

Name: _____

OUTAGE PREPAREDNESS WORKSHEET

Household Members:

Elders:

Adults:

Youth:

Children:

Infants:

Pets:

Medications to keep cold:

Electrical medical equipment:

Water Storage:

_____ Total household members
x 1 Gallon/day for 3-5 days = _____

Favorite shelf stable foods:

Primary Water Source:

Emergency Water Source:

Primary Heat Source:

Emergency Heat Source:

External batteries / phone charging plan:

Communication plan if phones/internet are down:

If our home suddenly became uninhabitable, we could evacuate to:

Local news radio stations:

First Aid Kit Location:

Neighbors that might need help:

Neighbors that might be helpful:

