Layton District, _____ Area
Home Emergency Preparation Survey

Zone_____
Block_____
House_____

NAME_____Date_____

ADDRESS_____

PHONE_____

Number of People Living at this Address

Over 65_____
18-64_____
Under 18_____

SPECIAL NEEDS

(Please list any special needs that you would like your Block Captain to be aware of in an emergency.)

Wheelchair _____
Oxygen _____
Physical Disability _____
Mental Disability _____
Illnesses or Allergies (specify) _____
Other Special Needs _____

Check amount of **SUPPLIES** you have ON HAND

FOOD enough for: 1 week_____
1 month_____
6 months_____

WATER (1 gallon per person per day)
Enough for: 3 days_____
1 week_____
2 weeks_____

72 HOUR EVACUATION KIT_____

EMERGENCY SUPPLIES you have

(circle) generator, wood burning stove/fireplace, Propane/Kerosene indoor heater, chain saw, shovels, pick, ax, sump pump, water filter, truck, pickup, back hoe, front end loader, ATV, tractor, wagon/trailer, motor cycle/bicycle, horse, RV/camping trailer, tent, other (specify)_____

SKILLS/TRAINING - What skills/training do you have that could help in time of emergency.

COMMUNICATIONS / MISC	PUBLIC SAFETY	MEDICAL
☐ Ham Radio Call Sign_____	☐ Police Training	☐ Doctor
☐ Utilities (type)_____	☐ Fire Training	☐ Nurse
☐ CERT Training	☐ Military Training	☐ EMT / Paramedic
☐ Languages _____	☐ Construction	☐ Vet

Please list other related medical, public safety, communications and rescue skills _____

_____

How many people would you be willing to house in your home if necessary?_____

Emergency Contact Outside of Area: Name_____
Address_____ Phone_____Relationship_____

Your private information will be kept confidential.

Form Update Aug 2012