TEMPLATE F

Emergency and Power Outage Plan

Item	Entry
Powered medical equipment (type, supplier, phone)	
Utility medical registration: account #, date registered, renewal date	
Battery backup: device, run time (from the supplier)	
Oxygen backup tanks: count, hours	
Generator: who runs it; manufacturer's instructions on hand; transfer switch by a licensed electrician?	
Refrigerated medications: what to do in an outage (from the pharmacist)	
Water shutoff location	
Electrical panel location	
Gas meter and shutoff location; the utility's instructions	
Nearest cooling center (address, hours)	
Nearest warming center (address, hours)	
Evacuation destination 1 / 2	
Driver / backup driver	
County registry for residents needing help: enrolled (date)?	
Alerts signed up (county, utility, phone emergency alerts)	
Go-bag location; last checked	
Check-in person (main / backup) and when they check	
Pet plan	