

## Appendix F

# 5 STEPS TO NEIGHBORHOOD PREPAREDNESS: NEIGHBOR SURVEY



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**Neighborhood Name:** [Redacted]

### Neighborhood Disaster Plan

Are you really prepared?

How prepared we are now, before a disaster, will determine what our lives will be like afterwards.

Fairfax County Office of Emergency Management has developed a neighborhood disaster plan template. Please join your neighbors in writing a plan for your neighborhood. Fill out the attached survey so that neighborhood leaders can know how to best help your community in the event of a disaster.

Please complete the survey by: [Redacted] .  
(Date)

Your neighbor, [Redacted] , will return to collect it.  
(Name)

Information provided will be kept confidential and used solely to develop an emergency plan and to reference in the event of an actual emergency.

## NEIGHBOR SURVEY

**Are you really prepared? How prepared we are now, before a disaster, will determine what our lives will be like afterwards.**

Help us build a Neighborhood Disaster Plan! To complete the plan, we need to know what extra help you might need in a disaster, and what special skills or supplies you have that can help all of us. (All information should be kept confidential by the neighborhood and is only for neighborhood disaster planning.) Please complete one form per household, business, or organization and return it to your neighborhood contact. This information is voluntary.

### 1. What is your name, telephone, e-mail, and address?

Name:

Mobile Telephone:

Home Telephone (optional):

E-mail:

Address:

What is the name and telephone number of one out of area emergency contact?

### 2. Does anyone at your address need translation? If so, what languages?

Spanish

Korean

Mandarin Chinese

Other:

### 3. What animals or pets do you have at this address and how many?

Dogs:  Name(s):

Cats:  Name(s):

Birds:  Name(s):

Other:  Name(s):

Are the animals friendly?  Yes /  No

4. Is there anyone at your address who may need some assistance during an emergency such as persons with young children or persons with limited, reduced ability or inability to see, read, walk, speak, hear, learn, remember, understand, and/or respond quickly?

5. Does anyone at your address have special skills or training (e.g., experience or training with Community Emergency Response Team, Red Cross, military, public safety, medical care, First Aid, electrical, plumbing, telephone lines, gas company, or is multi-lingual)? If so, what kind or type?

6. Do you have equipment or supplies that we can use in a disaster? If so, please describe the type, number available, number of people it can hold, drivers (if applicable), and 24/7 contact information.

**During a disaster you may only have seconds to make big decisions. Do you know exactly where your disaster supplies are? Here are some examples of disaster related supplies and materials:**

## Documents

- Identification: Driver's licenses, birth certificates, passports, social security cards & bank account information, recent photographs of family members
- Insurance, loan documents, wills, trusts, certificates
- A list of family members with contact information (home, cell, work, address).  
Copy important documents to a flash drive and place in a safe location

## Medical

- Medical provider information
- Medications and when you need to take them
- At least a seven-day supply of prescribed medicines and if possible, copies of prescriptions
- If medications require refrigeration or special handling, make special plans (e.g., cold packs, ice cooler, mini refrigerator)

## First Aid Kit

- Bandages, gauze, wipes, rubber gloves
- Rubbing alcohol and hydrogen peroxide

## For Baby/Children

- Formula and bottles
- Diapers
- Medications
- Sanitary supplies
- Familiar toy or book
- Car seat

## Tools

- Battery, solar powered or hand-crank AM/FM radio
- Flashlight with extra batteries
- Wrench for turning off gas

## Supplies

- Cash - at least \$100-200 in small bills per person, as possible
- Soap, toilet paper
- Toothbrush/paste
- Plastic bags for trash and storing items
- Two complete sets of clothing and shoes per person
- Blankets or sleeping bags for each person
- Extra set of keys
- Feminine products

## Water and Food

- Water - 1 gallon per person per day including infants and children (a week's supply labeled with expiration date)
- Non-perishable food that does not require refrigeration, preparation/cooking, and little or no water
- Extra food (remember special dietary needs)

## Disability or Limited Mobility

If you are a person with a disability, have a sensory or cognitive disability, or limited mobility, make sure your emergency kit includes items specific to your needs and have a list of the following:

- Adaptive or supportive equipment and extra batteries
- Instructions on how to operate any special equipment

## For Pets/Service Animals

- Identification tags
- Extra food and water
- Clean-up supplies
- Medicine
- Transport case (one per animal)
- Leash

TIP: As needed following a disaster, shut off the main valves to your water and gas. Do not shut the gas off unless you smell gas. Shut off the gas by turning the valve so that the “bar” is perpendicular to the gas line. Keep a wrench wired to the gas meter and know the location of water shut off valves.