

Home Inspection Checklist

Family _____

Date _____

Family members should be SHOWN Where, and how to TURN OFF Utilities:

- The Water Main valve inside our home is located _____
- The Water Main valve outside or home is located _____
- The Gas Main valve is located _____
- The Gas Main Valve wrench is located _____
- The Main Electrical Shut Off panel is located _____

Home Preparations

- The "Safe Zone" in our home is _____
- If we need to leave our home we will go to: _____
- The best way out of our home from our "Safe Area" is _____
- Our 72 Hour kits are located _____
- We have ____ fire extinguishers in our home; They are located (**Inspected/checked Quarterly**): Probable areas
 - 1 _____ 4 _____
 - 2 _____ 5 _____
 - 3 _____ 6 _____
- Fire Blankets _____

Communications

- FRS / GMRS / Amateur _____ Back-up Power _____ Spare Batteries? _____
- AM / FM Radio (Battery Powered) _____ NOAA Radio _____ (Battery Powered) Correctly Tuned? _____
- Portable charger(s) with charging cables appropriate for your devices. _____
- Secret Word (s) _____

Power Out Heating & Cooking

- Appliances (Heating): _____
- Appliances (Cooking): _____

Egress Planning

- In the event of an emergency, Identify facilities that may be used as an evacuation center. This includes schools, neighborhood & civic centers, etc. _____
- In the event of an emergency, Identify local family members / friends dwellings that you and your family may stay at. Consider a family & friends network to aid each other in the event of an emergency. (If their dwelling is habitable, and do they know you're coming?) _____
Do you know who's planning / coming to stay with you? See the "Meal and Accommodation Plan".
- Identify all forms of transportation that you may use. i.e. cars, trucks, ATV's, motorcycles, side-by-sides, bicycles, tractor, etc. _____
- Special Needs: (Such as how will you power CPAP or other devices - Is your power source capable of operating these devices and how will you charge them?) _____

CHECKLIST: Basic Kits to Prepare

First Aid Kits For

- | | | |
|--------------------|----------------|--|
| ○ 72hr Kit _____ | Home _____ | Any prescription meds in critical kits Y N |
| ○ Vehicle(s) _____ | Outdoors _____ | Spare Glasses / Contacts in kits Y N |
| ○ _____ | | |

- **72 Hour Kit** For Each Family Member, Pets (Grab & Go - Your may want to consider keeping your kit in your egress vehicle):

This should include food & water, shelter, sleeping gear, sanitation, clothes, cookware, first aid kit, implements etc. to realistically care for your family for 3 days.
- **Vehicle Kits** One for each vehicle _____
- **Other Necessary / Special Requirements / Kits** _____

- Clear area around water main shut-off valve and circuit breaker panels (interior and exterior)
- Wrench to shut off natural gas at the ready. Meter cleared 12" L&R, 10" Ground to valve, 36" cleared in front.
- Utility room cleared of debris and flammable materials (Good Housekeeping)
- Water heater secured to structure (building code in most places)
- Restraints on heavy items such as shelves, hutches, food & supply shelves etc.
- Hazardous / flammable items stored out of dwelling (Fuels, oils, fluids etc).
- Batteries in Smoke and CO alarms inspected and tested at least annually _____
- Dryer vents inspected and cleaned at regular intervals _____
- Container for important documents properly stored
- Fire extinguishers located in all probable areas and inspected at regular intervals
- Practice good housekeeping standards. Correct potential slip / trip hazards, rugs etc.
- Battery operated radio with spare batteries
- For portable power out cooking / heating appliances (How will you prevent CO poisoning?)
- Sanitation Plan
 - How will you do your "business"?
 - How will you do the dishes?
 - Brush your teeth?
 - Bathe?.
- Implements Available: Saws, pry bars, shovels, gloves, dust masks etc.
- Home Message Center established (Weatherproof container outside of dwelling). _____
- Important contact / Next-of-Kin information prepared and properly secured (Family Emergency Plan). Is you plan completed in it's entirety? _____
- Food / Supplies Calendar: Are you tracking what you consume?
- Storage Programs in place. This is to include food, water, supplies with rotation intervals. What are your plans to expand it? _____
- HVAC (furnace filter changed semi-annually Filter Size _____ 1) _____ 2) _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Home Commodities

PAPER & CHEMICAL

- ___ Toilet Paper (___per Pack)
- ___ Napkins
- ___ Paper Plates
- ___ Plastic Cutlery
- ___ Disposable Cups
- ___ Bathroom Cups
- ___ Laundry Detergent
- ___ Laundry Pre-treat Prod.
- ___ Fabric Softener
- ___ Dryer Sheets
- ___ Paper Towels
- ___ Dish Washing Soap
- ___ Dishwasher Soap
- ___ Dryer Additives
- ___ Sandwich Bags
- ___ Ziplok Bags, Small _____
- ___ Ziplok Bags, Med _____
- ___ Ziplock Bags, Gal
- ___ Plastic Wrap
- ___ Waxed Paper
- ___ Aluminum Foil
- ___ Parchment Paper
- ___ Sanitizing Wipes
- ___ Spray Cleaners
- ___ Chlorine Bleach
- ___ Swiffer / Mop
- ___ Duster / Compound
- ___ Floor Cleaner
- ___ Glass Cleaner
- ___ Oven Cleaner
- ___ Disposal Cleaner
- ___ Furniture Polish
- ___ Toilet Bowl Cleaner
- ___ Bathroom Cleaner
- ___ 13 Gal Garbage Bags
- ___ 33 Gal Garbage Bags
- ___ 55 Gal Garbage Bags
- ___ Home Canning Products
- ___ Tooth Picks

PET SUPPLIES

- ___ Canned Food _____
- ___ Bagged Food _____
- ___ Litter
- ___ Waste Bags
- ___ Treats
- ___ Pet Meds _____

HEALTH / BEAUTY / COS

- ___ Hand Soap (M) Quan _____
- ___ Hand Soap (F) Quan _____
- ___ Liquid Hand Soap(s)
- ___ Shampoo
- ___ Shampoo
- ___ Conditioner
- ___ Hand Lotion (M)
- ___ Hand Lotion (F)
- ___ Hair Care Products
- ___ Glycerin
- ___ Ibuprofen
- ___ Tylenol
- ___ Aspirin
- ___ Antacid
- ___ Deodorant (M)
- ___ Deodorant (F)
- ___ Razors (M)
- ___ Razors (F)
- ___ Shave Cream (M)
- ___ Shave Cream (F)
- ___ Tooth Paste (M)
- ___ Tooth Paste (F)
- ___ Denture Products
- ___ Petroleum Jelly
- ___ Vicks VapoRub
- ___ Floss / Picks
- ___ Lip Balm
- ___ Hydrogen Peroxide
- ___ Rubbing Alcohol
- ___ Saline (M)
- ___ Saline (F)
- ___ Lens Solution (M)
- ___ Lens Solution (F)
- ___ Cotton Balls
- ___ Cotton Pads
- ___ Make-Up Remover
- ___ Nail Polish Remover
- ___ Feminine Products
- ___ Cough/Cold Medicine(s)
- ___ Allergy Medicine(s)
- ___ Eye Drops
- ___ First Aid Kit(s)
- ___ Bandages, Adhesive
- ___ Wraps
- ___ Instant Cold Packs
- ___ Medical Tape
- ___ Gauze Pads
- ___ Antibiotic Ointments
- ___ Antiseptic for Wounds
- ___ Triangular Bandage(s)
- ___ Prescriptions
- ___ Diapers (or Cloth Diapers)

AUTOMOTIVE & HOME

- ___ Oil & lubricants _____
for vehicles and machines
- ___ Vehicle Filters _____
- ___ Fuel Additives
- ___ Anti-freeze
- ___ Fluids (power steering / Brake)
- ___ Windshield Washer Fluid
- ___ Tire Care + Patch & Repair
- ___ Fuses
- ___ Headlamps
- ___ Shop Towels
- ___ Furnace Filters
- ___ Spare Light Bulbs
- ___ Spare Batteries _____
(AAA, AA, C, D, 9V)
- ___ Plumbing Parts
- ___ Duct Tape
- ___ Plastic Sheeting
- ___ Basic Tools
- ___ Basic Hardware
- ___ Fuels
- ___ Matches
- ___ Ice Melt
- ___ Seeds
- ___ Fertilizers
- ___ Pesticides / Herbicides

TRACK-IT!

Food or Commodities:

Your Storage Program, Where to begin: We are creatures of habit. Use this calendar to track what you eat, and what supplies you use. After 30 days you'll see patterns emerge, and how many of these products you use monthly. Store what you eat and the supplies you use in the quantities you need. Always rotate the foods you store (First-In, First-Out). It's a good idea to write expiration dates with a marker on canned and packaged products to make them more visible.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. Morning Prayer (6:00 AM) - Psalm 100, Lord's Prayer, Morning Offering. 2. Breakfast (7:00 AM) - Simple meal with fruits, vegetables, and whole grains. 3. Morning Walk (8:00 AM) - 30 minutes of brisk walking in the park. 4. Morning Devotion (9:00 AM) - Reading of the Gospel of Matthew, Chapter 5. 5. Morning Meditation (10:00 AM) - 15 minutes of Transcendental Meditation. 6. Morning Journaling (11:00 AM) - Writing in the journal about the day's reflections. 7. Morning Shower (12:00 PM) - Refreshing shower with essential oils. 8. Morning Meal (12:30 PM) - Light lunch with soup and bread. 9. Morning Rest (1:00 PM) - 30 minutes of rest on the couch. 10. Morning Devotion (2:00 PM) - Reading of the Gospel of Luke, Chapter 10. 11. Morning Meditation (3:00 PM) - 15 minutes of Transcendental Meditation. 12. Morning Journaling (4:00 PM) - Writing in the journal about the day's reflections. 13. Morning Shower (5:00 PM) - Refreshing shower with essential oils. 14. Morning Meal (5:30 PM) - Light dinner with vegetables and grains. 15. Morning Rest (6:00 PM) - 30 minutes of rest on the couch. 16. Morning Devotion (7:00 PM) - Reading of the Gospel of John, Chapter 1. 17. Morning Meditation (8:00 PM) - 15 minutes of Transcendental Meditation. 18. Morning Journaling (9:00 PM) - Writing in the journal about the day's reflections. 19. Morning Shower (10:00 PM) - Refreshing shower with essential oils. 20. Morning Meal (10:30 PM) - Light snack with fruit and yogurt. 21. Morning Rest (11:00 PM) - 30 minutes of rest on the couch. 22. Morning Devotion (12:00 AM) - Reading of the Gospel of Mark, Chapter 1. 23. Morning Meditation (1:00 AM) - 15 minutes of Transcendental Meditation. 24. Morning Journaling (2:00 AM) - Writing in the journal about the day's reflections. 25. Morning Shower (3:00 AM) - Refreshing shower with essential oils. 26. Morning Meal (3:30 AM) - Light snack with fruit and yogurt. 27. Morning Rest (4:00 AM) - 30 minutes of rest on the couch. 28. Morning Devotion (5:00 AM) - Reading of the Gospel of Matthew, Chapter 2. 29. Morning Meditation (6:00 AM) - 15 minutes of Transcendental Meditation. 30. Morning Journaling (7:00 AM) - Writing in the journal about the day's reflections. 31. Morning Shower (8:00 AM) - Refreshing shower with essential oils. 32. Morning Meal (8:30 AM) - Light snack with fruit and yogurt. 33. Morning Rest (9:00 AM) - 30 minutes of rest on the couch. 34. Morning Devotion (10:00 AM) - Reading of the Gospel of Luke, Chapter 2. 35. Morning Meditation (11:00 AM) - 15 minutes of Transcendental Meditation. 36. Morning Journaling (12:00 PM) - Writing in the journal about the day's reflections. 37. Morning Shower (1:00 PM) - Refreshing shower with essential oils. 38. Morning Meal (1:30 PM) - Light lunch with soup and bread. 39. Morning Rest (2:00 PM) - 30 minutes of rest on the couch. 40. 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