

EMERGENCY SUPPLIES

- Assemble a Disaster Supplies Kit with items you may need in an evacuation. Keep enough supplies in your home to meet your needs for at least three days. Store these supplies in sturdy, easy-to-carry containers such as back-packs, duffle bags or covered trash containers.

To prepare your kit

- Gather the supplies that are listed. You may need them if your family is confined at home.
- Store your kit in a convenient place known to all family members. Keep items in air tight plastic bags. Change your stored water supply every six months so it stays fresh. Replace your stored food every six months. Re-think your kit and family needs at least once a year. Replace batteries, update clothes, etc.
- Ask your physician or pharmacist about storing prescription medications.

Water	Food
<ul style="list-style-type: none"><input type="checkbox"/> Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles. A normally active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double that amount. Children, nursing mothers and ill people will need more.<input type="checkbox"/> Store one gallon of water per person.<input type="checkbox"/> Keep at least a three-day supply of water (two quarts for drinking, two quarts for food preparation/sanitation) per person.	<p><input type="checkbox"/> Store at least a three-day supply of non-perishable food. Select foods that require no refrigeration, preparation or cooking and little or no water. Select food items that are compact and lightweight.</p> <p>Include a selection of following in your Disaster Supplies Kit:</p> <ul style="list-style-type: none"><input type="checkbox"/> Ready-to-eat canned meats,<input type="checkbox"/> fruits and vegetables<input type="checkbox"/> A can of sterno
Sanitation	Clothing and Bedding
<ul style="list-style-type: none"><input type="checkbox"/> Toilet paper, towelettes<input type="checkbox"/> Soap, liquid detergent<input type="checkbox"/> Feminine supplies<input type="checkbox"/> Personal hygiene items<input type="checkbox"/> Plastic garbage bags, ties (for personal sanitation uses)<input type="checkbox"/> Plastic bucket with tight lid<input type="checkbox"/> Disinfectant<input type="checkbox"/> Household chlorine bleach	<ul style="list-style-type: none"><input type="checkbox"/> Include at least one complete change of clothing & shoes per person<input type="checkbox"/> Sturdy shoes or work boots<input type="checkbox"/> Rain gear<input type="checkbox"/> Blankets or sleeping bags<input type="checkbox"/> Hat and gloves<input type="checkbox"/> Thermal underwear<input type="checkbox"/> Sunglasses

First Aid Kit

Assemble a first aid kit for your home and one for each car. A first aid kit* should include:

- Sterile adhesive bandages in assorted
- Assorted sizes of safety pins
- Cleansing agent/soap
- Latex gloves (2 pair)
- Sunscreen
- 2-inch sterile gauze pads (4-6)
- 4-inch sterile gauze pads (4-6)
- Triangular bandages (3)
- Non-prescription drugs
- 2-inch sterile roller bandages (3 rolls)
- 3-inch sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Needle
- Moistened towelettes
- Antiseptic
- Thermometer
- Tongue blades (2)
- Tube of petroleum jelly or other lubricant

Non-prescription drugs

- Aspirin or nonaspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Activated charcoal (use if advised by the Poison Control Center)

Tools and Supplies

- Mess kits, or paper cups, plates and plastic utensils
- Emergency preparedness manual
- Battery operated radio and extra batteries
- Flashlight and extra batteries
- Cash or traveler's checks, change
- Non-electric can opener, utility knife
- Fire extinguisher: small canister ABC type
- Tube tent
- Pliers
- Tape
- Compass
- Matches in a waterproof container
- Aluminum foil
- Plastic storage containers
- Signal flare
- Paper, pencil
- Needles, thread
- Medicine dropper
- Shut-off wrench, to turn off household gas and water
- Whistle
- Plastic sheeting
- Map of the area (for locating shelters)

Special Items

Remember family members with special needs, such as infants and elderly or disabled persons. Items Needed: _____

Entertainment

- Games
- Books
- Additional items:

For Baby	For Adults
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<input type="checkbox"/> Formula <input type="checkbox"/> Diapers <input type="checkbox"/> Bottles <input type="checkbox"/> Powdered milk <input type="checkbox"/> Medications <input type="checkbox"/> additional items your child may need <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
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<input type="checkbox"/> Heart and high blood pressure medication <input type="checkbox"/> Insulin <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Denture needs <input type="checkbox"/> Contact lenses and supplies <input type="checkbox"/> Extra eye glasses <input type="checkbox"/> additional items you may need _____ <hr style="border: 0; border-top: 1px solid black;"/>

Important Family Documents

<p>Keep these records in a waterproof, portable container:</p> <input type="checkbox"/> Will, insurance policies, contracts deeds, stocks and bonds <input type="checkbox"/> Passports, social security cards, immunization records <input type="checkbox"/> Bank account numbers <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <input type="checkbox"/> Credit card account numbers and companies: _____ <input type="checkbox"/> Inventory of valuable household goods, important telephone numbers <input type="checkbox"/> Family records (birth, marriage, death certificates) <input type="checkbox"/> Photos
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Important Telephone Numbers	Sentimental Non-Replaceable Items
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<input type="checkbox"/> Family Emergency Contact _____ <input type="checkbox"/> Doctor _____ <input type="checkbox"/> Attorney _____ <input type="checkbox"/> Insurance Agent _____ <input type="checkbox"/> Tax Accountant _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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