

PREPAREDNESS TEST

Family Name: _____

1. Has your family rehearsed fire escape routes from your home? YES – NO
2. Does each member of your family have a bag with sturdy shoes, flashlight, heavy-duty gloves, and a whistle attached to their bed frame? YES – NO
3. Does your family know what to do before, during, and after an earthquake or other emergency situation? YES – NO
4. Do you have all heavy and hanging objects (especially over beds) secured in a way that will prevent them from falling during an earthquake? YES – NO
5. Do you have access to a battery-operated light or an operational flashlight in every room? (use of candles is not recommended in case of leaking gas) YES – NO
6. If a water line was ruptured during an earthquake, do you know how to shut off the main water line to your house? YES – NO
7. Can this water valve be turned off by hand without the use of a tool? or Do you have a tool attached to the valve if one is needed? YES – NO
8. Do you know where the main gas shut-off valve to your house is located? YES – NO
9. If you smell gas, do you know how and would you be able to shut off this valve? YES – NO
10. Gas valves usually cannot be turned off by hand. Is there a tool attached to your valve? YES – NO
11. Would you be able to safely restart your furnace when gas is safely available? YES – NO
12. Do you have working smoke alarms in the proper places to warn you of fire? YES – NO
13. In case of a minor fire, do you have a fire extinguisher that you know how to use? YES – NO
14. Do you have copies of important information and documents in a fire-safe location ready for evacuation? YES – NO
15. Do you have duplicate keys and copies of important insurance and other papers stored outside your home? YES – NO
16. Do you have a functional emergency radio to receive emergency information? YES – NO
17. If your family had to evacuate your home, have you identified a local meeting place? YES – NO

IF AN EMERGENCY LASTED FOR THREE DAYS (72 HOURS) BEFORE HELP WAS AVAILABLE TO YOUR FAMILY.....

18. Would you have sufficient food? YES – NO
19. Would you have the means to cook food without gas and electricity? YES – NO
20. Would you have sufficient water for drinking, cooking and sanitary needs? YES – NO
21. Do you have access to a 72 hour evacuation kit? YES – NO
22. Would you be able to carry or transport these kits? YES – NO
23. Have you established an out-of-state family contact? YES – NO
24. Do you have a first aid kit in your home and in each car? YES – NO
25. Do you have work gloves and some tools for minor rescue and clean up? YES – NO
26. Do you have cash – in small bills - on hand? (Banks/ATM's close during emergencies) YES – NO
27. Without electricity and gas do you have a way to heat at least part of your house? YES – NO
28. If you need medications, do you have a month's supply on hand? YES – NO
29. Do you have a plan for toilet facilities if there is an extended water shortage? YES – NO
30. Do you have supplies to filter or treat water from a questionable source? YES – NO
31. Do you have a supply of food, clothing, and fuel where appropriate:
For 3 months? YES – NO
For a year? YES – NO

**These are all questions that need correct answers if you are to be safe in an emergency.
If you answered "No" to any of them, it's time to start taking steps toward getting those items done!**

PREPAREDNESS SURVEY

1. Does any member of your family have any emergency medical training? YES – NO
If so, who? _____ What type? _____
2. Does any member of your family have an amateur radio operator’s license? YES – NO
If so, who? _____ How many ham radios do you own? _____
3. Do you own tools that would be helpful to a “search and rescue” team following an earthquake or other natural disaster?
- chainsaw
 - generator
 - shovels

Other, please list: _____

Do you own any vehicles that would be helpful during an emergency situation?

- High Occupancy Vehicle
- RV or Camper
- Pickup Truck
- Hauling Trailer

Other, please list: _____

4. Do you have any other helpful skills or items that you would be willing to use or share during an emergency situation? YES – NO
Please list: _____

5. Do any members of your family have special medical conditions or needs (ex: asthma)? YES – NO
Please list:

| NAME | CONDITION |
|-------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FAMILY PREPAREDNESS GOAL

Specific Action Item: _____

Target Date: _____ Email: _____