

**DISASTER PREPAREDNESS INVENTORY LIST
SYSTEMS, EQUIPMENT AND SUPPLIES**

PREPARED BY:						
FACILITY NAME:						
ADDRESS:				CITY, ZIP, STATE:		
PHONE:		FAX:		E-MAIL:		

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SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
1	Primary communication system for emergency management (portable radios, cell phones with two-way radio capabilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
2	Secondary communication system (back-up)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
3	Facility-wide public address or similar system	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
4	Extra cell phones, batteries and chargers	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
5	Designated facility cell phone with different area code	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
6	Analog telephone directly connected to phone line	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
7	System to forward telephone calls to temporary shelters or alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
8	System to forward mail delivery to alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>	___	_____



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9	Resident identification system and tracking system (wristband system or similar system, including tracking logs)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
10	Vehicles operated by facility have fuel tanks maintained near full levels at all times (no less than half tank at any time)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
11	Emergency water supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
12	Emergency water supply exceeds minimum three-day supply (cite amount available), five- to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
13	Emergency water supply stored in suitable and accessible location	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
14	Emergency water supply consistent with applicable regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
15	Logistics, equipment and containers available to transport water supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
16	Equipment needed to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
17	Empty containers to store and transport boiled water (buckets, jugs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
18	Water purification tablets (halazone)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
19	On-site water and sewage treatment	<input type="checkbox"/>	<input type="checkbox"/>	___	_____



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20	Emergency food supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21	Emergency food supply exceeds the minimum three-day supply (cite amount available). Five- to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22	Emergency food supply stored in a suitable/accessible location	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23	Emergency food supply consistent with regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24	Logistics, equipment and containers available to transport food supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25	Ready-to-eat foods available	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	System in place to rotate food and water to ensure all are used within expiration dates	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	Specific disaster menu on file	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	Disposable food service supplies (plates, utensils, serving containers, plastic bags, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	Plastic ice chests	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
30	Portable chairs and tables for evacuation relocation/staging	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	Non-electric can openers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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32	Wind-up style alarm clocks	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
33	Extra oxygen concentrators	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
34	Extra oxygen tanks (portable)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
35	Portable IV poles for transport	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
36	Suction machines (manual and electric)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
37	Portable commodes	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
38	Containers (like five-gallon buckets/heavy duty garbage bags) for sanitation	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
39	Extra supply of toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
40	Extra supply of incontinence products	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
41	Extra supply of disposable diapers	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
42	Extra sanitation supplies (soap, wipes, bleach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
43	Extra supply of red bags for bio-waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
44	Extra supply of disposable masks and gloves of various sizes	<input type="checkbox"/>	<input type="checkbox"/>	___	_____



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45	Eye washing station/equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
46	De-contamination equipment/showers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
47	Medical/first-aid supplies to sustain operations for at least five days.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
48	Cold packs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
49	Ice packs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
50	Insect repellent	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
51	Supply of body bags	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
52	Writing supplies (pens, pencils, permanent markers, note pads, notebooks for logs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
53	Flashlights and battery-operated lanterns	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
54	Self-illuminating light sticks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
55	Supply of spare (fresh) batteries	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
56	Whistles for alerting purposes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
57	Bull horn or portable public address communication device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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58	Battery-operated AM/FM radios	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
59	Portable/battery-operated television	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
60	Weather alert radios	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
61	Heavy-duty plastic sheeting to block windows, doors, air ducts, etc. during hazardous conditions outside facility	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
62	Rope caulking to seal doors/windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
63	Tarps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
64	Utility knives; box cutters	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
65	Heavy-duty scissors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
66	Tape, various types—duct, masking, transparent, packing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
67	Yellow “Caution” tape	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
68	Standard tool boxes (wrenches, screwdrivers, hammers, pliers, etc.) in various locations throughout the facility	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
69	Various power tools (drill, saws, awl, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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70	Electrical wiring kit (various connectors, caps, terminals, electrical snips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
71	Various types of rope and twine	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
72	Wire for binding	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
73	Specialized digging tools (picks, shovels, axe, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
74	Wet/dry vacuums	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
75	Commercial / heavy duty fans	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
76	Commercial/heavy duty blowers	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
77	Commercial/heavy duty portable de-humidifiers	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
78	Manual siphon pumps	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
80	Empty gasoline safety containers for use with siphon pump	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
81	Portable electric sump pumps	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
82	Extra garden hoses for portable sump pumps	<input type="checkbox"/>	<input type="checkbox"/>	___	_____
83	Heavy duty gasoline powered portable pumps	<input type="checkbox"/>	<input type="checkbox"/>	___	_____



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84	Appropriately sized hoses for portable pumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
85	Squeegees and large brooms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
86	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
87	Hard hats	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
88	Dust/filter-type masks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
89	Eye protection (goggles, safety glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
90	Plywood sheeting for board-up	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
91	Wooden shoring material (2 x 4, 4 x 4, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
92	Nails, screws and fasteners	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
93	Supply of elastic cords (bungee cords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
94	Sandbags	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
95	Gas-powered chain saw for tree removal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
96	Box of heavy-duty chains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
97	Wheelbarrows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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98	Approved heavy-duty extension cords	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
99	Battery-chargers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
100	Power converters (AC/DC)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
101	Approved portable generators (in addition to facility generator)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
102	Extra supply gasoline in approved safety containers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
103	Extra fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
104	Extra sleeping provisions (blankets, pillows, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
105	Portable mattresses and air pumping equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
106	Portable cots	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
107	Matches or butane lighters in water-proof container	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
108	Sewing kit and fabric mending supplies (scissors, tape, twine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
109	Severe Weather/Take Cover Shelters or safe areas are clearly identified with sign/placard (self-illuminating pictograph, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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110	Facility "Go Box" that includes items needed for immediate evacuation (cell phone, charger, cash, credit cards, additional keys to facility, list of contacts, list of employees and other items that would be helpful during evacuation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
111	Ramps, lifts or similar system to board ambulatory residents on buses	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____