



Neighbourhood RESOURCES REGISTER

This form will help you develop a plan to use your own resources to look after each other in an emergency.

HOW TO USE THIS

1. Get together with your nine nearest neighbours to see what's what in your neighbourhood.
2. Each household completes a form.
3. Somebody takes responsibility for collating the information and distributing back to each household.
Keep it with your 'It's Easy' booklet.
4. Get together again once a year to update the register, welcome new neighbours etc.

YOUR HOUSEHOLD DETAILS

Name

Address

Phone

Work

Mobile

Email

Your neighbourhood buddy

Out-of-area emergency contact (name, phone number and email)

FAMILY MEMBERS (attach more pages if needed)

Name	Contact numbers	Age	Relevant medical info (hearing, vision, mobility etc)

PETS

For your pet/s' safety and ease in evacuation, please make sure to keep carriers, extra pet food, bowls, and any medications on hand, as well as leads and muzzles for dogs (which will be needed on any transport and in shelters). For dogs, please indicate breed. Attach more pages if needed.

Name	Type of pet	Breed (if helpful)	Friendly?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS AND TOOLS INVENTORY

This helps us to know the skills, tools, equipment and supplies that your neighbourhood has, and to determine what our neighbourhood still needs to be prepared (tick all that apply).

Please tick (and circle specific) if anyone in your household has training or skills in these areas

<input type="checkbox"/> Medical/emergency services	<input type="checkbox"/> Light search and rescue	<input type="checkbox"/> First aid/CPR
<input type="checkbox"/> Carpentry/plumbing/electrical	<input type="checkbox"/> Childcare/pet care	<input type="checkbox"/> Leadership abilities
<input type="checkbox"/> Cooking	<input type="checkbox"/> Other	

Please circle if you have any of these and note their location

	Location		Location
Crank radio		Bolt cutters/heavy jack/winch	
Chainsaw/strong rope/ladder		Wheelchair	
Campervan/caravan/tent		Generator	
Cot/stretchers		Walkie-talkies	
Axe/shovel/crowbar/wheelbarrow		Portable toilet	
Tarps/blankets/fire extinguisher		Bottled water/canned/dried food	
First-aid supplies		Pet food and supplies	
<input type="checkbox"/> Other			
Location of gas shut-off			
Location of water main shut-off			