

Family Disaster Plan

TEMPLATE
FEEL FREE TO COPY

About your Family Disaster Plan

This booklet is a plan template and is intended to give you a format and possible suggestions about information you might want to include in a family disaster plan. It is not all inclusive and should be modified by the user to suit individual or family needs.

This plan can be filled in as an electronic version or printed and filled in by hand. If filled in by hand, it is suggested that one use a pencil for ease of making future corrections to information contained in the document.

Keep this plan updated with current and correct information

Update and review plan:

Last update:

Next update:

Table of Contents

Household Members and Pets Inventory.....3

Household Information.....4

Emergency Numbers.....4

Utility and Service Contracts.....5

Insurance and Other Information.....5

Family/Friends/Neighbors and Out of Area Contact Information.....6

Work and School Contacts.....7

Reunion Information.....8

Important Notes and Procedures.....8

Medication List.....9

Pharmacy/Doctors/Specialists.....10

Home Layout and Design.....11

Utility Control.....12

Household Members

Household Members

Relation/Birth Date

Social Security Number

Pets

Pet License #

Vet name & number

Household Information

Home Address: _____

Phone1: _____ Phone2: _____

E-mail:1 _____

E-mail:2 _____

Car Information:

Car 1: Make _____ / Model _____ / Year _____ / License # _____

Car 2: Make _____ / Model _____ / Year _____ / License # _____

Car 3: Make _____ / Model _____ / Year _____ / License # _____

Emergency Numbers

CALL 911 FOR EMERGENCY

Doctor # 1 _____

Doctor # 2 _____

Doctor # 3 _____

Fire Number _____

Police Number _____

Ambulance Number _____

Poison Control Number _____

Hospital Emergency Room Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Name/Number _____

Note: After a disaster, 911 may not be working. Use these numbers as you listed above.

SOMERSET COUNTY EMERGENCY MANAGEMENT
100 EAST UNON STREET SOMERSET PA 15501
445-1515

Utility and Service Contacts

Organization Name Water/Sewer	Address	Contact
	Note	Phone
Organization Name Electric	Address	Contact
	Note	Phone
Organization Name Gas	Address	Contact
	Note	Phone
Organization Name Phone/cable	Address	Contact
	Note	Phone
Organization Name Home Medical	Address	Contact
	Note	Phone

Insurance/Other Information

Name	Policy#/Other Information	Phone

Family/Friends/Neighbors

Name	Address/Physical Location to Home	Phone	E-mail Address	Cell phone Number
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		
		Hm./Wk. Phone		

Note: Identify two neighbors. Agree to check on each other

Out-of-Area Contact #1

Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of-area to report in. Let this person contact others.

Out-of-Area Contact #2

Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Work, School, and Other Contacts

Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	
Household Member Name	Work/School/Other	Disaster Procedures*
	Address	
	Phone	

*Note: *Disaster Procedures: Household members should know each other's disaster procedures for work, school, or other places where they spend time during the week.*

Medication List

User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine
User's Name	Medication Name	Dosage/Frequency	Reason for Taking
Doctor	Prescription #	Date Started/Ending	Location of Medicine

Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications

Last update of this page:

Pharmacy/Doctors/Specialists

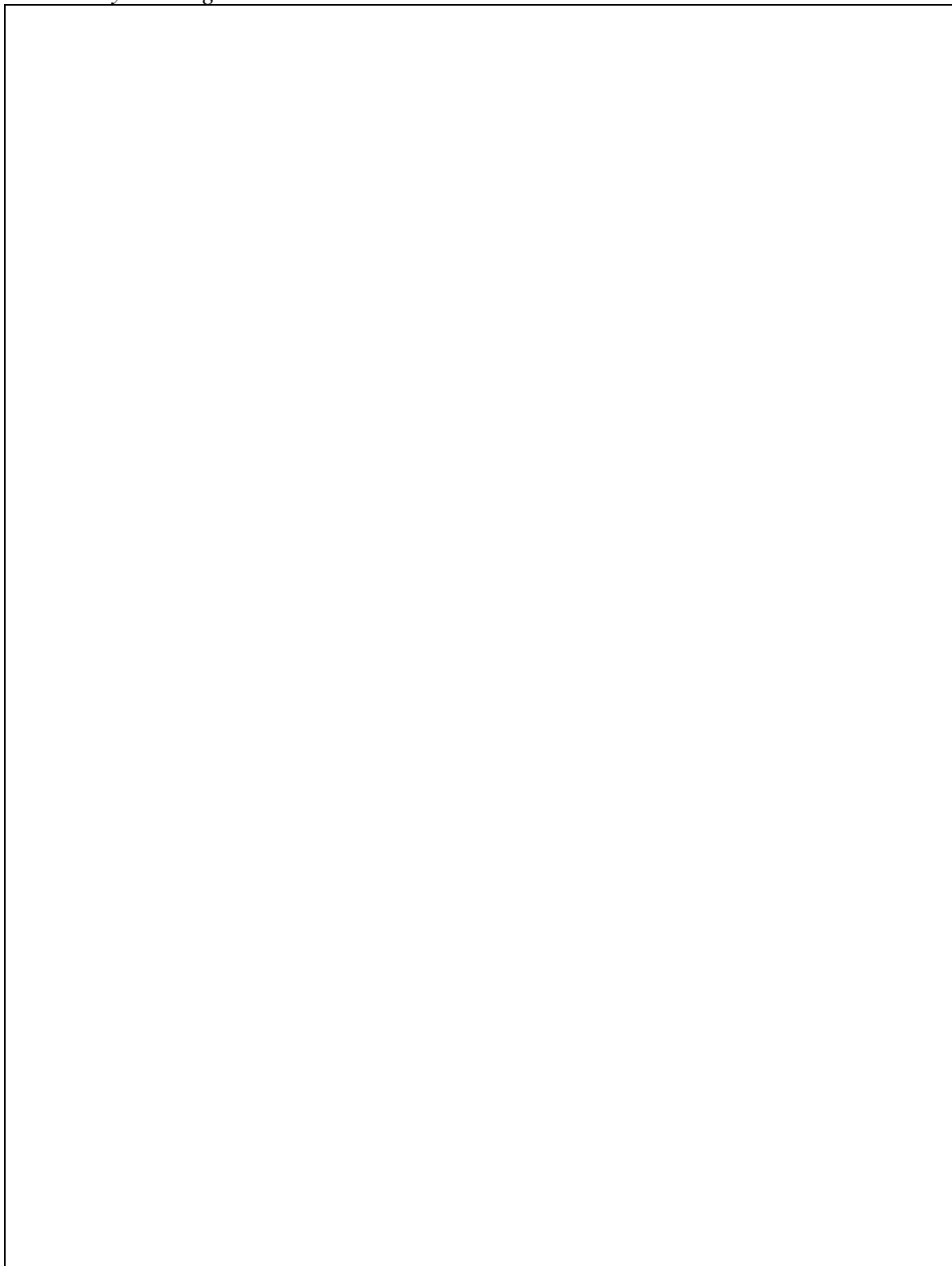
Pharmacist Name(s)	Pharmacy Name	Phone/Address
	Pharmacy Name	Phone/Address
Specialist Name	Area of Concern	Phone
	Organization	Address
Specialist Name	Area of Concern	Phone
	Organization	Address

Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and Supplies		

Note: Fill this and all sections out in pencil. Update regularly. If additional information is needed, tape or staple another sheet of paper.

Last Update of the Page:

Home Layout/Diagram

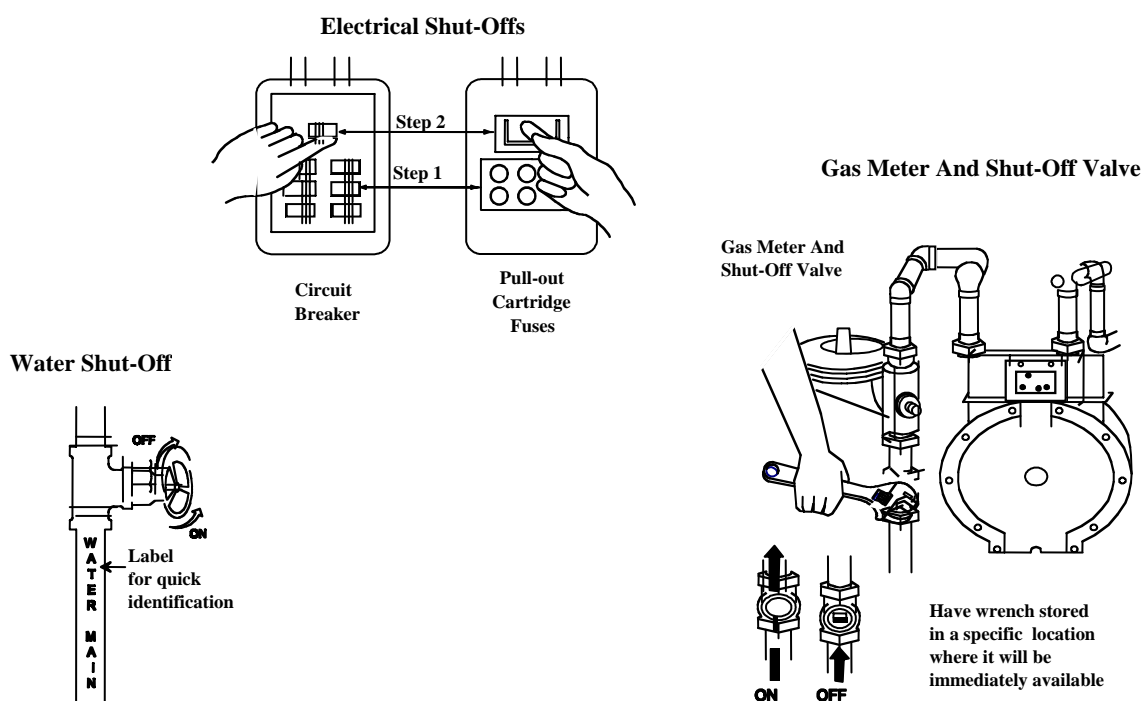


Draw a layout of your home. Make sure you include locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.

SOMERSET COUNTY EMERGENCY MANAGEMENT
100 EAST UNON STREET SOMERSET PA 15501
445-1515

Utility Control

Locate each of these utility control points in your home



Electricity:

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

1. Turn off smaller breakers one by one
2. Flip the "main" breaker last

To reenergize your home, reverse the steps above

Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

Gas:

IMPORTANT – Only turn off you gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company.

Propane: If you live in an area that uses outdoor propane or LPG you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn

valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.