

Check. Plan. Do.

# Power Outage Plan: Keeping safe when the power goes out



Power outages can happen unexpectedly, leaving you without essential services and disrupting your daily life. It's important to have a Plan in place to stay informed, and safe. This Plan will help you prepare on six key areas:

<p><b>1.</b>  <b>People</b></p>	<p><b>2.</b>  <b>Essentials</b></p>	<p><b>3.</b>  <b>Communication</b></p>
<p><b>4.</b>  <b>Light</b></p>	<p><b>5.</b>  <b>Comfort</b></p>	<p><b>6.</b>  <b>Surroundings</b></p>

Under each area is a Goal and the main actions you can take called 'What You Can Do' to achieve this Goal. The My Plan section is where you record the actions. Once this is completed you can tick Done so you know which part of your Plan is completed.

With practical steps and questions to consider, you'll be ready to manage any power outage while keeping your household safe and comfortable as possible. Let's get started and make sure you're prepared!

# My Plan

Household address:

Plan Owner/s name:

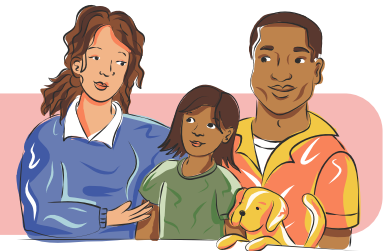
Household members (including pets!):

Plan Owner/s phone:

Plan Owner/s email:

## 1. People

**The Goal:** Your household and close community is informed, safe, and supported during a power outage.



What You Can Do	My Plan	Done <input checked="" type="checkbox"/>						
<p><b>Power outage information:</b></p> <p>Make sure you know who your energy provider is and write down their phone number, website and sign up for updates/news.</p> <p><b>TIP!</b> Visit the website <a href="http://poweroutageplan.com.au">poweroutageplan.com.au</a> and go to 'More Information' to find your energy provider.</p>	<p><b>My energy provider is:</b></p>	<input type="checkbox"/>						
	<p><b>Phone:</b></p>							
	<p><b>Web:</b></p>							
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><b>I have signed up for updates / news</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	<b>I have signed up for updates / news</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No						
<b>I have signed up for updates / news</b>	<input type="checkbox"/>	<input type="checkbox"/>						

1. People continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Make sure there is a plan owner:</b></p> <p>Choose someone (ideally more than 1) in your household to oversee the Power Outage Plan. This person is the ‘Plan Owner.’</p>	<p><b>The person or people in charge of the Plan:</b></p>	<p><input type="checkbox"/></p>
<p><b>Talk about it:</b></p> <p>Sit down as a household and go through the plan together. Make sure each person understands their responsibilities.</p> <p><b>TIP!</b> Don’t forget to include your pets in your plans.</p>	<p><b>When the power goes out, our household has agreed to:</b></p>	<p><input type="checkbox"/></p>
<p><b>Check on people who are vulnerable:</b></p> <p>List anyone who may need extra help (e.g., older adults, people with medical conditions, or neighbours living alone that you know).</p> <p>Consider how you can contact them when the power is out.</p> <p>Keep their contact details written down.</p>	<p><b>Our household people who need extra help</b></p> <p><b>Name #1:</b></p> <p><b>How to contact them:</b></p> <p><b>Help they need:</b></p>	<p><input type="checkbox"/></p>

1. People continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Check on people who are vulnerable:</b></p> <p>List anyone who may need extra help (e.g., older adults, people with medical conditions, or neighbours living alone that you know).</p> <p>Consider how you can contact them when the power is out.</p> <p>Keep their contact details written down.</p>	<p><b>Name #2:</b></p> <p><b>How to contact them:</b></p> <p><b>Help they need:</b></p> <hr/> <p><b>Name #3:</b></p> <p><b>How to contact them:</b></p> <p><b>Help they need:</b></p>	
	<p><b>Our neighbourhood people who need extra help</b></p> <p><b>Name #1:</b></p> <p><b>How to contact them:</b></p> <p><b>Help they need:</b></p> <hr/> <p><b>Name #2:</b></p> <p><b>How to contact them:</b></p> <p><b>Help they need:</b></p>	<p><input type="checkbox"/></p>

1. People continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Check on people who are vulnerable continued...</b></p>	<p>Name #3:</p> <hr/> <p>How to contact them:</p> <hr/> <p>Help they need:</p>	
<p>If you live on your own, plan with your friends, family or a support person and decide who can check in on you.</p> <p>Consider how they can contact you when the power is out.</p>	<p><b>The people who will check on me are:</b></p> <hr/> <p>Name #1:</p> <hr/> <p>How to contact me:</p> <hr/> <p>Name #2:</p> <hr/> <p>How to contact me:</p>	<p><input type="checkbox"/></p>

## 2. Essentials



**The Goal:**

You have access to food, water, medication, and energy sources during an outage.

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>												
<p><b>Non-perishable food &amp; water:</b></p> <p>Keep at least a three-day supply of non-perishable food and drinking water for everyone, including pets.</p> <p><b>TIP!</b> If you have dietary requirements, consider more than a 3-day supply.</p> <p><b>TIP!</b> Is your water or sewerage reliant on electricity and pumps? Do you need a generator in the event of an extended outage?</p>	<p><b>I will access drinking water by:</b></p> <hr/> <p><b>I will access water for washing, hygiene, and cooking by:</b></p> <hr/> <p><b>I have at least 3 days' supply of:</b></p> <table border="1" data-bbox="608 1122 1289 1552"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Non-perishable food</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pet food (if needed)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If I'm reliant on electric water/ sewage pumps, do I have a generator?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Non-perishable food	<input type="checkbox"/>	<input type="checkbox"/>	Pet food (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	If I'm reliant on electric water/ sewage pumps, do I have a generator?	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/></p>
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<p><b>Alternative cooking methods:</b></p> <p>Have a back-up cooking method such as a camping stove or BBQ ready for use during a power outage.</p> <p><b>TIP!</b> Make sure you have enough gas/fuel for these.</p> <p><b>TIP!</b> Do you have a safe way to heat baby formula or milk if you need it?</p>	<p><b>When the power is out, I will heat food or drinks by:</b></p>	<p><input type="checkbox"/></p>												

2. Essentials continued...

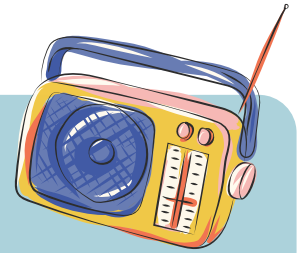
What You Can Do	My Plan	Done <input checked="" type="checkbox"/>																											
<p><b>Food preservation:</b></p> <p>Use coolers or Eskys with ice packs if the outage extends beyond a few hours.</p> <p><b>TIP!</b> Keep doors to fridges/ freezers closed to keep them cold in a power outage.</p>	<p><b>When the power is out, I will preserve food in my fridge and freezer by:</b></p>	<input type="checkbox"/>																											
<p><b>Health and wellbeing:</b></p> <p>Have a First-aid Kit and keep at least three days' worth of prescription medications and medical supplies on hand. Remember pet medications too.</p> <p><b>TIP!</b> If you rely on critical medical equipment, you may need a <b>Life Support Power Outage Plan</b> <a href="#">learn more here</a>.</p> <p><b>TIP!</b> Add your doctor/s phone and email to your emergency contact list.</p>	<p><b>I have at least 3 days' supply of:</b></p> <table border="1" data-bbox="608 891 1289 1924"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Prescription medications</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"><b>TIP!</b> Check the label for storage, keep medications cool if they need to be refrigerated</td> </tr> <tr> <td>First-aid Kit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other potential medications e.g. Paracetamol or antihistamine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Toilet paper</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hand sanitizer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sanitary products</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pet medications (if needed)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIP!</b> Check the label for storage, keep medications cool if they need to be refrigerated			First-aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	Other potential medications e.g. Paracetamol or antihistamine	<input type="checkbox"/>	<input type="checkbox"/>	Toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary products	<input type="checkbox"/>	<input type="checkbox"/>	Pet medications (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Essentials continued...

What You Can Do	My Plan		Done <input checked="" type="checkbox"/>
<p><b>Health and wellbeing continued...</b></p>	<p><b>Other</b> (list anything else important to your health e.g. disinfectant)</p>		
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Get vehicles ready:</b></p> <p>Before predicted weather events make sure you have enough petrol in your vehicles. If you have an electric vehicle, make sure it's fully charged.</p> <p><b>TIP!</b> Have a back-up transport option if needed.</p>	<p><b>I have enough petrol/ charge in my vehicle/s</b></p>	<p><b>Yes</b>      <b>No</b></p> <p><input type="checkbox"/>      <input type="checkbox"/></p>	<p><input type="checkbox"/></p>
	<p><b>If I need alternative transport, I will:</b></p>		<p><input type="checkbox"/></p>



# 3. Communication



**The Goal:**

You can communicate with family, friends, and emergency contacts during a power outage.

What You Can Do	My Plan		Done <input checked="" type="checkbox"/>				
<p><b>Back-up power:</b></p> <p>Keep a portable charger, car charger, or power bank handy for your phone during a power outage.</p> <p><b>TIP!</b> Before predicted weather events make sure you have enough charge/power to your phone or devices.</p>	<p><b>When the power goes out, I will charge my phone by:</b></p>		<input type="checkbox"/>				
<p><b>Battery-powered radio:</b></p> <p>Use a battery-powered or hand-crank radio to stay informed about weather and emergency alerts if phone or internet service fails.</p> <p><b>TIP!</b> Visit <a href="http://reception.abc.net.au">reception.abc.net.au</a> to find your local radio frequency. Write it down e.g. ABC Pilbara 603 AM and stick it to the radio. You can also tune the frequency to one of your car radio preset stations.</p>	<p><b>I have a battery-powered radio or a hand-crank radio</b></p>	<table border="1"> <thead> <tr> <th data-bbox="1048 1117 1166 1182">Yes</th> <th data-bbox="1171 1117 1289 1182">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="1048 1189 1166 1706"> <input type="checkbox"/> </td> <td data-bbox="1171 1189 1289 1706"> <input type="checkbox"/> </td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

3. Communication continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Household communication:</b> Agree how everyone in the household will communicate and what actions to take if the power goes out.</p> <p><b>TIP!</b> Think about when people are at work, school, childcare, shopping, etc.</p>	Name #1:	<input type="checkbox"/>
	I agree to:	
	Name #2:	<input type="checkbox"/>
	I agree to:	
	Name #3:	<input type="checkbox"/>
	I agree to:	

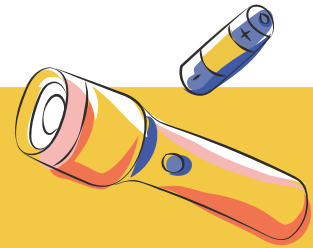
3. Communication continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Household communication continued...</b></p>	<p>Name #4:</p>	<input type="checkbox"/>
	<p>I agree to:</p>	
	<p>Name #5:</p>	<input type="checkbox"/>
	<p>I agree to:</p>	
	<p>Name #6:</p>	<input type="checkbox"/>
	<p>I agree to:</p>	

3. Communication continued...

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Community communication:</b></p> <p>Have a plan with people in your local community to share contact details and how to check on one another in a power outage.</p> <p><b>TIP!</b> Are there local groups you can join who can help with this?</p> <p><b>TIP!</b> You can also share this Plan with your neighbours</p> <p>Consider how you can contact them when the power is out.</p>	<p><b>If the internet or phone goes down, I will contact this person/group in my local area</b></p> <hr/> <p><b>Name:</b></p> <hr/> <p><b>How to contact them:</b></p> <hr/> <p><b>If the internet or phone goes down, I can be contacted by:</b></p> <hr/> <p><b>I have shared this Plan with:</b></p> <hr/>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Out-of-area communication:</b></p> <p>Ask someone outside your local area to be your main contact if your phone lines fail. Make sure everyone in your household knows who this is.</p>	<p><b>If the internet or phone goes down, the go-to person outside my local area who can be contacted in case of emergency is:</b></p> <hr/> <p><b>Name:</b></p> <hr/> <p><b>How I will contact them:</b></p> <hr/> <p><b>How family/loved ones can contact them:</b></p> <hr/> <p><b>How they will contact my household:</b></p> <hr/>	<p><input type="checkbox"/></p>

# 4. Light



**The Goal:**

You have access to light to keep you safe when the power goes out.

What You Can Do	My Plan		Done <input checked="" type="checkbox"/>	
<p><b>Torches and lanterns:</b></p> <p>Keep torches or battery-powered lanterns in your home where they are easy-to-find.</p> <p><b>TIP!</b> Make sure you have spare batteries or torches charged.</p> <p><b>TIP!</b> Try not to use candles as they can be a fire risk.</p>	<p><b>I have lights I can use, besides candles</b></p>	<p><b>Yes</b></p> <input type="checkbox"/>	<p><b>No</b></p> <input type="checkbox"/>	<input type="checkbox"/>
	<p><b>I have a torch or lantern in my emergency or evacuation pack</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Keep back up lights going:</b></p> <p>Use LED battery-powered lanterns and have spare batteries for flashlights, radios, and other devices.</p>	<p><b>I have LED battery-powered light sources</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>I have extra batteries</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Organise back-up lights:</b></p> <p>Place back-up lights in easily accessible places so that they can be found quickly in the dark.</p>	<p><b>I have back-up lights placed in these areas at home</b></p>		<input type="checkbox"/>	
		<p><b>Yes</b></p>		<p><b>No</b></p>
	<p><b>Bedrooms</b></p>	<input type="checkbox"/>		<input type="checkbox"/>
	<p><b>Living Room</b></p>	<input type="checkbox"/>		<input type="checkbox"/>
	<p><b>Kitchen</b></p>	<input type="checkbox"/>		<input type="checkbox"/>
	<p><b>Other (e.g. bathroom, shed, fuse box)</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	

# 5. Comfort



**The Goal:**

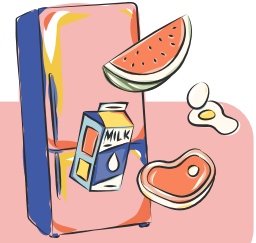
Your household can be calm and comfortable dealing with heat or cold during a power outage.

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>
<p><b>Temperature regulation:</b></p> <p>Consider ways to stay warm or cool during the outage depending on the season</p>	<p><b>Ideas to stay warm are:</b></p> <ul style="list-style-type: none"> <li>▪ Layer clothing</li> <li>▪ Use blankets or sleeping bags</li> <li>▪ Close curtains</li> <li>▪ Seal drafts/gaps with towels or fabric</li> <li>▪ Use hot water bottles</li> <li>▪ Stay in one room and conserve heat</li> <li>▪ Move around to boost warmth</li> <li>▪ Wear a hat and keep my head covered</li> </ul>	<input type="checkbox"/>
	<p><b>Ideas to stay cool are:</b></p> <ul style="list-style-type: none"> <li>▪ Wear light clothes</li> <li>▪ Use battery-powered/USB-charged hand-held fans</li> <li>▪ Close curtains and block out the sun</li> <li>▪ Drink plenty of water</li> <li>▪ Use a cold compress to pulse points</li> <li>▪ Stay in one room (the coolest area of the home)</li> <li>▪ Use ice packs</li> <li>▪ Avoid physical activities</li> <li>▪ Take cool showers</li> </ul>	<input type="checkbox"/>

What You Can Do	My Plan	Done 
<p><b>Coping strategies:</b></p> <p>Think about personal strategies that help you remain calm in stressful situations.</p> <p><b>TIP!</b> Consider strategies for children and pets.</p>	<p><b>Ideas to stay calm are:</b></p> <ul style="list-style-type: none"><li>▪ Listen to relaxing music</li><li>▪ Read a book, magazine</li><li>▪ Play board games with others</li><li>▪ Write down ideas and information</li><li>▪ Practise deep breathing, sitting quietly</li><li>▪ Get together with neighbours</li></ul> <p><b>If safe, get outdoors:</b></p> <ul style="list-style-type: none"><li>▪ Go to the beach/pool/river</li><li>▪ Go to a park</li><li>▪ Go for a ride/jog/walk</li></ul> <p><b>For children:</b></p> <ul style="list-style-type: none"><li>▪ Games, colouring, storytelling</li></ul>	<p><input type="checkbox"/></p>

For mental health support during or after a power outage contact Beyond Blue for free and confidential mental health counselling to anyone in Australia via phone (1300 224 636), online chat, and email, someone will respond to your email within 24-hours.

# 6. Surroundings



**The Goal:**

Maintain safety and functionality of your home during a power outage.

What You Can Do	My Plan		Done <input checked="" type="checkbox"/>								
<p><b>Manual overrides:</b></p> <p>Know how to manually open or close gates, garage doors, or doors when there is no power.</p>	<p><b>I know how to manually operate:</b></p> <hr/> <p><b>My garage door by:</b></p> <hr/> <p><b>My electric gate by:</b></p> <hr/> <p><b>Other _____ by:</b></p>		<input type="checkbox"/>								
<p><b>Turn off appliances:</b></p> <p>Switch off at the power point and consider the use of good quality surge protection.</p> <p><b>TIP!</b> Consider a back-up power supply for any important appliances.</p>	<p><b>I will switch off appliances in a power outage</b></p> <hr/> <p><b>I have surge protection</b></p> <hr/> <p><b>For important appliances I have back-up power (TIP! Name these appliances)</b></p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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What You Can Do	My Plan		Done <input checked="" type="checkbox"/>				
<p><b>Safe walkways:</b></p> <p>Keep paths, doorways and thoroughfares inside and outside your house clear so that you can safely move around your house in low lighting.</p>	<p>I have cleared walkways inside</p>	<table border="1"> <thead> <tr> <th data-bbox="1046 338 1168 416">Yes</th> <th data-bbox="1168 338 1289 416">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="1046 416 1168 524"><input type="checkbox"/></td> <td data-bbox="1168 416 1289 524"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
<p><b>Safety precautions:</b></p> <p>Secure any potential hazards, such as loose furniture, outdoor structures, or falling debris.</p> <p><b>TIP!</b> Do not go near damaged power lines or power poles or other electricity equipment, e.g. substations.</p>	<p><b>To keep our home safer when the power goes out, our household has agreed to:</b></p> <p>(<b>TIP!</b> You can add specific jobs / responsibilities for each person):</p>		<input type="checkbox"/>				
<p><b>Evacuation plan:</b></p> <p>Prepare a plan for evacuation if needed, and practice and review it. Include packing essential items such as documents and a stocked First-aid Kit.</p> <p><b>TIP!</b> Consider keeping documents in a waterproof container.</p>	<p><b>If I need to evacuate, I will go to:</b></p>		<input type="checkbox"/>				

What You Can Do	My Plan	Done <input checked="" type="checkbox"/>																			
<p><b>Evacuation plan continued...</b></p>	<p><b>To get there I will:</b> I have essential items packed in my emergency or evacuation pack, including:</p>	<input type="checkbox"/>																			
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			Yes	No																	
	First-aid Kit		<input type="checkbox"/>	<input type="checkbox"/>																	
	ID		<input type="checkbox"/>	<input type="checkbox"/>																	
	Medical documents		<input type="checkbox"/>	<input type="checkbox"/>																	
	Cash		<input type="checkbox"/>	<input type="checkbox"/>																	
Torch	<input type="checkbox"/>	<input type="checkbox"/>																			
<p><b>Your plan:</b> Keep a copy of your Plan and a printed or written list of emergency contacts (including your doctor/s) with a torch where it's easy to find.</p>	<p><b>I keep a copy of my Plan and emergency contacts with a torch, here:</b></p>	<input type="checkbox"/>																			