

HOUSEHOLD DISASTER PREPAREDNESS SURVEY

Name _____ Home Phone _____
 Address _____ Emergency Phone(s) _____
 Out of Area Emergency Contact _____ Phone _____
☐ Check here if you do not wish to participate in this program EMAIL: _____

HOUSEHOLD EMERGENCY RESOURCES Check the appropriate boxes.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> First aid supplies | <input type="checkbox"/> Portable lights | <input type="checkbox"/> Over 10' ladder | <input type="checkbox"/> All-terrain vehicle |
| <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> Generator | <input type="checkbox"/> Crowbar/pry tools | <input type="checkbox"/> 4-wheel drive |
| <input type="checkbox"/> Ham radio | <input type="checkbox"/> Chain saw | <input type="checkbox"/> Ax | <input type="checkbox"/> RV near home |
| <input type="checkbox"/> Walkie talkies | <input type="checkbox"/> Pool | <input type="checkbox"/> Bolt cutters | <input type="checkbox"/> Motor cycle |
| <input type="checkbox"/> Gas grill | <input type="checkbox"/> Portable pump | <input type="checkbox"/> Heavy duty jack | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Gasoline in containers | <input type="checkbox"/> Wheel barrow | <input type="checkbox"/> Winch | <input type="checkbox"/> Ropes or cables |
| Other useful equipment _____ | | | |

HOUSEHOLDERS SKILLS Check the appropriate boxes if any residents have named training or skills.

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical (nurse/doctor) | <input type="checkbox"/> Electrical wiring and circuits | <input type="checkbox"/> Amateur Radio |
| <input type="checkbox"/> Emergency medical certification | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Architecture, engineering |
| <input type="checkbox"/> First aid certification | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mental health/counseling |
| <input type="checkbox"/> Second language _____ | | <input type="checkbox"/> Child care |
| Emergency Response Training | | |
| <input type="checkbox"/> PERT | <input type="checkbox"/> Fire suppression | <input type="checkbox"/> DCS |
| <input type="checkbox"/> CERT | <input type="checkbox"/> Search and rescue | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Red Cross | <input type="checkbox"/> Hazardous materials | <input type="checkbox"/> Other _____ |
| EP Organization Help | | |
| <input type="checkbox"/> Computer assistance | <input type="checkbox"/> Organizing assistance | <input type="checkbox"/> Hold meeting |
| | <input type="checkbox"/> Printing/Xeroxing | |

HOUSEHOLD SPECIAL NEEDS Check the appropriate boxes if any residents may need special assistance.

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Sight impaired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Elderly disabled |
| Other special needs _____ | | |

EMERGENCY RESPONSE TEAMS Please check the team on which you are willing to serve.

- | | | |
|--|---|--|
| <input type="checkbox"/> LOGISTICS TEAM | <input type="checkbox"/> COMMUNICATIONS TEAM | <input type="checkbox"/> SPECIAL NEEDS TEAM |
| Check all homes | Communicate by radio | Set up first aid station if needed |
| Assess damage | with emergency services | Provide emergency medical care |
| Identify trapped people | Communicate by radio with | Assist special needs people |
| List missing people | out of area contacts | Take care of children |
| Relay information to | Contact adjacent areas | Be responsible for elderly |
| Communications Team | Monitor emergency radio stations | Assist with non-English speaking people |

E-MAIL ADDRESS: _____