



Cache County
 American Red Cross
 1115 N. 200 E.; Suite 140
 Logan, Utah 84341
 (435) 752-1125
cache_redcross@yahoo.com
www.cachecounty.redcross.org

ARE YOU PREPARED???

		Y	N
1	Have you and your family rehearsed escape routes from your home?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you identified a safe place outside your home to go if you had to escape in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your family know what to do before, during and after a fire, winter storm, earthquake or other emergency situation?	<input type="checkbox"/>	<input type="checkbox"/>
4	If you have heavy objects hanging over beds that could fall during an earthquake have you secured them?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have access to an operational flashlight in every occupied bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you keep your shoes and a change of clothes by your bed in case of an emergency evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
7	If a water line was ruptured in an emergency, do you know how and where to shut off the main water line to your house?	<input type="checkbox"/>	<input type="checkbox"/>
8	Can this water valve be turned off by hand? Do you have a tool if one is needed?	<input type="checkbox"/>	<input type="checkbox"/>
9	If the gas line was ruptured in an emergency, do you know how and where to turn off the main gas shut-off?	<input type="checkbox"/>	<input type="checkbox"/>
10	Gas valves usually cannot be turned off by hand. Is there a tool to turn it off located in a handy place (that house members know) to turn it off?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have working smoke alarms in the proper places to warn you of fire?	<input type="checkbox"/>	<input type="checkbox"/>
12	In case of a minor fire do you have a working fire extinguisher that you know how to operate?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you have duplicate keys and copies of important insurance and other papers stored outside your home?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you have a functional emergency radio to receive emergency information?	<input type="checkbox"/>	<input type="checkbox"/>
15	Have you established a local phone contact and place to go out side of your neighborhood (a friend or relative) if you can't reach home?	<input type="checkbox"/>	<input type="checkbox"/>
16	Have you established an out-of-state phone contact and do all family members know and have the means to call them?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you always keep your cars gas tank filled at half or above?	<input type="checkbox"/>	<input type="checkbox"/>
18	What route will you take out of your neighborhood if an evacuation became necessary? Do you know what you would take with you? Where will you go?	<input type="checkbox"/>	<input type="checkbox"/>



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**IF AN EMERGENCY LASTED FOR THREE DAYS (72 HRS)
 or MORE**

BEFORE HELP WAS AVAILABLE TO YOU and YOUR FAMILY

	Y	N
1 Do you have a 72-hr evacuation kit?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is your 72-hour evacuation kit located where you can grab-it-and-go?	<input type="checkbox"/>	<input type="checkbox"/>
3 Is your 72-hr kit of a size and portability that you could carry it for a distance?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have sufficient water, food, medicine and sanitary needs for 72-hrs?	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have the means to cook food without gas or electricity?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have a first aid kit in your home and each car?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have work clothes and some tools for minor rescue and clean-up?	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have emergency cash on hand? (no power; no banking)	<input type="checkbox"/>	<input type="checkbox"/>
9 Without gas and electricity, do you have the means to heat at least part (a room) of your house?	<input type="checkbox"/>	<input type="checkbox"/>
10 If you need prescription medication, do you have a 2-week supply?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have plans for toilet facilities if there is an extended water shortage?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have a supply of food, clothing and fuel where appropriate: for 2 weeks? for 1 month? for 3 months? for 6 months? for a year?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 Do you have a "safe room" designated in your home? (for sheltering-in-place)	<input type="checkbox"/>	<input type="checkbox"/>
14 What will you need to shelter-in-place? (Do you have those items or enough of those items in a kit in your "safe room"?)	<input type="checkbox"/>	<input type="checkbox"/>
15 Do you have an emergency survival kit in your car?	<input type="checkbox"/>	<input type="checkbox"/>
16 Do you have a 72-hr kit at work?	<input type="checkbox"/>	<input type="checkbox"/>

These questions should all be answered 'Yes', if you are to be prepared in an emergency. If you answered 'No' to any of them, please take time to work on getting those items completed.

You should check your kits twice a year. A good time is when daylight savings time changes. Check and rotate all perishables and clothing. Also change the batteries in your smoke detectors. You should also practice your drills at this time.