



## EMERGENCY KIT CONTENTS

**House Address:**

**Date:**

**Inspected by:**

Please write number of specified item for each & expiration date (if applicable)

**NO CHECKMARKS**

Item	# Available
1 battery powered radio	
extra battery for radio (Battery Type: _____)	
1 battery operated lantern	
extra battery for lantern (Battery Type: _____)	
1 battery operated flashlight	
extra battery for flashlight (Battery Type: _____)	
1 manual can opener	
1 first aid kit	
1 tarp	
1 roll of duct tape	
1 whistle	
1 pack of water proof matches	
1 pack of sanitizing wipes	
1 pack of latex gloves	
2 rolls of toilet paper	
1 roll of paper towels	
1 box of plastic garbage bags and ties	
1 flare	
1 pack of zip lock bags	
1 permanent marker	
1 adjustable wrench	
blankets (one per individual)	

**SEE REVERSE FOR WATER & FOOD**

House Address:	Date: <input style="width:90%;" type="text"/>
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Inspected by:

There are to be 3 gallons of water for each person including staff

Number of 5 Gallon water bottles: \_\_\_\_\_ Expiring Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

Canned Food Items

TYPE	NUMBER OF CANS/JARS	DATE OF EXPIRY