

DISASTER SUPPLY CALENDAR



The disaster supplies calendar is intended to help you prepare for disasters before they happen. Using the calendar, you can assemble a disaster supplies kit in small steps over a five-month period. Check off the items as you gather them each week, until completed.

| Week 1 | Week 2 | Week 3 | Week 4 |
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| <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 jar peanut butter <input type="checkbox"/> 1 can meat* <input type="checkbox"/> Hand-operated can opener <input type="checkbox"/> Permanent marking pen <input type="checkbox"/> Pet food, diapers, and baby food, if needed <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learn what kinds of disasters can happen in your area and what to do. <input type="checkbox"/> Date each perishable food item using permanent marker. | <ul style="list-style-type: none"> <input type="checkbox"/> Heavy cotton or hemp rope <input type="checkbox"/> Duct tape <input type="checkbox"/> 1 flashlight with batteries <input type="checkbox"/> Matches in waterproof container <input type="checkbox"/> A leash or carrier for pet(s) <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a personal assessment of your needs and your resources for meeting your needs in a changed disaster environment. | <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> Feminine hygiene supplies <input type="checkbox"/> Paper and pencil <input type="checkbox"/> Map of the area <input type="checkbox"/> Aspirin or non-aspirin pain reliever <input type="checkbox"/> Laxative <input type="checkbox"/> 1 gallon of water/ pet* <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create a personal support network who can help you identify and obtain the resources you will need to cope effectively with disaster. | <ul style="list-style-type: none"> <input type="checkbox"/> Patch kit and can of seal-in-air product for the tires of mobility aids <input type="checkbox"/> Clothing* <input type="checkbox"/> Sturdy shoes* <input type="checkbox"/> Extra socks/underwear* <input type="checkbox"/> Extra medications or prescriptions marked "emergency use" <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create the following lists and give copies to your network: emergency information, medical information, disability-related supplies and special equipment, and personal disaster plan. |
| Week 5 | Week 6 | Week 7 | Week 8 |
| <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 2 rolls toilet paper <input type="checkbox"/> Toothbrush* <input type="checkbox"/> Toothpaste <input type="checkbox"/> Special food for special diets, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make a floor plan of your home including primary escape routes. <input type="checkbox"/> Identify safe places to go - complete pg. 8 of the plan. <input type="checkbox"/> Practice a fire drill and earthquake drill with your network. | <ul style="list-style-type: none"> <input type="checkbox"/> Sterile adhesive bandages in assorted sizes <input type="checkbox"/> Safety pins <input type="checkbox"/> Adhesive tape <input type="checkbox"/> Disposable gloves (2 pair) <input type="checkbox"/> Sunscreen <input type="checkbox"/> 2" & 4" gauze pads (6 ea.) <input type="checkbox"/> 2" & 3" Sterile roller bandages (6 ea.) <input type="checkbox"/> Extra hearing aid batteries, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check with child's day care center or school to find out about their disaster plans. | <ul style="list-style-type: none"> <input type="checkbox"/> 1 can ready-to-eat soup (not concentrated)* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> Sewing kit <input type="checkbox"/> Household chlorine bleach <input type="checkbox"/> Extra plastic baby bottles, formula, and diapers, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish an out-of-town contact to call in case of emergency. <input type="checkbox"/> Share this information with your network so they know whom to call. <input type="checkbox"/> Make arrangements for your network to check on you immediately after an evacuation order or disaster. | <ul style="list-style-type: none"> <input type="checkbox"/> Scissors & Tweezers <input type="checkbox"/> Thermometer <input type="checkbox"/> Liquid antibacterial soap <input type="checkbox"/> Disposable hand wipes <input type="checkbox"/> Petroleum jelly or other lubricant <input type="checkbox"/> 2 tongue blades <input type="checkbox"/> Extra eyeglasses, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place a pair of sturdy shoes and a flashlight by your bed so they are handy in an emergency. <input type="checkbox"/> If blind, store a talking clock and mark your disaster supplies in braille or with florescent tape. |

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| Week 9 | Week 10 | Week 11 | Week 12 |
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| <ul style="list-style-type: none"> <input type="checkbox"/> 1 can ready-to-eat soup* <input type="checkbox"/> Liquid dish soap <input type="checkbox"/> 1 box heavy-duty garbage bags with ties <input type="checkbox"/> Antacid (for upset stomach) <input type="checkbox"/> Saline solution and a contact lens case, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Familiarize your network with any areas on your body where you have reduced sensation. <input type="checkbox"/> Choose a signal with your network that indicates you are okay and have left the disaster site. <input type="checkbox"/> If you have a communication disability, store a word or letter board in your disaster supplies kit. | <ul style="list-style-type: none"> <input type="checkbox"/> Waterproof portable plastic container (with lid) for important papers <input type="checkbox"/> Battery-powered radio <input type="checkbox"/> Wrench(es) needed to turn off utilities <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take your network on a field trip to the gas meter and water meter shutoffs. Discuss when it is appropriate to turn off utilities. <input type="checkbox"/> Attach a wrench next to the cutoff valve of each utility meter so it will be there when needed. <input type="checkbox"/> Make photocopies of important papers and store safely. | <ul style="list-style-type: none"> <input type="checkbox"/> Utility knife <input type="checkbox"/> Paper towels <input type="checkbox"/> 1 box quick energy snacks <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Store a roll of quarters for emergency phone calls. <input type="checkbox"/> Go on a hunt with your family to find a pay phone that is close to your home. | <ul style="list-style-type: none"> <input type="checkbox"/> ID tags for your service animal and/or pets <input type="checkbox"/> Litter/pan <input type="checkbox"/> Extra water <input type="checkbox"/> Current vaccination records <input type="checkbox"/> Medical records for pets medications <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a pet care plan in case of disaster. <input type="checkbox"/> Make photocopies of all vaccination records and put them in your disaster supplies kit. |
| Week 13 | Week 14 | Week 15 | Week 16 |
| <ul style="list-style-type: none"> <input type="checkbox"/> Whistle <input type="checkbox"/> Multi-purpose tool <input type="checkbox"/> Cell phone charger <input type="checkbox"/> Mylar blanket <input type="checkbox"/> Ibuprofen/acetaminophen <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a first aid/CPR class <input type="checkbox"/> Arrange to have your water heater strapped to wall studs using perforated metal tape. | <ul style="list-style-type: none"> <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 1 package eating utensils <input type="checkbox"/> 1 package paper cups/plates <input type="checkbox"/> Hand sanitizer <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure your network and neighbors know what help you may need in an emergency and how best to assist. <input type="checkbox"/> Practice using alternate methods of evacuation with your network. | <ul style="list-style-type: none"> <input type="checkbox"/> Extra flashlight batteries <input type="checkbox"/> Extra battery for portable radio <input type="checkbox"/> Rubber bands <input type="checkbox"/> Labels for your equipment and supplies <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make arrangements to bolt bookcases and cabinets to wall studs. <input type="checkbox"/> Label equipment and attach instruction cards. | <ul style="list-style-type: none"> <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> Triangular bandages <input type="checkbox"/> 1 box quick energy snacks <input type="checkbox"/> Dried fruit/nuts <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out if you have a neighborhood safety organization and join it. |

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| Week 17 | Week 18 | Week 19 | Week 20 |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Antidiarrheal medication <input type="checkbox"/> Rubbing alcohol <input type="checkbox"/> Antiseptic <input type="checkbox"/> Syrup of ipecac and activated charcoal <input type="checkbox"/> Vitamins, supplements <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrange for a friend or neighbor to help your children if you are not able to respond or are at work. | <ul style="list-style-type: none"> <input type="checkbox"/> Double-sided tape or hook-and-loop fasteners (such as Velcro®) to secure moveable objects <input type="checkbox"/> Plastic bucket with tight lid <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrange for someone to secure moveable objects. <input type="checkbox"/> Put away a blanket or sleeping bag for each household member. | <ul style="list-style-type: none"> <input type="checkbox"/> 1 box quick-energy snacks <input type="checkbox"/> Aluminum foil <input type="checkbox"/> Denture care items, if needed. <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your insurance coverages with your agent to be sure you are covered for the disasters that may occur in your area. Obtain additional coverage, as needed. <input type="checkbox"/> Purchase and have installed an emergency escape ladder for upper story windows, if needed. | <ul style="list-style-type: none"> <input type="checkbox"/> Work gloves <input type="checkbox"/> Safety goggles <input type="checkbox"/> Disposable dust masks <input type="checkbox"/> Get an extra battery/charger for motorized mobility aids <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out about your workplace disaster plan. |

*Purchase one per person in the household