Pre-Emergency Home Safety

Complete during routine periods — not wartime-active checks. Schedule a walk-through every 6 months or after moving. Takes 1–2 hours.

Two-person drill: *one person reads the CALL column aloud, the other responds. Alternate roles each time.*
Solo: *read each call aloud, then answer it yourself.*

	ITEM	CHECK	
	Bookcases & Shelves	☐ **Secured to walls?**	**L-BRACKETS** or **STRAPS**
		☐ **Heavy objects?** *Not above head height*	**STORED LOW**
	Appliances	☐ **Wheeled appliances?**	**WHEELS LOCKED**
		☐ **Heavy appliances?**	**STABLE AND SECURED**
	Gas Shutoff ⚠️	☐ **Location known?**	**BY ALL MEMBERS**
		☐ **All know how to shut off?** *Turn clockwise 90° to close*	**YES**
		☐ **Operation tested?**	**YES**
	Electricity Shutoff ⚠️	☐ **Main breaker location?**	**KNOWN**
		☐ **All know how to shut off?**	**YES**
	Fire Extinguisher ⚠️	☐ **Accessible?**	**YES**
		☐ **Expired?**	**NO**
		☐ **All know how to use?**	**YES**
	Smoke Detector	☐ **Installed?**	**ONE PER FLOOR MIN**
		☐ **Tested?** *Test monthly*	**WORKING**
		☐ **Batteries?**	**REPLACED ANNUALLY**
	Water Heater	☐ **Strapped to wall?** *Prevents toppling*	**YES**
	Windows	☐ **Glass on windowsills?** *Can shatter into projectiles*	**NONE**
		☐ **Blinds / shutters?**	**FUNCTIONAL**