

METRO

### **Hurricane Preparedness Checklist**

**DISASTER.** It strikes anytime, anywhere. It takes many forms - a hurricane, an earthquake, a tornado, a flood, a fire or a hazardous spill, some are natural, and some are man-made. It builds over days or weeks, or hits suddenly, without warning. Every year, millions of Americans face disaster, and its terrifying consequences.

The time to prepare is now. Hurricane season is here. Are you ready? Harris County Office of Homeland Security & Emergency Management (HCOHSEM), City of Houston OEM and METRO Office of Emergency Management aim to educate people about the hazards of hurricanes, tropical storms, high winds, storm surge and flooding. These agencies remind residents to "Get a kit, make a plan and stay informed."

Preventing the loss of life and minimizing the damage to property from hurricanes are responsibilities that are shared by everyone. Any time you are asked to evacuate, you should do so without delay. It is important for you and your family to have a plan that makes you as safe as possible. Preparedness includes having the supplies on hand to weather any storm. Finally, stay informed.

Be	efore the Storm General Preparedness through the Season
	Keep your vehicle gas tank above ½ full through the season.
	Test runs generators monthly with a load to insure proper working order.
	Consider the purchase of flood insurance, even if outside of a floodplain.
	Have cash on hand in small denominations for year-round preparedness.
	Maintain portable battery powered AM radio.
	Contact 2-1-1 in the county or 3-1-1 in the city to register if you need transportation
	assistance to evacuate.
H	ome Preparedness
	Board up your windows or close storm shutters.
	Trim the trees and shrubs around your home.
	Clear loose and clogged downspouts and rain gutters.
	Perform an inventory of home contents (electronics, jewelry, appliances, clothing, etc.) and
	store in safe place.
	Take detailed photo(s)/video(s) of home property and contents (internal and external) and
	store in safe place.
	Secure or remove all items outside your home (grill, hanging plants, potted plants, etc.).
	Tie down young or small trees to prevent uprooting.
	Store all important documents (insurance papers, etc.) in a waterproof container and in a
	secure location.
	Prepare your evacuation kit using the pertinent items in the attached <i>Emergency Essentials</i>
	Kit checklist.
	Turn off propane tanks.
	Fill the bathtub and other large containers with water for sanitary purposes (cleaning,
	flushing toilets, etc.)

## **Hurricane Preparedness Checklist**

lf	you Plan to Evacuate
	What is your zip code?
	Are you located in an evacuation area in the evacuation map?
	Where are you evacuating to?
	Who is your contact at your destination?
	What is their contact information?
	What is your backup evacuation location?
	Take a copy of all important documents and store in a waterproof container and in a secure location.
	Top off your vehicle gas tank before hitting the road.
lf	you Plan to Stay
	Listen to the radio (AM 740 KTRH) or TV for information.
	If you have gas items you need to operate after the storm (generator, chainsaw, etc); fill gas storage container(s).
	Prepare your hurricane kit using the attached Emergency Essentials Kit checklist.
D	uring the Storm
	Listen to the radio (AM 740 KTRH) or TV for information.
	Turn the refrigerator and freezer to its coldest setting and keep its doors closed.
	Avoid using the phone except for emergencies.
	Stay indoors during the storm and away from windows and glass doors.
	Close all interior doors.
	Keep curtains and blinds closed.
	Take refuge in a small interior room, closet, or hallway on the lowest level of your home.
	ter the Storm - If you are Returning from Evacuation
	Return only after the all clear is given for your area.
	Do not venture on to roads until you have been advised they are passable and safe.
	Carefully inspect your home and perform an exterior assessment for safety issues.
	Be on the lookout for downed power lines and avoid if identified.
	If any safety issues are present, do not enter your home (gas smell, flood waters, fire
	damage, etc.).
L	If any safety issues are present, have your home inspected by a qualified building inspector
_	or engineer.
	Watch for and avoid loose animals and poisonous snakes.
u	Avoid carbon monoxide poisoning hazards; <b>DO NOT</b> run generators, grills, or other gas operated appliances indoors.

### **Hurricane Preparedness Checklist**

#### **Damage Assessment**

- ☐ Have a fire extinguisher readily available in the case of a fire.
- ☐ Watch for safety hazards (loose boards, slippery floors, broken glass, etc.)
- ☐ Carefully check for damage to the roof, foundation, and chimney. If the building looks unstable do not enter.
- ☐ Use a stick or other tool to sift through debris.
- Open cabinets cautiously. Beware of objects that can fall off shelves.
- ☐ If you smell natural gas, leave the structure and contact your local gas utility company.
- ☐ Use a battery powered flashlight to inspect the structure. Do not use oil or gas lanterns or candles inside the structure.
- ☐ If structural damage is present, turn off utilities.
- □ Do not use electrical appliances that have been wet/damaged until checked by a professional.
- ☐ Check with local authorities or have well water tested before using any water (could be contaminated).
- ☐ Until cleared with authorities or tested, all water should be boiled for 1 minute at a rolling boil to disinfect before drinking.
- Avoid using any toilets until you have checked for sewage or water line damage. If you suspect damage call a plumber.
- ☐ Service damaged sewage systems as soon as possible as they present serious health hazards (septic tanks, pits, etc.)
- ☐ Check your smoke and carbon monoxide detectors to ensure they are functioning properly.
- ☐ If any damage is identified to your home, contact your insurance company to start a claim.
- ☐ Photograph and document any damage.
- ☐ Throw away any spoiled food items or those that have come in contact with flood waters.
- ☐ When in doubt throw it out!



/////	///Zip-	Zone Coa	stal	/////
77541	77550	77551	77554	77617
77623	77650			
m1	7	ip-Zone	A	
77510	77518	77531	77539	77563
77565	77566	77568	77573	77577
77586	77590	77591		
	7	ip-Zone	В	
77058	77059	77062	77422	77507
77511	77515	77517	77520	77534
77546	77571	77598		
	7	ip-Zone	С	
77011	77012	77013	77015	77017
77023	77029	77034	77049	77061
77075	77087	77089	77480	77486
77502	77503	77504	77505	77506
77521	77530	77536	77547	77562
77578	77581	77583	77584	77587

# **Emergency Essentials Kit**

Print a copy of this emergency essentials list and take it with you to the store.

Ba	by Items	Lig	ghting
	Formula, bottles, powdered milk		Flashlights for each family member with
	Diapers		extra batteries
	Baby Wipes		Fluorescent lanterns for each common
	Diaper rash ointment		area
			Waterproof matches or a utility lighter
Co	mmunication		
	Portable, battery powered AM/FM radio	Pe	rsonal Hygiene
	NOAA All Hazards Alert Radio		Hand sanitizer or disinfectant wipes
	Land-line phone with long cord		Toilet paper, paper towels, garbage bags
	Extra batteries for flashlights, lanterns, radio		Dental care and vision products
	Extra cell phone battery or car charger		Travel-size soaps and other beauty supplies
	Whistle		Change of clothes, pair of shoes and
_	VVIIIotio	)(C	blanket per person
	an Air Hama		
	ean Air Items	Po	t Needs
	Nose and mouth protection masks (N-95		
	rating)	Ц	7-Day supply of non-perishable pet food and water
	Plastic sheeting		Cage or pet carrier and leash
	Duct tape		Pet medications and pet first-aid kit
			Current photo in case you are separated
Fa	mily Safety Items		Cat litter and box
	Smoke detector with battery for each floor	<u> </u>	Pet bed and toys
	Carbon monoxide detector with battery	7	Tel bed and loys
	Fire extinguisher		
	Non-scented bleach for sanitization		ansportation Items
	Sunscreen	22	State and regional road maps
	Insect repellant		Basic repair items (tools, tire patch kit,
	Shovel and basic tools	_	engine oil)
			Emergency Road Safety Triangles
Fir	st Aid		Games, books, puzzles
	Red Cross approved first aid kit		
	Backup prescriptions for essential	Wa	ater
	Medications		1 gallon of drinking water per person per
			day
Fo	od		enough for 5 days backup
	3 – Day supply of non-perishable food		
	Hand-operated can opener		
	Plastic plates, cups, utensils		

### **Medication Essentials Kit**

#### Complete the highlighted fields on this form and print for your records.

#### Allergies to Medications

Use the chart below to list all medications, both prescription and nonprescription, you are allergic to

Medication name	Type of reaction, such as rash or breathing difficulties

#### **Prescription Medications**

Use the chart below to list all the brand-name and generic prescription medications you currently take. Be sure to fill in all the information for each medication. The amount of medication in each pill appears on the prescription label in milligrams (mg). The dosage is the amount of medication in each pill multiplied by the number of pills you take each time.

Medication Name	Prescribing Doctor's Name	Phone Number	Reason for Medication	Dosage (in mg)	How often? (such as 3x/day)
			*		

#### Nonprescription Medications, Vitamins, and Supplements

List all those you take occasionally, such as aspirin for headache, as well as those you take every day such as a multivitamin or nutritional supplement. Include any herbs or alternative medicines that you take.

Name	Reason for Taking the Medication	Dosage (in mg)	How Often? (such as 3x/day)

### Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact 1	Out-of-Town Contact 2
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
Regional Meeting Place:	Regional Meeting Place:
Neighborhood Meeting Place:	Neighborhood Meeting Place:
Evacuation Location:	Evacuation Location:
Fill out the following information for each	family member and keep it up to date.  Member 2
Name:	Name:
Name.	ivalie.
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Important Medical Information:	Important Medical Information:
Member 3	Member 4
Name:	Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Important Medical Information:	Important Medical Information:

# Prepare. Plan. Stay Informed.

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location 1	School Location 1
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location 2	School Location 2
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location 3	School Location 3
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
General Practitioner:			
Other:			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian / Kennel (for pets)			

## **Family Emergency Plan**

Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:	9 g 58 g
Phone Numbers:	
Meeting Place:	THE HAD DURING THE
Neighborhood Emergency Contact:	# # # # # # # # # # # # # # # # # # #
Phone Numbers:	
Emergency Place:	

FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:	9
Phone Numbers:	
Meeting Place:	The section representatives
Neighborhood Emergency Contact:	
Phone Numbers:	gio W
Emergency Place:	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

ADDITIONAL IMPORTANT INFORMATION:
* * * * * * * * * * * * * * * * * * * *

FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:	
Phone Numbers:	,
Meeting Place:	
Neighborhood Emergency Contact:	,
Phone Numbers:	
Emergency Place:	
L	l
FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:	
Phone Numbers:	
Meeting Place:	
Neighborhood Emergency Contact:	
Phone Numbers:	
Emergency Place:	,
FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:
FAMILY EMERGENCY PLAN Out-Of-Town Emergency Contact:	ADDITIONAL IMPORTANT INFORMATION:
	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:	ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:	
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN	ADDITIONAL IMPORTANT INFORMATION:  ADDITIONAL IMPORTANT INFORMATION:
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN  Out-Of-Town Emergency Contact:	
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN  Out-Of-Town Emergency Contact:  Phone Numbers:	
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN  Out-Of-Town Emergency Contact:	
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN  Out-Of-Town Emergency Contact:  Phone Numbers:	
Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:  Neighborhood Emergency Contact:  Phone Numbers:  Emergency Place:  FAMILY EMERGENCY PLAN  Out-Of-Town Emergency Contact:  Phone Numbers:  Meeting Place:	