Personal Preparedness Discussion

Instructions: Take a “real time” inventory of your personal preparedness supplies and answer the questions below. Include information regarding the other members of your household when completing the meal plan.

Scenario: Severe wind has caused power outages throughout Seattle and King County. You head home from work on Tuesday and find that the power is out in your home and the surrounding area. Nearby grocery stores and restaurants are closed. When you wake up on Wednesday, there is snow and ice on the roads and KC Metro is running limited routes. Your supervisor has allowed you to work remotely. You are not sure when the power will be back on and the weather forecast predicts more inclement conditions.

1. How much potable water do you have stored in your home? ___________ gallons

Note: for the following questions, assume that you have running water, unless your home has an electric pump.

2. What cooking device do you have to prepare hot water and food? ____________________________

3. Based on the food that your currently have in your home, fill in the following meal plan. Keep in mind that a fully loaded refrigerator may keep food fresh for about 6 hours and a freezer might keep food frozen for up to 2 days.
   a. Tuesday Dinner: _____________________________________________________________
   b. Wednesday Breakfast: _______________________________________________________
   c. Wednesday Lunch: __________________________________________________________
   d. Wednesday Dinner: _________________________________________________________
   e. Thursday Breakfast: _________________________________________________________
   f. Thursday Lunch: _____________________________________________________________
   g. Thursday Dinner: ___________________________________________________________
   h. Friday Breakfast: ____________________________________________________________
   i. Friday Lunch: ______________________________________________________________

4. How will you stay warm? ____________________________________________________________

5. Are your prescriptions and first aid supplies up to date? ________________________________

6. How will you charge your cell phone and computer? _________________________________

7. Where is your flashlight/headlamp stored? ___________________________________________
   a. Does it work? ______________
   b. Do you have backup batteries and where are they stored? ___________________________

Action Items: _______________________________________________________________________
___________________________________________________________________________________