## Neighbourhood Preparedness Plan Worksheet

## Neighbour's home, work, cell numbers

	Hollie	WOIK	Cell
Name	Home	Work	Cell
Name	Home	Work	Cell
Name	Home	Work	Cell
Name	Home	Work	Cell
hbours with special r	needs, i.e., limited mobili	ity, illnesses, hearin	ng limitation, medical nee
ding oxygen, equipm	ent requiring electricity	·•	
Name	Special Need		
Who will contact:_			
Name	Special Need		
Who will contact:_			
Name	Special Need		
Who will contact:_			
neel-drive vehicles, wo	ood, water.		irst Aid, generators, plov
neel-drive vehicles, wo	ood, water Training	z/Equipment	
NameName	o <b>od, water.</b> Training Training	z/Equipment z/Equipment	
NameName	ood, water.  Training Training Training	z/Equipment z/Equipment z/Equipment	

## 

Children at school/childcare

Considerations unique to our neighbourhood:

For more information please call the Powell River Regional Emergency Service at 604-485-2260