

# HOUSE EMERGENCY KIT

Item	Location	Month Checked											
<input type="checkbox"/> Smoke Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Smoke Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Smoke Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Carbon Monoxide Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Carbon Monoxide Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Carbon Monoxide Detector	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Fire Extinguisher	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Fire Extinguisher	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Food (3-day supply)	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Food (for pet)	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Water (4-day supply)	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Flashlights (at least two)	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Batteries for flashlights	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Glow Sticks	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Emergency radio	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Blankets	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Clothes (2 sets each)	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Coats	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> First Aid Kit	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> \$300 in cash	_____	1	2	3	4	5	6	7	8	9	10	11	12
<b>If in colder areas:</b>													
<input type="checkbox"/> Rock Salt	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Snow Shovel	_____	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> Wood for fireplace	_____	1	2	3	4	5	6	7	8	9	10	11	12

**Notes:**

Replace water every three months and foods every six months.  
Check smoke and carbon monoxide detectors each month.

*Replace this sheet every year.*