

DISASTER KIT CHECKLIST



Emergency Meeting Place _____

Important Phone Numbers

Workplace	_____	Gas	_____
School/Childcare	_____	Electric	_____
Doctor	_____	Water	_____
Pharmacy	_____	Insurance	_____
Vet	_____	Other	_____

- | | |
|---|--|
| <input type="checkbox"/> Portable Radio & Batteries | <input type="checkbox"/> Bottled Water |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Bedding & Clothing |
| <input type="checkbox"/> Anti-Bacterial Hand Wipes or Gel | <input type="checkbox"/> Non-Perishable Foods |
| <input type="checkbox"/> Personal Medications | <input type="checkbox"/> Baby Supplies |
| <input type="checkbox"/> Flashlights | <input type="checkbox"/> Pet Supplies |
| <input type="checkbox"/> Cash & Change | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Mobile Device Chargers | <input type="checkbox"/> Extra Set of Car & House Keys |
| <input type="checkbox"/> Important Papers | <input type="checkbox"/> Toilet Paper |

People to Check On

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____