TEMPLATE M

Emergency and Power Outage Plan

Details in Chapter 14.2.

Item	Entry
Powered medical equipment (type, supplier, phone)	
Utility medical registration: account #, date registered, renewal date	
Battery backup: device, run time (hours)	
Generator: location outdoors 20+ ft from windows/doors/vents; who runs it; carbon monoxide (CO) alarm inside?	
Oxygen backup cylinders: count, hours	
Refrigerated meds and safe room-temperature time (from pharmacist)	
Nearest cooling center / warming center (address, hours)	
Evacuation destination 1 / 2	
Driver / backup driver	
County special-needs registry: enrolled (date)?	
Smart911 or similar profile (if available)	
Alerts signed up (county, utility, WEA on phone)	
Go-bag location; last checked	
Check-in person (primary / backup) and trigger	
Pets plan	