## **Emergency Preparedness Survey**

## Beaufort Ward, Hilton Head SC Stake

Re-entry Plan

Note: Your responses will	be kept confid	lential, only for us	e in case of emerge	ncy.
Last Name			Da	te
Head of Household			Spous	se
Family Members				
Street Address				
Phone			Phor	ne
Number of people in y		e in your home		
In case of emergency, r	notify:			
Emergency Contact Name		Phone		Relationship
Evacuation Plan:				
Stay or Go?				
Destination				

Check the skill/training you have	Husband	Wife
Auto Mechanic		
CERT training		
Chainsaw Certification		
First Aid / CPR		
Ham Radio Operator		
HAZMAT		
Heavy Equipment Operator		
Medical (Doctor, Nurse, EMT)		
Military Training		
Plumbing , Electrical, Carpentry		
Policing or Firefighting		
Professional Counseling/Social Work		

Check the items you have	
Air Compressor	
Chainsaw	
Firewood	
First Aid Kit	
Generator	
Ham or Two-way Radio	
Ladder	
Propane Stove	
Tent, Camper, Trailer, etc.	
Tractor or heavy equipment	
Water Purifier	
Weather Radio	

Other skills or emergency items? List them here:

Do you have a 3-month supply of food consisting of your normal, daily diet items?		N
	ī	IN
Does your long-term food storage consist of items you use on a regular basis?		N
Do you have an alternative cooking/heating source (propane, etc.)?	Υ	Ν
Do you have 72-hour kits for all your family members?	Υ	Ν
How many gallons of water (roughly) do you have stored?		
How long could you survive on your food storage?		
Do you have a financial reserve in case of an emergency?	Υ	N
Do you have a Grab and Go Binder? (insurance, medical, financial, etc.)	Υ	N

Do you have members of your household with special needs? Please describe:	