

Residents Resource list

Rm of Britannia Disaster Planning & Emergency Preparedness Committee would like your help to compile a resource list of equipment you may have on your property that could be used if there is an emergency.

Tractor & dozer blade ___Caterpillar___Backhoe___Bobcat___ATV___UTV___Water truck ___Large turtle tank on trailer___Sewer Disposal Truck ___Potable water hauler___Portable Generator ___Heated Quonset___Portable Welder ___Chainsaw___Boat ___Ham Radio ___Livestock trailer___Aircraft ___Large Transport (bus)___

Please list anything else you might think would be of use that was not mentioned above.

Can you Heat your home with an Alternative method in a power outage Yes No

If Yes, Would you consider taking someone into your home during a storm/long power outage yes no

If so how many people are you able to accommodate? _____

Will you consider taking training to help in the event of a disaster? Yes No

Do you have any expertise such as Safety Training/First Aid/Medical? ___Computer skills? ___Secretary/Office Skills/___

Would you be interested in helping with the Disaster planning process itself with the RM Yes No

Emergency Special Needs

We are concerned for those persons in our rural municipality who may have special needs during emergency situations.

Emergency Special Needs Survey In order to determine the special needs of the RM residents during an emergency, please complete the questionnaire below. Information received through the Emergency Needs Survey, will be maintained in a confidential database in the Emergency Operations Center. If you have any Question about this form please call the Administrator at the R.M. office 306-825-2610

Check all the boxes beside those items which apply to you or anyone living in your home.

- Cannot hear (hearing disability)
- Cannot see well or cannot see (blind)
- Cannot walk around well or needs help to move around
- Do you have a service animal?
- Cannot understand English and no one nearby to interpret - List language(s) spoken
- Need an ambulance or medical care to leave home

- Need a special vehicle to leave home (wheelchair van etc.).
- Need a ride (transportation not available or cannot ride with a friend, family or neighbor).
- Other needs:

Name _____ Address/Legal Land Description: _____

Phone _____ Cell _____ GPS location _____

Please be advised that this information is all confidential it is only for the sole purpose of preparing a resource list. Thank you for your cooperation.

Please return form to the R.M. Office – Attention: Administrator or drop off at Waste Transfer Station