



Neighborhood Census Form

ADDRESS _____ HOME PHONE _____

Single family detached _____ Multi-plex _____ Swimming Pool / Pond _____

Are you capable of manually opening garage door? _____

RESIDENT NAME AGE CELL PHONE EMAIL CRITICAL NEEDS

PETS _____

SHUTOFF LOCATION OF ELECTRICITY _____

WATER _____

GAS _____

Is there a shutoff wrench at the gas meter? Yes _____ No _____

EMERGENCY CONTACT(S) (Name, phone) _____

OUT OF STATE CONTACT(S) _____

RESOURCES

Equipment

- _____ bicycles/motorbikes
(transportation when roads are damaged)
- _____ boat (type _____)
- _____ chain saw
- _____ food prep equipment
- _____ FRS/GMRS radio (walkie-talkie)
- _____ generator
- _____ ham radio
- _____ medical/first aid supplies/equipment
- _____ on-site water source
- _____ pick-up truck
- _____ pump
- _____ shade structure
- _____ tent & camping equipment
- _____ trailer
- _____ truck (type _____)
- _____ work/construction tools
- _____
- _____
- _____
- _____

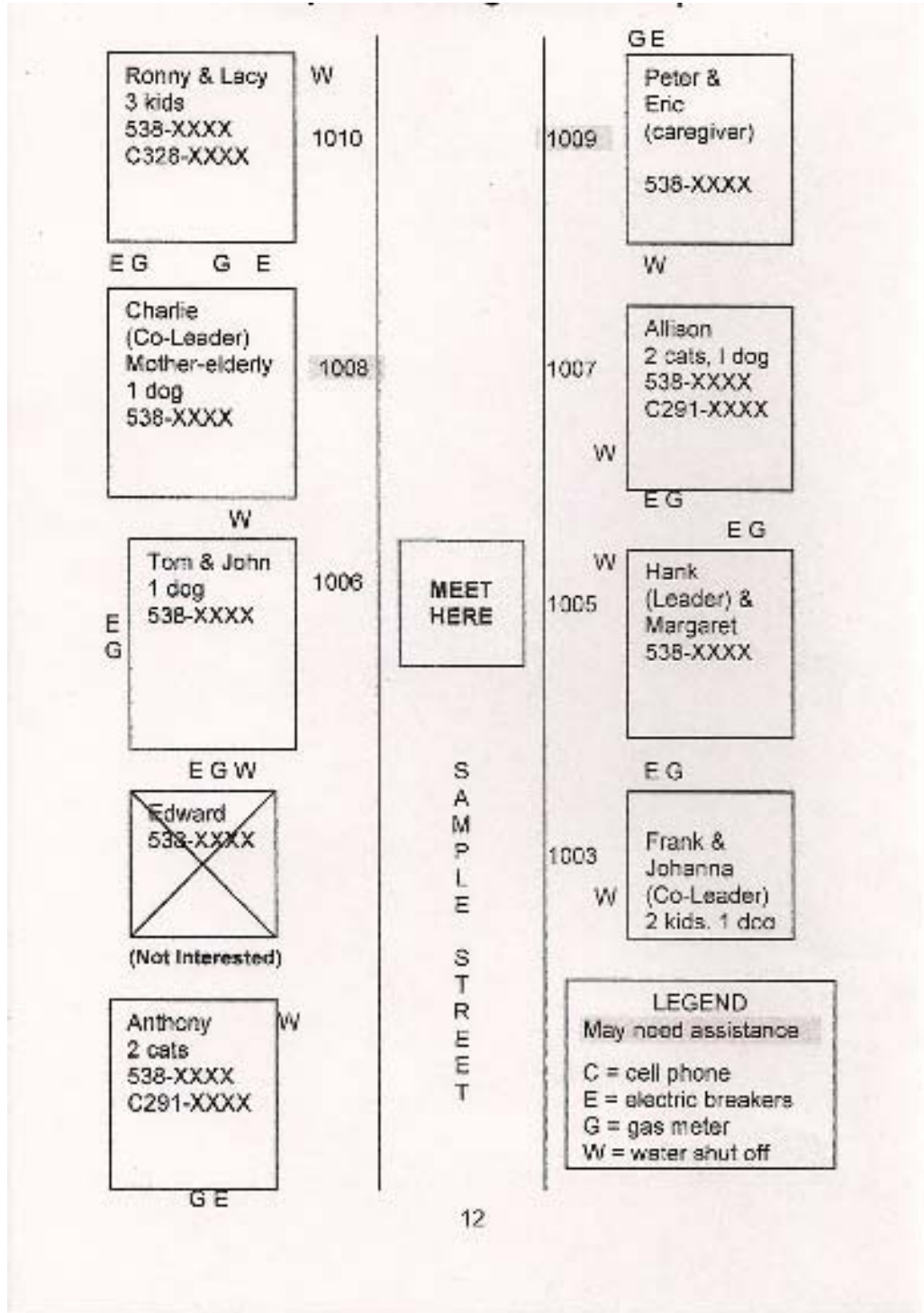
Skills (Please mark with the person's initials)

- _____ nurse
- _____ doctor
- _____ dentist
- _____ other health care provider _____
- _____ psychologist/counselor
- _____ builder/contractor/engineer
- _____ radio operator
- _____ heavy equipment operator
- _____ licensed truck or bus driver
- _____ EMT/paramedic training
- _____ CPR trained
- _____ CERT trained
- _____ other emergency services training
- _____ plumber
- _____ electrician
- _____ locksmith
- _____ carpenter
- _____ roofer
- _____ arborist
- _____
- _____
- _____
- _____

SPECIFIC FIRE DANGERS (Wood shingle roof, flammable vegetation, toxic or flammable substances stored in home or garage, other.)

OTHER IMPORTANT INFORMATION ABOUT YOUR HOUSEHOLD

Here is a sample neighborhood map. We can provide you with blanks for your neighborhood, and you can enter the information you get from the Neighborhood Census Form.





You are invited to a neighborhood meeting about Emergency Preparedness

Date & Time: _____

Place: _____

We, your neighbors, have taken the Community Emergency Response Team training, and are eager to share information with you and begin work on a Neighborhood Emergency Plan.

As you may know, citizens are advised that they may be on their own for up to 72 hours following a major earthquake or other disaster. The more prepared each of us are, the better off we will be. And the more we know about our neighbors' needs and resources, the better we will be able to help each other.

Please come and find out more.

Please RSVP and/or contact us with questions at:

Joe CERT joeCERT@cert.com 555-1212

Jane CERT janeCERT@cert.com 555-2323

We look forward to seeing you!



Sample Neighborhood Emergency Plan

Central Meeting Place _____

Local Liaison to Emergency Services (Ham radio and/or phone) _____

Backup Liaison _____

Other radio operators (Ham and FRS)

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical/Emergency Services

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERT trained neighbors

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drivers/vehicles for transporting victims to hospital

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Sample Neighborhood Emergency Plan (continued)

Other taskholders _____

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other taskholders _____

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other taskholders _____

Name	Address	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other planning items

(Suggestions: Childcare, food procurement & prep, water procurement & purification, fire suppression, medical triage, building inspection, pet care, etc.)