

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

Electricity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SWITCH OFF

VEHICLE REGISTRATION

OUR STRONGEST ROOM IS

PETS

Name:	Description:
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EVACUATION CHECKLIST

Prior to evacuation:

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| <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:

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|---|---|
| <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 |
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