



Emergency Preparedness Guide



EMERGENCY

PREPAREDNESS

GUIDE



EMERGENCY



Some suggestions on how to use this manual:

- ★ Before you fill out any of these pages, make as many copies of the adult, child, pet, home, insurance, and vehicle pages as you need for your family. Keep the original pages unmarked, so you can make copies, and update any information if/when it changes in the future.
- ★ Make a copy of all of the information in this book after you have filled out the pages. Keep the copy and the original information in separate places.
 - When all of the pages are filled out for the personal data sheets, make 2 or 3 copies of each page and place them behind the page in the page sleeve, so you can give it to Emergency Medical personnel when there is a medical emergency.
- ★ Keep a copy of important information about your family in this book and another safe place, like a safe deposit box.
 - If you have a Living Will, keep a copy of that document in this book, as well as in another safe location.
 - You should include, in this book, an inventory of all the items you have in each room of your house. If you have valuables, such as coin collections, art, sculptures, etc. you should have an appraisal done on those items, and you should have a picture of those items, include a copy of that in this book.
- ★ The information you should include in this book may include:
 - Wills
 - Trusts
 - Funeral Plans
 - Copies of your insurance policies:
 - Life Insurance
 - Auto Insurance
 - Home/Renter Insurance
 - Health Insurance
 - Any other information you feel is important!

We recommend that you order one of the *FREE* books: Are You Ready? An In-Depth Guide to Citizen Preparedness from the Federal Emergency Management Agency (F.E.M.A.). To order one of these books, log on to the website www.fema.gov or call 1-800-480-2520. This book gives information about various emergencies such as earthquakes, wildfires, winter storms, hurricanes, hazardous material incidents, terrorism, & etc., it also gives basic preparedness information & tips on how to recover from a disaster. It is a practical guide for emergencies & would be a useful addition to your emergency preparedness kit. This book also has information on water conservation, a disaster supplies kit, & a family communication plan.

Important State & City Phone Numbers In an Emergency Dial

911

Sunset City Office #:	825-1628
Sunset Fire #:	825-1628
Sunset Police#:	825-1620
Poison Control	1-800-222-1222
American Red Cross	627-0000
Highway Patrol	447-8120
Statewide Winter Road Conditions	1-800-492-2400
National Weather Service – Forecast	1-801-524-5133
Davis County Health Department	451-3296
Davis County Flood Control/Public Works	444-2230

Disaster Cleanup:

(There are more listings under Fire & Water Damage Restoration in the DEX yellow pages.)

Utah Disaster Cleanup	621-3571
ARS Restoration Systems Inc.	782-1800
Davis County Animal Services	444-2200
Davis County Sheriff (Dispatch)	451-4150
Union Pacific Railroad	1-888-870-8777

Hospitals:

Davis Hospital & Medical Center (Layton)	825-9561
McKay Dee Hospital (Ogden)	627-2800
Ogden Regional Medical Center (Wash. Terr.)	479-2111
Lakeview Hospital (Bountiful)	292-6231
LDS Hospital (SLC)	408-1100
Primary Children’s Hospital (SLC)	588-2000
University Hospital (UofU SLC)	585-2800

Utilities:

Qwest Communications	1-800-244-1111
Questar Gas	1-800-541-2824
Rocky Mountain Power	1-888-221-7070

Evacuation Plan

Description:

Designated Meeting Place, at Home:

Designated Meeting Place, away from Home:

Draw the basic outline of your house with the rooms. Draw the path of escape with a different color pen or pencil. Show the path to the meeting place. Make sure your meeting place is far enough away from your house so you will not be in danger from fire or any other calamity.

Personal Data Sheet (Adult)

Full Name:

Address:

Home Phone #:

Cell Phone #:

Work Phone #:

Pager:

E-mail address:

Date of Birth:

Height:

Weight:

Hair color:

Eye color:

Scars/Birth Marks:

Employer:

Address:

Supervisor:

Phone #:

Fax #:

Physician:

Phone #:

Institution:

Address:

Insurance Co.:

Phone #:

Agent:

Policy #:

Insurance Co.:

Phone #:

Agent:

Policy #:

Insurance Co.:

Phone #:

Agent:

Policy #:

Pharmacy/Pharmacist:

Phone #:

Hours:

Medication:

Medical Conditions:

Allergies:

Funeral Company:

Contact:

Phone #:

Address:

Personal Identification

Tape a piece of hair on this page, so you will have a DNA sample if it is needed.

(Picture)

Fingerprints

Left Roll

Left Tap

Right Roll

Right Tap

Personal Data Sheet (Child)

You should update this page at least every year for your child.

Full Name :

Parent/Guardian:

Address:

Cell Phone #:

Home Phone #:

Height:

Date of Birth:

Hair color:

Weight:

Scars/Birth Marks:

Eye color:

School:

Address:

Phone #:

Teacher:

Room #:

Grade:

E-mail:

Fax #:

Emergency Contacts

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Pediatrician:

Institution:

Address:

Phone #:

Policy #:

Insurance Co.:

Policy #:

Agent:

Phone #:

Pharmacy/Pharmacist:

Phone #:

Hours:

Medicine:

Medical Conditions:

Allergies:

Funeral Company:

Phone #:

Contact:

Address:

Family Contacts

IN AN EMERGENCY DIAL

911

You should include a relative or friend who lives outside of the state, so if your family members are separated, they can contact them and that person can relay information to the other family members.

Family Contacts (friends and relatives)

Name	Phone	#Address

Religious Leaders

Name	Phone	#Address

Neighbors

Name	Phone	#Address

Life Insurance Data Sheet

Name of insured:	
Insurance Co. and address:	
Agent:	Policy #:
Phone #:	Policy amount:
Beneficiaries:	
Death benefit:	
Notes or explanation of policy:	

Name of insured:	
Insurance Co. and address:	
Agent:	Policy #:
Phone #:	Policy amount:
Beneficiaries:	
Death benefit:	
Notes or explanation of policy:	

Pet Identification & Information

(Picture)

Pet's Name:	Tag #:
Description:	
Weight:	Phone #:
Owners Name:	
Address:	
Veterinarian:	
Address:	
Phone #:	Emergency Phone #:
Medical Information:	
Shot Information:	

Vehicle Data/Information

Primary Driver:		
Secondary Driver(s):		
		VIN #:
License Plate #:	Color:	Year:
Make:	Model:	
Insurance Co.:		
Address:		
		Policy #:
Agent:	Phone #:	
Fax #:		
Lien Holder:		
Address:		
		Phone #:
Loan #:	Fax #:	
Lease Co.:		
Agent:	Phone #:	
Address:	Agreement #:	
		Fax #:
Dealer:		
Address:		
Sales Person:	Phone #:	
Body Shop/Mechanic:		
Address:		
Mechanic:	Phone #:	
Body Shop/Mechanic:		
Address:		
Mechanic:	Phone #:	
Parts Store:		
Address:		
		Phone:
Parts Store:		
Address:		
		Phone:
Towing Company:		
Address:		
Contact Name:	Phone #:	

Home Data Sheet (Owner)

Mortgage Company:

Address:

E-mail address:

Phone #:

Fax #:

2nd Mortgage Company:

Address:

E-mail address:

Phone #:

Fax #:

Title Company:

Address:

E-mail address:

Phone #:

Fax #:

Insurance Company:

Address:

E-mail address:

Phone #:

Fax #:

Agent:

Policy #:

Insurance Company:

Address:

E-mail address:

Phone #:

Fax #:

Agent:

Policy #:

Electric/Power Company:

Address:

Phone #:

Fax #:

Account #:

E-mail address:

Phone Company:

Address:

Phone #:

Fax #:

Account #:

E-mail address:

Gas Company:

Address:

Phone #:

Fax #:

Account #:

E-mail address:

Internet provider:

Address:

Phone #:

Fax #:

Account #:

E-mail Address:

Home Data Sheet (Renter)

Landlord:

Address:

	E-mail address:
Phone #:	Fax #:
Office Manager:	Phone #:
Fax #:	
Maintenance:	Phone #:

Insurance Company:

Address:

Agent:	Policy #:
Phone #:	Fax #:
E-mail address:	

Insurance Company:

Address:

Agent:	Policy #:
Phone #:	Fax #:
E-mail address:	

Electric/Power Company:

Address:

	Account #:
Phone #:	Fax #:
E-mail address:	

Phone Company:

Address:

Account #:	E-mail address:
Phone #:	Fax #:

Gas Company:

Address:

Account #:	E-mail address:
Phone #:	Fax #:

Internet provider:

Address:

Account #:	E-mail Address:
Phone #:	Fax #:

Week

WEEKLY PREPAREDNESS GOALS

1	Obtain a suitable 72-hour kit container (backpack, duffel bag, garbage can w/lid).	<input type="checkbox"/>
2	Check the batteries in your smoke detector.	<input type="checkbox"/>
3	Place a flashlight next to your bed and one in alternate location; check batteries	<input type="checkbox"/>
4	Add 1 1/2 gallons of water per person to 72-hour kit.	<input type="checkbox"/>
5	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
6	Add a can opener to 72-hour kit.	<input type="checkbox"/>
7	Add 2 cans tuna fish/canned meat to 72-hour kit.	<input type="checkbox"/>
8	Add 1 large roll paper towels to 72-hour kit.	<input type="checkbox"/>
9	Add 1 blanket to 72-hour kit.	<input type="checkbox"/>
10	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
11	Add 4 rolls toilet paper to 72-hour kit.	<input type="checkbox"/>
12	Add 1 bar of soap to 72-hour kit.	<input type="checkbox"/>
13	Add stress relief factors to 72-hour kit (books, magazines, coloring books, games).	<input type="checkbox"/>
14	Add pocket/utility knife to 72-hour kit.	<input type="checkbox"/>
15	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
16	Add 1 container of baby wipes to 72-hour kit.	<input type="checkbox"/>
17	Add 1-2 changes of clothing to 72-hour kit.	<input type="checkbox"/>
18	Add 48 ounces of non-carbonated canned juice to 72-hour kit (date for rotation).	<input type="checkbox"/>
19	Add 1 can of fruit, 1 can of vegetables to 72-hour kit (date for rotation).	<input type="checkbox"/>
20	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
21	Add 1 box of matches to 72-hour kit.	<input type="checkbox"/>
22	Add hard candy (jolly ranchers, lifesavers) 72-hour kit.	<input type="checkbox"/>
23	Add 1 1/2 lb peanut butter 72-hour kit.	<input type="checkbox"/>
24	Add Ziploc bags (variety of sizes) 72-hour kit.	<input type="checkbox"/>
25	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
26	Check the batteries in your smoke detector. Practice escape routes.	<input type="checkbox"/>
27	Add 1 box of crackers 72-hour kit.	<input type="checkbox"/>
28	Add plastic utensils 72-hour kit.	<input type="checkbox"/>
29	Add large candle 72-hour kit.	<input type="checkbox"/>
30	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
31	Add 1 lb. Graham crackers 72-hour kit.	<input type="checkbox"/>
32	Add flashlight 72-hour kit; check batteries.	<input type="checkbox"/>
33	Add disinfectant (betadine, bleach, sterile wipes, hand sanitizer) 72-hour kit.	<input type="checkbox"/>
34	Add paper cups to 72-hour kit.	<input type="checkbox"/>
35	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
36	Add basic first aid kit 72-hour kit.	<input type="checkbox"/>
37	Add 1 lb dried fruit 72-hour kit (date for rotation).	<input type="checkbox"/>
38	Add 1/2 lb non-fat dried milk 72-hour kit.	<input type="checkbox"/>
39	Add battery powered radio 72-hour kit; check batteries.	<input type="checkbox"/>
40	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
41	Add items related to individual medical needs to 72-hour kit.	<input type="checkbox"/>
42	Add diapers, feminine hygiene supplies to 72-hour kit.	<input type="checkbox"/>
43	Add toothbrush and 1 tube toothpaste to 72-hour kit.	<input type="checkbox"/>
44	Add hand shovel to 72-hour kit.	<input type="checkbox"/>
45	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
46	Verify each family member's tetanus immunization is up to date.	<input type="checkbox"/>
47	Add 1 large roll heavy duty aluminum foil to 72-hour kit.	<input type="checkbox"/>
48	Add 1 axe to 72-hour kit.	<input type="checkbox"/>
49	Add paper plates to 72-hour kit.	<input type="checkbox"/>
50	Add \$10 cash to 72-hour kit.	<input type="checkbox"/>
51	Add 1-2 boxes pre-sweetened cereal to 72-hour kit.	<input type="checkbox"/>
52	Add photocopies of personal documents to 72-hour kit (wills, insurance policies, birth certificates). Send 1 copy to family member/friend in separate location.	<input type="checkbox"/>

Each family member should have a 72-hour kit that contains their individual items. Even small children should have their own 72-hour kit; some items listed above are not appropriate for children (axe, shovel, matches) and therefore should be included only in adult kits. This list is a general list and items can be substituted to suit the needs of your family.

Car Survival Kit

Follow these suggestions for your car; make sure you have extra medicine with you at work:

- ★ Always maintain at least half a tank of gas
- ★ Tools needed to change a flat tire
- ★ Jumper cables
- ★ Road Emergency flares
- ★ Tow rope
- ★ Fire Extinguisher (Standard class ABC)
- ★ Siphoning hose
- ★ Bag of sand or rock salt
- ★ Collapsible shovel
- ★ First aid kit & guide information:
 - Band aids & gauze, various sizes of non-adherent sterile pads
 - First aid tape
 - Anti-bacterial ointment (Neosporin, Bacitracin, etc.) & burn cream
 - Scissors, tweezers, pocket knife, razor blade
 - Large square cloth (3 feet square) for a sling or tourniquet
 - Non-aspirin, pain relievers, ibuprofen
 - Chemical ice packs, hand warmer packets
 - Various sizes of safety pins, needle & heavy thread
 - Water proof matches
 - Eye wash
 - Hand wipes (antiseptic), cotton balls, cotton pads
 - Alcohol swabs, iodine (bottle or pads)
- ★ Flashlight with at least 2 extra batteries
- ★ Coat(s) or jacket(s)
- ★ Emergency blanket (Mylar)
- ★ Water: clear liter bottles (filled $\frac{3}{4}$ full to allow for expansion when frozen)
Rotate water every six months. Place in a box to keep moving around during vehicle movement.
- ★ Rubber disposable gloves
- ★ Whistle with lanyard to hang around your neck
- ★ Additional car kit supplies:
 - Sanitation (toilet tissue)
 - Freeze dried or non perishable canned foods and a can opener
 - Writing pad & pencils, map
 - Ice scraper for the winter
- ★ Make sure to maintain your vehicle(s) for seasonal change to both winter and summer weather

Office Emergency Kit

Due to a major disaster, you may be stranded at your place of business for several days. Plan at least 72 hours (3 days). Make sure you have extra medicine with you at work. Keep a backpack, tote bag, small box or suit case on wheels underneath your desk with the following items for emergency use:

***First aid kit & guide information:**

- Band aids & gauze, various sizes of non-adherent sterile pads
- First aid tape
- Anti-bacterial ointment (Neosporin, Bacitracin, etc.) & burn cream
- Scissors, tweezers, pocket knife, razor blade
- Large square cloth (3 feet square) for a sling or tourniquet
- Non-aspirin, pain relievers, ibuprofen
- Chemical ice packs, hand warmer packets
- Various sizes of safety pins, needle & heavy thread
- Water proof matches
- Eye wash
- Hand wipes (antiseptic), cotton balls, cotton pads
- Alcohol swabs, iodine (bottle or pads)

***Flashlight with at least 2 extra batteries**

***Coat or jacket**

***Change of clothes, socks, shoes (women keep a pair of tennis shoes or flats), undergarments, etc**

***Blanket, flat sheet, throw pillow, or a single sleeping bag**

***Emergency blanket (Mylar)**

***Trial size hand & body lotion, soap, shampoo, conditioner, etc**

***Towel, wash cloth**

***Freeze dried or non perishable canned foods and a can opener**

***Sweet hard candy**

***Water: clear liter bottles (filled $\frac{3}{4}$ full to allow for expansion when frozen) Rotate water every six months. Place in a box to keep moving around during vehicle movement.**

***Whistle with lanyard to hang around your neck**

***Have a list of family names, home & business telephone numbers**

Appendix

- 1) Suggestions
 - 2) Important Phone Numbers
 - 3) Evacuation Plan
 - 4) Personal Data Sheets
 - 5) Family Contacts Sheet
 - 6) Life Insurance Data Sheet
 - 7) Pet Information Sheet
 - 8) Auto Information Sheet
 - 9) Home Data Sheet
 - 10) Home Inventory Sheets
 - 11) 72 Hour Weekly Preparedness Goal Sheet
 - 12) Emergency Sign Instruction Sheet
 - 13) Other Information
-

Emergency Instructions

Place one of these signs in your main front window in the following circumstances. If there is no sign, Emergency crews will come into your home.

- **BLUE – We Have a Death** - If there is an individual(s) who has died in the home.
- **RED – We Need Immediate Help or Critical Care** – There is an individual(s) who needs immediate assistance.
- **GREEN – All is Well** – There is no need for medical or other assistance in your house.
- **YELLOW – We Need Help, But it is Not Critical** – There is an individual(s) who has medical problems, that are not life threatening.
- **ORANGE – Designated Spot** – You and your family have gone to the designated spot to be counted.

In an emergency, call 911 **FIRST!!**

In a major emergency, earthquake, flood, etc. contact your block captain.

Our 'Block Captain':

Phone #:

**We Have
a Death.**

**We Need
Immediate
Help or Critical
Care.**

ALL IS

WELL.

**We Need
Help, But it is
Not Critical.**

**Designated
Spot.**