

**Personal Emergency Kit Checklist\***  
*Post in an easily accessible area in your home or office*

	<b>Date Completed</b>	<b>Total Supply</b>	<b>Item</b>
<input checked="" type="checkbox"/>	<i>e.g., 05/01/2004</i>	<i>e.g., 9 gallons</i>	<i>e.g., Water = 1 gallon x each house member x 3 days</i>
<b>Water and Food Supplies</b>			
<input type="checkbox"/>			Water
<input type="checkbox"/>			Non-perishable food:
			<i>Canned Goods</i>
			<i>Dry Cereal</i>
			<i>Granola Bars</i>
			<i>Nuts</i>
			<i>Other food items (e.g., dried fruit, baby food)</i>
<input type="checkbox"/>			Manual can opener
<b>Shelter</b>			
<input type="checkbox"/>			Blankets
<input type="checkbox"/>			Pillows
<input type="checkbox"/>			Candles
<input type="checkbox"/>			Waterproof matches
<b>Clothing</b>			
<input type="checkbox"/>			Change of clothes
<input type="checkbox"/>			Socks
<input type="checkbox"/>			Raincoats/Ponchos
<input type="checkbox"/>			Hats
<b>Basic Supplies</b>			
<input type="checkbox"/>			Personal Medications
<input type="checkbox"/>			Battery-powered flashlight
<input type="checkbox"/>			Extra batteries
<input type="checkbox"/>			Cooking pan
<input type="checkbox"/>			Battery-powered radio
<input type="checkbox"/>			First Aid Kit:
			<i>Sterile gloves</i>
			<i>Bandages/sterile dressings</i>

			<i>antibiotic topical ointment</i>
			<i>Adhesive bandages</i>
			<i>thermometer</i>
<input type="checkbox"/>			Map
<input type="checkbox"/>			Knife/Utensils
<input type="checkbox"/>			Scissors
<b>Personal Hygiene</b>			
<input type="checkbox"/>			Bathroom Tissue
<input type="checkbox"/>			Deodorant
<input type="checkbox"/>			Soap
<input type="checkbox"/>			Sunscreen
<input type="checkbox"/>			Contact Lens solution/supplies
<input type="checkbox"/>			Feminine Products
<b>Additional Items</b>			
<input type="checkbox"/>			Cash/Credit Cards
<input type="checkbox"/>			Personal Identification
<input type="checkbox"/>			Extra car keys
<input type="checkbox"/>			Extra eyeglasses
<input type="checkbox"/>			Duct-tape/heavy-duty garbage bags
<input type="checkbox"/>			Whistle
<input type="checkbox"/>			
<input type="checkbox"/>			

*\*This is a prototype of a preparedness checklist that you and your family can use. This is a generalized list that can be customized based on the emergency event, or needs of your family.*