

Disaster Supplies and Preparedness

Disasters can happen. It's not if, but when. **Be prepared.**



Volusia County Emergency Management

49 Keyton Drive, Daytona Beach, FL 32124

(386) 258-4088, 736-5980, 423-3395 TDD (386) 248-1792

www.volusia.org/emergency

Emergency contact telephone numbers

Family contact:

Name: _____ day phone: _____ evening: _____

Name: _____ day phone: _____ evening: _____

Nearest relative:

Name: _____ day phone: _____ evening: _____

Local contact:

Name: _____ day phone: _____ evening: _____

Out-of-state:

Name: _____ day phone: _____ evening: _____

Police: _____ **Fire:** _____ **Hospital:** _____

other: _____

Family physicians:

Name/telephone number: _____

Name/telephone number: _____

Volusia County Citizen's Information Center (CIC)

Hotline: Toll Free (866) 345-0345 or (386) 254-4658, 736-5902, 423-3358

Votran (transportation): (386) 322-5100, 943-7050, 424-6810

Animal Services: (386) 740-5241, 248-1790 or 423-3369

Note: Call the CIC Hotline only during a disaster event.

Disaster supply checklist

This disaster supplies checklist will help you prepare for disasters before they happen. Your family may assemble an emergency kit in small steps over a six-month period. Check off the items as you gather them. Remember to rotate your supplies and water every six months or according to expiration dates.

Supply items needed		Month of _____				Month of _____				Month of _____			
		1 st month - per week				2 nd month - per week				3 rd month - per week			
qty	type	qty (needed) ✓ (bought)				qty (needed) ✓ (bought)				qty (needed) ✓ (bought)			
		wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4
_____	vegetables	<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"/>
_____	fruits	<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"/>
_____	meats	<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"/>
_____	water	<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"/>
_____	drinks	<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"/>
_____	personal items	<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"/>
_____	first aid items	<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"/>
_____	necessary items	<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"/>
_____	pet items	<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"/>

Supply items needed		Month of _____				Month of _____				Month of _____			
		4 th month - per week				5 th month - per week				6 th month - per week			
qty	type	qty (needed) ✓ (bought)				qty (needed) ✓ (bought)				qty (needed) ✓ (bought)			
		wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4	wk 1	wk 2	wk 3	wk 4
_____	vegetables	<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"/>
_____	fruits	<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"/>
_____	meats	<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"/>
_____	water	<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"/>
_____	drinks	<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"/>
_____	personal items	<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"/>
_____	first aid items	<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"/>
_____	necessary items	<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"/>
_____	pet items	<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"/>

Specific items per month

1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Remember your pet's food, water, medications

Preparedness things to consider

- Make a family plan and practice hurricane, tornado and fire drills at home.
- Arrange for a relative, friend or neighbor to help your children if you are at work.
- Make a plan to check on a neighbor who might need help in an emergency.
- Have maps outlined for primary and alternate routes to travel during an evacuation.
- Notify friends, family or caregivers when you are leaving and where you will be.
- Know where County shelters are (as a last resort) and Votran telephone numbers in case you need public transportation.
- Take a first aid/CPR class.
- Make a plan for your pet(s). Board them with family, friends or a kennel if they cannot evacuate with you.
- Make sure your pet has current rabies tag, license, identification tag, vaccination information and medications.
- Take your pet's carrier, collar and leash, food and water bowls, bedding and play toys.
- Join your neighborhood safety organization.
- Find out about your workplace and child's day care disaster plan.
- Establish a contact person out of the affected area to call in case of emergency.
- Take pictures/video inside and outside of your home for insurance purposes. Store the pictures/video and important papers in a container in a safe place.
- Check your home for hazards.
- Install and/or test your smoke detectors.
- Brace shelves and cabinets.
- Tie water heater to wall studs using plumber's tape.
- Purchase an emergency escape ladder for second story bedrooms.
- Take your family on a field trip to the gas and/or water meter shut offs, and attach a wrench near them.
- Go on a hunt with your family to find a pay phone near your home.
- Prepare a "go-pack" in case of an evacuation. Place important papers, change of clothes coins for pay phone, contact information, medications, etc. in a back pack or similar container.
- Review your homeowner's insurance policy for adequate coverage (such as flood and wind storm damage) actual cash value or replacement cost and waiting period for any new coverage to take effect.

