

PREPAREDNESS AND PLANNING
FAMILY DISASTER SUPPLY KIT CHECKLIST

Household Items

- | | |
|---|---|
| <input type="checkbox"/> Battery-powered radio | <input type="checkbox"/> Duct tape |
| <input type="checkbox"/> Battery-powered flashlights | <input type="checkbox"/> Waterproof matches |
| <input type="checkbox"/> Extra batteries | <input type="checkbox"/> Sewing kit |
| <input type="checkbox"/> Cash or travelers checks and change | <input type="checkbox"/> Plastic storage containers |
| <input type="checkbox"/> Basic food seasoning (salt/pepper) | <input type="checkbox"/> Paper, pencils and pens |
| <input type="checkbox"/> Manual can opener | <input type="checkbox"/> Aluminum foil |
| <input type="checkbox"/> Paper plates | <input type="checkbox"/> Plastic sheeting/tarps |
| <input type="checkbox"/> Cups | <input type="checkbox"/> Basic tool kit (adjustable wrench, screwdrivers, hammer, etc.) |
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> Map to follow evacuation routes/ find shelters |
| <input type="checkbox"/> Fire extinguisher (small ABC type) | |
| <input type="checkbox"/> Minimum 3-day supply of nonperishable, packaged or canned food (e.g. canned or dried juice mixes, powdered or canned milk, peanut butter, jelly, crackers, unsalted nuts, trail mixes, cereals, rice, cookies, hard candies, instant coffee, tea bags) | |
| <input type="checkbox"/> Minimum 3-day supply of bottled drinking water – one gallon of water per person per day. Don't forget water for pets. Store water in sealed unbreakable containers. Replace every 6 months. | |

Family Documents (stored in a water proof container):

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|--|--|---|
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Social Security cards | <input type="checkbox"/> Hat and work gloves |
| <input type="checkbox"/> Marriage certificates | <input type="checkbox"/> Bond/stock issues | <input type="checkbox"/> Sturdy shoes or work boots |
| <input type="checkbox"/> Death certificates | <input type="checkbox"/> Wills/ living trusts | <input type="checkbox"/> Blankets and sleeping bags |
| <input type="checkbox"/> Insurance policies | <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Insect repellent and sun screen |
| <input type="checkbox"/> Passports/ visas | <input type="checkbox"/> Ownership documents | <input type="checkbox"/> Backup disks of computer information |
| <input type="checkbox"/> Rain gear | <input type="checkbox"/> Thermal underwear | |
| <input type="checkbox"/> Medical records/ vaccination histories | <input type="checkbox"/> Clothing & bedding (for each family member) | |
| <input type="checkbox"/> Photocopies of all cards carried in wallet | <input type="checkbox"/> Irreplaceable photographs/ videotapes/ family heirlooms | |
| <input type="checkbox"/> Inventory of personal property for filing insurance claims. List everything and include receipts of big ticket items. | | |
| <input type="checkbox"/> Videotape or photos of home(s)' contents to supplement your written inventory of your home. | | |

PREPAREDNESS AND PLANNING

DISASTER SUPPLY KIT

Sanitation Supplies

- | | |
|---|---|
| <input type="checkbox"/> Toilet paper, towelettes | <input type="checkbox"/> Plastic garbage bags with ties |
| <input type="checkbox"/> Soap, liquid detergent | <input type="checkbox"/> Plastic bucket with tight lid |
| <input type="checkbox"/> Feminine supplies | <input type="checkbox"/> Disinfectant |
| <input type="checkbox"/> Personal hygiene items | <input type="checkbox"/> Unscented household bleach |

Baby Needs

- | | | |
|---|--|--|
| <input type="checkbox"/> Disposable diapers | <input type="checkbox"/> Bottles | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Powdered milk | <input type="checkbox"/> Changes of clothing |

Adult/Elderly Needs

- | | |
|---|---|
| <input type="checkbox"/> Walkers/ wheelchairs/canes | <input type="checkbox"/> Don't forget these odds and ends... |
| <input type="checkbox"/> Denture needs | <input type="checkbox"/> Entertainment – Books, Toys, and Games |
| <input type="checkbox"/> Extra set of prescription glasses/ contacts. | <input type="checkbox"/> Extra set of car keys. |
| <input type="checkbox"/> Extra months' supply of prescription medicine refills (Store in easily accessible bag in medicine cabinet, rotate pills as prescription is refilled) | |