



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)	
<u>SEE REVERSE FOR WATER & FOOD</u>	



House Address: _____ Date: _____

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