• Blankets or a sleeping bag for each household member and pillows.

Pet Supplies
• Food and water
• Litter and litter pan
• Bags for clean up
• Pet First Aid Kit and book
• Treats
• Collar with ID
• Pet carrier or crate
• Leash
• Rabies tag and medical information
• Towel or blanket for inside carrier
• Flea and tick spray
• Comb or brush
• Toys
• Medicine

Baby Items
• Formula
• Diapers
• Bottles
• Powdered Milk, formula or baby food
• Medications
• Moist Towelettes
• Diaper Rash Ointment
• Toys

Other Items
• Eyeglasses or contacts
• Hearing aid with extra batteries
• Medical Equipment
• Wheelchair with extra batteries
• Oxygen