

Prepare Now

You must take an active role
in your own safety
during an emergency

Town of Germantown
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“**Prepare Now**” gives information on how to:

- ☺ Build a disaster kit
- ☺ Communicate with loved ones
- ☺ Shelter in place
- ☺ Evacuate (when necessary)

“**Special Needs Registry**” is included to identify, notify and assist people who are at risk during a disaster

Disaster Supply Kit-96 Hours

Food and Nutrition	Personal Comfort
<input type="checkbox"/> Water 1 gallon/person for at least 4 days <input type="checkbox"/> Food 4 day supply of canned and non-perishable food <input type="checkbox"/> Aluminum Foil <input type="checkbox"/> Paper cups, plates, towels, utensils <input type="checkbox"/> Manual can opener	<input type="checkbox"/> Blankets <input type="checkbox"/> Sleeping bag <input type="checkbox"/> Warm Clothing <input type="checkbox"/> Sturdy Shoes
Emergency Equipment	Other Necessities
<input type="checkbox"/> Flashlight/Extra batteries <input type="checkbox"/> Battery Operated radio <input type="checkbox"/> NOAA Weather Radio with tone alert <input type="checkbox"/> Whistle to signal for help	<input type="checkbox"/> Plastic bags <input type="checkbox"/> Waterproof matches <input type="checkbox"/> Knife <input type="checkbox"/> Trash Bags <input type="checkbox"/> Local Maps <input type="checkbox"/> Duct Tape
Personal Supplies	Extras
<input type="checkbox"/> Toothbrush/Toothpaste <input type="checkbox"/> Medications <input type="checkbox"/> Soap <input type="checkbox"/> 1=1 Hand Sanitizer <input type="checkbox"/> Toilet Paper <input type="checkbox"/> Baby Wipes	<input type="checkbox"/> Extra set of keys—(house & car) <input type="checkbox"/> Cash—Credit Cards <input type="checkbox"/> Playing cards, books, puzzles <input type="checkbox"/> Pet food—Pet supplies

First Aid Kit!!!

**Store all supplies in easy to carry container
(e.g. back pack) with ID tag**

Important Information To Keep In Your Disaster Supply Kit

My Name _____ Phone _____

Address _____ Date of Birth _____

Contact Information

Local Contact

Name _____

Phone _____

Primary Contact

Name _____

Phone _____

Medical Information

Doctor _____

Phone _____

Pharmacist _____

Phone _____

Current Medications

Allergies

Medical Equipment/Special Needs Addition Information

Insurance Agent _____ Phone _____

Medicare Card Number _____

Health Insurance Policy _____ Number _____

Other Information

Veterinarian _____ Phone _____

SHELTER IN PLACE

- STAY in the house
- Turn ON the RADIO for information
 - Listen to the radio until you're told all is safe, or you should evacuate.
- FOLLOW INSTRUCTIONS BY AUTHORITIES
- You may be asked to close windows and fire place dampers, and to turn off fans, as well as heating and air-conditioning.
- TELL your family, neighbors, friends, caregiver where you are IN CASE OF TORNADO
- Go to the basement or an interior room with the fewest windows and doors. Protect yourself from flying debris. AVOID all windows!!
- IN CASE OF FIRE. Leave the building right away; wet some large towels and jam them in the crack under the doors if you cannot leave. Stay as low as possible.

EVACUATION PLAN

- In an emergency, TURN ON THE RADIO for information
 - BEFORE an emergency happens:
 - Talk to family, neighbors, friends, and care providers about:
 - WHAT you would do in the event of an evacuation
 - WHERE you will go, and
 - HOW you will get in contact with each other
 - MAKE arrangements for pets
 - Consider your TRANSPORTATION
 - Will you be able to drive? Will you need someone to pick you up? Who? At what meeting place?
 - If that person is unable to reach you, who will provide a backup ride? How will that person be contacted?
 - If you must have assistance for special transportation, who will call you?
 - WEAR appropriate clothing and sturdy shoes.
 - LOCK YOUR HOME
- IF YOU HAVE ENOUGH TIME
- Shut off water, gas, and electricity if advised to—only if you know how!
 - Leave a note to tell others when you left and where you are going.
 - TAKE YOUR “DIASTER SUPPLY KIT”