

EMERGENCY PREPAREDNESS SURVEY

Privacy Notice: It is very helpful to understand the state of Orem families, and to identify resources that can be utilized in the event of an emergency. The information you give will only be viewed by the Emergency Preparedness leaders and will not be shared with anyone else.

Neighborhood: _____ District: _____ Date: _____ **Family Name:** _____

Home Address: _____ Home includes a basement Home Phone: _____

Cell Phone 1: _____ Cell Phone 2: _____ Email: _____

Total # in Household: _____ Adults: _____, Teen Boys: _____, Teen Girls: _____, Kids 12 and under: _____.

Please list contact info for up to three relatives living outside of ward boundaries who can be contacted in case of an emergency.

Name: _____ Location: _____ Phone: _____

Name: _____ Location: _____ Phone: _____

Name: _____ Location: _____ Phone: _____

Does anyone in your family have special needs or conditions that would require special assistance in the event of an emergency? If so please state the name, age, sex and any other relevant information below:

Name	Age	Sex	Special Needs: (meds, diabetic, disabilities, language, asthma, O ² , dietary, mobility, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Put additional names and needs on back

Preparedness checklist:

Is your water heater strapped to the wall/foundation? Yes No

Check if you have the following? 72 Hour Kit for each member of family Shelter in Place Supplies Sawdust Toilet (or similar)

Do you have a Ham Radio License? Yes No. If yes, what is your call sign? _____

Do you have an FRS/GMRS Radio (Walkie Talkie)? Yes No.

Think about, but do not answer these three questions about storage items, "Do you have enough food storage, water storage and means of water purification and fuel storage to take care of your own family for three months, in a time of emergency?"

Things that you would be willing to share in the event of an emergency after your needs are met:

Generator Rope/Tarps Hydraulic Jack Tractor/Backhoe Fire Extinguisher Chainsaw

Pick-up Truck Water Pump Offer extra room(s) for _____ people.

Other: _____

Skills that you or someone in your household would be willing to share in the event of an emergency:

1st Aid/CPR CERT Engineering Masonry Nurse Solar Cooking

Counseling Fire Fighting Mechanic Nutrition Solar Power Dentist

Gardening/Farming Midwife Plumbing Doctor Ham Radio/FRS Radio Military

Security Candle/Soap Making Electrical Heavy Equipment Morse Code

Shelter Management Canning Hunting/Trapping Native Plants Welding

Carpentry EMT/Medic Livestock/Poultry Language(s) spoken: _____

Other: _____

Permission to Enter Home:

In the event of an emergency, I give my permission for search and rescue personnel, i.e. CERT Team members, Block Captains or designees, to enter my home to check on the well-being of my family.

Name Address