

The Preparedness Test

1. Has your family rehearsed fire escape routes from your home? YES - NO
2. Does your family know what to do before, during, and after an earthquake or other emergency situation? YES - NO
3. Do you have heavy objects hanging over beds that can fall during an earthquake? YES - NO
4. Do you have access to an operational flashlight in every occupied bedroom?
(use of candles is not recommended unless you are sure there is no leaking gas) YES - NO
5. Do you keep shoes near your bed to protect your feet against broken glass? YES - NO
6. If a water line was ruptured during an earthquake, do you know how to shut off the main water line to your house? YES - NO
7. Can this water valve be turned off by hand without the use of a tool?
Do you have a tool if one is needed? YES - NO
8. Do you know where the main gas shut-off valve to your house is located? YES - NO
9. If you smell gas, do you know how and would you be able to shut off this valve? YES - NO
10. Gas valves usually cannot be turned off by hand. Is there a tool near your valve? YES - NO
11. Would you be able to safely restart your furnace when gas is safely available? YES - NO
12. Do you have working smoke alarms in the proper places to warn you of fire? YES - NO
13. In case of a minor fire, do you have a fire extinguisher that you know how to use? YES - NO
14. Do you have duplicate keys and copies of important insurance and other papers stored outside your home? YES - No
15. Do you have a functional emergency radio to receive emergency information? YES - NO
16. If your family had to evacuate your home, have you identified a meeting place? YES - NO

IF AN EMERGENCY LASTED FOR THREE DAYS (72 HOURS) BEFORE HELP WAS AVAILABLE TO YOU AND YOUR FAMILY:

17. Would you have sufficient food? YES - NO
18. Would you have the means to cook food without gas and electricity? YES - NO
19. Would you have sufficient water for drinking, cooking, and sanitary needs? YES - NO
20. Do you have access to a 72 hour evacuation kit? YES - NO
21. Would you be able to carry or transport these kits? YES - NO
22. Have you established an out-of-state contact? YES - NO
23. Do you have a first aid kit in your home and in each car? YES - NO
24. Do you have work gloves and some tools for minor rescue and clean up? YES - NO
25. Do you have emergency cash on hand? (During emergencies banks & ATMs are closed) YES - NO
26. Without electricity and gas do you have a way to heat at least part of your house? YES - NO
27. If you need medications, do you have a month's supply on hand? YES - NO
28. Do you have a plan for toilet facilities if there is an extended water shortage? YES - NO
29. Do you have a supply of food, clothing, and fuel where appropriate:
For 6 months? For a year? YES - NO

For Prepping tips and tools, visit Backdoor Survival at www.backdoorsurvival.com