NEIGHBORHOOD EMERGENCY PLAN

DISASTER RELIEF CONTACTS:

Police : ......................................................
Dial 911 or #: .............................................
Fire : ..........................................................
Dial 911 or #: .............................................
Red Cross: ................................................
Power Company : ........................................
Water Company : ........................................

NEIGHBORHOOD MEETING PLACE:

Contact:

NEIGHBORHOOD TRIAGE SITE:

Contact:

NEIGHBORHOOD MORGUE SITE:

Contact:

NEIGHBORHOOD ANIMAL SHELTER SITE:

Contact:

Neighborhood Emergency Contact #1:

Name: ..................................................
Cell: .....................................................

Neighborhood Emergency Contact #2:

Name: ..................................................
Cell: .....................................................

Medically Trained Neighbors:

Name: ..................................................
Home: .................. Cell: .......................
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  

First Responder Neighbors:

Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  

CERT Trained Neighbors:

Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: .......................  
Name: ..................................................
Home: .................. Cell: ....................... 

Special Skills Neighbors:

Name: ..................................................
Home: .................. Cell: ....................... 
Name: ..................................................
Home: .................. Cell: ....................... 
Name: ..................................................
Home: .................. Cell: ....................... 

NEIGHBORHOOD BACKUP COMMUNICATIONS:

(Repeaters & Simplex channels are per CAER HAM Comm Plan)

Emergency Announcement Station: WUSY 100.7 FM

HAM Radio Operator #1: .................. Call Sign:.................. Cell:..................
HAM Radio Operator #2: .................. Call Sign:.................. Cell:..................

2M Repeater #1: Channel #......... Call Sign/Name:..................
2M Repeater #2: Channel #......... Call Sign/Name:..................
70CM Repeater #1: Channel # .... Call Sign/Name:..................
70CM Repeater #2: Channel # .... Call Sign/Name:..................
GMRS/FRS Channel # .......... Channel # .......... CB Channel: 9 and #........, #........