

ORANGE COUNTY SHERIFF'S OFFICE

CRIME PREVENTION UNIT

HOUSEHOLD EMERGENCY PLAN TEMPLATE



TEMPLATE AVAILABLE ON-LINE AT: WWW.OCSO.COM

HOUSEHOLD NAME: _____
ADDRESS: _____ _____
PHONE: _____

DATE PLAN WAS ESTABLISHED:	
DATE PLAN WAS UPDATED:	NEXT SCHEDULED PLAN UPDATE:

YOUR HOUSEHOLD EMERGENCY PLAN

If you have any questions regarding this document, please email ocsocrimprevention@ocfl.net or call the Orange County Crime Prevention Unit at (407) 254-7384

KEEP THIS PLAN UPDATED WITH CURRENT INFORMATION!

Orange County Resources:

Emergency Police/Fire/Medical – 911
Orange County Resources (Animal Services/Code Enforcement etc.) – 311 or 311 app
OCSO Non-emergency – 407-836-HELP (4357)
OCSO Crime Prevention Unit- <https://www.ocso.com/Crime-Information/Crime-Prevention>
OCSO Disaster Preparation - <https://www.ocso.com/Public-Interest/Disaster-Preparation>
Orange County Hurricane Information
<https://www.orangecountyfl.net/EmergencySafety/HurricaneSafetyGuide.aspx>
OCSO E-brochures - <https://www.ocso.com/Public-Interest/E-Brochures>

Other important resources:

FEMA Hurricane Information - <https://www.fema.gov/emergency-managers/risk-management/hurricanes>
The American Red Cross – Hurricane Preparedness <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/hurricane.html>
Red Cross Disaster Kit inventory list- <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>
Fire Safety – <https://www.nfpa.org/Public-Education/Staying-safe/Preparedness>

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USE THIS CHECKLIST TO HELP EVALUATE AND MAINTAIN AN EMERGENCY PREPAREDNESS KIT

ITEMS IN MY EMERGENCY PREPAREDNESS KIT	YES	NO	DATE REPLACED/ REFRESHED	PERSON RESPONSIBLE
WATER				
FOOD				
FIRST AID KIT/MASK				
MEDICATIONS & SPECIAL ITEMS				
TOOLS & EMERGENCY SUPPLIES				
SANITATION ARTICLES				
CLOTHING & BEDDING				
SPECIAL ITEMS				
PET SUPPLIES				
EMERGENCY CAR KIT				

IN AN EMERGENCY:

- Stay Informed!
- Know who to call / where to find help
- Know what to do if someone is hurt or sick

For more information about making a disaster kit.

Go to: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>

HOUSEHOLD MEMBER INFORMATION

LAST UPDATE OF THIS PAGE: _____

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME & CELL NUMBER	WORK/SCHOOL NUMBER	WORK/SCHOOL ADDRESS	OTHER CONTACT NUMBER
PET NAME/SPECIES/LICENSE #/MICROCHIP #	AGE	VETERINARIAN	VET CONTACT INFORMATION		VET ADDRESS	

***If printing blank packet fill in this page with pencil to make changes

UTILITIES / SERVICE CONTRACT / INSURANCE INFORMATION

LAST UPDATED OF THIS PAGE: _____

PROVIDER INFORMATION	EMERGENCY CONTACT NUMBER	ACCOUNT INFORMATION
Water		
Sewer		
Electric		
Gas		
Telephone		
Cable / Internet		
Home /Renter Insurance (Agency & Agent)		
Auto/ Boat/ Other Insurance (Agency & Agent)		

***Take photos and video of house, cars, boats and etc. For documentation purposes

EMERGENCY CONTACT (RELATIVES /FRIENDS /NEIGHBORS)

LAST UPDATE OF THIS PAGE: _____

NAME	RELATIONSHIP	ADDRESS	HOME /WORK /CELL NUMBERS	EMAIL
Neighbor				
O-T-C				
O-T-C				

Note:

- People listed in this table should be the people you will turn to for assistance in a time of emergency. This includes relatives, neighbors, friends, and **Out-of-Town-Contacts (O-T-C)**!
- Identify at least one neighbors. Agree to check on each other.
- Sometimes sending a text message may work when a phone call does not.
- Consider putting a copy of this page where all household members can easily find it, like on the refrigerator.
- Contact the Orange County Sheriff's Office for Vacation Checks while you are out of town.
- Find out if your community has a Neighborhood Watch program.

- Consider sharing your plan with a trusted family member or friend.**

MEDICAL INFORMATION

LAST UPDATE OF THIS PAGE: _____

HOUSEHOLD MEMBERS				
	Name/Age:	Name/Age:	Name/Age:	Name/Age:
Primary Care Doctor (Name)				
Contact Number				
Preferred Hospital				
<u>MEDICATION</u> <i>Include: Dosage/Frequency, Reason for taking, Location in household, Pharmacy Contact Number, Prescription Number</i>				
<u>MEDICATION</u> <i>Include: Dosage/Frequency, Reason for taking, Location in household, Pharmacy Contact Number, Prescription Number</i>				
<u>MEDICATION</u> <i>Include: Dosage/Frequency, Reason for taking, Location in household, Pharmacy Contact Number, Prescription Number</i>				
<u>MEDICATION</u> <i>Include: Dosage/Frequency, Reason for taking, Location in household, Pharmacy Contact Number, Prescription Number</i>				

Note: It is good practice to keep at least seven days of vital medications and medical supplies on hand.

Consult a doctor and/or a pharmacist about medication storage.

EMERGENCY PROCEDURES:

LAST UPDATE OF THIS PAGE: _____

Emergency procedures (including those needed for evacuation events and the reunification process) **needed to address** when

1) Household members, especially children, are away from the home 2) How to deal with **pets**, and 3) Household members with **disabilities**.

Also discuss how to reunite if a disaster strikes while household members are away from the home. Make plans where household members should go and whom they should contact when the home is not habitable, not safe or if they cannot return to the home. Refer to your Relatives /Friends /Neighbors list.

Be familiar with local evacuation routes and shelters. Pre-plan with shelters if you have special needs or need to accommodate pets.

<u>If we cannot enter the household:</u>	
<u>If we cannot return to the household:</u>	
<u>If we are not together:</u>	
<u>Household members with disabilities:</u>	
<u>Pets:</u>	

HOME LAYOUT /DIAGRAM

Last Update of this page: _____



DRAW A LAYOUT OF YOUR HOME. MAKE SURE YOU INCLUDE:

- Locations of utility shutoffs
- Label points of entry/exit/household emergency meeting /reunification points
- Safety equipment (fire extinguishers, disaster supplies, etc.)

BASIC HOME SECURITY

Last Update of this page: _____

SECURITY FEATURES	DATE CHECKED	NEED REPAIR (Y/N)	COMPLETED	FAMILY MEMBER ASSIGNED
WINDOWS				
GARAGE DOOR				
SLIDING GLASS DOOR				
HOUSE NUMBERS				
ALARM SYSTEM				
LIGHTS				
TREES/SHRUBS				
FENCES/GATES				

Windows – Check that windows open and close properly and that locks are functioning and being utilized.

Garage door – Check that door opens and closes properly and that locks are functioning and being utilized.

Sliding glass door – Check that there is no debris in the door track. Check that door opens and closes properly and that locks are functioning and being utilized. Consider adding a secondary locking mechanism, such as a J-hook or Charlie-bar.

House numbers- Check that house numbers are visible from the roadway and at night.

Alarm system- If you have an alarm system; ensure that the alarm company has your correct information on file. Ensure that all household members know their passcodes and passwords, and how to use the alarm keypad.

Lights- Check that no light bulbs have burned out.

Fences – Check that there are no breaks or defects in the fence. Ensure that gates function and locks work.

Shrubs/trees- Trim overgrown shrubs and trees. Consider having trees trimmed prior to hurricane season.

For a complete home security assessment as well as a review of your household's emergency plan, please email the Orange County Sheriff's Office, Crime Prevention Unit at ocsocrimepreventionunit@ocfl.net or call 407-254-7384 to schedule an appointment.

HOUSEHOLD INVENTORY FORM

Last Update of this page: _____

In case of fire or theft, would you be able to list ALL items you own of value, such as electronic equipment, jewelry or kitchen appliances? By completing the below Household Inventory, you will have a permanent record of your home's contents and their value readily available. Make sure to include photographs of valuable theft prone items. Also, take photos of each room and the contents of cabinets and closets so that you can quickly determine what is missing or destroyed when a crime or disaster strikes.

Name:			
Address:	Date Inventory Taken:		
Insurance Company:	Policy Number:		

QUANTITY	ITEM/DESCRIPTION	YEAR PURCHASED	SERIAL NUMBER	COST

MAKE TWO COPIES OF THIS FORM. STORE ONE IN A SAFE PLACE IN YOUR HOME AND GIVE THE OTHER TO A TRUSTED FAMILY MEMBER OR FRIEND FOR SAFEKEEPING.

Include this form or something similar on its own page, after the security page. For additional [Household Inventory form](#) go to:
<https://www.ocso.com/Portals/0/HIF.pdf>