

Emergency Preparedness Survey



The purpose of this survey is to increase your awareness of areas of preparedness so you can be better prepared to help your family and we can be better prepared as a community in case of an emergency or disaster.

A fillable online form version is also available at www.herriman.org/be-ready-herriman if you are willing to assist Herriman City in gathering statistical data to best know which areas are most needed for emphasis and education. You are invited to periodically fill out this survey to continually assess your or your family's emergency preparedness.

Food and Water

• In the event of an emergency would you have sufficient food? Please circle which number best describes how long your supply will last your household

3 days 2 weeks 1 month
3 months 6 months 9 months
1 year

• Would you have the means to cook food without gas and electricity?
Yes No

• Would you have sufficient water for drinking, cooking, and sanitary needs? Please circle which number best describes how long your supply will last your household.

3 days 2 weeks 1 month
3 months 6 months 9 months
1 year

• Do you have a supply of clothing and blankets suitable for all cold weather conditions, such as going weeks without heat?

Yes No

• Are you able to make complete meals with your food storage with any needed recipes or instructions in your food storage?

Yes No

• Would you like to attend classes on this subject?

Yes No

to be put in touch with Herriman City's Emergency Management team.

• Does your food storage contain whole grains?

Yes No

• Do you have a wheat grinder that you can use without power?

Yes No

• Do you have emergency pet supplies, such as food and other important material set aside for your pets?

Yes No Not Applicable

• Do you have a rotation system in place to make sure clothing still fits and food doesn't expire?

Yes No

Yes, but it could use improvement

Facilities and Drills

• Without electricity and gas, do you have a way to heat at least part of your home?

Yes No

• Do you own a generator capable of supplying power to your most important appliances (fridge, heater, etc)

Yes No

• Do you have a supply of fuel such as propane, wood, kerosene, or charcoal? Please circle how which number best describes for long your supply will last.

None 3 days 1 week 2 weeks 1 month 3 months
Longer than 3 months

• Has your family rehearsed fire escape routes from your home?

Yes No

Yes, but we could use improvement

• Does your family know what to do before, during, and after an earthquake or other emergency situation?

Yes No

Yes, but we could use improvement

• Do you have all heavy and hanging objects (especially over a bed) secured in a way that will prevent them from falling during an earthquake?

Yes No

• If a water line was to rupture during an earthquake, do you know how to shut off the main water line to your house as well as the individual ones in bathrooms and kitchen?

Yes No

If yes, please email info@herriman.org

• Do you know where the main gas shut-off valve to your house is located? Is the tool to close off the valve near the main gas shut off in an easily accessible place?

*(*If you need to practice this don't actually do it, as closing it would require the gas company to come and turn it back on)*

Yes No

• Do you have working smoke alarms in the proper places to warn you of fire?

Yes No

• Do you have a working fire extinguisher that you can know how to use?

Yes No

• Do you have working carbon monoxide detectors in the proper places to warn of carbon monoxide poisoning?

Yes No

Emergency Supplies and Clothing

• Do you have a 3-day/72-hour emergency pack for each member of your family that is ready to go?

Yes No

• If yes, does each kit or bag include sturdy shoes, a working flashlight or LED head lamp, heavy duty gloves, 3 long shelf-life waters, safety blanket, contact card, emergency instruction card?

Yes No

• Would you need a carrier with wheels or help to transport these 3-day packs for your family?

Yes No

• Do you have a backup charger for your phone, such as a solar charger or external charger?

Yes No

• Do you have a plan for toilet facilities if there is an extended water shortage?

Yes No

• If you need feminine hygiene products, do you have a month's supply on hand for everyone in the household that needs them?

Yes No Not Applicable

• Do you have supplies to filter or treat water from a questionable source (bleach, water purification tablets, etc.)?

Yes No

• Do you have work gloves, tools, tape, and plastic to cover broken windows if windows should break and you need to cover openings for security and to minimize heat loss?

Yes No

• Do you have access to a battery-operated light or an operational flashlight in rooms other than bedrooms? (the use of candles is not recommended in case of leaking gas)

Yes No

• Do you have a functional emergency radio you can use during a power outage to receive emergency information?

Yes No

• Do you have a first aid kit in your home, cars, and workplace?

Yes No

Communications

• Have you established an out-of-state family or close friend contact that you would call in the event of a statewide emergency or somewhere you can stay if you need to vacate your home?

Yes No

• Do you have copies of important information and documents in a fire-safe location ready for evacuation? (such as banking info, passports, social security cards, birth certificates, medical documents, will, insurance info, deeds and titles)

Yes No

Finance

• Do you have access to cash in an emergency?

Yes No

Medication

• If you need medications, do you have a month's supply on hand?

Yes No

• Do you have a current list of all medications and dosage needed for members of your household?

Yes No