

## Emergency Evacuation Grab & Go List

	Floor	Location
<input checked="" type="checkbox"/> <b>Level 3 ~ 5 Min Evacuation</b>		
<input type="checkbox"/> Wallet or Purse _____		
<input type="checkbox"/> Car, House and RV Keys _____		
<input type="checkbox"/> Cell Phone & Chargers _____		
<input type="checkbox"/> Medications _____		
<input type="checkbox"/> Medical Devices _____ - CPAP, Cane, etc		
<input type="checkbox"/> Glasses _____		
<input type="checkbox"/> External Hard Drive _____		
<input type="checkbox"/> Laptop & Charger _____		
<input type="checkbox"/> Emergency Folder _____		
<input type="checkbox"/> <input type="checkbox"/> Important Documents - Passports, Birth Certificates		
<input type="checkbox"/> <input type="checkbox"/> Proof of Residency - Insurance Cards, Utility Bill.		
<input type="checkbox"/> Shoes & Jacket _____		
<input type="checkbox"/> 72 Hour Pack _____		
<input type="checkbox"/> Pets _____		
<input type="checkbox"/> Pets 72 Hour Pack _____		
<input type="checkbox"/> Go Binder _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
<input checked="" type="checkbox"/> <b>Level 2 ~ 15 Min Evacuation</b>	Floor	Location
<input type="checkbox"/> Photo Containers _____		
<input type="checkbox"/> Several changes of clothes _____		
<input type="checkbox"/> Family Photos _____		
<input type="checkbox"/> Case Bottled Water _____		
<input type="checkbox"/> Sleeping bags and pads _____		
<input type="checkbox"/> First Aid Kit _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
<input checked="" type="checkbox"/> <b>Level 2.5 ~ 30 Min Evacuation</b>	Floor	Location
<input type="checkbox"/> Journals _____		
<input type="checkbox"/> Cooler with Snacks _____		
<input type="checkbox"/> Battery Powered Radio _____		
<input type="checkbox"/> Blankets/Quilts _____		
<input type="checkbox"/> Porta Potty _____		
<input type="checkbox"/> Flashlights _____		
<input type="checkbox"/> Tent _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
<input checked="" type="checkbox"/> <b>Level 1 ~ 1 Hour Evacuation</b>	Floor	Location
<input type="checkbox"/> Air Mattress _____		
<input type="checkbox"/> Camp Stove _____		
<input type="checkbox"/> Shovel _____		
<input type="checkbox"/> Fire Extinguisher _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		