



GOLDEN TRIANGLE

Personal Emergency Preparedness Plan for Home

Name: _____

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- Consider the variety of emergencies that could occur.
- Involve your entire family and loved ones in planning for emergencies. Be sure everyone understands the plan.
- Establish how your family and loved ones will communicate during an emergency and which official sources to follow for incident updates.
- Review and practice preparedness plans with your family and loved ones on a regular basis. Also, routinely ensure emergency supplies haven't expired and needs haven't changed.

Communication with Loved Ones

Emergencies can disrupt internet and phone networks. Determine primary and backup methods of communication you'll use to stay in contact with loved ones. Help others understand communication may not be initially possible.

- Phone Call _____
- Texting _____
- Email _____
- Social Media _____
- Out-of-State Contact _____
- Other _____
- Plan if communication isn't possible: _____

- Signup for alerts from local governments at capitalert.gov

Important Contacts

Name	Contact Information
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bank/Credit Card: _____

Insurance (Home/Auto/Medical): _____

Doctor: _____

Emergency Supplies at Home/Car

Assemble a "Go-Bag" with items you may need during an emergency:

- Water
- Cell phone charger
- Flashlight and extra batteries
- Filter mask or cotton t-shirt
- Clothes and comfortable shoes
- Nonperishable food
- Contact list
- First aid kit
- Cash and some change
- Personal hygiene

- Important documents: _____

- Medications: _____

- Items for unique needs: _____

- Items for dependents: _____

- _____

Children

Who will pick-up and care for your children if you can't make it home? Consider family, caretakers, neighbors, or trusted friends:

- #1: _____
- #2: _____
- #3: _____
- #4: _____

Have you:

- Talked with them about expectations/unique childcare needs?
- Registered them as an authorized alternate to pick-up your child?

List contact information for those who care for your child while you're at work (schools, extracurriculars, daycare, etc.):

- _____
- _____
- _____
- _____
- _____

Loved Ones

In addition to children, who relies on you for additional care (parents, family, neighbors, pets, etc.)? Identify trusted individuals to help care for your loved ones if you're unable. Be sure they understand expectations and types of required support.

#1: What unique items or support will _____ need?

- Primary Alternate: _____
- Secondary Alternate: _____

#2: What unique items or support will _____ need?

- Primary Alternate: _____
- Secondary Alternate: _____



GOLDEN TRIANGLE

Personal Emergency Preparedness Plan for Work

Name: _____

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- Consider the variety of emergencies that could occur.
- Include others in your planning efforts and be sure everyone understands the plan. If you have an access or functional need, be sure co-workers and supervisors understand your needs and how they should help during an emergency.
- Know how your organization communicates during an emergency and which official sources to follow for incident updates.
- Review and practice preparedness plans on a regular basis. Also, routinely check emergency supplies to ensure they haven't expired and needs haven't changed.

Work Communication

- Emergencies can disrupt internet and phone networks. Determine primary and backup methods of communication you'll use to stay in contact with your employer and team: _____
- Does your employer and supervisor have: (a) your current contact information and (b) information for your emergency contact?
- How and when does your company alert employees of emergencies or changes to its operational status? _____

Supervisor: _____

Desk & Cell Phone: _____

Coworker: _____

Desk & Cell Phone: _____

Company Main/Info Line: _____

Building Evacuation

Evacuation Routes

- Primary: _____
- Alternate: _____

Assembly Locations

- Primary (Near): _____
- Alternate (Far): _____

Who are you checking in with at the Assembly Location?

- Primary: _____
- Alternate: _____

Additional Actions/Notes: _____

Emergency Supplies at Work

Assemble a "Go-Bag" with items you may need during an emergency:

- Water
- Cell phone charger
- Flashlight and extra batteries
- Filter mask or cotton t-shirt
- Clothes and comfortable shoes
- Nonperishable food
- Contact list
- First aid kit
- Cash and some change
- Personal hygiene

Important documents: _____

Medications: _____

Items for unique needs: _____

Alternative Ways To/From Work

Emergencies often disrupt transportation networks. Determine alternatives if your normal commute is disrupted:

- Metro/VRE/Marc/Amtrak
- Carpooling
- Walking
- Metrobus/Regional Bus
- Ridesharing/Slugging
- Biking

Route and Contact Information for alternatives:

#1: _____

#2: _____

#3: _____

- Review options at google.com/maps and wmata.com/tripplanner

Sheltering-in-Place

Rooms/areas without windows and suitable for severe weather or other hazardous conditions outdoors:

- Primary: _____
- Alternate: _____
- Additional Actions/Notes: _____

Rooms that can be secured and provide protection from violence or an active threat:

- Primary: _____
- Alternate: _____
- Additional Actions/Notes: _____