

IMPORTANT DOCUMENTS

Birth certificate	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>
Driver's license	<input type="checkbox"/>
Passports	<input type="checkbox"/>
Wills (Including living wills & advance directives)	<input type="checkbox"/>
Deeds	<input type="checkbox"/>
Inventory of household goods	<input type="checkbox"/>
Insurance papers (property, health & life)	<input type="checkbox"/>
Immunization Records and copies of prescriptions	<input type="checkbox"/>
Name, phone number, address of your doctors, home health, agency, hospital, pharmacist, caregiver (Also, keep copies posted by all homes telephones)	<input type="checkbox"/>
A list of models & serial numbers as well as suppliers for medical equipment such as pacemakers, feeding pumps home IV Units, suction machines, wheel chairs, Braille or lower vision equipment, etc.	<input type="checkbox"/>
Written instructions regarding your medical care	<input type="checkbox"/>
If applicable, a copy of the pre-admission letter from your doctor stating that you are to be taken to a specific hospital or nursing home	<input type="checkbox"/>
Bank & credit card account and routing numbers	<input type="checkbox"/>
Stock & bonds	<input type="checkbox"/>
Emergency contact list (family & friends) with phone numbers and addresses	<input type="checkbox"/>
Map of the area and phone numbers of places you could go	<input type="checkbox"/>
Driving instructions and contact information of where you are going	<input type="checkbox"/>

PET SUPPLIES

Extra Food (Store the food in study containers)	<input type="checkbox"/>
Cleaning supplies	<input type="checkbox"/>
Pet carrier (labeled)	<input type="checkbox"/>
Medications and pet first aid supplies	<input type="checkbox"/>
Pet's medical /vaccine records and vet contact information	<input type="checkbox"/>
Leashes, collars, harness and muzzles	<input type="checkbox"/>
Two sets of pet ID tags (one on the pet and an extra)	<input type="checkbox"/>
Pet dishes, litter pan, litter and plastic bags	<input type="checkbox"/>
Toys	<input type="checkbox"/>



ARE YOU PREPARED?

T	T	B	B	D	D	B	Q	H	F	C	S	Q	H	A
U	O	E	O	Q	E	B	N	L	P	O	K	W	T	J
L	K	O	Z	O	R	H	A	B	O	T	C	N	R	V
R	N	C	T	E	T	S	R	Z	E	T	A	R	U	K
W	X	D	T	H	H	S	H	Q	U	O	N	N	Q	M
V	R	A	L	L	P	M	W	V	K	N	S	P	Q	I
T	W	G	I	V	Q	A	K	R	J	W	N	K	A	Y
N	L	G	B	T	Q	E	S	V	V	O	M	G	T	E
R	H	K	J	J	E	E	L	T	T	O	J	V	K	Q
T	D	Q	T	M	E	Y	H	T	E	L	S	B	I	A
S	E	I	R	E	T	T	A	B	S	F	Y	Y	Q	F
T	O	W	E	L	M	C	T	J	T	I	V	G	Q	E
L	B	G	J	U	L	I	U	Y	X	C	H	C	D	D
J	Q	T	V	W	R	G	S	D	F	Y	A	W	L	Y
C	W	D	J	L	F	D	J	S	Z	R	U	N	E	H

BATTERIES

BOOTS

COTTON WOOL

FLASH LIGHT

HAT

SNACKS

TOOTHPASTE

TOWEL

WATER

WHISTLE

The Department of Emergency Management

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TALIUS®



HURRICANE PREPAREDNESS

EMERGENCY SUPPLIES CHECKLIST



Water



Flashlights



Canned Foods



First Aid Kit



Portable Radio



Hurricane Preparedness Checklist

Are you Prepared?

The following list is to help you determine what to include in your **EMERGENCY SUPPLIES KIT** to meet your family's needs during an emergency situation or evacuation. Store items in an easy to carry container such as a water proof suitcase, large plastic storage box, back pack or duffel bag.

FIRST AID SUPPLIES

	HOME	VEHICLE	WORK
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical grade, non-latex gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors (Small)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assorted sizes of safety pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotton wool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum jelly or other lubricant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect repellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NON-PRESCRIPTION AND PRESCRIPTION MEDICINE AND MEDICAL SUPPORT EQUIPMENT

	HOME	VEHICLE	WORK
Antibacterial ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain reliever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-diarrhoea medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antacid (for upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentures & cleaning solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra eyeglasses/contact lenses and cleaning solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid & extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Support equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(wheel chairs - extra battery if motorized, walkers, cane, dressings, oxygen and tubes, feeding equipment, etc). Label all equipment with your name

SANITATION AND HYGIENE SUPPLIES

	HOME	VEHICLE	WORK
Towelettes, body wipes, soap, hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washcloth & towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothpaste, tooth brushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo, comb and brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razor, Shaving cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lip balm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy-duty plastic garbage bags and ties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium-sized plastic bucket with tight lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant & household chlorine bleach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary napkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diapers and other disposable incontinence supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT & TOOLS

	HOME	VEHICLE	WORK
Portable, battery-powered or hand cranked radio or television & extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booster Cables for car and full tank of gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash light and extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal flare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches in a water proof container (or water proof matches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shut-off wrench, pliers, shovel, and other pertinent tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duct tape and scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic sheeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper, pens & pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small canister, ABC-type fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra set of house keys and car keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN ITEMS

Household liquid bleach to treat drinking water, or water purification tablets	<input type="checkbox"/>
Disposable cups, plates and utensils	<input type="checkbox"/>
All-purpose knife	<input type="checkbox"/>
Manual can opener	<input type="checkbox"/>
Small cooking stove and a can of cooking fuel (if food must be cooked)	<input type="checkbox"/>
Aluminum foil & plastic wrap	<input type="checkbox"/>
Resealable plastic bags	<input type="checkbox"/>

ENTERTAINMENT

Cards, games, books	<input type="checkbox"/>
Toys for kids	<input type="checkbox"/>

FOOD & WATER FOR AT LEAST 3 - 5 DAYS

	HOME	VEHICLE	WORK
Water (1 gallon per person, per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready-to-eat canned meats, fruits, vegetables and soups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned or boxed juices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-energy foods (such as peanut butter, nuts jelly, low-sodium crackers, granola bars, dried fruit and trail mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special foods for persons on a special diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLOTHES & BEDDING SUPPLIES

	HOME	VEHICLE	WORK
Change of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra pair of shoes (Sturdy shoes or boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets/sleeping bags and pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folding cot or lawn chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT DOCUMENTS

Personal identification	<input type="checkbox"/>
Credit cards	<input type="checkbox"/>
Photography of all valuables in home	<input type="checkbox"/>
Written instructions for how to turn off electricity, gas and water if authorities advise you to do so.	<input type="checkbox"/>