

Appendix B: Disaster Supplies Checklists

The following list is to help you determine what to include in your disaster supplies kit that will meet your family's needs.

First Aid Supplies

Supplies	Home (√)	Vehicle (√)	Work (√)
Adhesive bandages, various sizes			
5" x 9" sterile dressing			
Conforming roller gauze bandage			
Triangular bandages			
3" x 3" sterile gauze pads			
4" x 4" sterile gauze pads			
Roll 3" cohesive bandage			
Germicidal hand wipes or waterless, alcohol-based hand sanitizer			
Antiseptic wipes			
Pairs large, medical grade, non-latex gloves			
Tongue depressor blades			
Adhesive tape, 2" width			
Antibacterial ointment			
Cold pack			
Scissors (small, personal)			
Tweezers			
Assorted sizes of safety pins			
Cotton balls			
Thermometer			
Tube of petroleum jelly or other lubricant			
Sunscreen			
CPR breathing barrier, such as a face shield			
First aid manual			

Non-Prescription and Prescription Medicine Kit Supplies

Supplies	Home (√)	Vehicle (√)	Work (√)
Aspirin and non-aspirin pain reliever			
Anti-diarrhea medication			
Antacid (for stomach upset)			
Laxative			
Vitamins			
Prescriptions			
Extra eyeglasses/contact lenses			

Sanitation and Hygiene Supplies

Item	(√)	Item	(√)
Washcloth and towel		Heavy-duty plastic garbage bags and ties for personal sanitation uses and toilet paper	
Towelettes, soap, hand sanitizer		Medium-sized plastic bucket with tight lid	
Tooth paste, toothbrushes		Disinfectant and household chlorine bleach	
Shampoo, comb, and brush		A small shovel for digging a latrine	
Deodorants, sunscreen		Toilet paper	
Razor, shaving cream			
Lip balm, insect repellent			
Contact lens solutions			
Mirror			
Feminine supplies			

Equipment and Tools

Tools	(√)	Kitchen Items	(√)
Portable, battery-powered radio or television and extra batteries		Manual can opener	
NOAA Weather Radio, if appropriate for your area		Mess kits or paper cups, plates, and plastic utensils	
Flashlight and extra batteries		All-purpose knife	
Signal flare		Household liquid bleach to treat drinking water	
Matches in a waterproof container (or waterproof matches)		Sugar, salt, pepper	
Shut-off wrench, pliers, shovel, and other tools		Aluminum foil and plastic wrap	
Duct tape and scissors		Resealable plastic bags	
Plastic sheeting		Small cooking stove and a can of cooking fuel (if food must be cooked)	
Whistle			
Small canister, ABC-type fire extinguisher		Comfort Items	
Tube tent		Games	
Compass		Cards	
Work gloves		Books	
Paper, pens, and pencils		Toys for kids	
Needles and thread		Foods	
Battery-operated travel alarm clock			

Food and Water

Supplies	Home (√)	Vehicle (√)	Work (√)
Water			
Ready-to-eat meats, fruits, and vegetables			
Canned or boxed juices, milk, and soup			
High-energy foods such as peanut butter, jelly, low-sodium crackers, granola bars, and trail mix.			
Vitamins			
Special foods for infants or persons on special diets			
Cookies, hard candy			
Instant coffee			
Cereals			
Powdered milk			

Clothes and Bedding Supplies

Item	(√)	(√)	(√)	(√)
Complete change of clothes				
Sturdy shoes or boots				
Rain gear				
Hat and gloves				
Extra socks				
Extra underwear				
Thermal underwear				
Sunglasses				
Blankets/sleeping bags and pillows				

Documents and Keys

Make sure you keep these items in a watertight container

Item	Stored (✓)
Personal identification	
Cash and coins	
Credit cards	
Extra set of house keys and car keys	
Copies of the following:	
• Birth certificate	
• Marriage certificate	
• Driver's license	
• Social Security cards	
• Passports	
• Wills	
• Deeds	
• Inventory of household goods	
• Insurance papers	
• Immunization records	
• Bank and credit card account numbers	
• Stocks and bonds	
Emergency contact list and phone numbers	
Map of the area and phone numbers of places you could go	

Appendix C:



Homeland Security

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-State Contact Name: _____ Telephone Number: _____
 Email: _____ Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Where to go in an emergency. Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

<p>Home Address: _____ Phone Number: _____ Neighborhood Meeting Place: _____ Regional Meeting Place: _____</p>	<p>Work Address: _____ Phone Number: _____ Evacuation Location: _____</p>
<p>School Address: _____ Phone Number: _____ Evacuation Location: _____</p>	<p>Work Address: _____ Phone Number: _____ Evacuation Location: _____</p>
<p>School Address: _____ Phone Number: _____ Evacuation Location: _____</p>	<p>Other place you frequent: Address: _____ Phone Number: _____ Evacuation Location: _____</p>
<p>School Address: _____ Phone Number: _____ Evacuation Location: _____</p>	<p>Other place you frequent: Address: _____ Phone Number: _____ Evacuation Location: _____</p>


Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: **9-1-1 for emergencies.** Police Non-Emergency Phone #: _____

Every family member should carry a copy of this important information:

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____


Dial 9-1-1 for Emergencies!

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____


Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

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Other Important Phone Numbers & Information:

 **Family Communications Plan**

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____


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