



EMERGENCY CONTACT & INVENTORY

Fill this out once, print a copy for the fridge and your go-binder, and update it when numbers, meds, or neighbors change.

Key Contacts - Household Snapshot

Household name:

Address:

Main contact (name & phone):

Backup contact (name & phone):

Emergency Numbers

| Contact | Phone | Notes |
|------------------------------|-------|-------|
| 911 / Emergency | | |
| Local non-emergency police | | |
| Local fire department | | |
| Poison control | | |
| Local hospital / urgent care | | |



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| Utilities & Services | | |
|------------------------------------|-----------------------|------------------|
| Service / Company | Phone | Account # |
| Electric / Utility | Outage line | |
| | | |
| Water / Utility or provider | Phone | |
| | | |
| Internet / Provider | Phone | |
| | | |
| Gas / Provider | Emergency line | |
| | | |
| Trash / Provider / Phone / | Phone | |
| | | |



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| Work & School | | |
|---------------------------|--------------|--------------|
| Person / Place | Phone | Notes |
| Adult 1 – Employer | | |
| | | |
| Adult 2 – Employer | | |
| | | |
| Child 1 – School | | |
| | | |
| Child 2 – School | | |
| | | |
| Child 3 – School | | |
| | | |



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| Medical, Neighbors & Local Help | | |
|--|--------------|---|
| Type / Name | Phone | Notes: Meds to watch (name / person / refill timing) |
| Primary care doctor | | |
| | | |
| Pediatrician | | |
| | | |
| Specialist (if needed) | | |
| | | |
| Pharmacy | | |
| | | |
| Health insurance (company & policy #) | | |
| | | |
| Vet / animal clinic | | |
| | | |



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| Neighbors & Local Backup | | |
|-------------------------------------|--------------|---|
| Name | Phone | How we help each other |
| | | Example notes: “has generator,” “nurse,” “chainsaw & truck,” “can watch pets,” etc. |
| neighbors or nearby friends. | | |
| | | |
| neighbors or nearby friends. | | |
| | | |
| neighbors or nearby friends. | | |
| | | |
| neighbors or nearby friends. | | |
| | | |

Goal: At least two people who would know if something’s wrong at your place—and you’d check on them, too.



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Power & Light

| Item | Where it lives | Checked |
|-----------------------------|----------------|--------------------------|
| Flashlights & headlamps | | <input type="checkbox"/> |
| | | |
| Lantern(s) | | <input type="checkbox"/> |
| | | |
| Spare batteries | | <input type="checkbox"/> |
| | | |
| Battery bank(s) + cords | | <input type="checkbox"/> |
| | | |
| Small inverter or generator | | <input type="checkbox"/> |
| | | |
| Extension cord(s) | | <input type="checkbox"/> |
| | | |



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| Water, Food & Kitchen | | |
|----------------------------------|-----------------------|--------------------------|
| Item | Where it lives | Checked |
| Stored drinking water | | <input type="checkbox"/> |
| | | |
| Water filter / purifier | | <input type="checkbox"/> |
| | | |
| 48-hour food shelf / bin | | <input type="checkbox"/> |
| | | |
| Manual can opener | | <input type="checkbox"/> |
| | | |
| Cooler / ice packs | | <input type="checkbox"/> |
| | | |



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Meds, Docs & Cash

| Item | Where it lives | Checked |
|---------------------------------------|----------------|--------------------------|
| Daily medications (home base spot) | | <input type="checkbox"/> |
| Go-kit meds | | <input type="checkbox"/> |
| 48-hour food shelf / bin | | <input type="checkbox"/> |
| Important documents binder | | <input type="checkbox"/> |
| Fireproof safe / box | | <input type="checkbox"/> |
| Small cash stash | | <input type="checkbox"/> |



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| Tools & Safety | | |
|-------------------------------------|-----------------------|--------------------------|
| Item | Where it lives | Checked |
| Fire extinguisher(s) | | <input type="checkbox"/> |
| | | |
| Gas shutoff tool | | <input type="checkbox"/> |
| | | |
| First-aid kit | | <input type="checkbox"/> |
| | | |
| Masks / gloves (if you want) | | <input type="checkbox"/> |
| | | |

 **Field note: The opposite of scarcity isn't abundance. It's enough on purpose.**