

CHECKLIST #3**EMPLOYEE FAMILY DISASTER PLAN****OUR FAMILY DISASTER PLAN**

We don't like to think about a disaster in our community - much less take the time (and expense) to prepare our homes, families and business to weather a storm or other disaster. Yet, if you are armed with knowledge and a little forethought, you can save yourself and your family from potential injury and financial loss. It will also be critical that, as your employer, we know what your needs are before the event and ensure we can contact you after a disaster. To get started, first read the disaster preparedness guide provided to you. Then, prepare your own Family Disaster Plan by completing the checklist below:

1. KNOW YOUR RISK

Will your family have to evacuate in a hurricane? (Y or N) ____ If yes, what Evacuation Level _____
 100-year Flood Zone (Y or N) _____ If yes, is your home elevated above Base Flood Elevation? (Y or N) ____
 Mobile home (Y or N) _____

2. HAVE AN EVACUATION PLAN

If I do not have to evacuate, I will secure my house and stay. My employer can reach me at:

Phone No. _____

If told to evacuate, we will go to:

Friends/Name _____

Phone No. _____

Emergency Phone No. _____

Hotel/Motel _____

Shelter _____

Out of the Area (Y or N) ____

Evacuation Route _____

3. Members of Your Family

1. First Name:	2. First Name:
Last Name:	Last Name:
Age:	Age:
Mobile Phone:	Mobile Phone:
SS #:	SS #:
Employed By:	Employed By:
Work Phone:	Work Phone:
Blood Type:	Blood Type:
Allergies:	Allergies:
Special Needs:	Special Needs:
3. First Name:	4. First Name:
Last Name:	Last Name:
Age:	Age:
Mobile Phone:	Mobile Phone:
SS #:	SS #:
Employed By:	Employed By:
Work Phone:	Work Phone:
Blood Type:	Blood Type:
Allergies:	Allergies:
Special Needs:	Special Needs:

4. PUT TOGETHER YOUR DISASTER SUPPLIES KIT (see Checklist #2)

5. RELATIVES/FRIENDS TO CONTACT W/EMERGENCY INFO

Name/Phone _____

Name/Phone _____

6. **MEDICAL AND INSURANCE.** Call your agent. Make sure you are adequately covered. Put your Agent's Name/Phone Number and policy in a safe place along with an inventory of your belongings (a video tape is excellent).

Physician	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:
Physician	Medical Insurance
Name:	Carrier:
Address:	Policy Number:
Phone:	Address:
Car Insurance	Home Insurance
Carrier:	Carrier:
Policy Number:	Policy Number:
Address:	Address:

7. INSPECT & SECURE YOUR HOME BEFORE THE STORM

- Garage Doors - 80% of the severe winds enter through an older, un-reinforced garage door. You can reinforce older metal doors (not wood) with kits sold at a home improvement store or replace with a hurricane-resistant one.
- Entry Doors - Double-bolt (top and bottom) all doors. (Exterior doors should be solid wood or steel.)
- Gable Ends/ Roof - During Hurricane Andrew, winds destroyed roofs due to un-reinforced gable ends. If your home was built before 1994, the gables should be retrofitted to strengthen the roof system. When you replace your roof, make sure the new sheathing is attached properly as well as new shingles or tiles.
- Window Protection- is very important to keep the winds out of your home. Once inside, internal wind pressure can lift your roof right off and expose you and your family to the winds. Windows should also be covered to reduce the risk of flying glass. Code approved shutters, impact resistant windows, plywood sheets (3/4"), shutter or other wind abatement systems should be considered.
- Maintenance is an important part of reducing the potential risk to damage. Keep your home in good repair.

8. FAMILY RESPONSIBILITIES

Make a list of tasks and who is responsible for each task; Don't forget to include the kids.

9. PLAN FOR PETS

Name:	Name:
Tag Number:	Tag Number:
Type of Animal:	Type of Animal:
Pet Shelter	Veterinarian
Name:	Name:
Address:	Address:
Phone:	Phone:

10. DO YOU OR A LOVED ONE REQUIRE EVACUATION ASSISTANCE DUE TO SPECIAL NEEDS? CONTACT YOUR LOCAL EMERGENCY MANAGEMENT DEPARTMENT TO REGISTER TODAY.

Eldercare

Name _____

Address _____

Phone _____

Special Needs Shelter _____

- Medications (Must be labeled with name and dosage. Including over-the-counter and samples.)
- Living Will
- Medical Bracelet-Allergies and Conditions
- Copy of insurance card (s)
- Emergency Contact Information
- Special Diet Needs