



Master Emergency Supplies List

Check each item you need in this column.

When you have the item, check it off here.

Identify the items that should be stored in your Go Kit.

First Aid	I need this item	I have this item	Put in my Go Kit
Water (1 gallon per person per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned food: meats, beans, vegetables, fruit, soups, sauces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried food: potatoes, vegetables, fruit, pasta, rice, cereal, milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen food: meats, vegetables, fruit, pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages bottled/canned/boxed: juices, water, soda, etc. coffee/tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staples: sugar, salt, pepper, spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High energy food: peanut butter, jelly, low-sodium crackers, granola bars, trail mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, hard candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special foods for infants or persons on special diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen Items	I need this item	I have this item	Put in my Go Kit
Manual can opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-purpose knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mess kits or paper plates, cups, bowls & eating utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-sealable plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum foil, plastic wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels & paper towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small cooking stove with fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household chlorine bleach to treat drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pots & pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes & Misc.			
Complete change of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sturdy shoes or boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hats & gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra socks & underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blankets/sleeping bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games/Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Care & Sanitation	I need this item	I have this item	Put in my Go Kit
Toothbrush & toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo/comb/brush			
Sunscreen/lip balm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect repellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotion/creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razor, shaving cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminine supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towelettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic bags for sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium sized bucket/lid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact lenses & solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids & batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Supplies			
Leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First Aid	I need this item	I have this item	Put in my Go Kit
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain reliever/fever reducer for <u>adults</u> : Acetaminophen, ibuprophen, liquid or chewable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain reliever/fever reducer for <u>children</u> : Acetaminophen, ibuprophen, liquid or chewable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antacid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-diarrhea medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit & manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large sterile dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile gauze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic towelettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR breathing barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal emergency blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-mixed electrolyte solution (like Pedialyte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar, baking soda, salt, & salt substitute for oral rehydration solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Equipment	I need this item	I have this item	Put in my Go Kit
Portable radio with extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOAA weather radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight with extra batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches in a waterproof container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lantern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocket knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrench to shut off gas & water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screwdrivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal flare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rope/string	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duct tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic sheeting (heavy duty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC-type fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube tent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compass	<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"/>
Needle & thread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel alarm clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Put all of these items in your Go Kit</i>			
ID, Keys, Cash, Maps, etc.	I need this item	I have this item	Put in my Go Kit
Personal identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contacts with phone numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash & coins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/ATM cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra set of house & car keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maps of the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Documents			
Driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces service records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory of household goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet immunizations records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank, credit card & personal finance account numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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