

Individual and Household Emergency Preparedness Evaluation Tool

This evaluation tool was prepared by us, your neighbors, for a Nehalem Bay area community survey in 2015. We are volunteers with the **Emergency Volunteer Corp of Nehalem Bay (EVCNB)**; a group that provides education on preparedness and volunteer support when needed during a local disaster. The tool is intended for self-assessment of your individual/household preparedness. It will help you learn how well prepared you and your neighborhood are for a sudden emergency event - such as a severe storm, floods, wild fire or even a major earthquake – any of which might happen in our rural area. We hope you find this assessment tool to be informative and that it helps you think about the importance of taking time to improve your emergency preparedness and the readiness of those you love.

The **EVCNB** program called **Prepare Your Neighborhood** is your local resource for neighborhood preparedness assistance. **PYN** through **EVCNB** has developed classes to help individuals learn more about how to prepare. The classes start with the basics to help you become more comfortable and better informed about actions you can take to be better prepared. For more details visit our website **EVCNB.ORG**.

Let's get started using the tool to review preparedness!

Neighborhood and Community Preparedness

Section 1 *Circle one answer for each of the following:*

1. Have you heard of the Emergency Volunteer Corp of Nehalem Bay (EVCNB)? **Yes/No**
2. Do you know about the EVCNB program called Prepare Your Neighborhood? **Yes/No**
3. Do you know if your neighborhood has a “neighborhood contact” in the event of a major emergency/disaster? Name _____ **Yes/No**

If no, email **EVCNB** (info@evcnb.org) to find out if there is someone in your neighborhood.

4. Do you know the designated place where you and your neighbors can meet (assembly or gathering site) in case of a major emergency/disaster such as a flood or an earthquake? **Yes/No**

If yes, what is the street intersection or location? _____
(If no, email **EVCNB** (info@evcnb.org) to find out.)

5. Does your neighborhood have a plan in place (for example, knowing who has skills, tools, who may need extra help) in the event of a major emergency/disaster when outside help isn't available right away? **Yes/No**
6. Do you know if your city or community has a designated shelter to use if there is a major emergency/disaster and you have no food or place to stay? **Yes/No**

If yes, what is the street intersection or location? _____
(If no, email **EVCNB** (info@evcnb.org) to find out.)

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7. BASED ON THE ABOVE questions/answers, how prepared would you say your neighborhood is (circle one)?

0 = not prepared 1 = somewhat prepared 2 = well prepared

Home and Family Preparedness

Please answer some questions about preparation and practice for your family/home.

Section 2: Home Survival Plan (A specific plan of action in an emergency)

Circle one answer for each of the following:

8. Do you have a household survival plan in place for emergencies that would require you/ your household to quickly evacuate in a disaster (i.e. home fire, wild fire, flooding or major earthquake)? **Yes/No**
9. Does this plan include special provisions for:
- a. Your children? **Yes/No/No children**
 - b. Pets? **Yes/No/No Pets**
 - c. Persons in your household who may need extra help? **Yes/No/No Special Needs**
10. Do you have a survival plan to “shelter in place” if you are unable to leave your home in an emergency situation (i.e. Chemical spill, major road closures, power outage or pandemic)? **Yes/No**
11. If you have a propane tank, do you and your household members know how to shut it off? **Yes/No/No Propane**
12. Do you and your household members know how to shut off your water to the house? **Yes/No**
13. Do you have a predetermined place to meet if household members are separated and a backup plan (with a time and place to meet) if you have not found household members after the first attempt? **Yes/No**
14. Have you established an “out of area” contact person for separated household members to reach when normal communications (i.e. cell phones or land lines) are not available? **Yes/No**
15. Has the “Home Survival Plan” been discussed and/or practiced with other members of your household? **Yes/No**

16. WRAPPING UP on the HOME SURVIVAL PLAN, based on these questions/answers about Home Survival Plans, how prepared would you say your household is? (circle one)

0 = not prepared 1 = somewhat prepared 2 = well prepared

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Section 3: Go-bags or Emergency Supply bag (carry ready in an emergency)

Circle one answer for each of the following:

17. Have you heard of a Go-Bag or emergency preparedness kit? **Yes/No**
18. Do you have some type of Go-Bag put together at home in case of an emergency that required you to quickly grab it and leave? [This would include such things as food, at least one (1) gallon of water, flashlights, first aid kit, extra prescription medication, etc.)
Yes/No

(If NO, read questions 19-21 as information to consider in preparing a Go-Bag.)

19. Does this Go Bag include special provisions for:
- a. Your children (formula, extra diapers)? **Yes/No/No children**
 - b. Pets (food and water)? **Yes/No/No Pets**
 - c. Persons in your household with special needs (prescription drugs or assistive devices)?
Yes/No/No Special Needs
20. Do you keep a Go-Bag and water in all of your vehicles? **Yes/No**
21. Can you easily carry or wheel your Go-Bag for a distance, if necessary, and have you practiced? **Yes/No**

22. WRAPPING UP on GO-BAG / EMERGENCY SUPPLY BAGS...Based on these questions/ answers about Go-Bag /Emergency Supply Bags, how prepared would you say your household is (circle one)?

0 = not prepared 1 = somewhat prepared 2 = well prepared

Section 4: Shelter-in-Place Kit

Circle one answer for each of the following:

23. Do you have a specific kit or extra supplies set aside at home to use if your household was not able to leave your home for a number of days due to a emergency situation (i.e. chemical spill, storms, road closures, power outage, earthquake)? **Yes/No**
24. If you had to shelter in place, do you have extra supplies/provisions for:
- a. Your children (formula, extra diapers)? **Yes/No/No children**
 - b. Pets (food and water)? **Yes/No/No Pets**
 - c. Persons in your household with special needs (prescription drugs or assistive devices)?
Yes/No/No Special Needs
25. If you had to shelter in place, do you have an extra supply of water for each person to have at least one (1) gallon of water per day for at least several days? **Yes/No**
26. Do you know other sources of drinkable water in your home (i.e. toilet tank and hot water heater)? **Yes/No**

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27. If you had no other source of water, and had to treat contaminated water to make it safe to drink, do you have – and know how to use – any of the following:
- a. An emergency filter system? **Yes/No**
 - b. Plain household bleach? **Yes/No**
 - c. Water purification tablets? **Yes/No**
28. Do you have extra supplies that include the following:
- a. Canned or food items that can be stored for long periods of time (energy bars, raisins, and nuts)? **Yes/No**
 - b. Flashlights w/ batteries? **Yes/No**
 - c. Material to make a fire to cook food (or stay warm) if there is no power?
 - d. A first aid kit? **Yes/No**
 - e. Extra medications for household members who take prescription drugs? **Yes/No**
29. Do you have supplies set aside to keep you/others warm and dry such as extra clothing, blankets, a tent or tarp if your house is unsafe to stay in? **Yes/No**
30. Do you have a battery-powered/solar/crank radio that can be used to get emergency information? **Yes/No**

31. WRAPPING UP on SHELTERING IN PLACE...Based on these questions/ answers, how prepared would you say your household is to shelter in place (**circle one**)?

0 = not prepared 1 = somewhat prepared 2 = well prepared

Section 5: Emergency Radios and Communication

Circle one answer for each of the following:

32. Do you own a “Yellow Radio” or any type of two way or “Walkie-Talkie” type radio?
Yes/No
(If No, skip to question #37 ham radios)
33. Have you practiced and are you comfortable using the radio? **Yes/No**
34. Have other household members practiced using the radio? **Yes/No**
35. Do you keep extra batteries nearby for the radio? **Yes/No**
36. Do you keep a “Yellow Radio” / “Walkie-Talkie” in your vehicle(s)? **Yes/No**
37. Have you ever had a Ham Radio license or do you have experience with a Ham radio?
Yes/No
38. At home, do you have a **NOAA** (National Oceanic Atmospheric Administration) radio set to your local emergency warnings information, plugged in with a battery backup? **Yes/No**

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39. Do you use any other early warning service such as e-mail or cell phone alerts? **Yes/No**
40. Do you know which local radio stations provide emergency information or announcements? **Yes/No**
41. **WRAPPING UP on EMERGENCY RADIOS AND COMMUNICATION...** Based on these questions/ answers, how prepared would you say your household is?
0 = not prepared 1 = somewhat prepared 2 = well prepared

Section 6: First Aid and Fire Safety

Circle one answer for each of the following:

42. Have you (or members of your household) had any First Aid or CPR training? **Yes/No**
43. Is there a fresh First Aid Kit at home? **Yes/No**
44. Is there a First Aid Kit in your vehicle(s)? **Yes/No**
45. Do you have working fire detectors in your home? **Yes/No**
46. Do you have a fire extinguisher in your home and in your vehicles? **Yes/No**
47. Have you (or members of your household) practiced using or had to use a fire extinguisher? **Yes/No**

48. **WRAPPING UP on FIRST AID AND FIRE SAFETY..** Based on these questions/answers, how prepared are you to provide first aid or use a fire extinguisher in an emergency?
0 = not prepared 1 = somewhat prepared 2 = well prepared

Conclusion

49. Overall, thinking back on the entire survey, how well is your household prepared for potential emergencies?

0 = not prepared 1 = somewhat Prepared 2 = Well prepared

**WHAT WILL YOU DO TO RAISE YOUR SCORE?
(EVCNB offers training to help you take action!)**

- over -

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If you are interested in increasing your personal preparedness or neighborhood preparedness which of the following subjects would you be interested in learning more about and/or attending classes on the subject?

- First Aid training
- CPR classes
- Home emergency preparations
- Emergency radio communication
- Neighborhood preparedness/volunteer
- Community Emergency Response Team (CERT) training
- Shelter volunteer
- Medical Reserve Corps (medical licensees)
- Other _____ (fill in the blank)

**For more information on preparedness or class schedules, please visit our website:
EVCNB.ORG**

THANK YOU FOR BECOMING BETTER PREPARED!!

Your neighborhood contact:

Name _____

Email _____

Phone # _____