01 Daily incident briefing

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Date / location

People accounted for

Medical or accessibility needs

Safe shelter status

Verified water / food / fuel / battery

Priority actions

Confirmed resupply

Next check-in

Unresolved hazards

Reviewed by: _____ Date: _____

02 Family communication card

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Household member

Nearby meeting place

Out-of-area meeting place

Trusted contact

Primary and alternate communication

School / dependent pickup

Emergency instructions

Reviewed by: _____ Date: _____

03 Evacuation decision card

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Date / time

Official order or observed hazard

Destination confirmed

Route / alternate confirmed

People and pets

Medical equipment and medication

Vehicle / fuel / payload

Go-bags

Next check-in

Reviewed by: _____ Date: _____

04 Safe water register

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Source / date

Potable status and basis

Quantity (gal)

Container ID

Treatment or advisory

Storage site

Next inspection

Reviewed by: _____ Date: _____

05 Pantry and meal plan

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Date

Meal / food

Servings

Label calories

Diet restrictions

Preparation water

Fuel required

Safe storage

Rotation date

Reviewed by: _____ Date: _____

06 Power and fuel meter sheet

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Date / time

Equipment

Measured running W / Wh

Surge specification

Battery delivered Wh

Solar delivered Wh

Fuel type and units

Measured use

Run hours

Next maintenance

Reviewed by: _____ Date: _____

07 Medical continuity card

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Person (consent required)

Care provider

Known allergies

Prescribed medicine and supply

Device / power requirement

Provider-approved backup plan

Emergency contacts

Last review

Reviewed by: _____ Date: _____

08 Radio and message log

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Date / time

Station / sender

Channel or method

Exact message

Location or landmark

Verified / unverified

Read-back

Next contact

Reviewed by: _____ Date: _____

09 Vehicle and go-bag check

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Vehicle / bag

Documented capacity

Current load

Water weight

Food and medication

Emergency kit

Fuel / charge

Routes

Date tested

Reviewed by: _____ Date: _____

10 Garden and harvest log

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Crop / variety

Seed lot

Planting date

Bed area

Water use

Actual harvest weight

Preservation method and reference

Losses

Next planting

Reviewed by: _____ Date: _____

11 Equipment and maintenance card

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Equipment / model

Serial number (private)

Manual location

Rated input / output

Permitted operating limits

Last service

Next service

Observed fault

Qualified service contact

Reviewed by: _____ Date: _____

12 Offline acceptance and restore test

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Device / version

App opened without internet

Maps search and route offline

Reference opened in full

Local AI tested if installed

Backup exported

Test restore verified

Paper copy available

Date and owner

Reviewed by: _____ Date: _____

13 Supply purchasing decision

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Item / specification

Location

Quantity required

Verified quantity

Gap

Unit cost

Safety priority

Supplier

Owner

Due date

Reviewed by: _____ Date: _____

14 After-action improvement plan

Private when completed. Use only when safe; do not delay emergency actions to complete paperwork.

Exercise / incident

Expected outcome

Actual result

Issue

Risk or impact

Corrective action

Owner

Due date

Evidence of retest

Reviewed by: _____ Date: _____