



My Emergency Supplies

Item Needed	Date and amount
<input type="checkbox"/> Water	_____
<input type="checkbox"/> Food	_____
<input type="checkbox"/> Battery-powered radio and/or a NOAA Weather Radio with tone alert, and extra batteries	_____
<input type="checkbox"/> Flashlight and extra batteries	_____
<input type="checkbox"/> First Aid kit	_____
<input type="checkbox"/> Whistle	_____
<input type="checkbox"/> Dust mask	_____
<input type="checkbox"/> Moist towelettes	_____
<input type="checkbox"/> Wrench or pliers	_____
<input type="checkbox"/> Can opener	_____
<input type="checkbox"/> Toilet paper	_____
<input type="checkbox"/> Tissues or paper Towels	_____
<input type="checkbox"/> Plastic sheeting and duct tape	_____
<input type="checkbox"/> Garbage bags And plastic ties	_____