

**IRVINE POLICE DEPARTMENT**  
**EMERGENCY MANAGEMENT SECTION**  
**HOME HAZARD CHECKLIST**

- Move bed away from windows
- Fasten hanging mirrors and pictures
- Secure water heater, install flexible hose
- Attach or remove glass or heavy objects from shelves, cabinets, bookcases
- Secure appliances with plastic fasteners
- Install safety latches on kitchen cabinets
- Clear a path at home for two safe exits
- Remove toxic and flammable materials from home
- Install smoke detectors or replace batteries
- Locate and mark water, gas, and electric shut off valves
- Bolt wood frame buildings to foundation

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# HOME SUPPLIES CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Flashlight with batteries  | <input type="checkbox"/> Tools, including crescent wrench                             |
| <input type="checkbox"/> Portable radio with batteries  | <input type="checkbox"/> Cash, including rolls of quarters                            |
| <input type="checkbox"/> Extra batteries (alkaline are best)  | <input type="checkbox"/> Personal hygiene items                                       |
| <input type="checkbox"/> Three gallons of drinking water per person for three days  | <input type="checkbox"/> Toilet paper   |
| <input type="checkbox"/> Non-perishable food for three days   | <input type="checkbox"/> Pen and paper  |
| <input type="checkbox"/> Manual can opener  | <input type="checkbox"/> Pet food, leash  |
| <input type="checkbox"/> First aid kit including: gauzes, bandages, scissors tape, antiseptics, prescription, and non-prescription medications, thermometer, first aid manual | <input type="checkbox"/> Crowbar  |
| <input type="checkbox"/> Record of prescription medications/medical conditions/pharmacy   | <input type="checkbox"/> Fireproof box for documents                                  |
| <input type="checkbox"/> Important phone numbers; out-of-town contacts, doctor. hospital  | <input type="checkbox"/> Duct tape  |
| <input type="checkbox"/> Whistle  | <input type="checkbox"/> Proof of current residency                                   |
| <input type="checkbox"/> Extra pair of glasses  | <input type="checkbox"/> Bag to carry items during evacuation                         |
| <input type="checkbox"/> Heavy shoes, extra clothing, gloves  | <input type="checkbox"/> Car emergency kit (food, water, walking shoes, warm clothes) |
| <input type="checkbox"/> Blankets or sleeping bags  | <b>SPECIAL NEEDS:</b>   |
| <input type="checkbox"/> Fire extinguisher (ABC type)   | <input type="checkbox"/> Extra batteries for hearing aid                              |
| <input type="checkbox"/> Large plastic garbage bags   | <input type="checkbox"/> Special arrangements for life support equipment              |
| <input type="checkbox"/> Water purification tablets or chlorine   | <input type="checkbox"/> Manual wheelchair for power chair users                      |