EMERGENCY PREPAREDNESS



EVACUATION GRAB & GO KIT CHECKLIST

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Use this kit during an evacuation of your home or community and make sure everyone living in the home knows where it's located. Each family member should have their own customized kit in an easy to carry container such as a backpack or duffle bag.

Check your kit(s) twice a year to ensure freshness of food, water and medication and to restock any items. Items to include:

| Flashlight Battery-operated or crank radio | Emergency contact numbers Your family's Emergency | □ Denture needs□ Hearing aids and batteries |
|---|---|--|
| Spare batteries for flashlight and/or radio | Plan Non-perishable food and bottled water for each family member | Extra wheelchair batteries, oxygen, catheters |
| Cell phone charger First-aid kit | ☐ One change of clothing and footwear per family member: | ☐ List of medical devices, such as pacemakers (style |
| Candles and matches/lighter Spare car and house keys | comfortable and all season ☐ Blankets or sleeping bags | & serial numbers) List of individuals/suppliers to |
| Cash: small bills and change Copy of important documents: | ☐ Toilet paper and other personal hygiene items | contact in an emergency Priceless Items |
| Passport, birth certificate, adoption papers, immigration papers, wills | ☐ Medication: especially prescription (at least a three-day supply) | Develop a list of one-of-a-kind items that you wouldn't keep in a Go Kit but will want to gather if you must |
| Social insurance/health care card | ☐ Eyewear: glasses/contacts☐ Whistle to attract attention | evacuate. Attach the list to the outside of your Grab & Go Kit. |
| Marriage licence/divorce papers | if needed ☐ Utility knife | Check the list annually. To prepare the list: go room to |
| Bank account numbers, cheque book Credit card account | ☐ Playing cards or other quiet games/toys | room and identify one or two items. Make sure every family member knows where the items are located. |
| numbers and companies Insurance documents: | □ Notebook/paper/pencils/pens □ Map of your community for locating shelters Family Members with | Examples: □ Pictures/photo albums □ Computer |
| home, tenant, auto, life Photos, list or video of your | | |
| personal and household possessions for insurance | Special Needs Additional items to consider for | ☐ Jewelry and valuables☐ Medications/prescriptions (unless already in kit) |
| purposesProfessional appraisals of personal property | children, elderly and/or disabled persons: ☐ Baby food/formula ☐ Medications | ☐ Glasses, dentures, hearing aid |
| Family medical history & current medication lists | | ☐ Keys, wallet, purse☐ Cell phone and charger |
| Current picture of each family member | ☐ Specialty food items for those with an allergy/intolerance | If you can buy it, don't take it. |