Personal Disaster Plan

The purpose of this Disaster Plan Template is to provide you a starting point in developing your personal/family disaster plan. This template is not intended to be exhaustive and should be used as a reference to developing your plan.

**About You:**

Full Name (First, Middle Initial, Last):

Street Address:

City:       State:      Country:

Mobile Number:       Date of Birth:

Allergies: [ ]  Yes [ ]  No

If yes to allergies, list:

Do you take medications (over-the-counter included): [ ]  Yes [ ]  No

If yes to medications, list:

Glasses: [ ]  Yes [ ]  No

Hearing Aid: [ ]  Yes [ ]  No

Blood Type:

**Planning: Pre-disaster**

*Perform a hazard-vulnerability-risk analysis for where you live and work. Based on that information complete the following.*

**Yes No Item**

|  |  |  |
| --- | --- | --- |
|  |  |  **Communication Planning** |
|  |  | Create an emergency contact card/document for each family member or friend. |
|  |  | Give copies of the emergency contact card/document to each family member or friend. |
|  |  | Choose a key contact (that lives out of state/region) to be notified when a disaster event occurs. This person will provide communication to other family/friends. |

**Yes No Item**

|  |  |  |
| --- | --- | --- |
|  |  |   **Personal Evacuate/Safe Place/Check Point** |
|  |  | Create emergency evacuation routes for you house. Include routes from each room. |
|  |  | Create emergency evacuation routes for you locale. Include routes to multiple “safe places” throughout the region. |
|  |  | Purchase supplies needed to support your shelter-in place or evacuation plans. |
|  |  | Choose a location in-house for sheltering in-place. |
|  |  | Choose a location outside of house for safe place/check point. |
|  |  | Disseminate evacuation plans/safe places/check points to family and friends. |
|  |  | Practice sheltering in-place |
|  |  | Practice evacuation and arriving at safe place/check point |
|  |  | Have a plan for your pet(s). |

**Yes No Item**

|  |  |  |
| --- | --- | --- |
|  |  |   **Supplies/Go-Kit** |
|  |  | Water – one gallon per person/per day |
|  |  | Food – 3 days per person. Long shelf life foods |
|  |  | Manual can opener |
|  |  | Basic utensils  |
|  |  | 3 day supply of all medicines and medical supplies |
|  |  | Personal care items – soap, toothbrush, toothpaste, baby wipes  |
|  |  | Blankets |
|  |  | Candles w/ a lighter/matches/fire starter |
|  |  | Have a plan for your pet(s). |
|  |  | Batteries |
|  |  | Battery radio |
|  |  | Cell phone charger - solar |
|  |  | First aid kit |
|  |  | Whistle |
|  |  | Multipurpose tool |
|  |  | Documents – insurance card/immunization records/emergency plan/contact information cards/this plan |

*Purchasing supplies for sheltering-in place or evacuating will depend on a hazard-vulnerability -risk analysis. Visiting your local or regional Red Cross or Emergency Management centers website will assist you in determining your supplies.*