

Household Emergency Plan

EMERGENCY PLAN ACTIVATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Contact all householders | <input type="checkbox"/> Tune into warnings | <input type="checkbox"/> Check on neighbours |
| <input type="checkbox"/> Shelter in our strongest room | <input type="checkbox"/> Locate Emergency Kit | <input type="checkbox"/> Make final preparations |

EVACUATION DESTINATION

Place to meet: _____ Address: _____

Phone number: _____ Email address: _____

OUT OF TOWN EMERGENCY CONTACT

Name: _____ Address: _____

Phone number: _____ Email address: _____

MAIN SERVICE SUPPLIES LOCATION

SWITCH OFF

Electricity: Yes No

Gas: Yes No

Water: Yes No

VEHICLE REGISTRATION

OUR STRONGEST ROOM IS

PETS

Name: _____ Description: _____

Name: _____ Description: _____

EVACUATION CHECKLIST

Prior to evacuation:

- | | |
|---|--|
| <input type="checkbox"/> Ensure vehicle is full of fuel | <input type="checkbox"/> Know the preferred evacuation routes |
| <input type="checkbox"/> Ensure you have cash on hand | <input type="checkbox"/> Know the location of our evacuation place |

When evacuating:

- | | |
|---|---|
| <input type="checkbox"/> Pack Emergency Kit, and a copy of our Emergency Plan | <input type="checkbox"/> Turn off mains supply for power, gas and water |
| <input type="checkbox"/> Contact our out of town emergency contact | <input type="checkbox"/> Secure and lock our home and proceed to our predetermined evacuation destination |

If flooding or storm surge is imminent:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Sandbag home | <input type="checkbox"/> Store electrical items off the ground |
|---------------------------------------|--|