Household Emergency Plan

EMI	ERGENCY PLAN ACTIVATION					
	Contact all householders		Tune into warnings			Check on neighbours
	Shelter in our strongest room		Locate Emergency Kit			Make final preparations
EVA	CUATION DESTINATION					
Place to meet:		Address:	Address:			
Phone number:		Email address	Email address:			
OU	T OF TOWN EMERGENCY CONTACT					
Name:		Address:	Address:			
Phone number:		Email address	Email address:			
MAIN SERVICE SUPPLIES LOCATION		SWITCH OFF	SWITCH OFF			
Elec	tricity:		□ Yes		No	
Gas	:		□ Yes		No	
Wat	er:		□ Yes		No	
VEHICLE REGISTRATION			OUR STRONGEST ROOM IS			
VEH	IICLE REGISTRATION		OUR STRONG	EST R	OOM I	S
VEH	HICLE REGISTRATION		OUR STRONG	iest R	OOM I	S
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PET Nan Nan	rs ne: ne: CUATION CHECKLIST		Description: Description:	e pre	ferred	evacuation routes f our evacuation place
PET Nam Nam EVA Prio	ne: CUATION CHECKLIST or to evacuation: Ensure vehicle is full of fuel		Description: Description:	e pre	ferred	evacuation routes
PET Nam Nam EVA Prio	ne: ne: CUATION CHECKLIST or to evacuation: Ensure vehicle is full of fuel Ensure you have cash on hand		Description: Description: Know th Turn off	e pre e loca main	ferred ation of s supp ck our	evacuation routes
PET Nan Nan EVA Prio	ne: ne: nc: CUATION CHECKLIST or to evacuation: Ensure vehicle is full of fuel Ensure you have cash on hand en evacuating: Pack Emergency Kit, and a copy of Emergency Plan		Description: Description: Know th Turn off	e pre e loca main	ferred ation of s supp ck our	evacuation routes f our evacuation place ly for power, gas and water home and proceed to our

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Townsville Disaster Information