

## Checklist: Extreme Weather & Power Outages

### Getting Started

A well prepared home is a happy home. Use this list to gather the right supplies and make sure the supplies you already have are functional and easy to find.

Here's what we cover in this checklist:

- Water & Non-Perishable Foods
- Prescription & OTC Medication
- First Aid & Hygiene
- Flashlights, Power Sources & Staying Warm
- Quick Fixes & Safety Gear
- Ways To Stay Occupied

### Remember

[Create an Everplan](#) to easily and securely update and share this vital Advance Directive info with the people you love and trust.



### PRESCRIPTION MEDICATION

Medication Name: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Doctor or Pharmacy: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Doctor or Pharmacy: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Doctor or Pharmacy: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Doctor or Pharmacy: \_\_\_\_\_

Other: \_\_\_\_\_

### FIRST AID & OVER-THE-COUNTER MEDICATION

First Aid Kit

Allergy meds                      Types: \_\_\_\_\_

Cold, flu, and sinus meds                      Types: \_\_\_\_\_

Digestion, stomach meds                      Types: \_\_\_\_\_

Pain relief meds                      Types: \_\_\_\_\_

Other: \_\_\_\_\_

### HYGIENE

Hand sanitizer                       Baby wipes

Fill bathtub with water (**Tip:** Use to flush toilet, general cleaning.)

Other: \_\_\_\_\_

## FLASHLIGHTS & LIGHT SOURCES

- |  |  |
|--|--|
| <input type="checkbox"/> Large handheld    | <input type="checkbox"/> Medium-sized handheld |
| <input type="checkbox"/> Penlight          | <input type="checkbox"/> Headlamp              |
| <input type="checkbox"/> Lanterns          | <input type="checkbox"/> Hand crank flashlight |
| <input type="checkbox"/> Matches           | <input type="checkbox"/> Lighter               |
| <input type="checkbox"/> Unscented candles |  |

Other: \_\_\_\_\_

## BATTERIES

(**Tip:** Include how many. Example: "4 packs of 20" or a specific tally of that type of battery.)

- |                                 |                 |                                   |                 |
|---------------------------------|-----------------|-----------------------------------|-----------------|
| <input type="checkbox"/> AAA    | Quantity: _____ | <input type="checkbox"/> AA       | Quantity: _____ |
| <input type="checkbox"/> C      | Quantity: _____ | <input type="checkbox"/> D        | Quantity: _____ |
| <input type="checkbox"/> 9-Volt | Quantity: _____ | <input type="checkbox"/> Chargers | Quantity: _____ |

Other: \_\_\_\_\_

## STAYING WARM

- |  |  |
|--|--|
| <input type="checkbox"/> Sleeping bags     | <input type="checkbox"/> Blankets      |
| <input type="checkbox"/> Hand/feet warmers | <input type="checkbox"/> Gas generator |

Other: \_\_\_\_\_

## QUICK FIXES & SAFETY GEAR

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Duct tape    | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Utility tool | <input type="checkbox"/> Ergo shovel |

Other: \_\_\_\_\_

