

OUR HOME EMERGENCY AND EVACUATION PLAN

OUR DETAILS:

Name: _____
Contact number: _____
Medications: _____

HOUSEHOLD MEMBERS WHO REQUIRE SPECIAL ASSISTANCE:

Name: _____
Assistance: _____
Aid required: _____

Name: _____
Assistance: _____
Aid required: _____

PET DETAILS:

Name: _____
Type / Breed: _____
Pet ID: _____
Vet name: _____
Vet contact: _____
Medications: _____

Name: _____
Type / Breed: _____
Pet ID: _____
Vet name: _____
Vet contact: _____
Medications: _____

VEHICLES:

Vehicle make: _____
Registration: _____

HOME SERVICES CONTACTS AND DETAILS:

Electricity Provider: _____
Shut off location: _____

Gas Provider: _____
Shut off location: _____

Water Supplier: _____
Shut off location: _____

Phone company: _____
Internet provider: _____

EVACUATION DETAILS

Meeting place 1:

Contact name:

Phone number:

Meeting place 2:

Contact name:

Phone number:

Out of town contacts

Name:

Address:

Phone number:

Name:

Address:

Phone number:

EMERGENCY CONTACTS

Triple Zero (000)

Police Fire Ambulance Emergencies

132 500

State Emergency Service

Local Council

Doctor

Chemist

Insurance provider

EMERGENCY ACTIVATION CHECKLIST

- | | |
|-----------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Contact household | <input type="checkbox"/> Make final preparations |
| <input type="checkbox"/> Check on neighbours | <input type="checkbox"/> Tune into warnings |
| <input type="checkbox"/> Locate emergency kit | <input type="checkbox"/> Shelter in the strongest room (unless evacuating) |

EVACUATION CHECKLIST (use the extra boxes to add your own)

Before leaving:

- | | |
|---------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Fill vehicles with fuel | <input type="checkbox"/> |
| <input type="checkbox"/> Check evacuation or meeting place location | <input type="checkbox"/> |
| <input type="checkbox"/> Check evacuation routes | <input type="checkbox"/> |

When leaving:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Pack emergency kit and evacuation kit items | <input type="checkbox"/> Secure and lock home |
| <input type="checkbox"/> Turn off mains power, gas and water supplies | <input type="checkbox"/> Locate and secure pets as planned |
| <input type="checkbox"/> Contact out of town contacts when leaving | <input type="checkbox"/> |
| <input type="checkbox"/> Contact out of town contacts once at destination | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

If flooding or storm surge is imminent:

- | | |
|----------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Sandbag internal drains and toilets | <input type="checkbox"/> |
| <input type="checkbox"/> Store electrical items off the ground | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |