

HOUSEHOLD DISASTER PREPAREDNESS SURVEY

Name _____	Home Phone _____
Address _____	Emergency Phone(s) _____
Out of Area Emergency Contact _____ Phone _____	
<input type="checkbox"/> Check here if you do not wish to participate in this program	

HOUSEHOLD EMERGENCY RESOURCES Check the appropriate boxes.

<input type="checkbox"/> First aid supplies <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Evacuation Vehicle* <input type="checkbox"/> Flash Lights <input type="checkbox"/> Walkie talkies <input type="checkbox"/> Gas grill <input type="checkbox"/> Gasoline in containers	<input type="checkbox"/> Portable lights <input type="checkbox"/> Generator <input type="checkbox"/> Chain saw <input type="checkbox"/> Pool <input type="checkbox"/> Portable pump <input type="checkbox"/> Wheel barrow Other useful equipment _____	<input type="checkbox"/> Over 10' ladder <input type="checkbox"/> Crowbar/pry tools <input type="checkbox"/> Axe <input type="checkbox"/> Bolt cutters <input type="checkbox"/> Heavy duty jack <input type="checkbox"/> Winch	<input type="checkbox"/> All-terrain vehicle <input type="checkbox"/> 4-wheel drive <input type="checkbox"/> RV near home <input type="checkbox"/> Motor cycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Ropes or cables
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*Large enough to carry prone patient

HOUSEHOLDERS SKILLS Check the appropriate boxes if any residents have named training or skills.

<input type="checkbox"/> Medical (nurse/doctor) <input type="checkbox"/> Emergency medical certification <input type="checkbox"/> First aid certification <input type="checkbox"/> Second language _____ Emergency Response Training <input type="checkbox"/> CERT <input type="checkbox"/> Red Cross EP Organization Help <input type="checkbox"/> Computer assistance	<input type="checkbox"/> Electrical wiring and circuits <input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire suppression <input type="checkbox"/> Search and rescue <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Organizing assistance <input type="checkbox"/> Printing/Xeroxing	<input type="checkbox"/> Amateur Radio <input type="checkbox"/> Architecture, engineering <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Child care <input type="checkbox"/> DCS <input type="checkbox"/> Law enforcement <input type="checkbox"/> Other <input type="checkbox"/> Hold meeting
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HOUSEHOLD SPECIAL NEEDS Check the appropriate boxes if any residents may need special assistance.

<input type="checkbox"/> Oxygen <input type="checkbox"/> Dementia Other special needs _____	<input type="checkbox"/> Sight impaired <input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly disabled
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EMERGENCY RESPONSE TEAMS Please check the team on which you are willing to serve.

<input type="checkbox"/> ASSESSMENT TEAM Check all homes with no OK sign Assess damage Identify trapped people List missing people Relay information to Communications Team	<input type="checkbox"/> COMMUNICATIONS TEAM Communicate by radio with emergency services Communicate by radio with out of area contacts Physically contact adjacent areas Monitor emergency radio stations	<input type="checkbox"/> SPECIAL NEEDS TEAM Set up first aid station if needed Provide emergency medical care Assist special needs people Take care of children without Be responsible for elderly Assist with non-English speaking people
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