

Baker Fire Dept.Hurricane Preparedness Checklist

DISASTER. It strikes anytime, anywhere. It takes many forms -- a hurricane, an earthquake, a tornado, a flood, a fire or a hazardous spill, some are natural, some are man-made. It builds over days or weeks, or hits suddenly, without warning. Every year, millions of Americans face disaster, and its terrifying consequences.

The time to prepare is now. Hurricane season is here. Are you ready? Baker Office of Homeland Security & Emergency Preparedness (BOHSEP) aims to educate people about the hazards of hurricanes, tropical storms, high winds, storm surge and flooding. BOHSEP reminds residents to:

- Get a kit
- · Make a plan
- · Stay informed

Preventing the loss of life and minimizing the damage to property from hurricanes are responsibilities that are shared by everyone. Any time you are asked to evacuate, you should do so without delay. It is important for you and your family to have a plan that makes you as safe as possible. Preparedness includes having the supplies on hand to weather any storm. Finally, stay informed.

Before the Storm

Ge	neral Preparedness through the Season
	Keep your vehicle gas tank above ½ full through the season.
	Test run generators monthly with a load to insure proper working order.
	Consider the purchase of flood insurance, even if outside of a floodplain.
	Have cash on hand in small denominations for year-round preparedness.
	Maintain portable battery powered AM radio.
	Contact 9-1-1 to register if you need transportation assistance to evacuate.
Но	ome Preparedness
	Board up your windows or close storm shutters.
	Trim the trees and shrubs around your home.
	Cleared loose and clogged downspouts and rain gutters.
	Perform a inventory of home contents (electronics, jewelry, appliances, clothing, etc.) and store in safe place.
	Take detailed photos(s)/videos(s) of home property and contents (internal and external) and store in safe place.
	Secure or remove all items outside your home (grill, hanging plants, potted plants, etc.).
	Tie down small or young trees to prevent uprooting.
	Store all important documents (insurance papers, etc) in a waterproof container and in a secure location.
	Prepare your evacuation kit using the pertinent items in the attached Emergency Essentials Kit checklist.
	Turn off propane tanks.
	Fill the bathtub and other large containers with water for sanitary purposes (cleaning, flushing toilets, etc.)



Baker Fire Dept.Hurricane Preparedness Checklist

If y	ou Plan to Evacuate	
	What is your zip code?	
	Are you located in an evacuation area in the evacuation map?	
	Where are you evacuating to?	
	Who is your contact at your destination?	
	What is their contact information?	
	What is your backup evacuation location?	
	Take a copy of all important documents and store in a waterproof container and in a secure location.	
	Top off your vehicle gas tank before hitting the road.	
If y	ou Plan to Stay	
	Listen to the radio or TV for information.	
	If you have gas items you need to operate after the storm (generator, chainsaw, etc); fill gas st container(s).	torage
	Prepare your hurricane kit using the attached Emergency Essentials Kit checklist.	
Du	iring the Storm	
	Listen to the radio or TV for information.	
	Turn the refrigerator and freezer to its coldest setting and keep its doors closed.	
	Avoid using the phone except for emergencies.	
	Stay indoors during the storm and away from windows and glass doors.	
	Close all interior doors.	
	Keep curtains and blinds closed.	
	Take refuge in a small interior room, closet, or hallway on the lowest level of your home.	
Aft	ter the Storm	
T.C.	and Detruming from Erromation	
If y	ou are Returning from Evacuation	
	Return only after the all clear is given for your area.	
	Do not venture on to roads until you have been advised they are passable and safe.	
	Carefully inspect your home and perform an exterior assessment for safety issues.	
	Be on the lookout for downed power lines and avoid if identified.	
	If any safety issues are present, do not enter your home (gas smell, flood waters, fire damage, etc.).	
	If any safety issues are present, have your home inspected by a qualified building inspector or engin	



Baker Fire Dept.Hurricane Preparedness Checklist

		watch for and avoid loose animals and poisonous snakes.					
		Avoid carbon monoxide poisoning hazards; DO NOT run generators, grills, or other gas operated appliances indoors.					
ı							
	Б						
ſ	Da	mage Assessment					
		Have a fire extinguisher readily available in the case of a fire.					
		Watch for safety hazards (loose boards, slippery floors, broken glass, etc.)					
		Carefully check for damage to the roof, foundation, and chimney. If the building looks unstable do not enter.					
		Use a stick or other tool to sift through debris.					
		Open cabinets cautiously. Beware of objects that can fall off shelves.					
		If you smell natural gas, leave the structure and contact your local gas utility company.					
		Use a battery powered flashlight to inspect the structure. Do not use oil or gas lanterns or candles inside the structure.					
		If structural damage is present, turn off utilities.					
		Do not use electrical appliances that have been wet/damaged until checked by a professional.					
		Check with local authorities or have well water tested before using any water (could be contaminated).					
		Until cleared with authorities or tested, all water should be boiled for 1 minute at a rolling boil to disinfect before drinking.					
		Avoid using any toilets until you have checked for sewage or water line damage. If you suspect damage call a plumber.					
		Service damaged sewage systems as soon as possible as they present serious health hazards (septic tanks, pits, etc.)					
		Check your smoke and carbon monoxide detectors to ensure they are functioning properly.					
		If any damage is identified to your home, contact your insurance company to start a claim.					
		Photograph and document any damage.					
		Throw away any spoiled food items or those that have come in contact with flood waters. <i>When in doubt throw it out!</i>					



Baker Fire Dept. Essentials Kit

Print a copy of this emergency essentials list and take it with you to the store.

Food Communication

7-day supply of non-perishable food that doesn't need

Hand-operated can opener

Plastic plates, cups, utensils

Water

1 gallon of drinking water per person per day enough for 5

First Aid

Red Cross approved first aid kit

Backup prescriptions for essential medications

Personal Hygiene

Hand sanitizer or disinfectant wipes

Toilet paper, paper towels, garbage bags

Dental care and vision products

Travel-size soaps and other beauty supplies

Change of clothes, pair of shoes and blanket per person

Clean Air Items

Nose and mouth protection masks (N-95 rating)

Plastic sheeting

Duct tape

Baby Items

Formula, bottles, powdered milk

Diapers

Baby wipes

Diaper rash ointment

Lighting

Flashlights for each family member with extra batteries

Fluorescent lanterns for each common area

Waterproof matches or a utility lighter

Portable, battery-powered AM/FM radio

NOAA All Hazards Alert Radio Land-line phone with long cord

Extra batteries for flashlights, lanterns, radio

Extra cell phone battery or car charger

Whistle

Family Safety Items

Smoke detector with battery for each floor

Carbon monoxide detector with battery backup

Fire extinguisher

Non-scented bleach for sanitization

Sunscreen

Insect repellant

Shovel and basic tools

Transportation Items

State and regional road maps

Basic repair items (tools, tire patch kit, engine

oil

Emergency Road Safety Triangles

Games, books, puzzles

Pet Needs

7-day supply of non-perishable pet food and

water

Cage or pet carrier and leash

Pet medications and pet first-aid kit

Current photo in case you are separated



Baker Fire Dept.Medication Essentials Kit

Comple	ete the hi	ghli	ghted fields	s on this fo	orm and pi	rint for	your re	ecords.
Allergies to medications								
Use the ch	art below to list	all med	ications, both pres	cription and nonp	rescription, you a	re allergic to	•	
Med	Medication name Type of reaction, such as rash or breathing difficulties							es
				Prescription I	<u>Medications</u>			
Use the chart below to list all the brand-name and generic prescription medications you currently take. Be sure to fill in all the information for each medication. The amount of medication in each pill appears on the prescription label in milligrams (mg). The dosage is the amount of medication in each pill multiplied by the number of pills you take each time.								
			rescribing	Phone	Reason for			How often?
Medica	tion Name	Do	ctor's Name	Number	Medication	Dosage (in mg)		(such as 3x/day)
		<u>No</u>	onprescription	<u>Medications</u>	<u>, Vitamins, an</u>	d Suppler	<u>ments</u>	
			,, such as asprin for alternative medici			e every day s	such as a mu	ltivitamin or nutritional
							How often?	
Name Reason for Taking The		Taking The Me	dication	Dosage (Dosage (in mg)		(such as 3x/day)	



BAKER OFFICE OFHOMELAND SECURITY & EMERGENCY PREPAREDNESS

Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name:	Telephone Number:						
ranic.	Telephone Number:						
Neighborhood Meeting Place:	Telephone Number:						
Regional Meeting Place:	Telephone Number:						
Evacuation Location:	Telephone Number:						
Fill out the following information for each family	member and keep it up to date.						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Name:	Social Security Number:						
Date of Birth:	Important Medical Information:						
Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.							
Work Location One	School Location One						
Address:	Address:						
Phone Number:	Phone Number:						
Evacuation Location:	Evacuation Location:						
Work Location Two	School Location Two						
Address:	Address:						
Phone Number:	Phone Number:						
Evacuation Location:							
	Evacuation Location:						
Work Location Three	Evacuation Location: School Location Three						
Work Location Three Address:							
	School Location Three						
Address:	School Location Three Address:						
Address: Phone Number:	School Location Three Address: Phone Number:						
Address: Phone Number: Evacuation Location:	School Location Three Address: Phone Number: Evacuation Location:						
Address: Phone Number: Evacuation Location: Other place you frequent Address: Phone Number:	School Location Three Address: Phone Number: Evacuation Location: Other place you frequent Address: Phone Number:						
Address: Phone Number: Evacuation Location: Other place you frequent Address:	School Location Three Address: Phone Number: Evacuation Location: Other place you frequent Address:						

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
General Practitioner:			
Other:			
Other:			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian / Kennel(for pets):			



BAKER OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS

Family Emergency Plan

Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. MOITAMROAMI TNATROAMI JANOITIDDA NOITAMROANI TNATROAMI JANOITIQDA ```` **FOLD HERE FAMILY EMERGENCY PLAN FAMILY EMERGENCY PLAN** EMERGENCY CONTACT NAME EMERGENCY CONTACT NAME OUT-OF-TOWN CONTACT NAME OUT-OF-TOWN CONTACT NAME NEIGHBORHOOD MEETING PLACE NEIGHBORHOOD MEETING PLACE TELEPHONE: OTHER IMPORTANT INFORMATION OTHER IMPORTANT INFORMATION DIAL 911 FOR EMERGENCIES DIAL 911 FOR EMERGENCIES NOITAMAOANI TNATAOAMI JANOITIQDA **NOITAMROANI TNATROAMI JANOITIQDA** De la come la come la come la come de la come **FOLD HERE** . Company de la **FAMILY EMERGENCY PLAN FAMILY EMERGENCY PLAN** EMERGENCY CONTACT NAME EMERGENCY CONTACT NAME TELEPHONE: TELEPHONE: NEIGHBORHOOD MEETING PLACE: TELEPHONE TELEPHONE: OTHER IMPORTANT INFORMATION:

DIAL 911 FOR EMERGENCIES

DIAL 911 FOR EMERGENCIES