Emergency Preparedness

Neighborhood Resource Survey

(Pre-Disaster Assessment of Family Skills and Resources)

Last Name: _____ Date Surveyed: _____ 20 __

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Nearest Relative: _____ Relation: _____ Phone: _____ Out of State Phone Contact: _____ Phone: _____

Family Members / People Living At Home	List Special Needs and Health Considerations
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

(Use the back side to list additional people or family members and special needs.)

In the event of a disaster, what skills do members of your household have ? What resources do you have ?

General Skills	**Name of Family Member(s)**
Appliance Repair	
Automotive Repair	
Bus Driver	
Computer Skills	
Day Care Training	
Dietitian	
Foreign Language	
_____	
_____	
Sign Language	
Ham Radio Operator (call sign)	
CB Radio Operator	
Seamstress/Tailor	
School Teacher	
Machinist	

Construction Skills	
Handyman	
General Construction	
Cabinets/ Furniture	
Carpet Layer	
Engineer (type)	
Finish Carpenter	
Framing	
Glazier	
HVAC	
Heavy Equipment Operator	
Landscaping	
Painter	
Locksmith	
Plumber	
Roofing	
Sheetrock	

Medical Skills	**Name of Family Member(s)**
Professional (type)	
CERT/NEST	
Other	

Government/Utilities	**Name of Family Member(s)**
Police	
Firefighter	
Military	
Utilities (type)	

Resources	**Yes**
Active Well	
Portable Water Pump	
Portable Generator	
Portable Heater (fuel type)	
Jack Hammer	
Air Compressor	
Come-A-Long/Winch	
Chain Saw	
Tent(s) - sleep how many	
Lantern(s)	
Back-Hoe/Bulldozer	
Snow Plow	
Pick-Up Truck	
4x4	
Flat Bed Truck	
Camper	
Mobile Home	
ATV	
Medical Supplies	
Cribbing Material/Bars	
Ham Radio	
FSR Radio	

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