

**PHOTOCOPIES OF THE FOLLOWING
(stored in waterproof, plastic bag)
SUPPLIES**

- Birth certificate
- Marriage certificate
- Driver's license
- Passports
- Wills (including living wills and advance directives)
- Deeds
- Inventory of household goods
- Insurance papers (property, health and life)
- Immunization records and copies of prescriptions
- Name, phone number, address of your doctors, home health agency, hospital, pharmacists, caregiver
- (Also, keep copies posted by all homes telephones)
- A list of models and serial numbers as well as suppliers for medical equipment such as pacemakers, feeding pumps, home IV units, suction machines, wheelchairs, Braille or lower vision equipment, etc.)
- Written instructions regarding your medical care
- If applicable, a copy of the pre-admission letter from your doctor stating that you are to be taken to a specific hospital or nursing home
- Bank and credit card account and routine numbers
- Stocks and bonds
- Emergency contact list (family and friends) with phone numbers and addresses
- Map of the area and phone numbers of places you could go
- Driving instructions and contact information of where you are going

**PET SUPPLIES
ITEMS**

- Extra food (store the food in sturdy containers)
- Cleaning supplies
- Pet carrier (labeled)
- Medications and pet first aid supplies
- Pet's medical/vaccine records and vet contact information
- Leashes, collars, harnesses and muzzles
- Two sets of pet ID tags (one on the pet and an extra)
- Pet dishes, litter pan, litter and plastic bags
- Toys
- Proof of ownership (photos of owners with pets), registration papers, "chips" registration, etc.)
- "Lost animal" posters (previously made)



A Division of the Ministry of National Security

*In an emergency,
being prepared is key...
so let's PLAN and PREPARE
in order to safeguard our families,
our community and country.*



To Download the App scan with your QR-code Scanner or Search for Disaster Ready or ODPM in your App Store

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DISASTER PREPAREDNESS CHECKLIST



DISASTER PREPAREDNESS CHECKLIST

Disaster Supplies Kit Checklist

ARE YOU PREPARED?

Prepare now for an emergency! When a disaster strikes, you may not have much time to act. The following list is to help you determine what to include in your DISASTER SUPPLIES KIT to meet your family's needs during an emergency situation or evacuation. Store items in any easy-to-carry container such as a waterproof suitcase, large plastic storage box, backpack or duffel bag.



SANITATION AND HYGIENE SUPPLIES

ITEM	ITEM
Towelettes, body wipes, soap, hand sanitizer	<input type="checkbox"/>
Washcloth and towel	<input type="checkbox"/>
Toothpaste, toothbrushes	<input type="checkbox"/>
Shampoo, comb and brush	<input type="checkbox"/>
Deodorants	<input type="checkbox"/>
Razor, shaving cream	<input type="checkbox"/>
Lip balm, Insect repellent	<input type="checkbox"/>
Heavy-duty plastic garbage bags and ties for personal sanitation use and toilet paper	<input type="checkbox"/>
Medium-sized plastic bucket with tight lid	<input type="checkbox"/>
Disinfectant and household chlorine bleach	<input type="checkbox"/>
Feminine supplies	<input type="checkbox"/>
Toilet paper	<input type="checkbox"/>
Diapers/disposable incontinence supplies	<input type="checkbox"/>
Mirror	<input type="checkbox"/>

EQUIPMENT AND TOOLS

TOOLS	
Portable, battery-powered or hand cranked radio or television and extra batteries	<input type="checkbox"/>
Booster cables for car and full tank of gas	<input type="checkbox"/>
Flashlight and extra batteries	<input type="checkbox"/>
Signal flare	<input type="checkbox"/>
Matches in a waterproof container (or waterproof matches)	<input type="checkbox"/>
Shut-off wrench, pliers, shovel and other pertinent tools	<input type="checkbox"/>
Duct tape and scissors	<input type="checkbox"/>
Plastic sheeting	<input type="checkbox"/>
Whistle	<input type="checkbox"/>
Work gloves	<input type="checkbox"/>
Paper, pens and pencils	<input type="checkbox"/>
Small canister, ABC-type fire extinguisher	<input type="checkbox"/>

KITCHEN ITEMS

Household liquid bleach to treat drinking water or water purification tablets in a plastic bag	<input type="checkbox"/>
Paper cups, plates and plastic utensils	<input type="checkbox"/>
All-purpose knife	<input type="checkbox"/>
Manual can opener	<input type="checkbox"/>
Small cooking stove and a can of cooking fuel (if food must be cooked)	<input type="checkbox"/>
Aluminum foil and plastic wrap	<input type="checkbox"/>
Re-sealable plastic bags	<input type="checkbox"/>

MISCELLANEOUS ITEMS

Cards, games, books	<input type="checkbox"/>
Toys for kids	<input type="checkbox"/>

FOOD AND WATER FOR AT LEAST 3 - 5 DAYS

SUPPLIES	HOME	VEHICLE	WORK
Water (1 gallon per person, per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready-to-eat canned meats, fruits, vegetables and soups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned or boxed juices or milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-energy foods such as peanut butter, nuts, jelly, low-sodium crackers, granola bars, fruit bars, dried fruit and trail mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special foods for persons on special diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powdered milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLOTHES AND BEDDING SUPPLIES

ITEMS	
Complete change of clothes	<input type="checkbox"/>
Extra pair of shoes (sturdy shoes or boots)	<input type="checkbox"/>
Rain gear	<input type="checkbox"/>
Hat	<input type="checkbox"/>
Extra socks	<input type="checkbox"/>
Extra underwear	<input type="checkbox"/>
Blankets/sleeping bags and pillows	<input type="checkbox"/>
Folding cot or lawn chair	<input type="checkbox"/>

DOCUMENTS AND KEYS

ITEMS	STORED
Personal identification	<input type="checkbox"/>
Cash and coins	<input type="checkbox"/>
Credit cards	<input type="checkbox"/>
Extra set of house keys and car keys	<input type="checkbox"/>
Photography of all valuables in home	<input type="checkbox"/>
Written instructions for how to turn off electricity, gas and water if authorities advise you to do so	<input type="checkbox"/>

FIRST AID SUPPLIES

SUPPLIES	HOME	VEHICLE	WORK
First aid kit and manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic hand wipes or waterless, alcohol-based hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large, medical grade, non-latex gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors (small)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assorted sizes of safety pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotton balls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube of petroleum jelly or other lubricant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NON-PRESCRIPTION AND PRESCRIPTION MEDICINE KIT SUPPLIES AND MEDICAL SUPPORT EQUIPMENT

SUPPLIES	HOME	VEHICLE	WORK
Antibacterial ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin and Non-Aspirin pain reliever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-diarrhoea medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antacid (for upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentures and cleaning solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra eyeglasses/contact lenses and cleaning solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid and extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical support equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(wheelchairs - extra battery if motorized, walker, cane, dressings, oxygen and tubes, feeding equipment, etc. Label all equipment with your name.)

