

# **PERSONAL DISASTER PREPAREDNESS GUIDE**



**BARNEGAT TOWNSHIP MUNICIPAL SERVICES**

# PERSONAL DISASTER PREPAREDNESS GUIDE

More often than not, disasters occur with little or no warning. Don't get caught unprepared. Your Personal Disaster Preparedness Guide (PDPG) will allow you to advise family members of your recovery process and to reassure them if you are not affected by an event in your city. The ability to contact family members and locate injured relatives is the first step to recovery. All family members (over 16) should complete and keep their own PDPG. Keep one copy safe at home and one at the workplace.

## BASIC INFORMATION / VITAL STATISTICS

The Basic Information/Vital Statistics portion of the PDPG requires you to gather basic information about your family and how to reach local first-responders. This information will also be useful for an individual emergency such as sudden illness or a house fire. It is a great reference for babysitters, house or pet sitters and neighbors. Attach additional sheets as necessary for family members who live in your home.

### Family Members

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Always make sure your pets are wearing updated tags. Keep your information up to date at the veterinarian's office. Pets are **never** allowed at emergency shelters. Make a plan for your pets in case you must evacuate.

Pet name, species, color, weight: \_\_\_\_\_

Pet name, species, color, weight: \_\_\_\_\_

Pet name, species, color, weight: \_\_\_\_\_

Pet name, species, color, weight: \_\_\_\_\_

List any pet medical issues, medications: \_\_\_\_\_

Regular veterinarian phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency veterinarian phone: \_\_\_\_\_

Address: \_\_\_\_\_

Local animal shelter phone and location:

Ocean County Animal Shelter  
321 Haywood Road  
Manahawkin, NJ 08050  
609-978-0127

Popcorn Park Zoo  
1 Humane Way  
Forked River, NJ 08731  
609-693-1900

**Your Employment Information:**

Company Firm: \_\_\_\_\_

Street: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your direct phone line at work: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Supervisor's phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Spouse/Partner Employment Information:**

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

Company Firm \_\_\_\_\_

Street: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct phone line at work \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Supervisor's phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Other Family Member's Employment Information:**

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

Company Firm \_\_\_\_\_

Street: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct phone line at work \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Supervisor's phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

## National Emergency Assistance Numbers:

### The American Red Cross (ARC)

Local American Red Cross: American Red Cross  
175 Sunset Avenue  
Toms River, NJ 08755  
732-349-2131  
866-438-4636  
[www.redcross.org](http://www.redcross.org)

### Federal Emergency Management Agency (FEMA) [www.fema.org](http://www.fema.org)

FEMA will provide emergency assistance when there is a major disaster in your area.

**Regional FEMA Office:  
Region II** New Jersey Office of Emergency Management  
Emergency Management Bureau  
P.O. Box 7068  
West Trenton, NJ 08628-0068  
609-538-6050 Monday thru Friday  
609-584-5000  
[www.ready.nj.gov](http://www.ready.nj.gov)

**Ocean County Office:** Ocean County Offices Institutions Emergency Management  
732-341-3451  
[www.co.ocean.nj.us](http://www.co.ocean.nj.us)

**Local Emergency Management:** Barnegat Township  
Office of Emergency Management  
609-660-1169  
[www.barnegat.net](http://www.barnegat.net)

Local emergency phone numbers can usually be found in the front or back of your local phone book.

**Local police or law enforcement:** Barnegat Township Police Department  
900 West Bay Avenue  
Barnegat, NJ 08005  
609-698-5000 (non-emergency)  
911 (emergency)

Your local law enforcement may use their non-emergency number for evacuation information and other purposes. **Never call an emergency number when you are not experiencing an emergency.**

**Local Fire Department Phone Number:** 609-698-5000 (non-emergency)  
911 (emergency)

**Local Medical Facility:** Southern Ocean County Hospital  
1140 Route 72 West  
Manahawkin, NJ 08050  
609-978-8900  
609-597-6011  
[www.soch.com](http://www.soch.com)

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family hospital or Family Doctor's resident hospital: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Room: \_\_\_\_\_

Address and directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician's resident hospital: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Room: \_\_\_\_\_

Address and directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist's Type of Practice: \_\_\_\_\_

Specialist's resident hospital: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Room: \_\_\_\_\_

Address and directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is important to keep your child's or elderly relative's pick-up information up to date. Schools, daycare and eldercare facilities will only release the loved one to someone listed on their approved list. Not only is it important to have a current approved person listed, it is vital to remove outdated contact information.

Attach any further important documentation you need for this section.

**School, daycare/eldercare contact information:**

Name of child/relative: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact person at facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other important information: \_\_\_\_\_

Name of child/relative: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact person at facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other important information: \_\_\_\_\_

Name of child/relative: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact person at facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Approved pick-up individual: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other important information: \_\_\_\_\_



# PLAN OF ACTION

The Plan of Action portion of your PDPG allows you to customize this form for your location. Both sections ask you to identify specific disasters common in your area. Part I below should be completed for your workplace and Part II should be completed for your home. It will allow you to survive and return to your family in the shortest possible time,

## Part I - Workplace

Identify three emergencies you want to prepare for by placing an A, B and C next to the event. This will allow you to focus on the effects and your actions for disasters most likely to occur in your city.

Fire: \_\_\_\_\_

Terrorism: \_\_\_\_\_

Flood: \_\_\_\_\_

Massive Power Outage: \_\_\_\_\_

Earthquake: \_\_\_\_\_

Hurricane: \_\_\_\_\_

Tornado \_\_\_\_\_

Mud Slide: \_\_\_\_\_

## Required Actions:

1. Complete an Emergency Financial First Aid Kit (EFFAK). Keep one copy safe at home, one at the workplace, one in your safe deposit box and mail one in a sealed envelope to a trusted relative.
2. Speak with the emergency/disaster representative at your workplace. Often, emergency information will be posted in lunch rooms, break rooms or other such areas. If an emergency/disaster representative is not indicated, ask your supervisor or manager who is responsible for emergency coordination, verify the following information:
  - a. Who will provide you instructions when an emergency occurs?  
Name: \_\_\_\_\_ Number/extension \_\_\_\_\_
  - b. What are the evacuation procedures and exit options?
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
  - c. Identify designated assembly locations for evacuated individuals in case you are separated from your associates.
    1. \_\_\_\_\_
    2. \_\_\_\_\_

3. If you are not allowed to return to your work area:
- a. How will you get home? \_\_\_\_\_
  - b. Will your car be available? If you park in or near your building consider options.
  - c. What public transportation can you take to get home? List the options including where you will board and get off:
    - 1. \_\_\_\_\_
    - 2. \_\_\_\_\_

4. If you are required to remain in the area or a shelter for 24 hours, whom will you notify? Remember, phone availability may be limited. Therefore, ask one contact person to inform other family members (one person should be out of state). List names, phone numbers and e-mail addresses:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Make arrangements for the pickup and care of young children and elderly family members. Most schools require preauthorization to release children. Be sure to complete the school/daycare/elder care section of this PDPG. Give the contact person that information.

Once you have completed this Personal Disaster Preparedness Guide, store it in an easily accessible place at your work location. We also recommend that employers maintain a computer disk with the name, home and cell phone numbers of each employee. Two individuals in the Personnel Department should be designated to retrieve the disk before evacuations. Each department manager should maintain a printed listing for their department for use during non-business hours.

## Part II - Home

Identify three emergencies you want to prepare for by placing an A, B or C next to the event listed below. Which are most likely to occur in your community?

Fire: \_\_\_\_\_

Terrorism: \_\_\_\_\_

Flood: \_\_\_\_\_

Massive Power Outage: \_\_\_\_\_

Earthquake: \_\_\_\_\_

Hurricane: \_\_\_\_\_

Tornado: \_\_\_\_\_

Mud Slide: \_\_\_\_\_

### Required Actions:

1. List individuals to be contacted before and after evacuation (one person should be out of state).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. List evacuation route options.

Route One: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Route Two: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Establish two evacuation locations where your family will meet if you are not directed to a location by local authorities.

a. \_\_\_\_\_

b. \_\_\_\_\_

## WHEN THERE IS AN EMERGENCY

1. Retrieve your completed Emergency Financial First Aid Kit and your Personal Disaster Preparedness Guide.
2. Turn your TV and radio on to receive emergency instructions from local authorities. Have a battery-operated radio available and identify a designated emergency alert radio station and TV channel to be used.

WYRS FM 90.7	WJRZ FM 100.0	WOBM FM 92.7	WWZY FM 107.1
WOBM AM 1160	WJLK RM 94.3	WCHR FM 95.9	
WIXM FM 97.3	WRAT FM 95.9	WAYV FM 95.1	
WKXW FM 101.5	N.J. FM 97.3	WBHX FM 99.7	

3. Use your TV or radio to receive information. In certain emergencies, such as floods or tornadoes, track updates to gauge the level of danger to you and your family. Respond accordingly. The power may be out, so it is imperative to keep a portable AM/FM radio on hand with a fresh battery supply. You might also want to consider keeping an AC adapter that can be plugged into a car lighter to power your radio, cell phone or similar small apparatus.
4. Should I stay, or should I go? It is sometimes safer to stay put; other times you will need to leave. As mentioned above, track updates on your TV or radio to best gauge the situation. Use common sense. If you have to leave, refer to the evacuation options you have listed above and try and communicate your departure and estimated time of arrival to your family members and out-of-state contact. Call everyone once you have arrived.
  - a. Always keep your vehicle at least half fueled in the event you need to immediately leave: you may not find an operating gas station for a long time.
  - b. Always travel with an emergency supply kit. If possible, keep a kit permanently in your vehicle.
  - c. Bring your pets, but realize that only "service animals" may be permitted in public shelters. Therefore, inquire in advance how and where you can leave your pets; store a small emergency pet food ration as a precaution.
  - d. Time permitting, move any furniture or outdoor valuables into your home and lock all the windows and doors. Leave a note on the door stating your destination and contact information. Check to see if any neighbors may need a ride.

5. Utilities: Familiarize yourself and your family in advance with your utilities. Know where the gas, electric and water shutoff valves are located and, if necessary, ask a professional how to turn them off. NOTE: Once you have turned off the gas, DO NOT ATTEMPT TO TURN THE GAS BACK ON YOURSELF -A professional must do this for you. Keep a wrench or custom tool near the gas and water shutoff valves at all times for quick and easy access.

**Do not turn off the gas unless you are instructed to by local authorities or you smell the odor of gas.**

6. If you are advised to remain in your home for safety, chemical or other hazards, take the following precautions:
  - a. Close and secure all exterior doors and windows.
  - b. When chemical or airborne hazards are involved turn off air conditioning and heating systems and close all external vents including fireplace dampers.
  - c. Gather emergency items including your Emergency Financial First Aid Kit, Personal Disaster Preparedness Guide, emergency food & water, medical first aid kit, flashlight, cell phone and a battery-operated radio.
  - d. Turn on your TV or radio on and listen for further instruction and advisories.
  - e. Keep your phone line free by avoiding unnecessary calls.

Maintain this Personal Disaster Preparedness Guide with your Emergency Financial First Aid Kit (EFFAK). Obtain a Disaster Preparedness Check List from a local authority and follow the recommended actions.

**REMEMBER: COMMUNICATION & PREPARATION ARE KEY!**

Involve your family members in creating your home preparedness guide and inform every one of the planned actions. Review and update your plan every six months.

# PERSONAL ASSET LISTING

## I. Real Estate:

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

## II. Auto/Truck/RV/Boat

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

## III. Jewelry

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

#### **IV. Art & Antiques**

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

#### **V. Photo Equipment**

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

#### **VI. Video Equipment**

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

## VII. Home Computers/Peripheral Devices

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

## VIII. Unique Furniture

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

## IX. Leather/Furs

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured: yes \_\_\_\_\_ no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_



## **X. Collections**

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured:   yes \_\_\_\_\_                      no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

## **XI. Musical Instruments**

1. Date purchased: \_\_\_\_\_

2. Cost: \_\_\_\_\_

3. Estimated current value: \_\_\_\_\_

4. Appraisal information: \_\_\_\_\_

5. Insured:   yes \_\_\_\_\_                      no \_\_\_\_\_

6. Additional value added: \_\_\_\_\_

\_\_\_\_\_

**Review your homeowners or renter's and other insurance policies.  
Do they cover the replacement cost of the assets listed in this section?**

# FINANCIAL LITERACY AND DISASTER RECOVERY BUDGET

CATEGORY	Monthly Pre-Disaster Budget	Monthly Current Budget	Monthly Recovery Budget
<b>EXPENSES:</b>			
Personal Savings			
Mortgage or Rent			
Utilities: Gas/Water/Electric/Trash			
Cable TV/Internet Service			
Telephone			
Home Repairs/Maintenance			
Car Payments			
Gasoline			
Auto Repairs/Maintenance/Fees			
Other Transportation (tolls, bus, subway, etc.)			
Child Care			
Auto Insurance			
Homeowners/Renters Insurance			
Computer Expense			
Credit Cards and Revolving Accounts			
Entertainment/Recreation			
Groceries & Foods			
Toiletries, Household Products			
Clothing			
Eating Out			
Gift's/Donations			
Healthcare (medical/dental/vision, inc. insurance)			
Hobbies			
Interest Expense (credit cards, fees)			
Magazines/Newspapers			
Additional Federal & State Income Taxes			
Personal Property Tax			
Personal Loans			
Pets			
Disaster Expense			
Disaster Expense			
SBA Loans			
Miscellaneous Expense			
Miscellaneous Expense			
<b>TOTAL EXPENSES</b>			

# FINANCIAL LITERACY AND DISASTER RECOVERY BUDGET

<b>CATEGORY</b>	<b>Monthly Pre-Disaster Budget</b>	<b>Monthly Current Budget</b>	<b>Monthly Recovery Budget</b>
<b>INCOME:</b>			
Wages/Salary (take-home amount)			
Bonuses			
Interest Income			
Sale of Assets			
Dividend Income			
Miscellaneous Income			
Grants			
Grants			
Loans			
Loans			
<b>TOTAL FUNDS AVAILABLE</b>			
<b>CASH AVAILABLE (FUNDS AVAILABLE LESS EXPENSES)</b>			