

Faith-Based Organization Disaster Preparedness Checklist

DISASTER COMMITTEE/PREPAREDNESS TASK FORCE

COORDINATOR _____

TEAM MEMBERS _____

REGULAR MEETING SCHEDULE _____

ANNUAL EMERGENCY PLAN REVIEW DATE _____

Assign these important tasks. Add dates, details and contact information where applicable.

RECORDS SAFEKEEPING

COPY OF EMERGENCY PLAN LOCATED – CHURCH OFFICE, LOCAL EMERGENCY OPERATION CENTER, OTHER _____

COMMUNICATIONS NETWORK

EMERGENCY COMMUNICATIONS COORDINATOR _____

EMERGENCY PREPAREDNESS INFORMATION OFFICER _____

PHONE TREE COORDINATOR _____

MEMBERS CONTACT LIST _____

DISTRIBUTION OF PREPAREDNESS MATERIALS _____

BULLETIN UPDATE _____

INVENTORY OF CHURCH PROPERTY AND HOLDINGS

DATE OF INVENTORY _____

PHOTOGRAPHS/ VIDEO _____ LOCATION STORED _____

INVENTORY CONTROL COORDINATOR _____

ANNUAL REVIEW OF INVENTORY/STORAGE LOCATIONS _____

INSURANCE REVIEW

DATE _____

RESPONSIBLE PERSON (S) _____

PROVIDER CONTACT INFORMATION _____

COPY OF POLICY AND COVERAGE LOCATION _____

COVERS _____

PROPERTY SURVEY/MAPS OF FACILITY- IDENTIFY

HIGH RISK AREA/CONCERNS _____

SAFE LOCATION (S) FOR SUPPLIES _____

EVACUATION AREAS _____

POSTED BY _____ DATE _____

ALARM COMPANY _____

COVERS _____

SMOKE ALARMS – LOCATIONS, INSTALLED, BATTERY CHANGE _____

FIRE EXTINGUISHERS –LOCATIONS, INSPECTIONS _____

FIRE SPRINKLERS _____

SECURITY SYSTEM (IF DIFFERENT FROM ALARM COMPANY)

MASTER KEYS _____

DEVICES – ON SURGE PROTECTORS _____

UTILITY LOCATIONS/ SHUTOFFS

ELECTRICITY _____

NATURAL GAS _____

PROPANE _____

WATER _____

ALARMS _____

OTHER _____

EMERGENCY SUPPLIES ON HAND (ATTACH A LIST)

TO BE PURCHASED _____

LOCATED _____

DISTRIBUTION COORDINATOR _____

INVENTORY CONTROL _____

REPLACEMENT PLAN _____

FIRST AID SUPPLIES

RESPONSIBLE PERSON(S) _____

LOCATION (S) _____

SUPPLIES ON HAND _____

TRAINING

SHELTER AND MASS CARE (INCLUDE DATE AND TRAINING PROVIDER)

CPR (INCLUDE PROVIDER, DATE OF CERTIFICATION AND EXPIRATION)

FIRST AID (INCLUDE PROVIDER, DATE OF CERTIFICATION AND EXPIRATION)

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) TRAINING

AMATEUR RADIO (INCLUDE NAME AND CALL SIGN)

OTHER _____