last name _____
date updated _____
block # _____

Emergency Preparedness Survey

Aspen 1st District Area of the Aspen Neighborhood, Orem UT

Note: Your responses will be kept completely confidential and referred to only in case of an emergency

Street Address			
Head of Household		Spouse	
Email		Email	
Phone (home/cell)		Phone (home/cell)	
Other (cell/work)		Other (cell/work)	
Names of those living in your home			

In case of emergency, please notify:

Emergency Contact Name	Phone	Relationship	Special instructions
Out of State Contact Name	**Phone**	**Relationship**	**Special instructions**

Check any training you have	Husband	Wife
Medical (Doctor, Nurse, EMT)		
Military Training		
Policing or Firefighting		
First Aid / CPR		
CERT training		
HazMat		
Plumbing		
Electrical		
Auto Mechanic		
Counseling / Social Work		
Gardening / Farming		
Carpentry / Construction		
Heavy Equipment Operator		
Livestock / Hunting		
Utilities: Water, Natural Gas		
Degrees / Education		
Certifications / Special Licenses		
Languages spoken		

How many (if any) items do you have?	
Fire extinguisher	
Air compressor	
Chain saw	
First aid kit	
Generator	
Oxygen	
AED	
Wheelchair	
Stretcher	
Propane stove	
Sun oven	
Water purifier	
Snow blower	
Ladder	
Ropes / Tarps	
Tents	
FRS (two-way) radios	
Ham Radio (call sign _____)	
Emergency toilet	
Shelter-in-Place supplies	
72-hour kit (per resident)	
Camper or Trailer	
4-wheel drive vehicle / truck	
Water pump	
Tractor / backhoe	

Other skills or emergency items not already listed? Please describe: _____

_____

Do you have at least a 3-month supply of food consisting of your normal daily diet items?	Y	N
Do you have a long-term food storage consisting of items you use on a regular basis?	Y	N
Do you have *at least* 28 gallons of drinking water stored for each family member?	Y	N
How long could you survive on your current food storage (without going shopping as of *now*)?		
If you suddenly lost your income, how long before you would need financial assistance?		

Do you have members of your household with special needs (medications, equipment, disabilities, limitations)?
Please describe in detail (use back if necessary): _____

_____