



## POWER OUTAGE PRECAUTIONARY CHECK OFF LIST



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Updated: \_\_\_\_\_

	Yes	No	Comments
Candles/Lanterns/ Flashlights			
Bottled Water <i>Important with clients on a well.</i>			
Extra Blankets			
Wall Phone/or Cell Phone <i>Portable phones do not work in power outages</i>			
O2 back up tanks <i>Important w/ O2 Concentrators</i>			
Electric Stove			
Gas Stove			
Ability to cook during an outage?			
Snow Removal			
Gas Heat			
Electric Heat			
Fireplace/Wood Stove			
Date fireplace cleaned/inspected			
Wood Supply			
Extra food in house?			
Trees near house?			
Trees near power lines?			
Loose branches on trees near residence?			
Local support system?			
Driving Ability			
Other extenuating health issues			