

Household Readiness & 14-Day Targets

Start with real household needs; mark unknown quantities for follow-up.

HOUSEHOLD PROFILE

Household / initials, date of review, and next inspection date:

Adults, children, pets, dietary, mobility and medical requirements:

CALCULATE MINIMUM STARTING TARGETS

Calculation	Your numbers	Result
Water: people × 3.8 L × 14 days		
Food: people × 3 meals × 14 days		
Regular consumables: daily use × 14		
Pets, cooking, heat and medical allowances		

Where are your main emergency supplies stored?

Water Inventory & Replenishment

Count stored potable water separately from potential future water sources.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Sealed bottled drinking water (L)	_____	_____	_____	_____	_____
Filled potable-water containers (L)	_____	_____	_____	_____	_____
Additional drinking / medical water (L)	_____	_____	_____	_____	_____
Water for food preparation (L)	_____	_____	_____	_____	_____
Pet water (L)	_____	_____	_____	_____	_____
Food-safe spare containers	_____	_____	_____	_____	_____
Container cleaning / rotation supplies	_____	_____	_____	_____	_____

WATER SOURCES AND TREATMENT CAPABILITIES

Source / method	Tested / date	Limitations / backup
Well / pump / stored pressure	_____	_____
Filter / purification method	_____	_____
Alternate verified water source	_____	_____

Total safe water / two-week target / shortage (litres):

Verified alternative if stored drinking water runs out:

Food & Cooking Inventory

Count usable servings and check water, fuel and cooking dependencies.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Ready-to-eat main meals (servings)					
Shelf-stable protein (servings)					
Vegetables / fruit (servings)					
Grains / crackers / bread (servings)					
Nut butter / spreads (servings)					
Snacks / calorie-dense foods					
Infant / allergy-specific foods					
Pet food (daily portions)					

PREPARATION AND FOOD SAFETY

Requirement	Available / tested	Limitations / notes
Manual can opener and utensils		
Safe approved cooking method		
Fuel / daily use / days available		
Extra cooking water / dish hygiene		

Planned meal servings / usable servings / shortage:

Medical, First Aid & Personal Needs

Plan medication access and backup care with qualified healthcare professionals.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Essential prescriptions / days covered					
Medical consumables / days covered					
First-aid dressings / supplies					
Disinfectant / wound care					
Glasses / hearing-aid batteries					
Medical device backup power					
Temperature-sensitive medication plan					
Mobility / assistive equipment					

PERSONAL AND DEPENDENT CARE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Diapers / infant feeding supplies					
Menstrual / incontinence products					
Special dietary / care supplies					
Pet medications / special needs					

Agreed care or relocation plan if healthcare access is interrupted:

Power, Lighting & Communications

Test the equipment; record usable energy and realistic recharge limits.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Flashlights / headlamps	_____	_____	_____	_____	_____
Lanterns and matching batteries	_____	_____	_____	_____	_____
Emergency broadcast radio	_____	_____	_____	_____	_____
Charged phone power banks	_____	_____	_____	_____	_____
Cables / charging adapters	_____	_____	_____	_____	_____
Backup power station / usable Wh	_____	_____	_____	_____	_____
Generator / approved fuel	_____	_____	_____	_____	_____
Solar / other recharge equipment	_____	_____	_____	_____	_____

TESTED CAPABILITY AND LIMITATIONS

Equipment / service	Test date	Runtime / limitations
Radio reception / alert source	_____	_____
Essential phone charging	_____	_____
Critical medical device power	_____	_____
Backup charging / generation	_____	_____

What fails when the main charging source is unavailable?

Sanitation, Shelter & Evacuation

Include sanitation without running water and a safe relocation plan.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Toilet paper (rolls)	_____	_____	_____	_____	_____
Soap / hand sanitizer	_____	_____	_____	_____	_____
Hygiene wipes / cleaning supplies	_____	_____	_____	_____	_____
Waste bags / waste containment	_____	_____	_____	_____	_____
Temporary toilet / sanitation plan	_____	_____	_____	_____	_____
Laundry / dish hygiene supplies	_____	_____	_____	_____	_____

CLOTHING, SHELTER AND EVACUATION

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Warm layers / appropriate clothing	_____	_____	_____	_____	_____
Blankets / sleeping insulation	_____	_____	_____	_____	_____
Sturdy shoes / rain protection	_____	_____	_____	_____	_____
Evacuation bags / essential supplies	_____	_____	_____	_____	_____
Safe alternative shelter / transport	_____	_____	_____	_____	_____

What would make sheltering at home unsafe?

Documents, Storage & Replenishment

Protect private records and confirm storage and access arrangements.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Identification / insurance copies	_____	_____	_____	_____	_____
Medication and emergency contacts	_____	_____	_____	_____	_____
Secure offline records / backups	_____	_____	_____	_____	_____
Emergency cash / payment alternative	_____	_____	_____	_____	_____
Spare keys / access items	_____	_____	_____	_____	_____
Household emergency plan	_____	_____	_____	_____	_____

STORAGE AND REPLENISHMENT CHECK

Resource / location	Available now	Possible replenishment / verified?
Water	_____	_____
Food	_____	_____
Batteries / electricity	_____	_____
Medications / healthcare	_____	_____

Which stored supply depends on an untested replenishment method?

Day 1, Day 7 & Day 14 Assessment

Use a paper scenario; do not disconnect essential utilities.

HOW WOULD YOUR HOUSEHOLD FUNCTION?

Time	Water / food / medications	Power / sanitation / safety	Problems / decision
DAY 1			
DAY 7			
DAY 14			

Which essential resource becomes inadequate first, and on what day?

What specific condition would require relocation or urgent assistance?

Priority Improvements & Maintenance

Prioritize critical gaps and record how completion will be verified.

CORRECTIVE ACTIONS

Priority	Gap / amount needed	Owner / target date	Verified completion
1			
2			
3			
4			
5			

INSPECTION AND REPLACEMENT LOG

Item / location	Inspected	Replace / rotate	Action / result

Additional Inventory & Household Notes

Use these fields for additional supplies and household-specific requirements.

INVENTORY: REQUIRED, AVAILABLE AND SHORTAGE

Item / requirement	Need	Have	Gap	Condition / date	Location / notes
Additional item 1					
Additional item 2					
Additional item 3					
Additional item 4					
Additional item 5					
Additional item 6					

ADDITIONAL NOTES AND STORAGE DETAILS

Other supplies, special requirements, expiry dates or actions:

First Essential Resource Failure

Record the first day each essential resource becomes inadequate.

FIRST ESSENTIAL RESOURCE FAILURE ASSESSMENT

Essential resource	First day	Cause / corrective action
Safe drinking water		
Usable food / cooking		
Essential medications		
Medical equipment power		
Sanitation / waste handling		
Safe indoor temperature		
Lighting / communications		
Other essential need		

Which resource fails first, and when would relocation be necessary?

Review alongside the Day 1, Day 7 and Day 14 assessment on page 8.