

# 72 HOUR PERSONAL EMERGENCY PREPAREDNESS KIT SHOPPING LIST

[mun.ca/emergency](http://mun.ca/emergency)

- |   |  |
|---|--|
| <input type="checkbox"/> Water                                      | <input type="checkbox"/> Toiletries  |
| <input type="checkbox"/> Non perishable food                        | <input type="checkbox"/> Hand sanitizer  |
| <input type="checkbox"/> Manual can opener                          | <input type="checkbox"/> Toilet paper  |
| <input type="checkbox"/> Flashlight/batteries or wind-up flashlight | <input type="checkbox"/> Utensils  |
| <input type="checkbox"/> Radio/batteries or wind-up radio           | <input type="checkbox"/> Garbage bags  |
| <input type="checkbox"/> First aid kit                              | <input type="checkbox"/> Household chlorine bleach or water purification tablets |
| <input type="checkbox"/> Extra keys (home, car)                     | <input type="checkbox"/> Basic tools   |
| <input type="checkbox"/> Cash                                       | <input type="checkbox"/> Small fuel-operated stove and fuel                      |
| <input type="checkbox"/> Copy of your emergency plan                | <input type="checkbox"/> Duct tape   |
| <input type="checkbox"/> Special needs items                        | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Medications                                | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Pet food and supplies                      | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Infant formula                             | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Candle                                     | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Waterproof matches                         | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Blanket or sleeping bag                    | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Whistle                                    | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Knife                                      | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Change of clothing and footwear            | <input type="checkbox"/> _____   |