

PREPAREDNESS SURVEY CHECKLIST

From the [LDS Preparedness Manual](#), this list may assist you to cross-check your readiness.

BOOKS

I have assembled a well rounded preparedness library covering all major topics: Yes, No

I have READ the books in my preparedness Library: Yes, No.

I read those books AND actually put their preparedness suggestions to use!! Yes, No

CLOTHING

I have a Summer & a Winter sleeping bag for each member of my family: Yes, No

Everyone in my family has a pair of readily available sturdy shoes/boots: Yes, No

I have a pair of shoes at my bedside I could put on with no light at night: Yes, No

COMMUNICATIONS

I have a AM/FM/Shortwave radio that is Battery or Solar Powered: Yes, No

I have 2-Way radios (CB, FRS, GMRS) for my family members: Yes, No

I have spare batteries or Solar Chargers for my radios for: None, 3 days, 7, 15, 30 Days+

Each member of my family has a Cell Phone: Yes, No

I have 2nd way to charge each phone without Utility Power: Yes, No

I have my HAM License and a HAM Radio: Yes, No

DEFENSE

I own a Dog: Yes, No

My Yard is fully fenced: Yes, No

I have Deadbolts on all my doors and locks on all windows: Yes, No

I have a burglar alarm and arm and use it daily/nightly: Yes, No

I have a Handgun for each member of my family (age appropriate): Yes, No

I have a Rifle for each member of my family (age appropriate): Yes, No

I have at least 1,000 rounds of ammunition for each weapon: Yes, No

I have a Safe Room in my home: Yes, No

My family has a Home Invasion Plan and we have drilled it: Yes, No

I have a concealed Carry Permit and carry my weapon with me at all times: Yes, No

DRILLS

I have staged a Fire Drill in my home for my family in the last 24 months: Yes, No

I have staged an Emergency (Bugout) Drill for my family in the last 24 months: Yes, No

I have staged an Intruder/Robbery Drill for my family in the last 24 months: Yes, No

I have staged a 48 hour *Power* Outage Drill for my family in the last 24 months: Yes, No

I have staged a 48 hour *Water* Outage Drill for my family in the last 24 months: Yes, No

DOCUMENTS

I have paper copies of all important documents: Yes, No

I have a paper list of contacts, Phone, Names, Addresses, etc: Yes, No

Each member of my family has a current valid Passport: Yes, No

EVACUATION

I have a specific planned destination to go to for emergency relocation: Yes, No

I have an appropriately packed 72hr Kit for each member of my family: Yes, No

I have a Bug Out Bag for my family: Yes, No.

I have paper maps for my City, County, State and route to planned destination: Yes, No

FINANCES

I keep the following "Cash On Hand" at home: Silver or Gold coins for emergency: Yes, No

I have an Emergency Fund for all monthly expenses for: None, 1, 3, 6, 12+ Months

I have paid off all of my credit card debt: Yes, No

I have paid off ALL my debts: Yes, No

FOOD

For every member of my family, I have at least...

Canned: None, 3 days, 7, 15, 30 Days+

Dehydrated/Freeze Dried: None, 3 days, 7, 15, 30 Days+

MRE/Retort: None, 3 days, 7, 15, 30 Days+

I regularly rotate my food and never allow any to expire: Yes, No

I have a way to cook my food (camp stove/grill/etc) without power/Natural Gas: Yes, No

FUEL

I have stored stabilized gasoline: None, 5 gallons, 10 Gallons, 25 Gallons, 50 Gallons+

I have backup fuel: Butane, White Gas, wood, Propane, Charcoal for cooking: Yes, No

I have backup fuel, such as wood or propane for emergency home heating: Yes, No

LIGHTING

I have a flashlight in every bedroom: Yes, No

I have backup lighting (LED Lamps, Kerosene Lamps, Solar Lights, etc): Yes, No

I have Long Burning candles for: None, 3 days, 7, 15, 30 Days+

I have spare batteries to power my flashlights for: None, 3 days, 7, 15, 30 Days+

MEDICAL

I know and am trained in First Aid: Yes, No

I have a well stocked first aid kit in my home: Yes, No

I have my prescriptions for: I have well rounded supply of Over The Counter Meds: Yes, No

I regularly exercise and maintain my physical health: Yes, No

My family has a Medical Emergency Response Plan and knows what to do: Yes, No

NUCLEAR / BIOLOGICAL / CHEMICAL

I have a Geiger Counter or radiological survey meter: Yes, No

I have assembled a decontamination kit for NBC exposure: Yes, No

I have an appropriate Gas Mask for each member of my family: Yes, No

I have an NBC Suit for each member of my family: Yes, No

PANDEMIC

My family is ready to impose a “Self Isolation Quarantine” for: None, 15, 30, 60, 90 Days
I have a substantial supply of disposable: Gloves, Masks, Booties, Suits, Goggles: Yes, No
My family is prepared to create, supply, staff an isolation/sick room in our home: Yes, No

POWER

I have a portable electric Generator: Yes, No
I have started and run my generator in the last: Week, Month, Quarter, Year, ?
I have a solar/Wind/Hydro electric system in my home: Yes, No

SANITATION

I have a chemical or Organic toilet: Yes, No
I have a “Lugable Loo” or other disposable emergency Toilet: Yes, No
I have an Outhouse on my property: Yes, No
I have stored Lime to use with an emergency outdoor pit toilet: Yes, No
I have stored lots of extra toilet paper: Yes, No

SHELTER

I have a fire extinguisher in my home and know how to use it: Yes, No
I have a Carbon Monoxide Detector for use in an emergency: Yes, No
I know my neighbors and could count on them in an emergency: Yes, No

SPIRITUAL

I have personal prayer every day: Yes, No
I have personal scripture study every day: Yes, No
I participate in Family prayer every day: Yes, No
I participate in Family scripture study every day: Yes, No
I participate in Family Home Evening every week: Yes, No
I attend my church every week: Yes, No
I donate generously in my Tithes and Offerings to my church: Yes, No

TRAINING

I am CERT (Community Emergency Responce Training) certified: Yes, No

TRANSPORTATION

My vehicle fuel tank is currently: Near Empty, 1/4, 1/2, 3/4, Full
I have a 4 wheel drive vehicle: Yes, No
I have a fire extinguisher in my car and know how to use it: Yes, No
I keep a Bug Out Bag in my vehicle at all times: Yes, No
I have a GPS unit in my vehicle or readily available: Yes, No
I have a well stocked first aid kit in my vehicle: Yes, No

WATER

I have enough stored water for each family member for: None, 3 days, 7, 15, 30 Days+
I have water treatment chemicals (bleach, iodine, aerobic oxygen, etc.) stored: Yes, No
I have a water purification system (filter): Yes, No

I AM PREPARED ENOUGH TO SHARE WITH OTHERS AROUND ME: Yes, No

BECAUSE I AM WELL PREPARED,

I WILL BE AN ASSET, NOT A LIABILITY TO MY COMMUNITY: Yes, No

I AM HELPING OTHERS BECOME PREPARED: Yes, No