

## Skills and Equipment Checklist

Please complete one per household and give a copy to the Neighborhood Coordinator.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Write the names of those in your household who have the following skills and would help provide the following services in an emergency.

Skill	Name of Person
First Aid	
Search and Rescue	
Fire Suppression	
Amateur Radio Operator	
CB	
Stress Management	
Damage Assessment	
Construction Skills	
Food Preparation	
Child Care	
Other skills to share:	
_____	
_____	
_____	

Check what equipment or resources you would have available to share with your neighbors.

- |   |   |
|---|---|
| <input type="checkbox"/> First Aid Supplies             | <input type="checkbox"/> Ham radio, CB    |
| <input type="checkbox"/> Emergency water supply         | <input type="checkbox"/> Work tools       |
| <input type="checkbox"/> Water pump                     | <input type="checkbox"/> Cellular phone   |
| (for fires: swimming pool, well)                        | <input type="checkbox"/> Generator        |
| <input type="checkbox"/> Spare blankets, bedding, tents | <input type="checkbox"/> Chain saw        |
| <input type="checkbox"/> Charcoal grill, camp stove     | <input type="checkbox"/> Lantern, 12 volt |
| <input type="checkbox"/> 4-wheel drive vehicle          | <input type="checkbox"/> Spotlight        |
| <input type="checkbox"/> Boat                           |   |