Family Emergency Plan

Your Family Emergency Plan tells everyone in the household what they need to know and do during an emergency. While all emergencies differ, the same information can be utilized for a multitude of situations. Set a standard time to review and update your family's plan such as changing between daylight savings time and standard time, LDS General Conference in October and April, summer and winter solstice — whatever works for your family. Make sure everyone in your family understands the plan. Attach the disaster procedures for work, school, and other places family members spend time during the week to the back of your Family Emergency Plan.

Review bi-annually and Update whenever there are changes in the family or household.

Last Review Date:

(Additional copies available at <u>www.twochickenshomestead.com</u>. This document is not for commercial use.)

Household Members

Name:

Date of Birth	Relationship	Height	Weight	Hair color	Eye color
Identifying Marks					
Medical Information (medical conditi	ons, drug allergies, disabilities / specia	al needs			
Name:					
Date of Birth	Relationship	Height	Weight	Hair color	Eye color
Identifying Marks	<u> </u>				
Identifying Marks Medical Information (medical conditi	ons, drug allergies, disabilities / specia	al needs			
Medical Information (medical conditi	ons, drug allergies, disabilities / specia	al needs			
Medical Information (medical conditi	ons, drug allergies, disabilities / special	al needs Height	Weight	Hair color	Eye color
Medical Information (medical condition) Name:			Weight	Hair color	Eye color
Medical Information (medical condition) Name: Date of Birth	Relationship	Height	Weight	Hair color	Eye color
Medical Information (medical condition) Name: Date of Birth Identifying Marks	Relationship	Height	Weight	Hair color	Eye color
Medical Information (medical condition) Name: Date of Birth Identifying Marks Medical Information (medical condition)	Relationship	Height	Weight	Hair color	Eye color

Household Members – Pets

Name:

Date of Birth	Species	Breed	Vaccine Tag #	Microchip #
Important information	n (medical, coloratio	n/identifying marks,	special needs, etc	.)

Name:

Date of Birth	Species	Breed	Vaccine Tag #	Microchip #
Important informatio	n (medical, coloratio	n/identifying marks,	special needs, etc	.)

Name:

Date of Birth	Species	Breed	Vaccine Tag #	Microchip #
Important informatio	n (medical, coloratio	n/identifying marks,	special needs, etc	.)

Name:

Date of Birth	Species	Breed	Vaccine Tag #	Microchip #
Important information	n (medical, coloratio	n/identifying marks,	special needs, etc	.)

Disaster Plan for Our Pets

If we have to evacuate, which family member will be responsible for gathering our pets? Is our evacuation spot a pet-friendly place? If not, what will we do with our pets? If we can't make it home, who will be available to care for or evacuate our pets?

Household Information

Physical Home Address	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone(s)	Family Member
E-mail address(es)	Family Member

Emergency Numbers CALL 911 FOR EMERGENCY

Note: After a disaster, 911 may not be working. Use these numbers.

Fire		
Police / Sheriff		
Ambulance		
Poison Control		
Hospital Emergency Room		
Name	Number	
Doctor		
Name	Number	For Whom
Veterinarian		
Name	Number	For Whom
	•	•

Utility and Service Providers

Electric		
Agency Name	Phone	
Notes		
Natural/LP Gas		
Agency Name	Phone	
Notes		
[
Water		
Agency Name	Phone	
Notes		
Phone		
Agency Name	Phone	
Notes		
Cable/Satellite		
Agency Name	Phone	
Notes		
Internet Provider		
Agency Name	Phone	
Notes		

Out-of-Area Contacts

During and after a disaster, phones should be used only for emergencies. It may be difficult for people to call into the area. Choose an out-of-area contact to call who will contact other interested parties. Separated family members should also contact the Out-of-Area Contact to relay his/her location and plans.

Out-of-Area Contact #1

Name		
Address		
Home Phone	Cell Phone	
Work Phone	Email	
	Out-of-Area Contact #2	
Name		
Address		

Cell Phone

Email

Home Phone

Work Phone

Work / School / Other Contacts

Where is each family member during the day? At work, school, day care? Write contact information for each location. Household members should know each other's disaster procedures for work, school, and other places they spend time during the week. Indicate if there is a disaster plan for that location and attach a summary of it to the back of your Family Emergency Plan.

Household Member Name	Work / School / Other	Disaster
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	Addiess	
	Phone	
Household Member Name	Work / School / Other	Disaster
	Address	Plan
	Phone	
Household Member Name	Work / School / Other	Disaster
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Household Member Name	Work / School / Other	Disaster Plan
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	Address	l lall
	Phone	
Household Member Name	Work / School / Other	Disaster Plan
	Address	11011
	Phone	
Household Member Name	Work / School / Other	Disaster Plan
	Address	
	Phone	Disastor
Household Member Name	Work / School / Other	Disaster Plan
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Household Member Name	Work / School / Other	Plan
	Address	
	Phone	
Household Member Name	Work / School / Other	Disaster
TIOUSETIOIU IVIETIIDEI IVAITIE	Address	Plan
	, Addi C33	
	Phone	

Family / Friends / Neighbors

Identify at least two neighbors and agree to check on each other. List other close friends who may have information when family members are separated. List people you should check on when there has been an emergency in your area.

Name	Address	Relationship
	Phone	
Name	Address	Relationship
	Phone	
Name	Address	Relationship
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Name	Address	Relationship
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Name	Address	Relationship
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Name	Address	Relationship
	Phone	
Name	Address	Relationship
	Phone	

Household Insurance

Medical Insurance

		Medical ilisurance	
Company			
Policy No.			
Phone			
		Auto Insurance	
Company		Policy No.	
Agent Name		Phone	
Claims Phone			
Vehicle Information			
Make / Model	Year	VIN (Vehicle Identification No.)	License Plate
	Home	eowner's / Renter's Insurance	
Company		Policy No.	
Agent Name		Phone	
Claims Phone			

Emergency Meeting Locations

Identify and discuss with all household members where to go during a disaster and should a disaster prevent family members from returning home.

People with disabilities are advised to identify two or three people at work, school, neighborhood, etc. who will assist them in the event of a disaster.

Inside House / Apartment
Outside House / Apartment (where to go and what to do if your house is being evacuated or inaccessible)
evacuated of maccessioney
Out of Neighborhood
Out of Town / County
Out of State / Region
-

FIRE SAFETY PLAN

- ▶ Draw a map of your home. Show all doors and windows and the location of each smoke alarm and fire extinguisher.
- ▶ Mark two ways out of each room. The door will be the main exit from each room; however, if the door is blocked by smoke or fire, you need to know an alternate escape route.
- ► Make sure all windows and doors can open easily. If windows have security bars, equip them with quick-releasing devices.
- ▶ Install smoke alarms on each level of your home and outside each sleeping area. Test each one twice a year. Replace the batteries once a year. Alarms must be replaced at least every ten years.
- ► Choose an outside meeting place a safe distance from your home. This could be a tree, light pole, mailbox. Everyone will go directly to this place so they can be accounted for.
- ▶ Decide who will assist the very young / old or people with disabilities. If there are infants, older adults, or family members with mobility limitations, make sure that someone is assigned to assist them during fire drills and in the event of an emergency.
- ► Have everyone memorize the emergency phone number for your fire department. That way any member of the household can call from a neighbor's house or cell phone after they are out of the house.
- ▶ Call the fire department from outside your home. Get out first!
- ► Make sure your house or building number can easily be seen from the street.
- ▶ Review the plan with everyone in your household. Walk through the escape routes for each room, making sure all exits are practical and easy to use.
- ▶ Practice your home fire escape plan with a fire drill twice a year! Practice both during the day and at night.

Home Layout / Diagram

Draw a layout of your dwelling. Make a diagram for each level of your home. Include

locations of utility shutoffs, smoke alarms, fire extinguishers and disaster supplies. Mark two exits for each room.

Utility Control Points

Locate each of these utility control points in your home and learn how to turn them on and off. Consider drawing a diagram (or attach a picture) and labelling for each control point.

Electrical Shut-Offs

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

- 1. Turn off smaller breakers one by one
- 2. Flip the "main" breaker last

To reenergize your home, reverse the steps above

Water:

In the event you need to shut water off inside your home, find the main water valve (label it for quick identification) and turn it to your right. To open the flow of water back into the house, turn it to your left.

Gas: IMPORTANT – Only turn off gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company. Have the correct wrench stored in a specific location where it will be immediately available.

Propane:

If you live in an area that uses outdoor propane or liquid propane gas (LPG) you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve, turn it one quarter turn to make the indicator parallel to the ground.