

Emergency Kit Checklist

Make emergency kits for you and your family. It is easier and cheaper than you think to organize your emergency supplies in convenient locations. This is more than just “having a kit”. Be sure to include specific items for you such as infant or pet supplies, medications, clothing, eyeglasses, etc.

This is in addition to what everyone should have, such as weather radio, water, food, and a first aid kit.

Pack supplies in a duffle bag, suitcase or easy to transport storage container. Keep it in a place that is easy to access. **REMEMBER** to check and update your kit every year. Test batteries, check expiration dates, and update important documents.

The checklist lists items you may want to consider keeping in your emergency kit. You can customize it according to what you need and where to keep it: **under the bed** (immediate), **go bag** (evacuation), **home** (2 weeks) and perhaps **at work** or **in your car**. Choose what makes the most sense based on your situation, potential risks and hazards, and budget.

Learn more at NorthTexasPrepares.
<https://NorthTexasPrepares.nctcog.org>



Emergency Kit Checklist

Choose what makes sense for YOU and where to keep it!

Under Bed?	Go-Bag?	Home?	Work?	Car?	Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto repair supplies, spare tire, tire jack, jumper cables, gas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash, small bills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes, including shoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact list, in-state contact & out-of-state contacts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document bag, water resistant, copies of important documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit, tourniquet, stop the bleed supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flares / road hazard lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashlight / head lamp with extra batteries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food items, non-perishable, long shelf life, 3-day supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant supplies (if needed) - formula, diapers, bottles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual can opener
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maps, local and regional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masks, KN95, goggles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications, 7-day supply, copy of prescriptions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pet supplies (if needed) - food, leash, medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone charger, charging cables, battery pack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio, hand cranked or battery powered NOAA weather radio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitation - moist towelettes, hand sanitizer, garbage bags
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toiletries, personal hygiene kit, tissues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tools, shovel, crowbar, knife, multi-tool kit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water, 1 gallon per person, per day, for at least 3 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weather supplies, emergency blanket, hat, gloves, sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whistle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special needs items: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Items: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Items: _____