

THE SAVVY SURVIVALIST

THE ULTIMATE BLACKOUT PREPAREDNESS PLANNER

72-HOUR • 2-WEEK • LONG-TERM OUTAGE PLANNING



**MOST FAMILIES
FIND OUT TOO LATE
WHAT THEY FORGOT.**

Use this printable planner to organize your blackout supplies, backup power, water storage, food, medical needs, communication plan, and family emergency checklist before the lights go out.



WATER



POWER



FOOD



MEDICAL



EVACUATION













**PREPAREDNESS ISN'T PARANOIA.
IT'S PEACE OF MIND.**



WHAT'S INCLUDED

Everything you need to organize your blackout supplies, identify preparedness gaps, and build a practical emergency plan before the next power outage.

 Blackout Preparedness Checklist	 Emergency Water Storage Planner
 Emergency Food Inventory	 Generator & Fuel Planner
 Medication & Medical Tracker	 Family Communication Plan
 Home Preparedness Audit	 Family Evacuation & Bug Out Plan
 2-Week Blackout Planning Worksheet	 Monthly Preparedness Tracker



WHY THIS PLANNER MATTERS

Most families don't discover missing supplies until the power goes out.

This planner helps organize blackout supplies, backup power, water storage, food, medical needs, communication plans, and evacuation planning before an emergency happens.

Use the worksheets to identify weaknesses, track supplies, and build a practical preparedness plan for your household.



MOST FAMILIES DON'T DISCOVER WHAT THEY'RE MISSING UNTIL THE POWER GOES OUT.



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Preparedness is a process, not a purchase.
Review and update this planner regularly.



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Use this planner as a step-by-step guide to prepare your home, protect your family, and stay ready for any power outage.

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BLACKOUT QUICK START PLAN

What To Do During The First 24 Hours, First 72 Hours, And First 2 Weeks

FIRST 24 HOURS

- Fill available water containers
- Charge all devices
- Verify food inventory
- Test emergency lighting
- Check weather updates
- Contact family members

FIRST 72 HOURS

- Begin water tracking
- Begin food ration planning
- Fuel inventory review
- Check medications
- Review communication plan

FIRST 2 WEEKS

- Track remaining supplies
- Reassess fuel usage
- Review evacuation options
- Update preparedness audit
- Monitor local conditions



BLACKOUT PREPAREDNESS CHECKLIST

Use this checklist to make sure your home has the core supplies needed before a long power outage hits.

SURVIVAL RULE: Most families discover missing supplies after the power goes out. Find the gaps before the next blackout.

- Flashlights for every room
- Rechargeable lanterns
- Extra batteries or battery bank
- NOAA emergency radio
- Backup phone charging system
- At least 1 gallon of water per person per day
- Shelf-stable food for 7–14 days
- Manual can opener
- Camp stove or safe outdoor cooking method
- First aid kit
- Prescription medication backup
- Emergency toilet or sanitation setup
- Trash bags, wipes, and hand sanitizer
- Cash in small bills
- Written emergency contacts



EMERGENCY WATER STORAGE PLANNER

Plan your water needs and storage capacity to ensure your household has enough clean water during a blackout.



HOUSEHOLD MEMBERS

Number of people in your household:



DAILY NEED PER PERSON

Recommended minimum:
1 gallon per person per day



RECOMMENDED STORAGE

Aim for at least **14 days** of water supply.

1. WATER NEEDS CALCULATION

PEOPLE IN HOUSEHOLD	GALLONS NEEDED PER DAY	DAYS OF SUPPLY	TOTAL GALLONS NEEDED
_____	× _____ (1 gallon per person)	× _____	= _____ GALLONS

2. WATER STORAGE INVENTORY

CONTAINER TYPE	SIZE (GALLONS)	QUANTITY	TOTAL GALLONS	LOCATION
Water Bottles				
5 Gallon Containers				
55 Gallon Drums				
Bathtub (Full)				
Other Containers				
Other Containers				
TOTAL STORED WATER			_____ GALLONS	

3. WATER SOURCES (BACKUP OPTIONS)

SOURCE	AVAILABLE (YES/NO)	NOTES
Stored Rainwater		
Well Water		
Natural Water Source (Lake, River, etc.)		
Water Purification System		

4. NOTES & REMINDERS

IMPORTANT REMINDERS

- ✓ Store water in clean, sealed containers.
- ✓ Replace stored water every 6 months.
- ✓ Keep containers in a cool, dark place.
- ✓ Label containers with the date filled.



EMERGENCY FOOD INVENTORY

Track the food you have on hand to make sure your household has enough nutrition to survive a blackout or emergency.



HOUSEHOLD MEMBERS

Number of people in your household:



DAILY CALORIE GOAL

Recommended minimum:
1,800 – 2,200 calories per person per day



RECOMMENDED SUPPLY

Aim for at least **14 days** of food supply.

1. FOOD INVENTORY

ITEM	QUANTITY	CALORIES (PER SERVING OR UNIT)	EXPIRATION DATE	LOCATION
TOTAL CALORIES ON HAND (APPROX.)		CALORIES		

2. 7-DAY SUPPLY GOAL



Daily calorie goal (household): _____

Calories needed for 7 days: _____

Calories you have on hand: _____

SURPLUS / DEFICIT: _____

3. 14-DAY SUPPLY GOAL



Daily calorie goal (household): _____

Calories needed for 14 days: _____

Calories you have on hand: _____

SURPLUS / DEFICIT: _____

4. COOKING REQUIREMENTS

- NO COOKING (Ready-to-eat foods only)
- CAMP STOVE
- PROPANE
- WOOD FIRE
- OTHER: _____

5. CRITICAL FOOD GAPS

List important items you are missing and need to stock up on.

6. NOTES

Use this space for meal ideas, storage tips, or other notes.



IMPORTANT REMINDERS



Store a variety of foods for balance.



Rotate stock regularly to keep food fresh.



Store in a cool, dry place away from sunlight.



Don't forget water – you need at least 1 gallon per person per day.



EMERGENCY SUPPLY INVENTORY

Keep track of essential supplies and equipment your household will need during a blackout or emergency.



HOUSEHOLD MEMBERS

Number of people in your household:



RECOMMENDED SUPPLY

Aim for at least **14 days** of essential supplies.



CHECK & UPDATE

Review your supplies every **6 months**.

1. ESSENTIAL SUPPLY INVENTORY

ITEM	CATEGORY	QUANTITY	CONDITION (GOOD / FAIR / POOR)	EXPIRATION DATE (IF APPLICABLE)	LOCATION

ADDITIONAL NOTES ABOUT SUPPLIES

2. SUPPLY CATEGORIES CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Lighting (Flashlights, Lanterns) | <input type="checkbox"/> Personal Hygiene |
| <input type="checkbox"/> Batteries | <input type="checkbox"/> Sanitation Supplies |
| <input type="checkbox"/> First Aid & Medications | <input type="checkbox"/> Protective Gear |
| <input type="checkbox"/> Tools & Equipment | <input type="checkbox"/> Paper Products |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Pet Supplies |
| <input type="checkbox"/> Cooking Supplies | <input type="checkbox"/> Other: _____ |

3. CRITICAL SUPPLIES CHECK



These items are critical for survival. Make sure you have them!

- Flashlights / Lanterns _____
- Extra Batteries _____
- First Aid Kit _____
- Medications _____
- Water Containers _____
- Manual Can Opener _____
- Cash (Small Bills) _____
- Emergency Radio _____
- Phone Charger / Power Bank _____
- Multi-Tool _____

4. NOTES & REMINDERS

<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
--	--



IMPORTANT REMINDERS



Store supplies in a cool, dry place.



Check expiration dates regularly.



Replace used items after an emergency.



Practice your plan and stay prepared.



EMERGENCY SHELTER PLAN

Plan where you will go and how you will stay safe and comfortable during a blackout or other emergency.



HOUSEHOLD MEMBERS

Number of people in your household:



SHELTER GOAL

Have a safe shelter plan for at least **14 days**.



REVIEW PLAN

Review and update your shelter plan every **6 months**.

1. SHELTER LOCATION PLAN

SHELTER LOCATION	TYPE (HOME / OTHER)	ADDRESS / LOCATION	CONTACT PERSON	PHONE NUMBER
PRIMARY SHELTER				
ALTERNATE SHELTER 1				
ALTERNATE SHELTER 2				
OUT-OF-AREA SHELTER				

2. SHELTER TYPE



Check all that apply.

- Stay at Home (Shelter in Place)
- Relative's Home
- Friend's Home
- Hotel / Motel
- Community Shelter
- Other: _____

3. SHELTER NEEDS

Check all that apply.

- Water
- Food
- Sleeping Area
- Heating
- Cooling
- Lighting
- Power / Electricity
- Sanitation
- Privacy
- Pet Needs

Other Needs: _____

4. SHELTER SETUP PLAN

AREA / ROOM	USE / PURPOSE	ESSENTIAL ITEMS NEEDED	NOTES

5. SAFETY CONSIDERATIONS



Check all that apply.

- Shelter is structurally safe
- Away from hazards (flooding, fire, chemical, etc.)
- Adequate ventilation
- Fire extinguisher available
- Clear exit routes identified
- First aid kit available
- Other: _____

6. COMMUNICATION PLAN

How will we stay in contact?

- Cell Phone Provider: _____
- Text / Messaging Notes: _____
- Two-Way Radio Channel: _____
- Other: _____

7. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Set up your shelter before you need it.



Keep essential supplies together.



Review your plan with everyone in your home.



Practice your plan regularly.

GENERATOR & FUEL PLANNER

Plan how you will power essential equipment and manage fuel safely during a blackout or emergency.



POWER GOAL

Maintain power for essential needs only. Plan ahead. Stay safe.



FUEL GOAL

Have enough fuel on hand for at least **14 days** of operation.



REVIEW PLAN

Review and update your generator plan every **6 months**.

1. GENERATOR INFORMATION

GENERATOR ID / NAME	TYPE (PORTABLE / INVERTER / STANDBY)	START TYPE (PULL / ELECTRIC)	RUNNING WATTS	SURGE WATTS	FUEL TYPE (GASOLINE / PROPANE / DUAL)	LOCATION

NOTES / SPECIAL INSTRUCTIONS: _____ MAINTENANCE MANUAL LOCATION: _____

2. ESSENTIAL LOAD LIST

List the essential items/equipment you plan to power.

ITEM / EQUIPMENT	RUNNING WATTS	SURGE WATTS	PRIORITY (HIGH / MED / LOW)
TOTAL ESTIMATED WATTS			

3. FUEL PLANNING

Fuel Consumption Rate:
_____ gallons per hour (at 1/2 load)

Estimated Daily Use:
_____ gallons per day



FUEL STORAGE PLAN

FUEL TYPE	AMOUNT ON HAND (GALLONS / LBS)	DAYS OF OPERATION	STORAGE LOCATION
Gasoline			
Propane			
Diesel			
Other:			

TOTAL DAYS OF OPERATION (ESTIMATED): _____

4. SAFETY REMINDERS



- Never run generator indoors.
- Use outdoors in a well-ventilated area.
- Keep generator dry and on a level surface.
- Keep fuel away from heat and ignition sources.
- Turn off generator before refueling.
- Use proper extension cords.
- Install carbon monoxide alarms.
- Store fuel in approved containers.
- Other: _____

5. MAINTENANCE SCHEDULE



- Oil Change Every: _____ hours
- Inspect Air Filter Every: _____
- Spark Plug Check Every: _____
- Run Generator Every: _____
- Run Time When Exercising: _____
- Next Maintenance Due: _____

MAINTENANCE NOTES:

6. ACCESSORIES & SUPPLIES

- Extra Oil
- Spark Plugs
- Air Filters
- Extension Cords
- Power Strip / Surge Protector
- Wheel Kit / Handles
- Fuel Stabilizer
- Other: _____

NOTES:



IMPORTANT REMINDERS



Safety first. Always read the manual.



Store fuel safely and rotate regularly.



Test your generator regularly and keep it maintained.



Plan for your family's essential power needs.



MEDICATION & MEDICAL TRACKER

Track medications, medical conditions, and essential health information for your family during a blackout or emergency.



HOUSEHOLD MEMBERS

Number of people in your household: _____



MEDICATION GOAL

Have at least **14 days** of all essential medications.



REVIEW MEDICATIONS

Review and update this tracker every **6 months**.

1. MEDICATION INVENTORY

MEDICATION NAME	DOSAGE / STRENGTH	FREQUENCY	WHO TAKES IT	PURPOSE / CONDITION	QUANTITY ON HAND	EXPIRATION DATE	PRESCRIBING DOCTOR

NOTES / SPECIAL INSTRUCTIONS: _____

2. MEDICAL CONDITIONS

List chronic conditions or important health information for each family member.

FAMILY MEMBER	CONDITION / DIAGNOSIS	NOTES / SPECIAL INSTRUCTIONS

3. ALLERGIES

List any allergies for each family member.

FAMILY MEMBER	ALLERGY	REACTION

4. MEDICAL SUPPLIES INVENTORY

Track essential medical supplies you have on hand.

ITEM	PURPOSE	QUANTITY ON HAND	EXPIRATION DATE

5. IMPORTANT CONTACTS

Key medical contacts and information.

CONTACT TYPE	NAME	PHONE NUMBER	NOTES
Primary Doctor			
Pharmacy			
Dentist			
Hospital			
Poison Control			
Health Insurance			
Other:			

6. MEDICATION CHECKLIST



Check all that apply.

- Have at least 14 days of all medications.
- Medications stored in original bottles.
- Extra eyeglasses / contact lenses available.
- Copies of prescriptions on hand.
- Medical insurance information accessible.
- First aid kit is fully stocked.
- Thermometer available.
- Other: _____

7. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Refill prescriptions early and keep extra on hand.



Store medications in a cool, dry place.



Keep a list of all medications in your emergency kit.



Review and update this tracker every 6 months.



FAMILY EMERGENCY INFORMATION

Keep important information about your family and emergency contacts in one place so it's easy to find when you need it most.



HOUSEHOLD MEMBERS

List everyone in your household.



EMERGENCY ACCESS

Make sure trusted contacts know how to reach you and your family.



REVIEW REGULARLY

Review and update this information every 6 months.

1. HOUSEHOLD MEMBERS

NAME	DATE OF BIRTH	ROLE / RELATIONSHIP	NOTES (MEDICAL INFO, ALLERGIES, ETC.)

2. PRIMARY EMERGENCY CONTACTS

People to contact if you need help.

NAME	RELATIONSHIP	PHONE NUMBER	EMAIL

3. OUT-OF-TOWN CONTACT

Someone out of town who can help coordinate.

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

4. IMPORTANT PHONE NUMBERS

SERVICE	PHONE NUMBER	SERVICE	PHONE NUMBER
Police / Sheriff		Gas Company	
Fire Department		Water Company	
Ambulance / EMS		Insurance (Home)	
Poison Control		Insurance (Health)	
Hospital		Insurance (Auto)	
Doctor (Primary Care)		Veterinarian	
Pharmacy		School	
Electric Company		Other:	

5. EMERGENCY MEETING PLACES



1. At Home: _____



2. In Neighborhood: _____



3. Out of Town: _____

6. VEHICLE INFORMATION



MAKE / MODEL: _____

YEAR: _____

COLOR: _____

LICENSE PLATE: _____

NOTES: _____

7. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Share this information only with people you trust.



Keep a printed copy in your emergency kit and in your vehicle.



Store a digital copy securely in the cloud or on a USB drive.



Review and update this information every 6 months.



FAMILY COMMUNICATION PLAN

Establish a communication plan so your family can stay in touch during a blackout or other emergency.



STAY CONNECTED

Plan how you will contact each other if separated.



MULTIPLE METHODS

Use more than one way to communicate. Have backups.



PRACTICE & REVIEW

Review and practice this plan every 6 months.

1. EMERGENCY CONTACTS & OUT-OF-TOWN CONTACT

NAME	RELATIONSHIP	PHONE NUMBER (CELL)	ALTERNATE PHONE (HOME / WORK)	EMAIL ADDRESS	NOTES

OUT-OF-TOWN CONTACT (SOMEONE NOT IN YOUR AREA)

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

2. COMMUNICATION METHODS

Check all that apply and list details.

- Cell Phones Provider: _____
- Text / Messaging Provider: _____
- Two-Way Radios Frequency / Channel: _____
- Email Provider: _____
- Satellite Phone Provider: _____
- Amateur (HAM) Radio Call Sign: _____
- Social Media Platforms: _____
- Other: _____ Details: _____

3. EMERGENCY COMMUNICATION RULES

Establish clear rules for your family.

- 1 When we are separated, we will: _____
- 2 Our out-of-town contact is: _____
- 3 We will check in with them by: _____
- 4 If cell service is down, we will: _____
- 5 Our meeting place if we can't reach each other: _____
- 6 Other important rules: _____

4. MEETING PLACES

NEAR HOME (WALKING DISTANCE)	NEIGHBORHOOD (OUTSIDE YOUR AREA)	OUT OF TOWN (IF WE CAN'T RETURN HOME)
LOCATION: _____	LOCATION: _____	LOCATION: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
NOTES: _____	NOTES: _____	NOTES: _____

5. COMMUNICATION PRIORITY LIST

If communication is limited, prioritize who to contact first.

- 1 _____ Relationship: _____
- 2 _____ Relationship: _____
- 3 _____ Relationship: _____
- 4 _____ Relationship: _____
- 5 _____ Relationship: _____

6. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Keep phones charged.



Keep power banks and chargers available.



Practice this plan with your family regularly.



Update this plan whenever contact information changes.



HOME PREPAREDNESS AUDIT

Evaluate your home's readiness for a blackout or emergency.
Identify strengths, weaknesses, and areas to improve.



ASSESS

Check your home room by room and system by system.



IDENTIFY GAPS

Find what's missing, needs repair, or could be improved.



MAKE A PLAN

Use this audit to guide your preparedness plan and next steps.

1. HOME AREAS CHECKLIST

AREA	PREPARED? (YES / NO / PARTIAL)	NOTES / WHAT'S GOOD	GAPS / WHAT NEEDS IMPROVEMENT	PRIORITY (HIGH / MED / LOW)
Water Supply				
Food Supply				
Power Backup				
Heating / Cooling				
Medical / First Aid				
Lighting				
Safety & Security				
Sanitation				
Communication				
Tools & Equipment				
Clothing & Bedding				
Important Documents				
Pets				

2. STRUCTURAL & SAFETY CHECK

ITEM	YES	NO	N/A	NOTES
Smoke Detectors Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon Monoxide Detectors Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical System in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows & Doors Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Exits Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. EMERGENCY SUPPLIES STATUS

Do you have enough of the following for at least 14 days?

SUPPLY ITEM	YES	NO	NOT SURE	NOTES
Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Perishable Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flashlights / Lanterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel (Generator / Vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hygiene Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cash (Small Bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. TOP PRIORITY IMPROVEMENTS

List the most important areas you need to improve and what you plan to do.

PRIORITY (1-5)	AREA / ITEM	IMPROVEMENT NEEDED	ACTION PLAN / NEXT STEP	TARGET DATE
1				
2				
3				
4				
5				

5. NOTES & ADDITIONAL COMMENTS



IMPORTANT REMINDERS



Regularly inspect and maintain your home and equipment.



Replace expired items and update supplies as needed.



Re-audit your home every 6 months or after any changes.



A prepared home keeps your family safe and secure.



PREPAREDNESS SUPPLY GAP TRACKER

Identify the supplies you're missing, what needs to be restocked, and create a plan to close the gaps.



IDENTIFY GAPS

Compare what you have against what you need. Find what's missing.



PRIORITIZE

Focus on the most important items first.



TAKE ACTION

Create a plan to get what you need and stay prepared.

1. SUPPLY GAP LIST

CATEGORY	ITEM	WHAT I HAVE (QTY)	WHAT I NEED (QTY)	GAP (QTY)	PRIORITY (HIGH / MED / LOW)	NOTES
WATER						
FOOD						
POWER						
MEDICAL						
SAFETY & SECURITY						
SANITATION & HYGIENE						
CLOTHING & SHELTER						
TOOLS & EQUIPMENT						
DOCUMENTS						
PETS						
OTHER						

2. PRIORITY ACTION PLAN

List the top items you need to obtain and when you plan to get them.

PRIORITY (1 = HIGHEST)	ITEM	ACTION PLAN (HOW I WILL GET IT)	TARGET DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

3. RESTOCK & REPLENISH TRACKER

Track items you use and need to restock.

ITEM	DATE USED	QTY USED	DATE TO RESTOCK	QTY TO RESTOCK

4. SUPPLY SOURCES

Where I can get the items I need.

STORE / WEBSITE / SOURCE	ITEMS NEEDED	NOTES

5. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Check your supplies regularly and update as needed.



Buy a little at a time and build your supplies consistently.



Rotate your stock. Use what you have and restock.



Close the gaps before an emergency, not during one.



FAMILY EVACUATION & BUG OUT PLAN

Plan how your family will evacuate and where you will go if it's not safe to stay home.
Be ready to leave quickly and stay safe.



PLAN AHEAD
Know your routes, destinations, and what to take.



BE PREPARED
Keep a bug out bag ready for every family member.



STAY TOGETHER
Practice your plan and communicate clearly in an emergency.

1. EVACUATION TRIGGERS

When will we evacuate? (Check all that apply.)

- Severe weather / Natural disaster _____
- Fire / Wildfire _____
- Flooding _____
- Hazardous material / Chemical spill _____
- Civil unrest / Safety threat _____
- Extended power outage _____
- Other: _____

2. EVACUATION ROUTES

Plan at least two routes from your home.

ROUTE	DIRECTIONS / MAIN ROADS	ALTERNATE ROADS	NOTES
Primary Route			
Alternate Route			

3. DESTINATIONS

Where we will go if we evacuate.

TYPE	LOCATION / NAME	ADDRESS	PHONE NUMBER	NOTES
Primary Destination (Out of Area)				
Alternate Destination (Out of Area)				
Local Shelter / Safe Location				
Rally Point (If Separated)				

4. TRANSPORTATION PLAN

How we will get out.

TRANSPORTATION	DRIVER	NOTES / CAPACITY
Primary Vehicle		
Alternate Vehicle		
Other Vehicles		
Public Transportation		
On Foot / Other		
Other:		

5. COMMUNICATION PLAN

How we will stay in touch if separated.

Out-of-Town Contact Name: _____
 Relationship: _____ Phone: _____
 Text / Messaging App: _____
 Emergency Meeting Place (If Separated): _____
 How We Will Check In: _____
 Notes: _____

6. BUG OUT BAGS

Ensure every family member has a ready-to-go bag.

FAMILY MEMBER	BAG LOCATION	LAST CHECKED	NOTES

7. IMPORTANT DOCUMENTS & ITEMS

What we will take with us.

ITEM	LOCATION	NOTES
Identification (IDs)		
Insurance Policies		
Medical Records		
Cash		
Emergency Contacts		
Property Records		
Other:		

8. NOTES & SPECIAL INSTRUCTIONS



IMPORTANT REMINDERS



Practice your plan with your family regularly.



Keep bug out bags updated and accessible.



Keep vehicles fueled and ready to go.



Stay informed and listen to official alerts.



2-WEEK BLACKOUT PLANNING WORKSHEET

Plan ahead for at least 2 weeks without power, water, or services. Use this worksheet to map out your needs, resources, and daily plan to keep your family safe and comfortable.



PLAN AHEAD

Plan your needs for each day and stay prepared.



STAY ORGANIZED

Track your resources and daily needs to avoid shortages.



BE READY

A little planning today can make a big difference tomorrow.

1. FAMILY INFORMATION

FAMILY NAME: _____ # OF PEOPLE: _____ LOCATION / ADDRESS: _____

2. 2-WEEK DAILY NEEDS OVERVIEW

Estimate your family's daily needs, then multiply by 14 days.

ITEM	DAILY NEED (QTY)	14-DAY NEED (QTY)	NOTES
WATER (Gallons)			
FOOD (Meals / Items)			
POWER (Fuel / Batteries)			
MEDICATIONS (Days Supply)			
HYGIENE (Items)			
CLOTHING (Changes)			
HEATING (Fuel / Source)			
SANITATION (Supplies)			
PET SUPPLIES (Food / Meds)			
OTHER (Specify)			

3. DAILY PLAN OVERVIEW

Plan key activities and priorities for each day.

DAY	TOP PRIORITIES / TASKS	NOTES
DAY 1		
DAY 2		
DAY 3		
DAY 4		
DAY 5		
DAY 6		
DAY 7		
DAY 8		
DAY 9		
DAY 10		
DAY 11		
DAY 12		
DAY 13		
DAY 14		

4. RESOURCE CHECKLIST

Check the items you have ready.

- | | |
|---|---|
| <input type="checkbox"/> Water storage full | <input type="checkbox"/> Cash (small bills) |
| <input type="checkbox"/> Non-perishable food stocked | <input type="checkbox"/> Important documents |
| <input type="checkbox"/> Medications (at least 14 days) | <input type="checkbox"/> Hygiene supplies |
| <input type="checkbox"/> First aid kit complete | <input type="checkbox"/> Sanitation supplies |
| <input type="checkbox"/> Flashlights / Lanterns | <input type="checkbox"/> Warm clothing / Blankets |
| <input type="checkbox"/> Batteries / Power banks | <input type="checkbox"/> Pet supplies |
| <input type="checkbox"/> Generator fueled and tested | <input type="checkbox"/> Communication devices |
| <input type="checkbox"/> Fuel / Propane / Wood | <input type="checkbox"/> Other: _____ |

5. MEAL PLAN OVERVIEW

Plan simple meals and snacks for 2 weeks.

MEAL	EXAMPLES	NOTES
Breakfast		
Lunch		
Dinner		
Snacks		
Special Treats / Morale Boosters		
Notes		

6. POTENTIAL CHALLENGES & SOLUTIONS

Identify possible challenges and how you will handle them.

CHALLENGE	POSSIBLE IMPACT	SOLUTION / PLAN

7. EMERGENCY ADJUSTMENT PLAN

If things don't go as planned, what will you do?

8. NOTES & ADDITIONAL PLANNING



IMPORTANT REMINDERS



Conserve water and use only what you need.



Eat what you have first and avoid waste.



Stay safe, stay calm, and stick to your plan.



Look out for each other and stay positive.



MONTHLY PREPAREDNESS MAINTENANCE TRACKER

Stay ready, not rusty. Use this tracker every month to maintain your supplies, update your plan, and keep your family prepared.



STAY CONSISTENT

A little time each month keeps you prepared all year long.



CHECK & UPDATE

Inspect supplies, check dates, and update information.



BE READY

Well-maintained plans and supplies help keep your family safe.

MONTH / YEAR: _____

COMPLETED BY: _____

1. MONTHLY CHECKLIST

Check the items below and take action as needed.

	DONE ✓	NEEDS ATTENTION	NOT APPLICABLE	NOTES / ACTION TAKEN	DATE COMPLETED
PLAN REVIEW Review and update your emergency plans and contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SUPPLY INVENTORY Check food, water, and supplies. Restock what you use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BATTERIES & POWER Test batteries and power banks. Replace if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MEDICATIONS Check expiration dates. Refill or replace as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAFETY EQUIPMENT Inspect fire extinguishers, smoke detectors, CO detectors, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRST AID SUPPLIES Check first aid kit and replenish used or expired items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IMPORTANT DOCUMENTS Ensure documents are up to date and stored in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMMUNICATION Test radios/communication devices. Update contact lists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CLOTHING & GEAR Check clothing, shoes, and seasonal gear. Replace or clean as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PET SUPPLIES Check pet food, medications, and supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FINANCIAL READINESS Check cash on hand and make sure small bills are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PRACTICE & TRAINING Practice your plans and review roles with family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. ITEMS NEEDING ATTENTION

List items that need attention or action.

ITEM	ACTION NEEDED	TARGET DATE	COMPLETED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

3. NOTES / IMPROVEMENTS

Ideas, improvements, or notes for next month.

4. NEXT MONTH FOCUS

Top 1-3 things I will focus on next month:

1 _____

2 _____

3 _____



IMPORTANT REMINDERS



Set a reminder to review your plan each month.



Rotate food and supplies before they expire.



Keep your plan updated as your needs change.



A little effort today = a safer tomorrow.



EMERGENCY NOTES

Use this page to keep important information, draw maps, record ideas, or write anything else that will help you and your family stay prepared.

IMPORTANT NOTES

IDEAS & IMPROVEMENTS

CONTACTS & INFORMATION

Neighbor / Local Contact: _____

Work / Employer Contact: _____

School / Daycare Contact: _____

Doctor / Clinic: _____

Pharmacy: _____

Insurance Agent: _____

Other: _____

Other: _____

USEFUL WEBSITES & RESOURCES

HOUSE / EVACUATION MAP & NOTES

Draw your home layout, mark shut-off valves, breaker panel, exits, and safe locations.

Grid area for drawing home layout.

MAP LEGEND

-  Primary Exit
-  Secondary Exit
-  Safe Spot (Indoors)
-  Safe Spot (Outdoors)
-  Electrical Panel
-  Water Shut-Off
-  Gas Shut-Off
-  Other Hazard

Other: _____

ADDITIONAL NOTES



IMPORTANT REMINDERS



Keep this notebook up to date and easy to access.



Store it in a safe, waterproof place.



Review and update regularly.



Share important info with your family.



PREPAREDNESS IS A SKILL

Learn it.
Practice it.
Live it.

Emergencies can happen anytime. The more you learn, practice, and prepare, the more confident and capable you and your family will be.

Small steps today. Big difference tomorrow.

THE 5 PILLARS OF PREPAREDNESS



1. PLAN

Make a plan, know your risks, and keep important information handy.



2. STOCK

Store what you need: water, food, meds, and supplies.



3. LEARN

Learn new skills and stay informed about emergency readiness.



4. PRACTICE

Practice your plan, drills, and skills regularly.



5. STAY CONNECTED

Work together, look out for others, and build a strong support network.

ESSENTIAL SKILLS TO BUILD



WATER MANAGEMENT

Store, purify, and use water wisely.



FOOD PREP & STORAGE

Store meals you'll eat and can prepare.



FIRST AID BASICS

Learn to treat common injuries and emergencies.



FIRE SAFETY

Prevent fires and know how to respond.



COMMUNICATION

Use radios, alert systems, and offline methods.



LIGHTING & POWER

Use power wisely and have backup options.



TOOLS & REPAIRS

Basic tools can fix many problems.



SELF-DEFENSE & SAFETY

Stay aware, protect your home and family.



HELPING OTHERS

Neighbors helping neighbors build stronger communities.

PRACTICE DRILLS REGULARLY

Check the drills you practice and how often.

DRILL	HOW OFTEN?	LAST PRACTICED	NEXT PRACTICE
EVACUATION DRILL			
SHELTER-IN-PLACE DRILL			
FAMILY MEETING POINT			
COMMUNICATION CHECK			
FIRE DRILL			
FIRST AID PRACTICE			
BLACKOUT SIMULATION			
BUG OUT READINESS CHECK			

MY PREPAREDNESS PROGRESS

Track your progress and celebrate small wins!



I have a plan. ☆☆☆☆☆

I have the supplies I need. ☆☆☆☆☆

I practice and stay prepared. ☆☆☆☆☆

EVERY STEP FORWARD IS PROGRESS.

Keep going—you've got this!

WHAT I WILL DO NEXT

Small steps lead to big results. Choose 1-3 actions to focus on.

1 _____

2 _____

3 _____

“ You don't have to be perfect. You just have to be prepared. ”



YOU ARE BUILDING A SAFER FUTURE.

Your preparation today protects your family, your home, and your community.

✓ Review your plan regularly.

✓ Keep learning and stay curious.

✓ Practice, adjust, and improve.

• Be ready.

• Be strong.

• Be the difference.



**TOGETHER,
WE ARE STRONGER.**



Check on your neighbors and community.



Share what you know and help others learn.



Prepared families build a stronger, safer world.



Stay prepared. Stay positive. Stay resilient.

PREPARED TODAY. PROTECTED TOMORROW. ♥