## **Emergency Preparedness Questionnaire**

The purpose of this form is to aid The Capes Emergency Readiness Committee as they attempt to prepare The Capes for potential catastrophic events. Having a list of available skills and/or supplies to draw from could save lives in the event that The Capes should become isolated for a long period of time. It is currently estimated that should we experience an earthquake generated by a Cascadia Subduction Zone rupture (9.0 magnitude or greater), it could take as long as 2-3 months before rescue personnel could reach The Capes to begin the evacuation process. **During those 2-3 months we will need to rely on each other.** 

Name:	Capes Addre	ess:				
How often are you at The Capes? (Full time, every other weekend, June-October only, etc. Be as specific as possible.)						
Does your home at The Capes have a propane tank?	Circle one:	YES	NO			
If yes, where is it located?						
Circle any skills or services that you are able to contribute	e to the comm	nunity in the	e event of a disas	ster:		
1. Doctor, Nurse, Physician's Assistant	7. Chil	7. Child care or elder care				
2. First aid or CPR	8. HAI	8. HAM radio operator				
3. Community Emergency Response Training (CERT) or NEI	RP 9. Firefighter or EMT					
4. Search and rescue	10. Ha	ndyman				
5. Police or auxiliary	11. Co	11. Coordinating and organizational skills				
6. Architect, Engineer, Contractor, Carpenter, Electrician—to assess the safety of buildings/homes	12. Otl	ner:				
What equipment or supplies do you have at The Capes w catastrophic disaster? Please circle all that apply:	hich may be	utilized for	the community's	s survival in tl	ne event of a	
1. First aid and medical supplies	10. CB	, walkie-talki	e			
2. Walkers, wheel chairs, crutches	11. NO	11. NOAA weather radio, S.A.M.E. service				
3. Tents, cots, spare bedding	12. Lo	12. Long ladder				
4. Propane heater, stove, lantern	13. Ch	13. Chain saw, crowbar, axe				
5. Generator	14. Wi	14. Winch, come-along, strong rope				
6. Radios—crank or battery-operated	15. AT	15. ATVs				
7. Portable lights	16. Wł	16. Wheelbarrow				
8. Portable toilets	17. Hy	17. Hydraulic jack				
9. Water purifiers	18. Ot	18. Other:				
Does anyone in your household have special health needs	s/concerns? (	Pacemaker	, on oxygen, pre	scription med	lications, etc.)	
Are you interested in more information or training in:						
Community Emergency Response Training (CERT) - a hands	-on course on	responding t	to emergencies	YES	NO	
First Aid and/or CPR training				YES	NO	
Ham Radio/Amateur Radio Operator Training				YES	NO	
Becoming a member of the Capes Emergency Readiness Com-	nmittee			YES	NO	