

## DISASTER PREPAREDNESS TOOL KIT

Pages

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# Employee Family Disaster Plan

## EMPLOYEE FORM # OUR FAMILY DISASTER PLAN

We don't like to think about a disaster in our community much less take the time (and expense) to prepare our homes, families and business to weather a storm or other disaster. Yet, if you are armed with knowledge and a little forethought, you can save yourself and your family from potential injury and financial loss. It will also be critical that, as your employer, we know what your needs are before the event and ensure we can contact you after a disaster. To get started, first read the disaster preparedness guide provided to you. Then, prepare your own Family Disaster Plan by completing the checklist below:

### 1. KNOW YOUR RISK.

Will your family have to evacuate in a hurricane? (Y or N) \_\_\_\_\_

If yes, what Evacuation Level \_\_\_\_\_

100-year Flood Zone (Y or N) \_\_\_\_\_

If yes, if your home elevated above Base Flood Elevation? (Y or N) \_\_\_\_\_

Mobile home (Y or N) \_\_\_\_\_

### 2. HAVE AN EVACUATION PLAN.

If I do not have to evacuate, I will secure my house and stay. My employer can reach me at:

Phone \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_

If told to evacuate, we will go to:

Friends/Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Emergency Phone No. \_\_\_\_\_

Hotel/Motel \_\_\_\_\_

Shelter \_\_\_\_\_

Out of the Area (Y or N) \_\_\_\_\_

Evacuation Route \_\_\_\_\_

**3. Members of Your Family**

**1. First name** \_\_\_\_\_  
Last name \_\_\_\_\_  
Age \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
SS # \_\_\_\_\_  
Employed by \_\_\_\_\_  
Work phone \_\_\_\_\_  
Blood type \_\_\_\_\_  
Allergies \_\_\_\_\_  
**Special needs** \_\_\_\_\_  
\_\_\_\_\_

**3. First name** \_\_\_\_\_  
Last name \_\_\_\_\_  
Age \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
SS # \_\_\_\_\_  
Employed by \_\_\_\_\_  
Work phone \_\_\_\_\_  
Blood type \_\_\_\_\_  
Allergies \_\_\_\_\_  
**Special needs** \_\_\_\_\_  
\_\_\_\_\_

**2. First name** \_\_\_\_\_  
Last name \_\_\_\_\_  
Age \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
SS # \_\_\_\_\_  
Employed by \_\_\_\_\_  
Work phone \_\_\_\_\_  
Blood type \_\_\_\_\_  
Allergies \_\_\_\_\_  
**Special needs** \_\_\_\_\_  
\_\_\_\_\_

**4. First name** \_\_\_\_\_  
Last name \_\_\_\_\_  
Age \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
SS # \_\_\_\_\_  
Employed by \_\_\_\_\_  
Work phone \_\_\_\_\_  
Blood type \_\_\_\_\_  
Allergies \_\_\_\_\_  
**Special needs** \_\_\_\_\_  
\_\_\_\_\_

**3. PUT TOGETHER YOUR DISASTER SUPPLIES KIT (see list attached)**

**4. RELATIVES/FRIENDS TO CONTACT W/EMERGENCY INFO**

Name/phone \_\_\_\_\_

\_\_\_\_\_  
Name/phone \_\_\_\_\_

**5. MEDICAL AND INSURANCE.** Call your agent. Make sure you are adequately covered. Put your Agent' s Name/Phone Number and policy in a safe place along with an inventory of your belongings (a video tape is excellent).

Physician

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Dentist

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Physician

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Medical Insurance

Carrier \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Car Insurance

Carrier \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Home Insurance

Carrier \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**6. INSPECT & SECURE YOUR HOME BEFORE THE STORM**

- **Garage Doors** - 80% of the severe winds enter through an older, un-reinforced garage door. You can reinforce older metal doors (not wood) with kits sold at a home improvement store or replace with a hurricane-resistant one.
- **Entry Doors** - Double-bolt (top and bottom) all doors (Exterior doors should be solid wood or steel)
- **Gable Ends/ Roof** - During Hurricane Andrew, winds destroyed roofs due to un-reinforced gable ends. If your home was built before 1994, the gables should be retrofitted to strengthen the roof system. When you replace your roof, make sure the new sheathing is attached properly as well as new shingles or tiles.
- **Window Protection**- is very important to keep the winds out of your home. Once inside, internal wind pressure can lift your roof right off and expose you and your family to the winds. Windows should also be covered to reduce the risk of flying glass. Code approved shutters, impact resistant windows, plywood sheets (3/4"), shutter or other wind abatement systems should be considered.
- **Maintenance** is an important part of reducing the potential risk to damage. Keep your home in good repair.

**7. FAMILY RESPONSIBILITIES**

Make a list of tasks and who is responsible for each task: Don' t forget to include the kids.

**8. PLAN FOR PETS**

Name \_\_\_\_\_  
Tag number \_\_\_\_\_  
Type of animal \_\_\_\_\_

Name \_\_\_\_\_  
Tag number \_\_\_\_\_  
Type of animal \_\_\_\_\_

**Pet Shelter**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Veterinarian**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**9. DO YOU OR A LOVED ONE REQUIRE EVACUATION ASSISTANCE DUE TO SPECIAL NEEDS? CONTACT YOUR LOCAL EMERGENCY MANAGEMENT DEPARTMENT TO REGISTER TODAY.**

**Eldercare**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Special Needs Shelter** \_\_\_\_\_

- Medications (Must be labeled with name and dosage. Including over-the-counter and samples.)
- Living Will
- Medical Bracelet-Allergies and Conditions
- Copy of insurance card (s)
- Emergency Contact Information
- Special Diet Needs

## Employee Contact Information

Employee Name:  
Employee Number:  
Division:  
Employee Title:  
Work Phone:  
Location:  
Work Email:

Alternate Email:  
Home Phone:  
Mobile:  
Home Address:

Miles from Home;

Military Reserve: (Y or N)  
National Guard: (Y or N)  
4 Wheel Drive Vehicle: (Y or N)  
Child Care Required: (Y or N)  
Physically Challenged: (Y or N)  
Medical Description:  
Shift Employee Works:  
Requires Transportation: (Y or N)  
CPR Trained: (Y or N)  
Employee Needed – Priority 1:  
Employee Needed – Priority 2:  
Employee Needed – Priority 3:

## APPENDIX C NOTIFICATION PROCEDURES

Many of the forms used were provided by the Institute for Business and Home Safety (IBHS) as a part of their Business Continuity Planning Program, Open for Business. For more information go online to [www.ibhs.org](http://www.ibhs.org)

### Emergency Contact List

Keep this emergency contact list available for you and your employees in the event of an emergency.

Local Police Department: \_\_\_\_\_

Local Fire Department: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone Company: \_\_\_\_\_

Gas/Heat Company: \_\_\_\_\_

Electric Company: \_\_\_\_\_

Building Manager: \_\_\_\_\_

Local Small Business Administration Office: \_\_\_\_\_

Federal Emergency Management Agency Regional Office: \_\_\_\_\_

Local Newspapers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Radio Stations: \_\_\_\_\_

\_\_\_\_\_

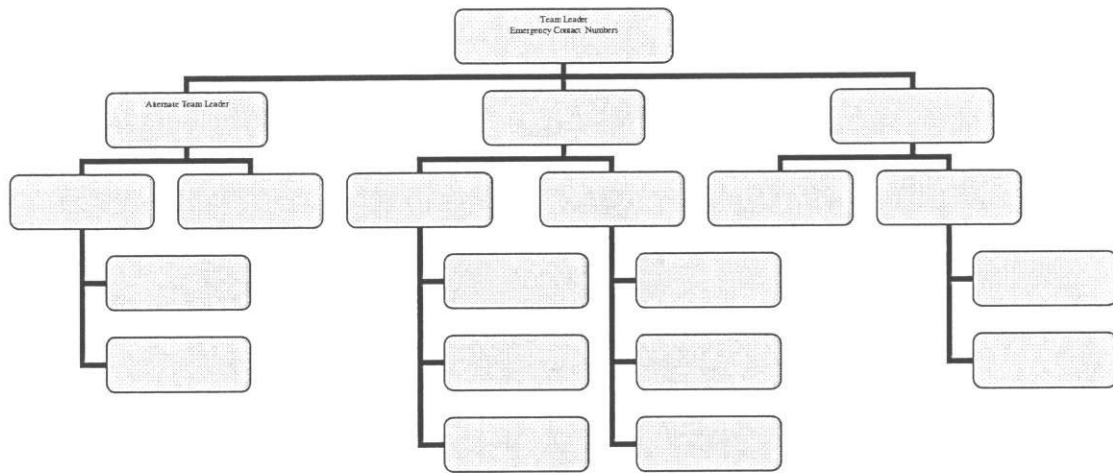
\_\_\_\_\_

Local Televisions Stations: \_\_\_\_\_

\_\_\_\_\_

# Team Call Procedures

(Example Phone Tree)



## Supplier Contact Information

Use this form to:

1. Keep a list of the major suppliers you need to contact in the event of a disaster, and
2. Know what their disaster plans are in the event that they experience a disaster.

Make additional copies as needed.

Keep one copy of this list in a secure place on your premises and another in an off-site location.

### SUPPLIERS

1. Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Material/ Service Provided: \_\_\_\_\_

**If this company experiences a disaster, we will obtain supplies/materials from the following:**

1.a. . Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Material/ Service Provided: \_\_\_\_\_

**If this company experiences a disaster, we will obtain supplies/materials from the following:**

2.a. . Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## Creditor Contact Information

Use this form to keep a list of the major creditors you need to contact in the event of a disaster. Make additional copies as needed.  
Keep one copy of this list in a secure place on your premises and another in an off-site location.

### CREDITORS

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_