

## **EMERGENCY KIT CHECKLIST**

Prepare an emergency kit in advance with the important items you want to protect or take with you if you had to evacuate.



# FAMILY AND HOUSEHOLD EMERGENCY PLAN



## Item Example Battery or hand crank operated torch Include extra batteries Battery operated radio Include extra batteries First aid kit packs can be purchased or made including items such as First aid kit band aids, bandages, pain relief, antiseptic cream, cleansing wipes, scissors, tape, icepack, gloves etc Enough water to last several days Drinking water Non-perishable food Dried and long-life food to last three days, including some untensils Medical supplies Include their uses and dosage amounts and copies of prescriptions Soap, toilet paper, tissues, hand sanitiser, wipes, toothpaste and brush, Toiletries sanitary items and face masks Chargers for electronics Phones and other electronic devices Warm natural fibre clothing and blankets for all members of the family Protective clothing and woollen blankets Leather if posible Protective gloves Baby/children Nappies, toys and entertainment Non-perishable foods, waste disposal, carrier or lead, bedding and Pet food, bowls and medical supplies blankets, medications including dosage information Passport, drivers licence, Medicare card Personal belongings Money Bank card and small amount of cash (if card is not available) Family mementos Photos, heirlooms Playing cards, books Entertainment Copy of your emergency plan Copy of this plan







## **Emergency Numbers**

| Police/Fire/Ambulance    | 000          | Lifeline            | 13 11 14     |
|--------------------------|--------------|---------------------|--------------|
| VICSES (Flood and Storm) | 132 500      | Kids Helpline       | 1800 551 800 |
| VicEmergency Hotline     | 1800 226 226 | Local Radio Station | 774 AM       |

## **Helpful contacts**

| Golden Plains Shire Council | 5220 7111    | Translating and Interpreting Service | 131 450      |
|-----------------------------|--------------|--------------------------------------|--------------|
| NURSE-ON-CALL               | 1300 606 024 | National Relay Service               | 1300 555 727 |

## **Emergency risks**

| What emergencies could impact my family and I? |           |       |                  |  |  |
|--|-----------|-------|------------------|--|--|
| Earthquake                                     | Fire      | Flood | Health Emergency |  |  |
| Heatwave                                       | Landslide | Storm |                  |  |  |

#### **Household details**

| Address:       |          |          |   |        |       |                    |        |
|----------------|----------|----------|---|--------|-------|--------------------|--------|
| Number of oc   | cupants: |          |   |        |       |                    |        |
| I have pet(s): | Yes/No   | Type(s): |   |        |       | Assistance animal: | Yes/No |
|                |          |          | ment (wheelchair, walking ower reliant medical aids): | Yes/No | Type: |                    |        |

## My family details

| Name | Medicare number | Drivers licence | Car registration |
|------|-----------------|-----------------|------------------|
|      |                 |                 |                  |
|      |                 |                 |                  |
|      |                 |                 |                  |
|      |                 |                 |                  |
|      |                 |                 |                  |
|      |                 |                 |                  |
|      |                 |                 |                  |







## **Medical needs**

Medical needs are anything you and/or your household manage daily.

This could include any medical conditions, medication, specific transport needs or power dependant equiptment

| Name | Medical condition/disabilty | Medication | Transport needs |
|------|-----------------------------|------------|-----------------|
|      |                             |            |                 |
|      |                             |            |                 |
|      |                             |            |                 |
|      |                             |            |                 |
|      |                             |            |                 |
|      |                             |            |                 |
|      |                             |            |                 |

## Assistance animals or pet details

Assistance animals, household pets and companion animals are a very important part of many households and need to be included in your planning.

| Name | Type and breed | Council registration number | Microchip number |
|------|----------------|-----------------------------|------------------|
|      |                |                             |                  |
|      |                |                             |                  |
|      |                |                             |                  |
|      |                |                             |                  |
|      |                |                             |                  |

## **Livestock and larger animals**

| Stock type | Amount | Identification tags/numbers (Yes/No) | Property Identification Code (PIC) |
|------------|--------|--------------------------------------|------------------------------------|
|            |        |                                      |                                    |
|            |        |                                      |                                    |
|            |        |                                      |                                    |
|            |        |                                      |                                    |
|            |        |                                      |                                    |

## **Vet details:**

| Vet clinic and address: |                          |
|-------------------------|--------------------------|
| Phone number:           | Contact name (if known): |

#### **Important contacts**

| Name                    | Name | Phone Number |
|-------------------------|------|--------------|
| Doctor                  |      |              |
| Dentist                 |      |              |
| Allied Health           |      |              |
| Pharmacy                |      |              |
| Specialist Practitioner |      |              |
| Neighbourhood contact   |      |              |
| Other                   |      |              |

## **Important services**

| Service             | Company | Phone number | Account number |
|---------------------|---------|--------------|----------------|
| Electricity Company |         |              |                |
| Water Company       |         |              |                |
| Gas Company         |         |              |                |
| Internet provider   |         |              |                |
| Telephone provider  |         |              |                |
| Other               |         |              |                |

## **Insurance details**

List any insurance you have here.

- Ensure you have a copy of any policies in your emergency kit.
- Review your policy to ensure it is suitable for your situation.

|                              | Insurer | Phone number | Policy/member number |
|------------------------------|---------|--------------|----------------------|
| House and property insurance |         |              |                      |
| Contents insurance           |         |              |                      |
| Car insurance                |         |              |                      |
| Health insurance             |         |              |                      |
| Pet insurance                |         |              |                      |
| Livestock insurance          |         |              |                      |
| Other                        |         |              |                      |

#### **Emergency contacts**

This could be family, friends, neighbours or work colleagues. Include one contact that does not live near you.

| Name | Phone number | Additional information |
|------|--------------|------------------------|
|      |              |                        |
|      |              |                        |
|      |              |                        |

## **Alternative meeting place**

Being separated from your loved ones can be stressful, plan ahead by identifying a meeting location in the event of an emergency. Choose a location that is suitable for everyone to access.

| greed meeting place:_ |  |  |
|-----------------------|--|--|
| ow I will get there:  |  |  |

#### **Alternative accommodation**

If you must evacuate your home to a place of safety, identify where you and your family will stay.

| Alternative accommodation address | Can I take my pets/assistance animals? (Yes/No) | If I can't take my pets, where will they stay? |
|-----------------------------------|---|--|
| Option 1                          |   |  |
| Option 2                          |   |  |
| Option 3                          |   |  |