



STORM PACKS

# EMERGENCY ACTION PLAN (EAP)

HOME EAP FOR: \_\_\_\_\_

## CONTINGENCY PLANS

My family and everyone in my home will follow the below plan, whether we are inside or outside our home. List your most likely emergencies below:

Response During A \_\_\_\_\_  
Inside: \_\_\_\_\_  
Outside: \_\_\_\_\_

## COMMUNICATION PLAN

If my home is unsafe to stay in or return to after an emergency, I will follow the location and communication plan below, moving to the nearest location that is safe, until all family members are accounted for



Neighborhood: \_\_\_\_\_

Within City: \_\_\_\_\_

Outside City: \_\_\_\_\_



Cell Phone: \_\_\_\_\_

No Cell Service: \_\_\_\_\_

No Cell Phone: \_\_\_\_\_

## HOME CRITICAL LOCATIONS

 Electrical Box Location: \_\_\_\_\_  
Shut Off Directions: \_\_\_\_\_

 Gas Line Location: \_\_\_\_\_  
Shut Off Directions: \_\_\_\_\_

 Water Main Location: \_\_\_\_\_  
Shut Off Directions: \_\_\_\_\_

 Other Location: \_\_\_\_\_  
Other Directions: \_\_\_\_\_

 Emergency Kit Location: \_\_\_\_\_  
Specific Directions: \_\_\_\_\_

 Other Location: \_\_\_\_\_  
Other Directions: \_\_\_\_\_



# EMERGENCY ACTION PLAN

## URGENT CARE

If medical attention is required during an emergency I will follow the below care plan. This will allow family members to know where they should look or meet you during a crisis.



HOSPITAL/CLINIC



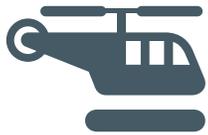
ADDRESS



PHONE #

1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

### LIFE FLIGHT EMERGENCY AIR SUPPORT



Emergency air response is for *extreme* time sensitive medical attention at a *cost*.

Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

## EVERYDAY EMERGENCIES

This list of pre-planned points of contact for various emergencies can save you time, energy, money and significantly reduce the amount of stress that comes from unforeseen circumstances.



HEALTH CARE



ADDRESS



PHONE #

_____	_____	_____
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MECHANIC

_____	_____	_____
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PLUMBER

_____	_____	_____
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ELECTRICIAN

_____	_____	_____
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INSURANCE

_____	_____	_____
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