

Emergency Preparedness Checklist



1. Does your family have an [emergency radio](#) to receive emergency information?
2. If your family had to evacuate your home, have you identified a meeting place?
3. In case of evacuation, does your family have means to [communicate with each other](#)?
4. Do you have a list of friends and family, boarding kennels or [local evacuation shelters](#) that will take pets?
5. Have you established emergency [out-of-state contacts](#)?
6. Do you and your family have a [sufficient amount of food for at least 3 days](#)?
7. Can you cook food at your home without gas and electricity?
8. Do you have sufficient water for your family to drink, cook and for sanitary needs?
9. If you need medications, do you have an extra supply?
10. Do you have a [72-hour family emergency kit at your home](#)?
11. Do you have a plan for toilet facilities, if there is an extended water storage?
12. Without electricity and gas, does your family have a way to heat a section of your home?
13. If power is out for an extended period, or no fuel or cell phones and stores were unavailable:
 - Do you have extra batteries, as listed on the visual checklist? (see next page)
 - Do you have at least a half tank of gas in your vehicle?
 - Do you have a portable generator?
14. Do you have a [first aid kit in your home, at work, and each vehicle](#)?
15. Do you have duplicate keys and copies of insurance and other important papers in one fire safe location? And are all family members registered on [VCAAlert](#)?
16. Do you have emergency cash on hand?
17. Do you have work gloves and tools for minor rescue and clean up?
18. Do you have access to an operational flashlight in each occupied bedroom?
19. Have you secured heavy objects hanging over beds that can fall during an earthquake?
20. Do you keep shoes near your bed to protect your feet against broken glass after an earthquake?
21. Has your family identified and rehearsed escape routes in your home?
22. Do you have working smoke alarms in the proper places to warn you of a fire or carbon monoxide?
23. In case of a fire, do you have a [fire extinguisher that you know how to use](#)?
24. Do you know where the main gas shut-off valve to your home is located?
 - If you smell gas, [do you know how to---and would you be able to---shut off this valve](#)?
 - Gas valves usually cannot be turned off by hand. Do you have the specialized valve tool near your gas valve?
25. If a water line was ruptured due to earthquake or other incident, [do you know how to shut off the main water line](#) to your home?
 - If this valve cannot be turned off by hand, do you have the tool to that if needed?

To learn more or get extra copies of the City's Emergency Preparedness Handbook, please call the Public Works Department at 805-449-2400 or send an email to publicworks@toaks.org.

Visual Checklist

 Water <input type="checkbox"/>	 Food <input type="checkbox"/>	 Medications <input type="checkbox"/>	 First Aid Kit <input type="checkbox"/>	 Baby Supplies <input type="checkbox"/>	 Food & Pet Supplies <input type="checkbox"/>	 Bleach <input type="checkbox"/>
 Emergency Blanket <input type="checkbox"/>	 Blankets <input type="checkbox"/>	 Sleeping Bags <input type="checkbox"/>	 Eye Protection <input type="checkbox"/>	 Extra Clothing <input type="checkbox"/>	 Personal Hygiene Items <input type="checkbox"/>	 Sani*Wipes <input type="checkbox"/>
 Towels <input type="checkbox"/>	 5-Gallon Bucket <input type="checkbox"/>	 Trash bags <input type="checkbox"/>	 Tent <input type="checkbox"/>	 Backpack <input type="checkbox"/>	 N95 Masks <input type="checkbox"/>	 Work Gloves <input type="checkbox"/>
 Flashlights <input type="checkbox"/>	 Batteries <input type="checkbox"/>	 Matches <input type="checkbox"/>	 Candles <input type="checkbox"/>	 Lightsticks <input type="checkbox"/>	 Medical Gloves <input type="checkbox"/>	 Multi-purpose Tool w/ Knife <input type="checkbox"/>
 Tools <input type="checkbox"/>	 Rope/Cord <input type="checkbox"/>	 Duct Tape <input type="checkbox"/>	 Can Opener <input type="checkbox"/>	 Kitchen Items <input type="checkbox"/>	 Scissors <input type="checkbox"/>	 Fire Extinguishers <input type="checkbox"/>
 Games <input type="checkbox"/>	 Pen & Paper <input type="checkbox"/>	 Radio (battery operated) <input type="checkbox"/>	 Cell Phone & Charger <input type="checkbox"/>	 Whistles <input type="checkbox"/>	 Generator (extra fuel) <input type="checkbox"/>	 2-Way Radios <input type="checkbox"/>
 Paper Towels <input type="checkbox"/>	 Toilet Paper <input type="checkbox"/>	 WD-40 <input type="checkbox"/>	 Hard Candy <input type="checkbox"/>	 Trail Mix <input type="checkbox"/>	 Bug Spray <input type="checkbox"/>	 Sun Screen <input type="checkbox"/>
 Emergency Plan <input type="checkbox"/>	 Family ID Documents <input type="checkbox"/>	 Maps <input type="checkbox"/>	 Compass <input type="checkbox"/>	 Extra Keys <input type="checkbox"/>	 Cash & Bank Checks <input type="checkbox"/>	 Family Contact List <input type="checkbox"/>