

Emergency Preparedness Household Survey

Last Name: _____ Number of People at Residence: _____

Names of individuals living at residence: _____

Street Address: _____

Cell phone: _____ Alternate Phone: _____
(if you have one) (2nd cell phone or land line)

Email Address: _____

Alternate Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Email: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone: _____ Email: _____

Emergency Contact #3 Name: _____

Emergency Contact #3 Phone: _____ Email: _____

Number of Pets at Residence: _____ Type: _____

HAM Radio Call Signs: _____

(circle answer)

5-Day Bug-Out-Bag: Y N

5-Day Portable Potable Water Y N

90-Day Potable Water Y N

90-Day Food and Supplies Y N

Resident Requires Electricity to Sustain Life Y N

Nurse Lives Here Y N

Physician Lives Here Y N

Equipment / resources that could be available to the neighborhood during an emergency:
(possible examples: generator, chain saw, winch, jack, tools, etc.)