Home Emergency Preparedness Test

1.	1. Do you have a functional emergency radio to receive emergency information	? □ YES	□ NO
2.	2. If your family had to evacuate your home, have you identified a meeting plac	ce? □ YES	□ NO
3.	3. In case of evacuation, does your family have means to communicate?	☐ YES	□ NO
4.	4. Do you have a list of friends and family, boarding kennels or public evacuation	on shelters	
	that are willing to take pets if you are evacuated?	☐ YES	□ NO
5.	5. Have you established an out-of-state contact?	☐ YES	□ NO
If a	If an emergency lasted for three days (72 hours) before help was available to	you and your family	
6.	6. Would you have sufficient food?	☐ YES	□ NO
7.	7. Would you have the means to cook food without gas and electricity?	☐ YES	□ NO
8.	8. Would you have sufficient water for drinking, cooking and sanitary needs?	☐ YES	□ NO
9.	9. If you need medications, do you have a month's supply on hand?	☐ YES	□ NO
10.	10. Do you have access to a 72-hour evacuation kit?	☐ YES	□ NO
11.	11. Do you have a plan for toilet facilities if there is extended water storage?	☐ YES	□ NO
12.	12. Without electricity and gas, do you have a way to heat at least part of your h	ouse? □ YES	□ NO
13.	13. If power was out for an extended period, or no fuel or cell phones and stores	s were unavailable:	
	 Do you have extra batteries? 	☐ YES	□ NO
	 Do you have at least a half tank of gas in your car? 	☐ YES	□ NO
14.	14. Do you have a first aid kit in your home and each car?		
15.	15. Do you have duplicate keys and copies of important insurance and other pag	pers? □ YES	□ NO
16.	16. Do you have emergency cash on hand? (should ATMs not work and banks ar	re closed)	□ NO
17.	17. Do you have work gloves and some tools for minor rescue and clean up?	☐ YES	□ NO
18.	18. Do you have access to an operational flashlight in every occupied bedroom?		
	(use of candles is not recommended unless you are sure there is no leaking	gas) □ YES	□ NO
19.	19. Do you have heavy objects hanging over beds that can fall during an earthqu	ıake? □ YES	□ NO
20.	20. Do you keep shoes near your bed to protect your feet against broken glass?	☐ YES	□ NO
21.	21. Has your family rehearsed fire escape routes from your home?	☐ YES	□ NO
22.	22. Do you have working smoke alarms in the proper places to warn you of fire?	YES □ YES	□ NO
23.	23. In case of a minor fire, do you have a fire extinguisher that you know how to	use? □ YES	□ NO
24.	24. Do you know where the main gas shut-off value to your house is located?	☐ YES	□ NO
	 If you smell gas, do you know how to—and would you be able to—shut 	off this value? \square YES	□ NO
	 Gas values usually cannot be turned off by hand. Have you purchased th 	e specialized	
	valve tool and is it near your value?	☐ YES	□ NO
25.	25. If a water line was ruptured due to earthquake or other, do you know how to		_
	the main water line to your house?	YES	□ NO
	 If this valve can not be turned off by hand, do you have a tool if one is not 	eeded?	□ NO

If you answered "No" to any of the above questions, it's time to take action.

For more guidelines and steps to help protect your home and family during natural disasters and other potential hazards, contact [your facility contact info here] to request a copy of the Home Emergency Preparedness Checklist Booklet.