

ReadySteps™



7 SIMPLE STEPS TO REAL READINESS





EMERGENCY INFORMATION CARD

My Name: _____ My Blood Type: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Out-of-Town Contact Name: _____

Out-of-Town Contact Phone: _____

Emergency Meeting Place: _____

Dial 911 For Emergency Services

<< Fold Here

OTHER EMERGENCY INFORMATION & INSTRUCTIONS



EMERGENCY INFORMATION CARD

My Name: _____ My Blood Type: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Out-of-Town Contact Name: _____

Out-of-Town Contact Phone: _____

Emergency Meeting Place: _____

Dial 911 For Emergency Services

<< Fold Here

OTHER EMERGENCY INFORMATION & INSTRUCTIONS



Fill out an Emergency Information Card for each individual in your family to carry on their person at all times and keep them updated with your current family emergency plan.



AVERAGE RECOMMENDED WATER AMOUNTS PER PERSON

Food Type	1-Day Amount		1-Month Amount	3-Month Amount
• Drinking Water*	≈ 10 CUPS	OR ≈ 80 OZ	18.75 GALLONS	56.25 GALLONS
• Cleaning & Hygiene	≈ 2 CUPS	OR ≈ 16 OZ	3.75 GALLONS	11.25 GALLONS
• Cooking & Reconstitution	≈ 4 CUPS	OR ≈ 32 OZ	7.5 GALLONS	22.5 GALLONS
Total	16 CUPS	OR 1 GALLON	30 GALLONS	90 GALLONS

*THE INSTITUTE OF MEDICINE ADVISES THAT MEN CONSUME ROUGHLY 3 LITERS (ABOUT 13 CUPS) OF TOTAL BEVERAGES A DAY AND WOMEN CONSUME 2.2 LITERS (ABOUT 9 CUPS) OF TOTAL BEVERAGES A DAY.

WATER CONTAINERS

Water Container Size & Description	TOTAL NEEDED	TOTAL ON HAND	TOTAL TO BUY	Cost/Item	BUDGET

Water Container Budget

WATER TREATMENT

Water Treatment Option Description	TOTAL NEEDED	TOTAL ON HAND	TOTAL TO BUY	Cost/Item	BUDGET

Water Treatment Budget

Total Budget





Chicken Pasta Marinara with Peaches & Green Beans

MEAL INGREDIENTS

Qty	Measure	Item
2	Cups	Instant Marinara Sauce
1	Cap	Freeze-Dried Chicken
1	Box	Fettucini Pasta
1	Can	Sliced Peaches
2	Cans	Cat Green Beans

ReadyRecipes | SHORT-TERM FOOD SUPPLY

CONTAINER INFO

Container Size	Measure/Container	Qty/Meal	TOTAL NEEDED
#10 CAN	10	1/5	2
#10 CAN	10	0.10	1
12 oz.	1	1	10
Large	1	1	10
Small	1	2	20

Brkfst

Lunch

Dinner

DAYS FOR MEAL

10

MEAL INGREDIENTS		CONTAINER INFO					
Date Last Purchased	Item Description	Container Size	TOTAL NEEDED	TOTAL ON HAND	TOTAL TO BUY	Cost/Item	BUDGET
2 Oct 2009	Instant Marinara Sauce	#10 CAN	5	1	4	\$27.95	\$111.80
2 Oct 2009	Freeze-Dried Chicken	#10 CAN	6	0	6	\$50.49	\$302.94
18 Aug 2009	Fettucini Pasta	12 oz. Box	8	3	5	\$2.69	\$13.45

Different Recipes	3	X	Days of Each Recipe	30	=	Days of Meals	90
Breakfasts	5	X	Days of Each Recipe	18	=	Date Last Checked	4 Nov 2009
Lunches	9	X	Days of Each Recipe	10	=	TOTAL BUDGET	\$428.19
Dinners							

COMMON CAN SIZE REFERENCE CHART

Can Size	Cups	Tbsp	tsp	Dimensions
6Z	3/4	12	36	2 1/8" x 3 1/2"
8Z Short	1	16	48	2 11/16" x 3"
8Z Tall	1	16	48	2 11/16" x 3 1/4"
Picnic	1 1/4	20	60	2 11/16" x 4"
No. 211 Cylinder	1 2/3	26 2/3	80	2 11/16" x 4 7/8"
No. 300	1 3/4	28	84	3" x 4 7/16"
No. 300 Cylinder	2 1/2	40	120	3" x 5 9/16"
No. 1 tall	2	32	96	3 1/16" x 4 11/16"
No. 303	2	32	96	3 3/16" x 4 3/8"
No. 303 Cylinder	2 2/3	42 2/3	128	3 3/16" x 5 9/16"
No. 2 Vacuum	1 3/4	28	84	3 7/16" x 3 3/8"
No. 2	2 1/2	40	120	3 7/16" x 4 9/16"
Jumbo	3 1/4	52	156	3 7/16" x 5 5/8"
No. 2 Cylinder	3 1/3	53 1/3	160	3 7/16" x 5 3/4"
No. 1 1/4	1 2/3	26 2/3	80	4 1/16" x 2 3/8"
#2 1/2 CAN	3 1/2	56	168	4 1/16" x 4 11/16"
No. 3 Vacuum	3	48	144	4 1/4" x 3 7/16"
No. 3 Cylinder	6 1/2	104	312	4 1/4" x 7"
#5 CAN	7 1/3	117 1/3	352	5 1/8" x 5 5/8"
#10 CAN	12	192	576	6 25" x 7"





BUDGET PERIOD:

	BUDGETED	ACTUAL	DIFFERENCE
INCOME			
Net Wages/Salary (AFTER TAXES)			
Self-Employment			
Rental Income			
Other Income			
TOTAL INCOME			
EXPENSES			
Mandatory Spending			
Charitable Donations (___%)			
Savings (___%)			
Groceries			
Rent/Mortgage			
Debt Repayment			
Utilities			
Auto/Transportation			
Insurance			
Medical			
Clothing			
Discretionary Spending			
Dining Out			
Cable/TV			
Internet			
Subscriptions			
Home Improvements			
TOTAL EXPENSES			
INCOME LESS EXPENSES			

ReadySteps™

7 SIMPLE STEPS TO REAL READINESS





Use this debt reduction calendar to make a plan for eliminating your debt as soon as possible. The key is to make sure that your total debt repayment stays the same as your individual debts are payed off. In other words, when you pay off a debt that is usually a \$150.00 per month payment, instead of thinking "Now I have \$150.00 more to spend each month," you need to think "Now I have \$150 more to put toward paying off my other debts." Here's how it works:

- **First**, write the names of the months in the left hand column beginning with the upcoming month.
- **Second**, write the names of your creditors in the columns at the top of the worksheet, beginning with the creditor you want to pay off first (usually this is the one with the highest interest rate or earliest pay-off date).
- **Third**, beginning with CREDITOR 1 write the monthly amount due in the in the rows beneath the creditor for as many months it will take to pay off the entire debt.
- **Finally**, write the monthly amount due for CREDITOR 2 until the month when CREDITOR 1 is payed off. Then add the amount you were paying to CREDITOR 1 to your CREDITOR 2 payments, continue this process until all your debts are payed off and you will have saved yourself a significant amount of money in interest payments.

	CREDITOR 1	CREDITOR 2	CREDITOR 3	CREDITOR 4	CREDITOR 5	CREDITOR 6	
MONTH							TOTAL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
TOTAL							



BUSINESS CONTINUITY & DISASTER RECOVERY PLAN

Your Name: _____

Email Address: _____

#1: TAKING CARE OF YOUR PEOPLE

Needs

- What type of emergency are you prepare for?
 Shelter-in-Place | Grab-n-Go | Disaster-Specific-Supplies
- How many people are you looking at purchasing supplies for? _____
- For how long of a timeline are you looking to sustain your people? _____

Wants

- What sort of supplies are you looking for anything specific? _____

Current Resources & Needs

- What supplies do you already have and what do you need?
 - Air - filtration apparatus
 - Shelter
 - Water
 - Food
 - First Aid
 - Hygiene
 - Tools
 - Light & Comm.
 - Cooking
- Do you have a priority list of what you need first? **YES** **NO**
- What facilities do you have available for emergency use?
 - Kitchen/serving area for cooking/serving food if needed
 - Large rooms with floor space for sleeping if needed
 - Storage are for disaster supplies (70-75°F)
 - What type of building are you in (Office/Warehouse/Mixed)?
 - Do you have multiple locations?
- Do your employees have any expertise that can be utilized, such as:
 - Medical training or experience
 - Search and rescue
 - Military training
 - Outdoor and survival skills

Financial Considerations

- What is the amount and scope of your budget for your emergency plan? _____
- What is your timeline for completing your goal? _____

Families of Your Employees

- Do you know how many of your employees have emergency supplies for their families? _____
- Do you have any resources to help your employees prepare their family? **YES** **NO**

#2: PREPARING YOUR ORGANIZATION

Leadership

- Who is responsible for organizing your emergency plan? _____
- Have you divided your organization up into smaller groups to help you execute the emergency plan? E.G. Floor Captains (for multi-floor buildings) or Site Captains, etc. _____
- Do you have basic evacuation plans (*Earthquake/ Fire/ Power Outage*)? _____
- Do you have a plan to communicate during and after a disaster? _____
- When was the last time you practiced or reviewed this plan? _____