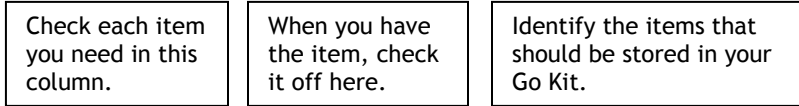




# Personal & Family Preparedness Plan

## Master Supplies List



Dallas County Health & Human Services

Food & Water	I need this item	I have this item	Put in my Go kit
Water (1 gallon per person per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned food: meats, beans, vegetables, fruit, soups, sauces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried food: potatoes, vegetables, fruit, pasta, rice, cereal, milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen food: meats, vegetables, fruit, pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages bottled/canned/boxed: juices, water, soda, etc. coffee/tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staples: sugar, salt, pepper, spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High energy food: peanut butter, jelly, low-sodium crackers, granola bars, trail mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, hard candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special foods for infants or persons on special diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen Items	I need this item	I have this item	Put in my Go kit
Manual can opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-purpose knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mess kits or paper plates, cups, bowls & eating utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-sealable plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum foil, plastic wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels & paper towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small cooking stove with fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household chlorine bleach to treat drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pots & pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clothing &amp; Misc.</b>			
Complete change of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sturdy shoes or boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hat & gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra socks & underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets/sleeping bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games/cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Care & Sanitation	I need this item	I have this item	Put in my Go kit
Toothbrush & toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo/comb/brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen/lip balm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect repellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotion/creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razor, shaving cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminine supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towelettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant/bleach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic bags for sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium sized bucket/lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact lenses & solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids & batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pet Supplies</b>			
Leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>First Aid</b>	I need this item	I have this item	Put in my Go kit
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain reliever/fever reducer for <u>adults</u> : Acetaminophen, ibuprophen or aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Reliever/fever reducer for <u>children</u> : Acetaminophen, ibuprophen, liquid or chewable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antacid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-diarrhea medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit & manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large sterile dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile gauze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic towelettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR breathing barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal emergency blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-mixed electrolyte solution (like Pedialyte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar, baking soda, salt, & salt substitute for oral rehydration solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Equipment</b>	I need this item	I have this item	Put in my Go kit
Portable radio with extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOAA weather radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight with extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches in a waterproof container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lantern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrench to shut off gas & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screwdrivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal flare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rope/ String	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duct tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic sheeting (heavy duty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC-type fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube tent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper, pens & pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle & thread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel alarm clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Put all of these items in your Go Kit</b>			
<b>ID, Keys, Cash, Maps, etc.</b>	I need this item	I have this item	Put in my Go kit
Personal identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contacts with phone #'s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash & coins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/ATM cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra set of house & car keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maps of the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Copies of Documents</b>			
Driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces Service Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory of household goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet immunization records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank, credit card, & personal finance account numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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