

Let's make our neighborhood...

**Alert
Well-prepared
And
Ready for
Emergencies**

**Learn how we can prepare
together.**

Attend our organizing meeting:

(Date)

(Time)

(Location)

(Address)

For more information, contact:

Name: _____

Address: _____

Phone: _____

Neighborhood Emergency Preparedness Committee

Skills and Equipment Survey

Please provide the following information so that we can assess the skills, tools, equipment and supplies that might be available after an earthquake or another disaster.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Family Member Names:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Identify special needs your family may have:

Please check the appropriate box if you have the following items:

- | | | | |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Ham radio | <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> First aid kit | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Winch | <input type="checkbox"/> Chain saw | <input type="checkbox"/> Ladder | <input type="checkbox"/> Strong Rope |
| <input type="checkbox"/> Bolt cutters | <input type="checkbox"/> Crow bar | <input type="checkbox"/> Axe | <input type="checkbox"/> Shovel |
| <input type="checkbox"/> Heavy jack | <input type="checkbox"/> Power drill | <input type="checkbox"/> Walkie-talkie | <input type="checkbox"/> Gas grill |
| <input type="checkbox"/> Other: _____ | | | |

Please indicate if you or other family members have training or skills in the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Mental Health, Counseling | <input type="checkbox"/> Architecture, engineering |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Management/leadership | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Radio/communication operations | <input type="checkbox"/> Light Search and Rescue |
| <input type="checkbox"/> Other: _____ | | |
