



Family Emergency Plan

Family Members

1.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____
2.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____
3.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____
4.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____
5.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____
6.	Name: _____ Birth Year: _____	Special Needs or Medication: _____ _____

Family Locations

Day-Time	Night-Time	Weekends
Work Location 1: Address: _____ Evacuation Location: _____	Location 1: Address: _____ Evacuation Location: _____	Location 1: Address: _____ Evacuation Location: _____
Work Location 2: Address: _____ Evacuation Location: _____	Location 2: Address: _____ Evacuation Location: _____	Location 2: Address: _____ Evacuation Location: _____
School Location 1: Address: _____ Evacuation Location: _____	Location 3: Address: _____ Evacuation Location: _____	Location 3: Address: _____ Evacuation Location: _____
School Location 2: Address: _____ Evacuation Location: _____	Location 4: Address: _____ Evacuation Location: _____	Location 4: Address: _____ Evacuation Location: _____
School Location 3: Address: _____ Evacuation Location: _____	Location 5: Address: _____ Evacuation Location: _____	Location 5: Address: _____ Evacuation Location: _____

Family Meeting Place (after the emergency)

# 1	Home: _____ Actions: _____
#2	Neighborhood Place: _____ Actions: _____

☒ Family Drills & Review

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|--|---|--------------------|
| ☐ Practice “drop, cover, and hold on.” | ☐ Install Smoke Alarms | |
| ☐ Find Safe spots in every room. | ☐ Drill the evacuation of bedrooms in case of a fire. | |
| ☐ Learn/Teach how to protect yourself where you are, when an earthquake hits. | ☐ Have local Fire Department train your family. how to properly use a Fire Extinguisher. | |
| ☐ Ask each house member: What are you going to do during /after an earthquake/fire, if you are: | | |
| 1. at Home | 3. at School | 5. walking outside |
| 2. at Work | 4. in a car | 6. with friends ? |
| ☐ Ask each house member: What are you going to do after an earthquake, if you can't leave: | | |
| 1. Home | 3. School | |
| 2. Work | 4. friend's home ? | |
| ☐ Select a safe place outside your home to meet your family/ roommates after the shaking stops. | | |
| ☐ Flashlight (with batteries) by each bed | ☐ Drill: Earthquakes in the morning. | |
| ☐ Pair of Shoes by each bed | ☐ Drill: Earthquakes while watching TV | |
| ☐ Practice using Emergency Whistle/ or knock 3 times repeatedly if trapped. | ☐ Drill: Earthquakes with pets. | |
| ☐ Find the shut-off for the Natural Gas & know how to shut it off. | ☐ Drill: Earthquakes in cars. | |
| ☐ Find the shut-off for the Electricity & know how to shut it off. | ☐ Learn: First Aid | |
| ☐ Find the shut-off for the Water & know how to shut it off. | ☐ Learn: CPR | |
| | ☐ Learn: C.E.R.T (our valley has these Teams) | |

Additions to the Family Plan

1. Fix Hazards in Your Home and House Foundations
2. Create “Go – Bags” for each member in your home.
3. Create Long-Term (3 months) Supply of Living Necessities:
Food (that you actually eat), Water, Sanitary Items, Cooking Methods/Supplies

“The amount of satisfaction you get from life depends largely on your own ingenuity, self-sufficiency, and resourcefulness.”

Scientist William C. Menninger, quoted in the Associated Press

“The great thing in the world is not so much where we stand, as in what direction we are moving.”

Oliver Wendell Holmes, quoted in the Arizona Republic