Emergency Preparedness Survey

The purpose of this survey is to increase your awareness of areas of preparedness so you can be better prepared to help your family and we can be better prepared as a community in case of an emergency or disaster.

A fillable online form version is also available at www.herriman.org/be-ready-herriman if you are willing to assist Herriman City in gathering statistical data to best know which areas are most needed for emphasis and education. You are invited to periodically fill out this survey to continually assess your or your family’s emergency preparedness.

Food and Water

- In the event of an emergency would you have sufficient food? Please circle which number best describes how long your supply will last your household.
  - 3 days
  - 2 weeks
  - 1 month
  - 3 months
  - 6 months
  - 9 months
  - 1 year

- Would you have the means to cook food without gas and electricity? Yes No

- Would you have sufficient water for drinking, cooking, and sanitary needs? Please circle which number best describes how long your supply will last your household.
  - 3 days
  - 2 weeks
  - 1 month
  - 3 months
  - 6 months
  - 9 months
  - 1 year

- Do you have a wheat grinder that you can use without power? Yes No

- Do you have emergency pet supplies, such as food and other important material set aside for your pets? Yes No Not Applicable

- Do you have a rotation system in place to make sure clothing still fits and food doesn’t expire? Yes No

- Do you have a 3-day/72-hour emergency kit or bag for your family? Yes No

- Do you have a supply of fuel such as propane, wood, kerosene, or charcoal? Please circle how which number best describes for long your supply will last.
  - None
  - 3 days
  - 1 week
  - 2 weeks
  - 1 month
  - 3 months
  - Longer than 3 months

- Has your family rehearsed fire escape routes from your home? Yes No

- Do you have a contact card, emergency instruction etc. (Include important appliances (fridge, heater, etc.))? Yes No

- Do you have a 3-day packs for your family? Yes No

- Do you have supplies to filter or purify water? Yes No

- Do you have a backup charger for your electronic devices? Yes No

- Do you have a 3-day/72-hour emergency kit or bag for your family? Yes No

- Do you have a working fire extinguisher that you can know how to use? Yes No

- Do you have working smoke alarms located? Is the tool to close off the valve near the main gas shut off in an earthquake? Yes No

- Do you have working carbon monoxide detectors in the proper places to warn you of poisoning? Yes No

- Do you have a functional fire alarm? Yes No

- Do you have work gloves, tools, tablets, etc.? Yes No

- Do you have a plan for toilet use? Yes No

- Do you have a first aid kit for your household that needs them? Yes No

- Do you have a 3-day/72-hour emergency kit or bag for your family? Yes No

- Do you have a current list of all medications and dosage needed for an emergency? Yes No

- Do you have access to cash in an emergency? Yes No

- If a water line was to rupture during an earthquake, do you know how to shut off the main water line to your house as well as the individual ones in bathrooms and kitchen? Yes No

Facilities and Drills

- Without electricity and gas, do you have a way to heat at least part of your home? Yes No

- Do you own a generator capable of supplying power to your most important appliances (fridge, heater, etc.)? Yes No

- If yes, does each kit or bag include an earthquake or other emergency information? Yes No

- Has your family rehearsed fire escape routes from your home? Yes No

- Do you have a 3-day packs for your family? Yes No

- Do you have supplies to filter or purify water? Yes No

- Do you have a backup charger for your electronic devices? Yes No

- Do you have a 3-day/72-hour emergency kit or bag for your family? Yes No

- Do you have a supply of fuel such as propane, wood, kerosene, or charcoal? Please circle how which number best describes for long your supply will last.
  - None
  - 3 days
  - 1 week
  - 2 weeks
  - 1 month
  - 3 months
  - Longer than 3 months

- Has your family rehearsed fire escape routes from your home? Yes No

- Do you have a contact card, emergency instruction etc. (Include important appliances (fridge, heater, etc.))? Yes No

- Do you have a 3-day packs for your family? Yes No

- Do you have supplies to filter or purify water? Yes No

- Do you have a backup charger for your electronic devices? Yes No

- Do you have a 3-day/72-hour emergency kit or bag for your family? Yes No

- Do you have a working fire extinguisher that you can know how to use? Yes No

- Do you have working smoke alarms located? Is the tool to close off the valve near the main gas shut off in an earthquake? Yes No

- Do you have working carbon monoxide detectors in the proper places to warn you of poisoning? Yes No

- Do you have a functional fire alarm? Yes No

- Do you have work gloves, tools, tablets, etc.? Yes No

- Do you have a plan for toilet use? Yes No

- Do you have a first aid kit for your household that needs them? Yes No

- Do you have a current list of all medications and dosage needed for an emergency? Yes No

- Do you have access to cash in an emergency? Yes No

- If a water line was to rupture during an earthquake, do you know how to shut off the main water line to your house as well as the individual ones in bathrooms and kitchen? Yes No

If yes, please email info@herriman.org
• Do you know where the main gas shut-off valve to your house is located? Is the tool to close off the valve near the main gas shut off in an easily accessible place? (*If you need to practice this don’t actually do it, as closing it would require the gas company to come and turn it back on)
  Yes    No

• Do you have working smoke alarms in the proper places to warn you of fire?
  Yes    No

• Do you have a working fire extinguisher that you can know how to use?
  Yes    No

• Do you have working carbon monoxide detectors in the proper places to warn of carbon monoxide poisoning?
  Yes    No

Emergency Supplies and Clothing

• Do you have a 3-day/72-hour emergency pack for each member of your family that is ready to go?
  Yes    No

• If yes, does each kit or bag include sturdy shoes, a working flashlight or LED head lamp, heavy duty gloves, 3 long shelf-life waters, safety blanket, contact card, emergency instruction card?
  Yes    No

• Would you need a carrier with wheels or help to transport these 3-day packs for your family?
  Yes    No

• Do you have a backup charger for your phone, such as a solar charger or external charger?
  Yes    No

• Do you have a plan for toilet facilities if there is an extended water shortage?
  Yes    No

• If you need feminine hygiene products, do you have a month’s supply on hand for everyone in the household that needs them?
  Yes    No    Not Applicable

• Do you have access to cash in an emergency?
  Yes    No

Medication

• Do you have a functional emergency radio you can use during a power outage to receive emergency information?
  Yes    No

• Do you have access to a first aid kit in your home, cars, and workplace?
  Yes    No

Communications

• Have you established an out-of-state family or close friend contact that you would call in the event of a statewide emergency or somewhere you can stay if you need to vacate your home?
  Yes    No

Finance

• Do you have copies of important information and documents in a fire-safe location ready for evacuation? (such as banking info, passports, social security cards, birth certificates, medical documents, will, insurance info, deeds and titles)
  Yes    No

• Do you have access to a battery-operated light or an operational flashlight in rooms other than bedrooms? (the use of candles is not recommended in case of leaking gas)
  Yes    No

• Do you have a current list of all medications and dosage needed for members of your household?
  Yes    No