Individual & Family's Emergency Preparedness Self-Assessment Checklist

References:
DOD INST 6055.17, DoD Emergency Management (EM) Program OPNAVINST 3030.5C, Navy Continuity of Operations Program and Policy OPNAVINST 3440.17A, Navy Installation Emergency Management Plan CNIC MANUAL 3440.17, Navy Installation Emergency Management Program Manual NAVSUPPACTNAPLES INST 3440.1A, Installation Emergency Management Working Group Charter NAVSUPPACTNAPLES INST 3440.17D, Emergency Management Plan NAVSUPPACTNAPLES INST 3440.2A, Tenant Command Personnel Categorization

	Being Informed	YES	NO	UNK
1	Does my command/organization have all of my current contact information, and that of my family members?			
2	Have I provided my physical residential address, and GPS coordinates to my command/organization?			
3	Have I registered for the ATHOC email, phone & text message notification system, and are all of the contact numbers current? (see enclosed CDNS Registration Sheet)			
4	Is my personnel and family accountability information current in the accountability system used by my command/organization (Navy-NFAAS, Army-ADPAAS, Air Force-AFPAAS, Marines-MOL, Coast Guard-CGPAAS)			
5	Has my command/organization identified me as emergency essential (EE), and assigned me to a personnel Category 1 or 5 designation? (If the command has been tasked with being a mission essential function (MEF), select individuals are identified as Category 1. If assigned as an emergency responder (Fire, Security, Medical and/or a member of a crisis action team (CAT), the Regional Operations Center (ROC) or Installation Emergency Operations Center (EOC), you are/should be designated as Category 5)			
6	Have I provided my command/organization with the name(s) of my family member(s) for identification as personnel Category 2 for non-combatant evacuation operations (NEO) & and shelter planning (Safe Haven)?			
7	If my command/organization is identified as a MEF, have I been provided with the following?			
	- Specific expectation/instructions regarding my responsibility to remain in-place during, and following an emergency?			
	- Specifically what my reporting instructions are during an emergency, to include situations where normal communications systems are not operational?			
8	Do I have the means to receive emergency notifications & instructions through the media (AFN radio (97.3 FM), AFN TV (Emergency Channel 48 & NSA Naples Channel 47), AFN 360 Internet Radio (AFNEUROPE.net), AFN Smartphone Application (AFNEUROPE)?			
9	In addition to communicating with my command/organization, do I know if & where fellow command/organization personnel reside near me, and have we established a communication plan to stay in contact with one another during an emergency?			
10	Have I provided information to my family members on how they are to receive and provide information to my command/organization, in my absence?			

		YES	NO	UNK
11	If I am not able to contact my command/organization, have I been instructed what to do, and who to report to in the event of an emergency?			
12	Have I posted all necessary emergency contact numbers somewhere for my family to have immediate access to?			
My/Our Emergency Plan		YES	NO	UNK
1	Do I have a plan for where my family and I would go in the event of an emergency, including:			
	- A fire evacuation plan for my family and me to evacuate our residence in the event of a fire? Where would we meet/gather to make sure we have accounted for everyone?			
	- If we are directed by NSA Naples Command to evacuate our residence and relocate to the Support Site for sheltering/Safe Haven, have I/we established at least two routes from out residence to the Support Site?			
	- If we are directed by local Italian authorities to evacuate our residence and report to the evacuation meeting point, do we know how to get to the one closest to our residence, and have we identified an alternate point? Please use this link to determine the closest evacuation meeting point: https://rischi.protezionecivile.it/en/			
2	Have I/we planned for our children's safety and care while they are in school when an emergency occurs? Consider the following:			
	- If you have children attending the Naples Elementary and/or Middle High School, and the staff is directed to dismiss the students in the event of an emergency, do you know the process for picking them up if you are directed to relocate to the Support Site for shelter/Safe Haven?			
	- If you are not available to pick-up your child/children immediately, do you have a designated emergency contact person identified to the school and who lives near the Support Site that can pick them up?			
	- If neither you nor your designated emergency contact person are able to immediately pick up your child/children, have you discussed the school's plan to safeguard and care for them until you can be reunited?			
	- Do you have a child or children who attend school in the local community? If so, please go through steps 2 through 4 above.			
3	Have I considered and planned for our family's pet(s) in the event of an emergency?			
4	If I have family members who require specific medical or other support needs, have I included them in our plan?			
5	Does our plan include how to, and who will turn off utilities, such as gas for the residence?			
6	Have I/we included how we will communicate with one another if our family is physically separated in an emergency?			
7	Have we created a sheet or card that each family member has with all the phone numbers and information each of us need to have with us, and have we included this in our plan?			
8	Do all of us know how to text message one another if cell phone service is not working as it normally would?			
9	Do we have a cellphone, coins or prepaid phone cards in order to communicate with each other?			
10	Do we know how to use an Italian, and other European pay phones?			
11	Have I/we provided our emergency contact information with our command's/organization's Ombudsman, and the command/organization?			

12	Do we have a schedule or create opportunities to practice our emergency plan?			
13	Do each of us know what to do, and where to go in the event of an emergency?			
14	Do we update our plan as things change in our lives, and when we PCS?			
15	Does everyone know where our family's emergency kit is?			
16	What is our schedule for checking our residence's smoke alarms, and carbon monoxide alarms?			
17	Have we had discussions as a family to make sure everyone knows what to do, and how each of us has a responsibility to make our family's emergency plan great?			
18	How can I/we include and involve our child/children in our family's emergency preparedness? Please consider the following:			
	- Have I/we talked our child/children about what types of emergencies that may might happen where we live?			
	- Have I/we made sure our child/children know exactly where our family's meeting place is			
	- Have I/we talked about what to do if they are at school and there is an emergency?			
	- Do our children know exactly who we specified as the person(s) to pick them up from school if there is an emergency, and we're not able to?			
4	Does the Command/Organization have an emergency notification and communication procedure established?			
	- Does the Command/Organization has an internal notification system established within the EAP to be used in the event of a wide-area notification system failure (Giant Voice or other load speaker delivery)?			
	- Has a communications outage plan been established, including Command/Organization expectation(s) of assigned personnel in the event there is a communications outage during off-duty hours affecting communication between assigned personnel and the Command/Organization?			
My/Our Family Emergency Kit		YES	NO	UNK
1	Do I/we know what to have on-hand for our kit & have we built it?			
2	Is there sufficient supplies in our kit to sustain me/us for at least 3 days, and do we have a plan to expand our kit to cover us for up to 14 days? (Because of the unique features and potential hazards in this region of Italy, it is recommended you plan for 14 days of consumables (food, water, batteries, etc.), in addition to the other (non-consumables) items in the kit.)			
2	Is my/our kit stored in a place where it is easily accessible if needed & do I/we have a plan to take it with us if I/we must leave my/our residence?			
3	Have I/we established a schedule to inventory my/our kit routinely to ensure everything we need is available, and that items with a shelf-life have not expired (food, batteries, medications, etc.)?			
4	Do I/we have a kit to accompany us when we travel by car, and does it have items I/we may have an immediate need for? (should contain at a minimum: food, water, flashlights and extra batteries, first aid kit and necessary medications, signal flares, repair tools, portable AM/FM radio, seasonal items (coat, rain gear, engine fluids, shovel, ice scraper, warm			

		clothes, and gloves), comfortable/sturdy shoes, and blankets or sleeping bags. Also consider: cell phone and phone charger, reflective triangle, and baby formula and diapers if you have a small child/children)			
	5	Do I/we have kits built to have at work if needed to sustain me/us for 24-hours (kit should include, at a minimum, food, water, and a first-aid kit)?			
	6	Have I/we included our pet(s) in our plan & in my/our emergency kit? Do I/we have these on-hand for each pet? □ Rigid (not soft) airline carrier large enough for them to stand up, turn around and lay down in. Pets cannot be combined into one carrier. □ 2 Copies of valid rabies certificate DD2208 (rabies needs to be boosted annually while you are stationed in Italy) □ 2 Prefilled out Veterinary Health Certificates DD2209 (see enclosure. Leave veterinary signature and date blocks blank. Any pet leaving Italy will require a veterinarian to sign and date the health certificates before departure.) □ 2 Copies of prefilled out Pet Evacuation Registration Cards. □ At least 14 days of food supply and medications in waterproof containers or Ziploc bags. □ Well-fitting collar/harness with ID tag and a good leash □ A front and profile pictures of individual pet with owner □ Sufficient medications for 2 weeks with dosing instructions. □ Spill resistant food and water bowels that can be placed in kennel (label with pet and sponsor's name) □ Small plastic bags for feces disposal (dogs) and litter scoop (cats). Cat owners need a 10-day supply of litter and a small compact container with lid for litter storage that can fit in the cat kennel to prevent spillage when not in use by the pet in the carrier □ Muzzle (if needed) □ EU Pet Passport if owned; FAVN for non-US travel if required (contact the Veterinary Clinic at 081-811-7913/629-7913 for additional information regarding registration of your pet(s) with the Italian authority)			

	7	Do I/we have all of my/our important documents together & available if I/we need to access them, and do I/we have a plan to gather/store them for immediate access if I/we must leave my/our residence? The documents I/we should have on-hand and ready are:
		□ ID Card
		□ US Passports
		□ Personal Records (birth certificate, medical and immunization records, etc.)
		□ For my/our pets:
		    □ Veterinary Health Certificate
		    □ Rabies Vaccination Certificate
		□ Sojourner's Permits
		□ Housing Documents (inventory, housing contract, etc.)
		□ Copy of Vehicle Registration (Replaced vehicle control form)
		□ Other Legal Documents (insurance policies, powers-of-attorneys, etc.)
		□ Traveler's Checks or Other Forms of Currency			

RECOMMEND THIS CHECKLIST & YOUR INDIVIDUAL & FAMILY EMERGENCY PREPAREDNESS BE REVIEWED AT LEAST EVERY SIX MONTHS, OR AS YOU AND/OR YOUR FAMILY'S SITUATION CHANGES (ADDITIONAL CHILDREN, PETS, RESIDENTIAL SITUATION, ETC.)

Notes:

Additional Resources:

- NSA Naples Emergency Management CNIC Website:
  https://cnreurafcent.cnic.navy.mil/Installations/NSA-Naples/Operations-and-Management/Emergency-Management/

- NSA Naples Emergency Management Facebook page:
  https://www.facebook.com/NSANaplesEmergencyManagement

CDNS NOTIFICATION REGISTRATION INFORMATION SHEET

1. Name (Last, First MI): _____

2. Are you a family member?

☐ YES

☐ NO   **If yes, what is your Sponsor's full name?** _____

3. Assigned Command/Agency: _____ **UIC** _____

4. Duty Location:

☐ CAPODICHINO
☐ SUPPORT SITE
☐ JFC/LAGO PATRIA
☐ GAETA
☐ LATINA
☐ ROME
☐ NAPLES (Other US Government Agency)
☐ OTHER (Specify): _____

5. Scheduled Rotation/Departure Date: _____

REGISTRATION OF MEANS OF NOTIFICATION

6. LIST <u>ALL</u> (Duty & Personal) EMAIL ADDRESSES YOU WOULD LIKE TO RECEIVE NOTIFICATIONS

_____   _____

7. LIST <u>ALL</u> LANDLINE PHONE NUMBERS YOU WOULD LIKE TO RECEIVE NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (example: Italy: 39), Example: 01139XXXXXXXXX))

_____   _____

8. LIST <u>ALL</u> MOBILE/CELL PHONE NUMBERS YOU WOULD LIKE TO RECEIVE VOICE AND TEXT (SMS) NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (example: Italy: 39), Example: 01139XXXXXXXXX))

_____   _____

PLEASE RETURN THE COMPLETED FORM TO THE NSA NAPLES EMERGENCY MANAGEMENT DIVISION VIA EMAIL:

nsanaplesemcdnsregistration@us.navy.mil

FOR ANY QUESTIONS, PLEASE CONTACT US AT DSN 626-5240/3585, COMM 081-568-5240/3585

VETERINARY HEALTH CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

1. OWNER'S NAME *(Last, First, Middle Initial)*	2. TELEPHONE NUMBER *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

4. ANIMAL

a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED		h. COLOR(S)	

5. RABIES IMMUNIZATION DATA

a. PRODUCER *(First 3 letters)*	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS *(Street, City, State, ZIP Code)*

7. VETERINARIAN

a. NAME	b. LICENSE NUMBER
c. SIGNATURE	d. DATE *(YYYYMMDD)*

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
   a. **NAME.** Self-explanatory.
   b. **SPECIES.** Self-explanatory.
   c. **SEX.** Self-explanatory; indicate if spayed or neutered.
   d. **AGE.** Self-explanatory.
   e. **WEIGHT.** Self-explanatory.
   f. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
   g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
   h. **COLOR(S).** Self-explanatory.
5. **RABIES IMMUNIZATION DATA.** Information derived from valid Rabies Vaccination Certificate for described animal.
   a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
   b. **LOT NUMBER.** Production lot number of the vaccine used.
   c. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
   d. **DATE VACCINATED.** Self-explanatory.
   e. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
6. **FACILITY ADDRESS.** Self-explanatory.
7. **VETERINARIAN.**
   a. **NAME.** Name of the veterinarian performing the examination and verifying the rabies vaccination information.
   b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
   c. **SIGNATURE.** Self-explanatory.
   d. **DATE.** Self-explanatory.

DD FORM 2209, APR 2009   PREVIOUS EDITION MAY BE USED.   Reset   Adobe Professional 8.0

POC: NSA NAPLES N37, EMERGENCY MANAGEMENT, Sean M. Quinn EMO, DSN 314-626-3585, sean.m.quinn16.civ@us.navy.mil, 13 OCT 2023