

HOUSEHOLD INFORMATION IN CASE OF DISASTER
Point Reyes Disaster Council

All information is confidential. It will be kept by the Neighborhood Liaison or Area Coordinator so that the safety of all people and homes in the neighborhood can be checked during a disaster.

FAMILY/HOUSEHOLD NAME _____ (Date)

Address (street) _____
Phone (home) _____ (work) _____
(fax, email) _____
(alternative) _____

Household Listings: Please list likely daytime locations and phone numbers for everyone living in the residence. Include children's ages and schools. Include pets' names and brief descriptions.

List special circumstances beside each name. (e.g., diabetic, allergic to..., hearing impaired, visually impaired, etc.)

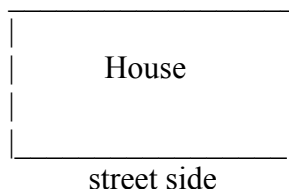
1. Name _____ (Relationship)
2. Name _____ (Relationship)
3. Name _____ (Relationship)
4. Name _____ (Relationship)

EMERGENCY CONTACTS One contact should be outside the Bay Area.

1. Name _____ Address _____
Phone _____
2. Name _____ Address _____
Phone _____

PERMISSION TO SHUT OFF UTILITIES In the event that no one is at home, I/we hereby give permission for water, gas, and/or electricity to be shut off if it is necessary to do so for the safety of the house and the neighborhood. Signed _____

UTILITY SHUTOFFS Please indicate the location of the gas and water shutoff valves, and the electrical service main shutoff switch.



(over)

FAMILY/HOUSEHOLD NAME _____

NEIGHBORHOOD RESOURCES Please mark the equipment, skills and water supplies that you have and are willing to share in an emergency.

EQUIPMENT (note quantify if more than 1)

axe _____
chain saw _____
cot _____
extension ladder _____
hose (water) _____
generator _____
propane/camp stove _____
propane/camp light _____
porta potty _____
shovel _____
sleeping bag _____
tent _____
winch _____
bicycle _____
boat (size) _____
camping trailer _____
horse _____
vehicle/recreational _____
vehicle/station wagon _____
vehicle/truck (type) _____
vehicle/4-wheel drive _____

CB radio _____
Ham radio _____
Scanner _____
Walkie-talkie _____

SKILLS (name of person with skill)

CPR _____
first aid _____
EMT _____
nursing _____
paramedic _____
doctor-- _____

child care _____
cooking (type) _____
elder care _____
animal care _____
recreation _____
teaching _____

driver/4-wheel vehicle _____
driver/motorcycle _____

CB Radio Operator _____
GMRS Radio Operator _____
FRS (walkie-talkie) Radio Op _____
Ham Radio Operator _____
Marine Radio/VHF Radio Op _____
Auto mechanic _____
Certified building inspector _____
Carpenter _____
Electrician _____
Plumber _____
Telephone repair _____
Tree cutting _____

Clerical _____
Clergy _____
Computer _____
Legal _____
Runner _____
Red Cross training (type) _____

Professional license _____
Other _____

WATER SUPPLIES (for fire fighting, etc., non-potable)

We have hand/gasoline powered pump _____

We have a swimming pool _____

We have a hot tub _____

We have a water bed (for drinking/potable) _____

We have _____ gallons of drinking water _____

We have boat with potable water _____

EMERGENCY HOUSING (for those unable to reach a Red Cross/Neighborhood Shelter)

Our home can accommodate _____ people.

Other comments: