

Highlands Emergency Local Preparedness (HELP)

Neighbour helping Neighbour

Information & Resource Questionnaire

Emergency Services needs the following information in order to act appropriately if a major emergency occurs. Please take a few moments to read, fill out and hand in this survey to your neighbourhood group leader

Your Name(s) _____
Street Address _____
Phone # _____ (home) _____ (work)
Cell phone # _____
E-mail _____
Out of area (contact or next of kin) name & phone # _____

Section A asks some basic information that the response agencies should know. Section B asks whether you would be able to contribute to the relief effort in a variety of ways.

Please tick or fill-in the items that apply to you or your property.

Section A

Number of people in your residence: _____

Would any of them require special attention in an emergency?

- small children _____
- impaired vision _____
- impaired hearing _____
- mobility problems _____
- other (specify) _____

If the public road is blocked, does your property have an alternate escape route?

- no readily available escape route _____
- trail/pathway (walking) _____
- road (4x4, all terrain vehicle capable) _____

Do you have large propane tank(s) on your property?

Yes _____ How Many? _____ No _____

Do you have pets /livestock on your property? Yes ___ No ___

Please specify:

number _____ and type _____
number _____ and type _____
number _____ and type _____

Do you have carrying cages ___ or trailers ___ for your animals?

Section B

Resources

Do you have **special skills** that you could make available in an emergency? Please tick

- Doctor _____
- Nurse _____
- First Aid training _____
- Engineer-structural /civil _____
- Heavy equip. operator _____
- Care giving _____
- Food prep. _____
- Ham radio operator _____
- Other (Specify) _____

Do you have any **equipment** that you would be willing to share and/or operate to help your neighbourhood in an emergency?

- Chain saw _____
- First Aid equipment/supplies _____
- Heavy Equipment (backhoe, tractor with plow) _____
- All terrain vehicle _____
- 4x4 SUV, Pick-up _____
- Communications equip. (CB/VHF/FRS/GMRS) _____
- Generator _____
- Other (specify) _____

Does your well pump have a back-up power source (i.e. a generator)?

Yes ___ No ___

Do you have a (drinkable) water source (e.g. a cistern) that does not depend on hydro power to provide water, that is, it's accessible from ground level?

Yes ___ No. of Gallons _____ No ___

Do you have an above-ground water source (e.g. a pool or pond) for fire fighting and/or toilet flushing?

Yes ___ No. of Gallons _____ No ___

Would you be prepared to work with your neighbourhood in any of these areas? Please tick

- Transportation _____
- Healthcare/First-aid _____
- Shelter _____
- Planning skills _____

**THIS INFORMATION IS FOR USE ONLY BY THE APPROPRIATE RESPONSE AGENCIES
AND WILL BE HELD IN THE STRICTEST CONFIDENCE**

District of Highlands Emergency Program