



SANTA CRUZ COUNTY MEDICAL RESERVE CORP FAMILY AND PERSONAL EMERGENCY PLAN

This questionnaire is designed to help you prepare your home and family for a disaster. For more information and additional resources, please go to www.ready.gov.

Once you have an emergency plan in place, please return this form to mrc.vc@cruzmed.org or mail to SCCMRC, 1975 Soquel Dr #215, Santa Cruz 95065.

1.	Do you know where your gas shut off valve is? \square Do you how and when to turn it off? \square
2.	Do you know where your electrical panel is? Are the breakers or fuses marked? Do you know how and when to turn it off?
3.	Do you have an emergency plan for your home? \Box
4.	Do you have an emergency kit for the home and one for each car? \Box
5.	Has your family designated an out of state contact? \Box
6.	Could you evacuate your home within 15 minutes, if you had to? \Box
7.	Do you have emergency supplies for your pets? \square
8.	Do you have hard-soled shoes and a flashlight by your bed? \Box
Pri	nted Name Date Signature – Emergency Plan Complete