

OCCUPANT EMERGENCY PREPAREDNESS SURVEY WORKSHEET

CONFIDENTIAL USE ONLY!! (Provide only information with which you are comfortable)

(Use Pencil for easy Update)

AREA: LAYTON 11TH

MAP NEIGHBORHOOD ID:

NEIGHBORHOOD NAME: _____

ADDRESS:

HOME PHONE:

FAMILY NAME:

Last Update: _____

OCCUPANTS:

Full Name	Sex	Birth Yr	School/Work Name	Address	Phone	Cell Phone	Special Needs

Closest Relative and address not living with you: _____

NOTES OF SPECIAL NEEDS OR CIRCUMSTANCES: _____
 (Use back of form for more information)

INDIVIDUAL(S) ASSIGNED TO ASSIST: _____

PLEASE MARK resources you would share, if needed, in event of an emergency/disaster situation, without compensation.

EQUIPMENT/TOOLS

- ___ Hoist (Come-a-long)
- ___ Hi Lift Jack(s)
- ___ Hydraulic Jack(s)
- ___ Pry Bar(s) Heavyduty
- ___ Axe
- ___ Sledge Hammer
- ___ Chain Saw
- ___ Snow Blower
- ___ Pick
- ___ Radio - Ham ___ CB ___
- ___ Walkie Talkies
- ___ Other _____

POWER EQUIPMENT

- ___ KW Output _____
- ___ Arc Welder
- ___ Acetylene/Torch/Welder/Tanks
- ___ Lighting Equipment
- ___ Air Compressor
- ___ Pickup Truck
- ___ Other - Specify _____

Medical Skills

- ___ Doctor - Specialty _____
- ___ Paramedic/EMT
- ___ Nurse - RN ___ LPN ___ Asst ___
- ___ First Aid - Beg. ___ Adv. ___
- ___ CPR Certified
- ___ Fireman
- ___ Law Enforcement _____
- ___ Search and Rescue

Skills

- ___ Handiman
- ___ Carpenter
- ___ Construction
- ___ Electrician
- ___ Engineer - Type _____
- ___ Other - Specify _____

Can You Operate

- ___ Front End Loader
- ___ Backhoe
- ___ Dump Truck
- ___ Class "C" Driver's License
- ___ Other - Specify _____

TIME

___ **Can we count on you!**

___ **Other** _____

Permission to include above information in a confidential listing, to be distributed among Neighborhood, and Community Emergency Preparedness and Response Personnel ONLY! Yes No (Circle one) BY _____