

EMERGENCY PREPAREDNESS PLAN

Created For: _____

Date Updated: _____

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Our Concerns-what we are preparing for

Our Goals

People considered in this plan:

GARDEN	

CHARITY/BARTER	QTY		TOTAL NEEDED	IN STOCK	PRICE
				TOTAL:	

FOOD GRAND TOTAL:

FOOD STORAGE & PRESERVATION

NOTES: *READINESS LEVEL 1-10*

BULK DRIED FOODS	QTY	SIZE	TOTAL NEEDED	IN STOCK	PRICE

CANNING	QTY		TOTAL NEEDED	IN STOCK	PRICE

LEFTOVER FOODS	QTY	SIZE	TOTAL NEEDED	IN STOCK	PRICE

FOOD STORAGE GRAND TOTAL:

WATER

Water supply duration:

Amount of people:

NOTES:

READINESS LEVEL 1-10

- 1.
- 2.
- 3.
- 4.

WATER NEEDS	GALLONS	HOW OFTEN	TOTAL NEEDED		
TOTAL NEEDED					
WATER STORAGE	CAPACITY	LOCATION		IN STOCK	PRICE
TOTAL STORED					
REPLENISHABLE SOURCES	CAPACITY	LOCATION			
WATER PURIFICATION	CAPACITY	FILTER AMOUNT	TOTAL NEEDED	IN STOCK	PRICE
CHARITY/BARTER					
TOTAL:					

COMMUNICATIONS

NOTES: *READINESS LEVEL 1-10*

In town meeting places:

Out of town meeting places:

Pick up locations:

ICE Contact Person #1

Name: Ham Radio Operator: Yes No Call sign:
 Home Phone: Cell Phone:
 Street: City: State: Zip:

ICE Contact Person #2

Name: Ham Radio Operator: Yes No Call sign:
 Home Phone: Cell Phone:
 Street: City: State: Zip:

HAM Radio Network

Name: Location:

Call Sign: Location:

Name: Location:

Call Sign: Location:

Name: Location:

Call Sign: Location:

RADIO EQUIPMENT	TYPE	RADIO BANDS	TOTAL NEEDED	IN STOCK	PRICE
TOTAL:					

POWER

NOTES:

READINESS LEVEL 1-10

EMP Protection:

FUEL	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

POWER SUPPLIES	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

BATTERIES	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

TOTAL:

SELF-SUSTAINABLE POWER

SOLAR PANELS	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

SOLAR BATTERY PACKS	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

SOLAR Accessories	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

HYDRO	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

WIND	TYPE	SIZE	TOTAL NEEDED	IN STOCK	PRICE

MEDICAL

Complete one form per person

NAME:

HEALTH INSURANCE PROVIDER:

PHONE:

COPAY:

POLICY NUMBER:

NOTES:

DOCTOR'S NAME:

PHONE:

ADDRESS:

NOTES:

DOCTOR'S NAME:

PHONE:

ADDRESS:

NOTES:

DENTAL INSURANCE PROVIDER:

PHONE:

COPAY:

POLICY NUMBER:

DENTIST'S NAME:

PHONE:

ADDRESS:

NOTES:

HEALTH HISTORY:

SPECIAL NEEDS:

MEDICATIONS CURRENTLY TAKING:

MEDICAL

NOTES:

READINESS LEVEL 1-10

MEDICAL KITS	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

MEDICAL SUPPLIES	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

ADULT ITEMS	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

KID ITEMS	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

PET MEDICATIONS	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

VITAMINS	SIZE	DURATION	TOTAL NEEDED	IN STOCK	PRICE

PANDEMIC PREPARATIONS:

PSYCHOLOGY AND MENTAL PREPAREDNESS:

SECURITY

READINESS LEVEL 1-10

HOME /PROPERTY PROTECTION:

EARLY WARNING SYSTEMS:

MAP OF PROPERTY

NEIGHBORHOOD SECURITY:

SELF DEFENSE:

TRAINING:

TRAINING GOALS:

SKILLS

NOTES:

READINESS LEVEL 1-10

NAME	CURRENT SKILL/TRADE	NOTES:

NAME	SKILL/TRADE GOALS	NOTES:

SELF-SUSTAINABILITY

NOTES:

READINESS LEVEL 1-10

GARDENING

FARM ANIMALS

HAND TOOLS

DIY PROJECTS

COMMUNITY

NOTES:

READINESS LEVEL 1-10

NEIGHBORHOOD PLANS:

NEIGHBOR CONTACT INFORMATION:

BARTERING:

CITY / COUNTY / STATE INFORMATION:

IMPORTANT DOCUMENTS

Include copies of all valuable paperwork or documents: *(make sure you keep these in a secure location)*

Drivers licenses or picture ID's

Birth Certificates

Insurance Cards

Social Security Cards

Deed to your house

Sales contracts

Any other valuable form or document

CALENDAR

Mark on your calendar important events pertaining to your preparedness plan.

Drills, checking supplies for expired items, upcoming classes or training, neighborhood group meetings, sales, etc.