Your Personal Emergency Preparedness Plan

This emergency preparedness plan should be updated every 6 to 12 months. Please make a note in your calendar or electronic device to remind you of the next date to review and update this plan.

Date Last Updated:

#

# Section A - Household Members List (including yourself)

Household Member 1:

Phone:

Health Card Number:

Email Address:

Household Member 2:

Phone:

Health Card Number:

Email Address:

Household Member 3:

Phone:

Health Card Number:

Email Address:

Household Member 4:

Phone:

Health Number:

Email Address:

# Section B - Home Information:

Address:

Home insurance provider and phone number:

Policy Expiry Date:

Name and Phone Number of home security system provider:

Smoke Detector batteries - date last checked:

Carbon Monoxide Detector batteries – date last checked:

Location of fire extinguisher #1 and date of expiry:

Location of fire extinguisher #2 and date of expiry:

Electrical panel location:

Main water shut-off valve location:

Hot water tank location and shut-off valve:

Heat pump/furnace location and gas shut-off valve:

Phone number(s) and names of utility companies:

Date of last warm weather fire drill:

Date of last cold weather fire drill:

Date of last earthquake drill:

# Section C - People Willing to Help in an Emergency

Neighbour 1:

Name:

Address:

Phone:

Email:

Neighbour 2:

Name:

Address:

Phone:

Email:

My emergency contact person, who lives outside my region is:

Name and contact info of person who will care for my guide dog, service animal, and other pets in the event of an emergency:

# Section D - Meeting Places in Case of Evacuation

Safe meeting place near home:

Location of safe meeting place outside immediate neighbourhood:

Location of emergency/disaster center (include name, address and contact info):

Directions to Emergency Centre:

# Section E - School and Work Information:

School information:

Work information:

# Section F - Medical Information and Accommodation Needs

Family doctor (GP) name, phone number and email address:

Date last updated on cellphone app:

Health Card Number:

Emergency contact(s):

Accommodation needs:

Extended health insurance provider (provider name, contact information and policy number):

List all allergies and their associated reactions:

Medical conditions and medications of household members:

# Section G - Location of Emergency Supplies, Kits and Equipment

Location and list of specialized medical equipment required by household members:

Location of emergency supplies and date last checked and updated:

Location of grab and go bags and date last checked and updated:

# Section H - Non-emergency Numbers

Non-emergency fire hall number:

Health clinic:

Non-emergency number for Police:

Non-emergency poison control number:

Veterinarian’s name, phone number, address and email: