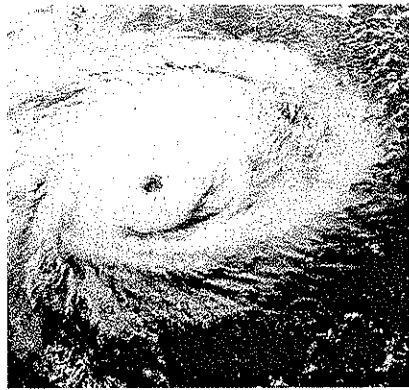
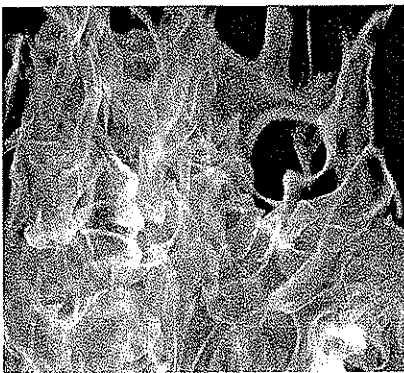


PERSONAL DISASTER

PREPAREDNESS

GUIDE SUPPLEMENT



BARNEGAT TOWNSHIP MUNICIPAL SERVICES

PERSONAL DISASTER PREPAREDNESS GUIDE

More often than not, disasters occur with little or no warning. Don't get caught unprepared. Your Personal Disaster Preparedness Guide (PDPG) will allow you to advise family members of your recovery process and to reassure them if you are not affected by an event in your city. The ability to contact family members and locate injured relatives is the first step to recovery. All family members (over 16) should complete and keep their own PDPG. Keep one copy safe at home and one at the workplace.

BASIC INFORMATION / VITAL STATISTICS

The Basic Information/Vital Statistics portion of the PDPG requires you to gather basic information about your family and how to reach local first-responders. This information will also be useful for an individual emergency such as sudden illness or a house fire. It is a great reference for babysitters, house or pet sitters and neighbors. Attach additional sheets as necessary for family members who live in your home.

Family Members

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Always make sure your pets are wearing updated tags. Keep your information up to date at the veterinarian's office. Pets are **never** allowed at emergency shelters. Make a plan for your pets in case you must evacuate.

Pet name, species, color, weight: _____

Pet name, species, color, weight: _____

Pet name, species, color, weight: _____

Pet name, species, color, weight: _____

List any pet medical issues, medications: _____

Regular veterinarian phone: _____

Address: _____

Emergency veterinarian phone: _____

Address: _____

Local animal shelter phone and location:

Ocean County Animal Shelter
321 Haywood Road
Manahawkin, NJ 08050
609-978-0127

Popcorn Park Zoo
1 Humane Way
Forked River, NJ 08731
609-693-1900

Your Employment Information:

Company Firm: _____

Street: _____ Suite/Apt.: _____

City: _____ State: _____ Zip Code: _____

Your direct phone line at work: _____

Supervisor: _____ Supervisor's email: _____

Supervisor's phone: Work: _____ Cell: _____ Home: _____

Spouse/Partner Employment Information:

Name: _____

Company Firm: _____

Street: _____ Suite/Apt.: _____

City: _____ State: _____ Zip Code: _____

Direct phone line at work: _____

Supervisor: _____ Supervisor's email: _____

Supervisor's phone: Work: _____ Cell: _____ Home: _____

Other Family Member's Employment Information:

Name: _____

Company Firm: _____

Street: _____ Suite/Apt.: _____

City: _____ State: _____ Zip Code: _____

Direct phone line at work: _____

Supervisor: _____ Supervisor's email: _____

Supervisor's phone: Work: _____ Cell: _____ Home: _____

National Emergency Assistance Numbers:

The American Red Cross (ARC)

Local American Red Cross: American Red Cross
175 Sunset Avenue
Toms River, NJ 08755
732-349-2131
866-438-4636
www.redcross.org

Federal Emergency Management Agency (FEMA) www.fema.org

FEMA will provide emergency assistance when there is a major disaster in your area.

Regional FEMA Office: New Jersey Office of Emergency Management
Region II Emergency Management Bureau
P.O. Box 7068
West Trenton, NJ 08628-0068
609-538-6050 Monday thru Friday
609-584-5000
www.ready.nj.gov

Ocean County Office: Ocean County Offices Institutions Emergency Management
732-341-3451
www.co.ocean.nj.us

Local Emergency Management: Barnegat Township
Office of Emergency Management
609-660-1169
www.barnegat.net

Local emergency phone numbers can usually be found in the front or back of your local phone book.

Local police or law enforcement: Barnegat Township Police Department
900 West Bay Avenue
Barnegat, NJ 08005
609-698-5000 (non-emergency)
911 (emergency)

Your local law enforcement may use their non-emergency number for evacuation information and other purposes. **Never call an emergency number when you are not experiencing an emergency.**

Local Fire Department Phone Number: 609-698-5000 (non-emergency)
911 (emergency)

Local Medical Facility: Southern Ocean County Hospital
1140 Route 72 West
Manahawkin, NJ 08050
609-978-8900
609-597-6011
www.soch.com

Family Doctor Name: _____ Phone: _____

Family hospital or Family Doctor's resident hospital: _____

Phone number: _____ Emergency Room: _____

Address and directions: _____

Pediatrician's Name: _____ Phone: _____

Pediatrician's resident hospital: _____

Phone number: _____ Emergency Room: _____

Address and directions: _____

Specialist's Name: _____ Phone: _____

Specialist's Type of Practice: _____

Specialist's resident hospital: _____

Phone number: _____ Emergency Room: _____

Address and directions: _____

It is important to keep your child's or elderly relative's pick-up information up to date. Schools, daycare and eldercare facilities will only release the loved one to someone listed on their approved list. Not only is it important to have a current approved person listed, it is vital to remove outdated contact information.

Attach any further important documentation you need for this section.

School, daycare/eldercare contact information:

Name of child/relative: _____ Birth Date: _____
Name of School/Daycare: _____
Contact person at facility: _____ Phone: _____
Address: _____
Approved pick-up individual: _____ Phone: _____
Approved pick-up individual: _____ Phone: _____
Other important information: _____

Name of child/relative: _____ Birth Date: _____
Name of School/Daycare: _____
Contact person at facility: _____ Phone: _____
Address: _____
Approved pick-up individual: _____ Phone: _____
Approved pick-up individual: _____ Phone: _____
Other important information: _____

Name of child/relative: _____ Birth Date: _____
Name of School/Daycare: _____
Contact person at facility: _____ Phone: _____
Address: _____
Approved pick-up individual: _____ Phone: _____
Approved pick-up individual: _____ Phone: _____
Other important information: _____

PLAN OF ACTION

The Plan of Action portion of your PDPG allows you to customize this form for your location. Both sections ask you to identify specific disasters common in your area. Part I below should be completed for your workplace and Part II should be completed for your home. It will allow you to survive and return to your family in the shortest possible time,

Part I - Workplace

Identify three emergencies you want to prepare for by placing an A, B and C next to the event. This will allow you to focus on the effects and your actions for disasters most likely to occur in your city.

Fire: _____

Terrorism: _____

Flood: _____

Massive Power Outage: _____

Earthquake: _____

Hurricane: _____

Tornado: _____

Mud Slide: _____

Required Actions:

1. Complete an Emergency Financial First Aid Kit (EFFAK). Keep one copy safe at home, one at the workplace, one in your safe deposit box and mail one in a sealed envelope to a trusted relative.
2. Speak with the emergency/disaster representative at your workplace. Often, emergency information will be posted in lunch rooms, break rooms or other such areas. If an emergency/disaster representative is not indicated, ask your supervisor or manager who is responsible for emergency coordination, verify the following information:
 - a. Who will provide you instructions when an emergency occurs?
Name: _____ Number/extension: _____
 - b. What are the evacuation procedures and exit options?
 1. _____
 2. _____
 3. _____
 - c. Identify designated assembly locations for evacuated individuals in case you are separated from your associates.
 1. _____
 2. _____

3. If you are not allowed to return to your work area:
 - a. How will you get home? _____
 - b. Will your car be available? If you park in or near your building consider options.
 - c. What public transportation can you take to get home? List the options including where you will board and get off:
 1. _____
 2. _____

4. If you are required to remain in the area or a shelter for 24 hours, whom will you notify? Remember, phone availability may be limited. Therefore, ask one contact person to inform other family members (one person should be out of state). List names, phone numbers and e-mail addresses:

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

5. Make arrangements for the pickup and care of young children and elderly family members. Most schools require preauthorization to release children. Be sure to complete the school/daycare/elder care section of this PDPG. Give the contact person that information.

Once you have completed this Personal Disaster Preparedness Guide, store it in an easily accessible place at your work location. We also recommend that employers maintain a computer disk with the name, home and cell phone numbers of each employee. Two individuals in the Personnel Department should be designated to retrieve the disk before evacuations. Each department manager should maintain a printed listing for their department for use during non-business hours.

Part II - Home

Identify three emergencies you want to prepare for by placing an A, B or C next to the event listed below. Which are most likely to occur in your community?

Fire: _____

Terrorism: _____

Flood: _____

Massive Power Outage: _____

Earthquake: _____

Hurricane: _____

Tornado: _____

Mud Slide: _____

Required Actions:

1. List individuals to be contacted before and after evacuation (one person should be out of state).

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Name: _____ Email: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

2. List evacuation route options.

Route One: _____

Route Two: _____

3. Establish two evacuation locations where your family will meet if you are not directed to a location by local authorities.

a. _____

b. _____

WHEN THERE IS AN EMERGENCY

1. Retrieve your completed Emergency Financial First Aid Kit and your Personal Disaster Preparedness Guide.
2. Turn your TV and radio on to receive emergency instructions from local authorities. Have a battery-operated radio available and identify a designated emergency alert radio station and TV channel to be used.

WYRS FM 90.7	WJRZ FM 100.0	WOBM FM 92.7	WWZY FM 107.1
WOBM AM 1160	WJLK FM 94.3	WCHR FM 95.9	
WIXM FM 97.3	WRAT FM 95.9	WAYV FM 95.1	
WKXW FM 101.5	N.J. FM 97.3	WBHX FM 99.7	

3. Use your TV or radio to receive information. In certain emergencies, such as floods or tornadoes, track updates to gauge the level of danger to you and your family. Respond accordingly. The power may be out, so it is imperative to keep a portable AM/FM radio on hand with a fresh battery supply. You might also want to consider keeping an AC adapter that can be plugged into a car lighter to power your radio, cell phone or similar small apparatus.
4. Should I stay, or should I go? It is sometimes safer to stay put; other times you will need to leave. As mentioned above, track updates on your TV or radio to best gauge the situation. Use common sense. If you have to leave, refer to the evacuation options you have listed above and try and communicate your departure and estimated time of arrival to your family members and out-of-state contact. Call everyone once you have arrived.
 - a. Always keep your vehicle at least half fueled in the event you need to immediately leave: you may not find an operating gas station for a long time.
 - b. Always travel with an emergency supply kit. If possible, keep a kit permanently in your vehicle.
 - c. Bring your pets, but realize that only "service animals" may be permitted in public shelters. Therefore, inquire in advance how and where you can leave your pets; store a small emergency pet food ration as a precaution.
 - d. Time permitting, move any furniture or outdoor valuables into your home and lock all the windows and doors. Leave a note on the door stating your destination and contact information. Check to see if any neighbors may need a ride.

5. Utilities: Familiarize yourself and your family in advance with your utilities. Know where the gas, electric and water shutoff valves are located and, if necessary, ask a professional how to turn them off. NOTE: Once you have turned off the gas, DO NOT ATTEMPT TO TURN THE GAS BACK ON YOURSELF -A professional must do this for you. Keep a wrench or custom tool near the gas and water shutoff valves at all times for quick and easy access.

Do not turn off the gas unless you are instructed to by local authorities or you smell the odor of gas.

6. If you are advised to remain in your home for safety, chemical or other hazards, take the following precautions:
 - a. Close and secure all exterior doors and windows.
 - b. When chemical or airborne hazards are involved turn off air conditioning and heating systems and close all external vents including fireplace dampers.
 - c. Gather emergency items including your Emergency Financial First Aid Kit, Personal Disaster Preparedness Guide, emergency food & water, medical first aid kit, flashlight, cell phone and a battery-operated radio.
 - d. Turn on your TV or radio on and listen for further instruction and advisories.
 - e. Keep your phone line free by avoiding unnecessary calls.

Maintain this Personal Disaster Preparedness Guide with your Emergency Financial First Aid Kit (EFFAK). Obtain a Disaster Preparedness Check List from a local authority and follow the recommended actions.

REMEMBER: COMMUNICATION & PREPARATION ARE KEY!

Involve your family members in creating your home preparedness guide and inform every one of the planned actions. Review and update your plan every six months.

PERSONAL ASSET LISTING

I. Real Estate:

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

II. Auto/Truck/RV/Boat

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

III. Jewelry

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

IV. Art & Antiques

1. Date purchased: _____
 2. Cost: _____
 3. Estimated current value: _____
 4. Appraisal information: _____
 5. Insured: yes _____ no _____
 6. Additional value added: _____
-

V. Photo Equipment

1. Date purchased: _____
 2. Cost: _____
 3. Estimated current value: _____
 4. Appraisal information: _____
 5. Insured: yes _____ no _____
 6. Additional value added: _____
-

VI. Video Equipment

1. Date purchased: _____
 2. Cost: _____
 3. Estimated current value: _____
 4. Appraisal information: _____
 5. Insured: yes _____ no _____
 6. Additional value added: _____
-

VII. Home Computers/Peripheral Devices

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

VIII. Unique Furniture

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

IX. Leather/Furs

1. Date purchased: _____

2. Cost: _____

3. Estimated current value: _____

4. Appraisal information: _____

5. Insured: yes _____ no _____

6. Additional value added: _____

X. Collections

1. Date purchased: _____
 2. Cost: _____
 3. Estimated current value: _____
 4. Appraisal information: _____
 5. Insured: yes _____ no _____
 6. Additional value added: _____
-

XI. Musical Instruments

1. Date purchased: _____
 2. Cost: _____
 3. Estimated current value: _____
 4. Appraisal information: _____
 5. Insured: yes _____ no _____
 6. Additional value added: _____
-

**Review your homeowners or renter's and other insurance policies.
Do they cover the replacement cost of the assets listed in this section?**

FINANCIAL LITERACY AND DISASTER RECOVERY BUDGET

CATEGORY	Monthly Pre-Disaster Budget	Monthly Current Budget	Monthly Recovery Budget
INCOME:			
Wages/Salary (take-home amount)			
Bonuses			
Interest Income			
Sale of Assets			
Dividend Income			
Miscellaneous Income			
Grants			
Grants			
Loans			
Loans			
TOTAL FUNDS AVAILABLE			
CASH AVAILABLE (FUNDS AVAILABLE LESS EXPENSES)			