

## Sausalito Village Emergency Preparedness Survey

Contact Information	Neighborhood:	Membership Type:	
Names(s): Address: Cell phone: Landline phone:		Mailing Name: Email: Carrier:	
Date of birth:	-amilyCondo or Apar	Carrier: Rely on e tment Multi story with Stairs	•
Emergency Contact Info	ormation Outside		
Name: Address:		Relationship:	
Cell:	Carrier:	Landline:	
In Case of an emergency	, do you have neighbors/c	others that will check in on you?	Y/N
Name:	Ce	II:	
Y/N	o contact these people in a	an emergency if we cannot reac	h you?
Medical Equipment Oxygen Cane	Walker Knee S	Scooter Wheelchair	-
CPAP Other			
Equipment that relies on e	electricity		
Do you have a backup ba	attery for these?		
Pets Y / N			
How many? Dog(s)	Cat(s) Bird(s)	Other	
Do you have crates for ev	/acuation? Y / N		
Do you have an evacuatio	on plan for your pet? Y / I	N	
Do you have Food and m	edications for yourself and	d pet for at least three days? Y /	N

Name:

**Date of Interview:** 





## Sausalito Village Emergency Preparedness Survey

Vulnerable Rating: \_\_\_\_\_

In case of a power outage				
Do you have an emergency supply kit? Y / N				
Flashlights w/ 2 extra sets of batteries				
Emergency battery or crank operated radio with 2 e	extra sets of	f batteries		
Alternate heat source				
\$100 in cash				
Bottled water				
Do you have someone who can assist you in gathering su	upplies to p	repare for an emergency?		
Evacuation planning				
If ordered to evacuate, do you have an evacuation plan	Yes	No		
Do you have a car?	Yes	No		
Do you drive?	Yes	No		
Do you have someone to drive you?	Yes	No		
Do you have an electric garage door opener?	Yes	No		
Do you know how to open your electric garage door manually? YesNo				
How did you fare during the power outages and the pande	emic?			
What did you need that you didn't have?				
How was your support network?				
Have you made any changes?				