

### Disaster-Supply Kit Checklist

A disaster-supply kit should provide a collection of basic items that household members may need in the event of a disaster. A disaster-supply kit can be used in your home if there is an extended power outage or it could be used if you have to leave your home and go to a shelter. During an emergency, you will probably not have time to shop or search for the items you need.

	•		
A	basic disaster-supply kit should		
in	clude these recommended items:  Water, one gallon of water per person per day for at least three days, for drinking and sanitation	£3	Important family documents such as copies of insurance policies, identification and bank account records in a water-proof, portable container
0	Food, at least a three-day supply of non- perishable food	D	Emergency reference material such as a first aid book or information from www.ready.gov
	Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries.	a	Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
	First aid kit		Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
	Whistle to signal for help		
	Dust mask, to help filter contaminated air	D	Household chlorine bleach and medicine dropper — When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
	Moist towelettes, garbage bags and plastic ties for personal sanitation		
	Wrench or pliers to turn off utilities		
)	Can opener for food - Manual		
	Local maps		Fire Extinguisher
J	Local maps		Matches in a waterproof container
]	Cell phone with chargers, inverter or solar charger - power strip		Feminine supplies and personal hygiene items
Δd	ditional Supplies:		Mess kits, paper cups, plates and plastic utensils, paper towels
]	Prescription medications and glasses		Paper and pencil
			·
	Infant formula and diapers		Books, games, puzzles or other activities for children
)	Pet food and extra water for your pet		

Facebook: facebook.com/rhodeislandema

Cash or traveler's checks and change

Twitter: @RhodelslandEMA

Visit Ready.gov

Ready

for more information on disaster-supply kits.

✓ Web: riema.ri.gov



## Family Emergency Communications Plan

Family Emergency Communication Plans can help to make sure you keep in contact with family and friends during an emergency or disaster.

### **Emergency Contact Information**

	Out-of-Town Contact	Meeting Location	
Na	ame:		
He	me:		
Ce	11:		
	***************************************	Alternate Meeting Location	
	Family Member Work Information		
W	orkplace:	6-	
	dress:		
		Out-of-State Meeting Location	
- Ph	one:		
	acuation Location:		
	·		
		School Information School:	
	Family Member Work Information		
Workplace: Address:		Address:	
_		Evacuation Location:	
	hone:		
Ev	vacuation Location:		
_			
	Family should fill out this plan together so that every orded.	yone is aware of, and familiar with, the information rec-	
	Select a family meeting spot where everyone can go	in case you are separated.	
	Learn where your city or town's shelter is located and how to get there.		
	Make sure each family member has a copy of this pla	an and that it is easily accessible for all to see.	
	Go over your family communications plan at least 3-tained.	4 times a year to ensure that it is up-to-date and main-	
	Remember: Unless there is imminent danger, text do	on't talk! Texts may have an easier time getting through	

during an emergency or disaster as phone lines could be tied up.



# Family Emergency Communications Plan

#### **Medical & Insurance Information**

rainly information	Medical Contact
Name:	Doctor:
Date of Birth: SSN:	
Medical Information:	Cell:
	Medical Contact
	Doctor:
Family Information	Phone:
Name:	Cell:
Date of Birth: SSN:	
Medical Information:	Madical Contact
	The steem.
	Phone:
	Cell:
Family Information	
Name:	Insurance Information
Date of Birth: SSN:	Medical Insurance:
Medical Information:	Phone:
	Policy Number:
	Insurance Information
Family Information	Homeowners/Rental Insurance:
Name:	***************************************
	Phone.
Date of Birth: SSN:	Policy Number:

Visit Ready.gov for more information on making a plan.





