Appendix B: Blank Worksheets

These are the sixteen worksheets from the chapters, blank and ready to fill in. Each one starts on a new page. Photocopy them for your own household use, or print fresh copies from the companion website. The chapter in each heading explains every line, and the calculators use the same names, so you can move numbers between the two.

Worksheet 1: Local Hazard Profile

From Chapter 1.

Mark the scenarios that apply to your area, how much warning you would get and which playbook to read first.

Scenario	Applies to us? (Y/N)	Warning time	Longest outage we remember	Playbook	Read first? (1, 2, 3)
Winter storm and ice					
Hurricane and flood					
Heat wave and rolling blackouts					
Wildfire and planned shutoffs					
Earthquake					
Chemical release					
Nuclear or radiation emergency					
Long grid failure					

- **Utility outage alerts signed up (date): _____**
- **Utility runs planned shutoffs or rotating outages? (Y/N): _____**
- **County or city emergency office website: _____**
- **Our evacuation zone: _____**
- **Nearest shelters: _____**
- **Local alert system: _____**

Worksheet 2: Household Profile

From Chapter 2.

Walk through your home room by room. Check the furnace, the water heater, the stove, the garage and the basement.

System	Needs power? (Y/N)	How long we could go without it	Workaround	Chapter
Furnace or heat pump				
Water heater				
Stove or cooktop				
Refrigerator and freezer				
Water supply (city or well)				
Sewer or septic pump				
Sump pump				
Garage door				
Phones and internet				
Medical devices				

Surprises we found: _____

Part 2: Warm Room Plan (Chapter 10)

- **Which room, and why it scored best: _____**
- **What it needs (window covering, door seal, bedding, floor insulation, thermometer): _____**
- **Where the supplies are stored: _____**
- **Main water valve location: _____**
- **Exposed pipes: _____**
- **Steps to drain the pipes, in order: _____**
- **Our "time to leave" rule: _____**
- **Where we would go: _____**

Part 3: Heating Plan (Chapter 11)

Heater	Approved for indoor use? (Y/N)	BTU rating	Fuel	Hours a day

- **Heating fuel for our tier (with cooking fuel from Chapter 9): _____**
- **Chimney inspection date: _____**
- **Fire extinguisher location: _____**
- **Smoke alarm locations: _____**
- **CO alarm locations: _____**

Part 4: Cool Room Plan (Chapter 13)

- **Our cool room, and why it stays coolest: _____**
- **Windows to shade during the day: _____**
- **Windows to open at night: _____**
- **Summer water number (climate factor of 2): _____**
- **Who is at higher risk, and how often we check on them: _____**
- **Nearest cooling locations: _____**
- **Our rule for when to go: _____**

Worksheet 3: Household Numbers

From Chapter 3.

Lines A to D come from Chapter 3. Each later line has its own chapter. By Chapter 19, the whole sheet is complete.

Line A: People and pets

Name	Age band	Notes (pregnancy, illness, special needs)

Pet	Weight	Water and food per day

Line B: Starting tier (circle one): Tier 1 (3 days) / Tier 2 (14 days) / Tier 3 (30 days)

Line	What it measures	Per day	Tier 1 (3 days)	Tier 2 (14 days)	Tier 3 (30 days)
C	Drinking water				
C2	Utility water				
D	Calories				
E	Cooling and ice				
F	Cooking fuel				
G	Watt-hours				
H	Generator fuel				
I	Batteries for light				
J	Sanitation supplies				
K	Medical and special needs				

Worksheet 4: Water Plan

From Chapters 4 to 6.

- **Line C: daily drinking water: _____**
- **Extra for heat, pregnancy, illness or food preparation: _____**
- **Line C2: toilet flush volume: _____**
- **Flushes per day: _____**
- **Daily utility water: _____**

	Tier 1 (3 days)	Tier 2 (14 days)	Tier 3 (30 days)
Line C total			
Line C2 total			
From stored water			
From bottled water			
From the water heater			
From the bathtub			
From rain or other			

Part 2: Water Sources (Chapter 5)

Stored container	Size	Location	Fill date

- **Water heater size: _____**
- **Main valve location: _____**
- **Does the main valve close fully? (Y/N): _____**
- **Bathtub, measured: _____**
- **Toilets: _____**
- **Rain barrel or pool: _____**
- **Gap: containers still needed for our tier: _____**

Part 3: Treatment Supplies (Chapter 6)

- **Bleach strength (6% or 8.25%): _____**
- **Bleach purchase date: _____**
- **Bleach storage location: _____**
- **Your elevation: _____**
- **Boiling time (1 minute below 5,000 feet (1,520 m), 3 minutes at or above): _____**
- **Fuel for boiling (Chapter 9): _____**

  ☐ Dropper and measuring spoons, stored with the bleach

  ☐ Clean cloths or coffee filters for cloudy water

  ☐ Filter or tablets, with their labels kept

Worksheet 5: Cold Storage Log

From Chapter 7.

- **Time the power went out: _____**
- **Cooler's measured melt rate: _____**
- **Ice on hand: _____**

Check at set times, for example every 4 hours, opening the door as little as possible.

Date	Time	Fridge °F (°C)	Freezer °F (°C)	Medicine cooler °F (°C)	Action (moved to coolers, added ice or dry ice)

Worksheet 6: Pantry Plan

From Chapters 8 and 9.

- **Line D: household calories per day: _____**

Item	Calories per container	Count	Shelf calories	Use by

- **Total shelf calories: _____**
- **Pantry days (shelf calories ÷ Line D): _____**
- **Gap to our tier: _____**

Part 2: Cooking Plan (Chapter 9)

- **Indoor method, and what it needs: _____**
- **Outdoor method, and where we set it up (at least 10 feet (3 m) from the house): _____**
- **Measured fuel per gallon: _____**
- **Measured fuel per meal: _____**
- **Fuel needed for our tier: _____**
- **Cylinders or tanks: _____**
- **Where the fuel is stored, outside the living area: _____**

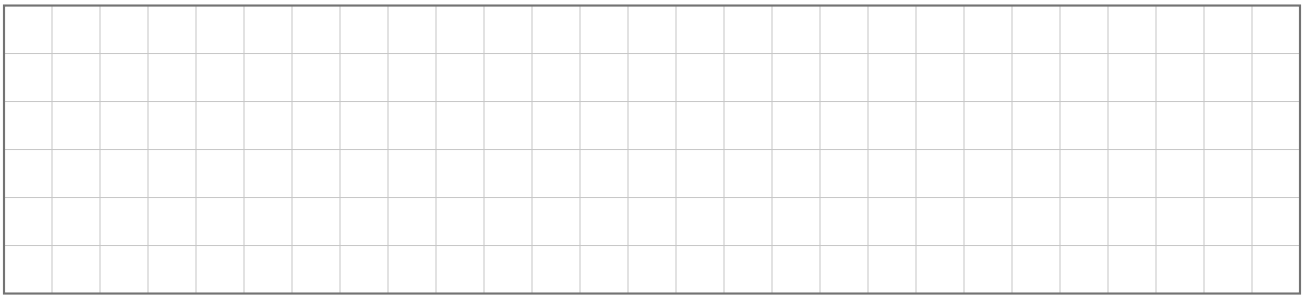
☐ Matches or a lighter, in a waterproof bag

Worksheet 7: CO Alarm Map

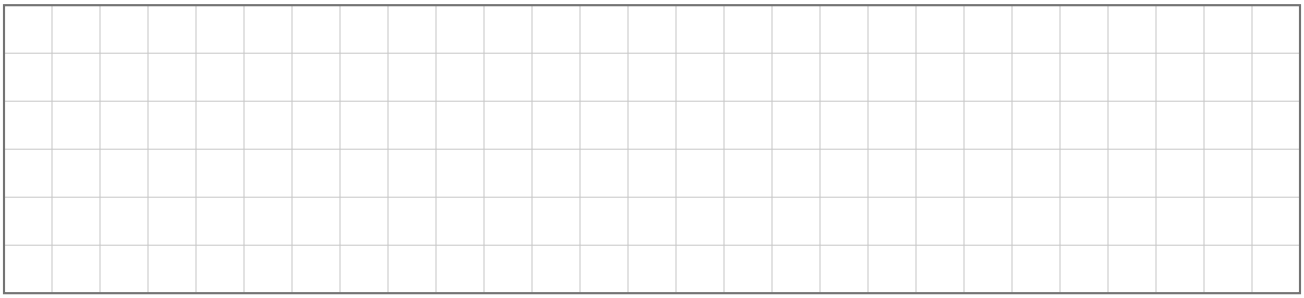
From Chapter 12.

Sketch each level of your home in the grid. Mark every CO alarm (A), fuel-burning appliance (F), outside exhaust vent (V), the generator spot (G) and the outdoor meeting point (M).

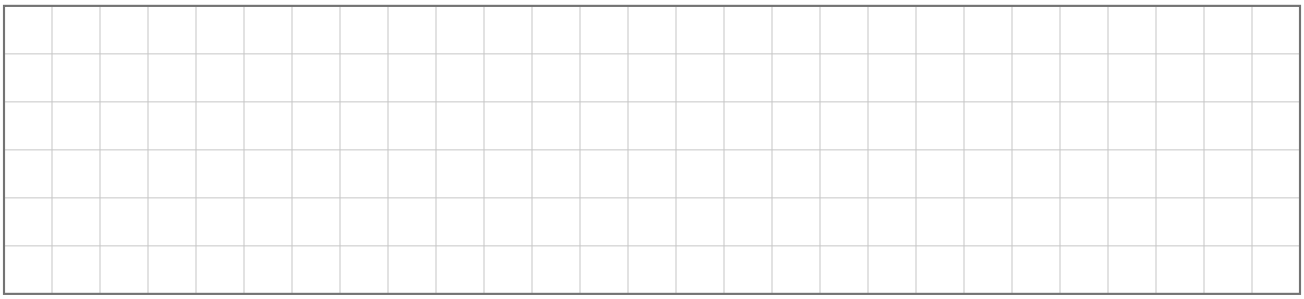
Basement



First floor



Second floor



CO alarm location	Install date	Battery type

- **Generator spot (at least 20 feet (6.1 m) from all doors, windows and vents): _____**
- **Outdoor meeting point if an alarm sounds: _____**

Worksheet 8: Device Power List

From Chapters 14 and 15.

Device	Group (must, should, nice)	Watts	Hours a day	Wh a day	Starting surge

Group	Wh a day
Must	
Should	
Nice	
Total (Line G)	

- **Peak running watts: _____**
- **Peak starting watts: _____**

Part 2: Battery and Solar Plan (Chapter 15)

- **Power station rated capacity: _____**
- **Continuous and surge output: _____**
- **Measured usable capacity: _____**

Budget level	Daily Wh	Days of power (usable Wh ÷ daily Wh)
Must		
Must + should		
All		

- **Solar panel watts: _____**
- **Peak sun hours, worst month: _____**
- **Solar Wh a day (watts x sun hours x 0.75): _____**
- **Daily balance (solar Wh minus daily Wh): _____**
- **Car 12-volt socket limit: _____**
- **Time for a full recharge from the car: _____**

Worksheet 9: Generator Plan

From Chapter 16.

- **Running watts: _____**
- **Starting watts: _____**
- **CO shut-off feature? (Y/N): _____**

Load during a block	Running watts	Starting watts

- **Running total: _____**
- **Peak at motor start: _____**

Block	Start time	Length
1		
2		
3		

- **Measured gallons per hour: _____**
- **Fuel per day: _____**
- **Fuel for our tier: _____**
- **Cans needed: _____**
- **Where the cans are stored: _____**
- **Generator spot (at least 20 feet (6.1 m) from openings, dry, canopy open on the sides): _____**

Cord	Rating	Length

Transfer switch installed by a licensed electrician (Y/N): _____

Worksheet 10: Light and Batteries

From Chapter 17.

Light	Type	Battery size and number	Lumens	Rated run time	Usable hours per set (x 0.7 or measured)	Hours a day	Days per set

Battery size	Spare sets for our tier	Spare batteries	Best-by date	Stored where
AAA				
AA				
C				
D				

Coin and button batteries are locked away in: _____

Worksheet 11: Sanitation Supplies

From Chapter 18.

- **Water: city or well: _____**
- **Sewer: city, septic, septic with a pump: _____**
- **What our building does in an outage: _____**
- **Stage 1: stored utility water (Line C2): _____**
- **Days of hand flushing it gives: _____**
- **Stage 2 kit location: _____**
- **Fill rate (start: 1 qt (0.95 L) per person per day; corrected after practice): _____**
- **Cover material per use (start: 1 cup (237 mL)): _____**
  - ☐ Two buckets with lids
  - ☐ Toilet seat
  - ☐ Labels
  - ☐ Soap
  - ☐ Hand sanitizer, at least 60 percent alcohol
  - ☐ Spigot jug
  - ☐ Paper towels

Line J	Tier 1 (3 days)	Tier 2 (14 days)	Tier 3 (30 days)
Bags			
Cover material			
Toilet paper rolls			

Local disposal rules for sealed toilet bags (ask your city or county now):

_____

Worksheet 12: Medical Needs Plan

From Chapter 19.

Person	Medicine	Dose	Schedule	Refrigerated? (Y/N)	Days on hand	Pharmacy	Prescriber

- **Refrigerated medicines: cooler plan: _____**
- **Label storage limits: _____**
- **Pharmacist's answers: _____**

Device	Make and model	Serial number	Supplier's 24-hour number	Battery life	Power draw	Backup power (Line K)

Supplier and doctor answers

1. Does the device have a built-in battery? How long does it last on the settings used? _____
2. Can it run from an external battery or a power station? _____
3. How many watts does it draw, and does that change with settings? _____
4. Is there a manual backup? _____
5. What should we do if the device stops working, or the power is out for a long time? _____

- **Utility program enrolled? (Y/N): _____**
- **Program name and phone number: _____**
- **Leave triggers: _____**
- **Where we will go: _____**

Worksheet 13: Family Communication Plan

From Chapter 20.

- **Battery radio and SAME code: _____**
- **Local emergency station: _____**
- **Utility outage line: _____**
- **County alert sign-up: _____**
- **Water utility: _____**
- **Home phone type and backup battery: _____**
- **Out-of-town contact: _____**
- **ICE contacts: _____**

Family member	Mobile	Work or school	Work or school contact

Meeting place	Name	Address
1. Near home		
2. Outside the neighborhood		
3. Out of town		

- **Radio channel: _____**
- **Backup channel: _____**
- **Check-in times: _____**
- **Wallet cards checked (date): _____**

Worksheet 14: Outage Action Card

From Chapters 21 and 31.

Keep this card by the radio.

First hour

- ☐ 1. Light and safety: headlamps on, check for danger, CO alarm batteries
- ☐ 2. Is it just us? Check the neighbors and the breaker panel
- ☐ 3. Protect what we have: fridge and freezer closed, time written down, electronics unplugged
- ☐ 4. Get the facts: radio, outage map, restoration estimate
- ☐ 5. Check in with family and neighbors
- ☐ 6. Decide which tier we are planning for

First day

- **Fridge-clock deadline (time out + 4 hours): _____**
- **Warm or cool room set up: _____**
- **Generator set up: _____**
- **Lights ready before dark: _____**
- **Neighbor check: _____**

Stay-or-go triggers (medical and temperature limits): _____

_____

Time	Who	Task (generator block, check-in, meals)
Morning		
Midday		
Afternoon		
Evening		
Night		

Day	Water used	Fuel used	Food used	Notes

Day-7 review (every 3 days in a long outage)

Supply	On hand	Used per day	Days left
Water			

Supply	On hand	Used per day	Days left
Food			
Gasoline			
Propane			
Batteries			
Medicines			

- **Limiting resource: _____**
- **Decision (stay, resupply, leave date): _____**

Worksheet 15: After-Outage Checklist

From Chapter 22.

Power back

- ☐ 15-minute wait with one lamp on
- ☐ Generator shut down and disconnected
- ☐ Appliances on one at a time
- ☐ Damage check

- **Freezer thermometer reading: _____**
- **Food items kept: _____**
- **Food items discarded: _____**

- ☐ Each refrigerated medicine checked
- ☐ Pharmacist called if needed
- ☐ Boil-water notice lifted
- ☐ Taps flushed
- ☐ Ice maker flushed
- ☐ Water heater flushed
- ☐ Filters replaced
- ☐ Insurance photos taken
- ☐ Item list made
- ☐ Receipts kept

Insurance claim filed (Y/N): _____

Supply used	Amount	Replaced (date)

- ☐ Updated numbers entered in the calculators

Debrief

1. What worked well? _____
2. What did we run out of, or nearly run out of? _____
3. What did we have that we never used? _____
4. What was hardest for each person? _____
5. What will we change before the next outage? _____

Worksheet 16: Kit Checklist

From Chapter 23.

Our tier (circle one): Tier 1 / Tier 2 / Tier 3

Line	Item	Amount for our tier	On hand	Still to buy
C	Drinking water			
C2	Utility water			
D	Calories			
E	Cooling and ice			
F	Cooking fuel			
G	Watt-hours			
H	Generator fuel			
I	Batteries for light			
J	Sanitation supplies			
K	Medical and special needs			

Equipment	Bought (tick)

- **Pets: food, water, leash, carrier, records: _____**
- **Documents grab file checked (date): _____**
- **Cash: amount: _____**
- **Cash: location: _____**
- **Home kit location: _____**
- **Grab kit location: _____**
- **Fuel storage location: _____**
- **Car kit location: _____**

Maintenance	Tasks	Next date
Monthly		
Every six months		
Yearly		

- **Practice run date: _____**
- **Measurements: _____**
- **Debrief answers: _____**