

# EVACUATION PLAN



IN CASE OF EMERGENCY: **DIAL 911**



Poison Control: 800-222-1222

## SHELTER INFORMATION

| ✓ | EVACUATION CHECKLIST                                | WHO'S RESPONSIBLE |
|---|-----------------------------------------------------|-------------------|
|   | Check radio/tv for evacuation instructions          |                   |
|   | Grab emergency kit                                  |                   |
|   | Reach out to contacts                               |                   |
|   | Shut utilities off                                  |                   |
|   | Take pictures/video of things of value in each room |                   |
|   | Lock up                                             |                   |

| MEETING PLACES                                                                                                                                       | SCENARIOS                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Inside the Home Safe Place:<br>Neighborhood Meeting Place:<br>Address:<br>Local Meeting Place:<br>Address:<br>Out of Town Meeting Place:<br>Address: | Senario 1:<br>Meeting Place:<br>Senario 2:<br>Meeting Place:<br>Senario 3:<br>Meeting Place:                           |
| WORK INFORMATION                                                                                                                                     | SCHOOL INFORMATION                                                                                                     |
| Location 1:<br>Address:<br>Phone:<br>Evacuation Location:<br>Location 2:<br>Address:<br>Phone:<br>Evacuation Location:                               | Location 1:<br>Address:<br>Phone:<br>Evacuation Location:<br>Location 2:<br>Address:<br>Phone:<br>Evacuation Location: |
| LOCAL CONTACT                                                                                                                                        | OUT OF STATE CONTACT                                                                                                   |
| Name:<br>Phone Number:                                                                                                                               | Name:<br>Phone Number:                                                                                                 |

| NAME            | PHONE NUMBER | POLICY NUMBER |
|-----------------|--------------|---------------|
| Home Insurance: |              |               |
| Car Insurance:  |              |               |
| Doctor:         |              |               |
| Dentist:        |              |               |