

# foT

## 72-HOUR KIT CHECK LIST

Owner: \_\_\_\_\_

Date Packed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

- Water-Resistant Backpack (so you can carry your kit with you)  
Any quality backpack will do. It is helpful that it have a large grip at the top, and a wrap-around rubber bottom to keep items dry.

You may not need every item. Write in "other" items that you include. Pack items according to the season of the year.

QTY	FOOD / WATER
<input type="checkbox"/>	Bottled Water (freeze-resistant bottle)
<input type="checkbox"/>	M.R.E.s
<input type="checkbox"/>	Beef Jerky / Beef Sticks
<input type="checkbox"/>	Cliff Bars
<input type="checkbox"/>	Trail Mix / Nuts
<input type="checkbox"/>	Applesauce Cups
<input type="checkbox"/>	Granola Bars
<input type="checkbox"/>	Hard Candy
<input type="checkbox"/>	Dry Rolled Grain
<input type="checkbox"/>	Water Purification Tablets
<input type="checkbox"/>	Canned Food ↻
<input type="checkbox"/>	Water Purification Kit / Tester ↻
<b>INFANTS / TODDLERS</b>	
<input type="checkbox"/>	Formula / Powdered Milk
<input type="checkbox"/>	Instant Cereal
<input type="checkbox"/>	Plastic Container / Jar Baby Food
<input type="checkbox"/>	Snacks (Easy to Chew)
<input type="checkbox"/>	Bottled Fruit Juice
<input type="checkbox"/>	Pedialyte
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	CLOTHING
<input type="checkbox"/>	Under Garments
<input type="checkbox"/>	Socks
<input type="checkbox"/>	Shirts
<input type="checkbox"/>	Sweatshirts
<input type="checkbox"/>	Pants
<input type="checkbox"/>	Hat
<input type="checkbox"/>	Work Gloves
<input type="checkbox"/>	Rain poncho
<input type="checkbox"/>	Walking Shoes ↻
<input type="checkbox"/>	Coat / Jacket ↻
<b>WOMEN</b>	
<input type="checkbox"/>	Bras
<input type="checkbox"/>	Maternity Clothing
<b>INFANTS / TODDLERS</b>	
<input type="checkbox"/>	Onesies / Rompers / Sleepers
<input type="checkbox"/>	Hat
<input type="checkbox"/>	Mittens
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	COMMUNICATIONS
<input type="checkbox"/>	Emergency Contact List
<input type="checkbox"/>	Radio (Wind-Up / Solar)
<input type="checkbox"/>	Handheld CBs / 2-Way Radios
<input type="checkbox"/>	Whistle
<input type="checkbox"/>	Mirror
<input type="checkbox"/>	Pen / Pencil
<input type="checkbox"/>	Paper / Post-Its
<input type="checkbox"/>	CB / Shortwave Radio ↻
<input type="checkbox"/>	Cell Phone ↻
<input type="checkbox"/>	Reflective Safety Vest ↻
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

↻ INDICATES ITEMS THAT ARE BEST STORED IN A VEHICLE

QTY	TOOLS / UTILITIES
<input type="checkbox"/>	Ziplock Bags (Waterproofing / Trash / Etc.)
<input type="checkbox"/>	Multi-Utility Tool / Pocket Knife
<input type="checkbox"/>	Military Keyring Can-Opener
<input type="checkbox"/>	Compass
<input type="checkbox"/>	Sewing Kit
<input type="checkbox"/>	Face Mask / Mouth Mask / Bandana
<input type="checkbox"/>	Mace / Pepper Spray
<input type="checkbox"/>	Fishing String & Hooks
<input type="checkbox"/>	Rechargeable Batteries
<input type="checkbox"/>	Rubber Bands
<input type="checkbox"/>	Rope ↻
<input type="checkbox"/>	Duct Tape ↻
<input type="checkbox"/>	Battery Recharger ↻
<input type="checkbox"/>	AC Power Inverter ↻
<input type="checkbox"/>	Jumper Cables ↻
<input type="checkbox"/>	Jack & Spare Tire ↻
<input type="checkbox"/>	Road Flares ↻
<input type="checkbox"/>	Tow Strap ↻
<input type="checkbox"/>	Set of General Tools ↻
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	HEAT / LIGHT
<input type="checkbox"/>	Light Sticks / Flashlight
<input type="checkbox"/>	Lighter / Weather-Proof Matches
<input type="checkbox"/>	Cooking Heat Source
<input type="checkbox"/>	Candles
<input type="checkbox"/>	Solar Sleeping Bag / Solar Blanket
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	SLEEPING
<input type="checkbox"/>	Sleeping Bag ↻
<input type="checkbox"/>	Small Pillow ↻
<input type="checkbox"/>	Popup Tent ↻
<b>INFANTS / TODDLERS</b>	
<input type="checkbox"/>	Blanket / Quilt ↻
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	VISION
<input type="checkbox"/>	Prescription Glasses
<input type="checkbox"/>	Fresh Contacts & Case
<input type="checkbox"/>	Contact Solution
<input type="checkbox"/>	Sunglasses
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	MONEY
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Phone Card / Change for Pay-Phone
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	MEDICAL / FIRST AID
<input type="checkbox"/>	General First Aid Kit
<input type="checkbox"/>	Sun block
<input type="checkbox"/>	Lip Balm
<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	Calladryl (for bug bites)
<input type="checkbox"/>	Medications: Insulin, Allergy, etc.
<input type="checkbox"/>	List of Medical Conditions / Allergies
<input type="checkbox"/>	List of Current Medications & Instructions
<input type="checkbox"/>	Eye drops
<input type="checkbox"/>	Vitamins
<input type="checkbox"/>	Aspirin / Ibuprofen
<input type="checkbox"/>	Cold Medicine
<input type="checkbox"/>	Cough Drops
<input type="checkbox"/>	Anti-Gas
<input type="checkbox"/>	Anti-Diarrhea
<input type="checkbox"/>	Anti-Constipation
<input type="checkbox"/>	Peroxide / Neosporin
<input type="checkbox"/>	Rubbing Alcohol
<b>INFANTS / TODDLERS</b>	
<input type="checkbox"/>	Diaper Rash Cream / Petroleum Jelly
<input type="checkbox"/>	Infant/Children's Tylenol
<input type="checkbox"/>	Teething Gel
<input type="checkbox"/>	Gas Drops
<input type="checkbox"/>	Nose Drops / Saline Spray
<input type="checkbox"/>	Ipecac
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	HYGIENE
<input type="checkbox"/>	Hand Towel
<input type="checkbox"/>	Soap / Hand Sanitizer
<input type="checkbox"/>	Wet-Ones
<input type="checkbox"/>	Toilet Paper / Tissues
<input type="checkbox"/>	Toothpaste & Toothbrush
<input type="checkbox"/>	Mouth Wash
<input type="checkbox"/>	Dental Floss
<input type="checkbox"/>	Deodorant
<input type="checkbox"/>	Shampoo
<input type="checkbox"/>	Comb / Brush
<input type="checkbox"/>	Lotion
<input type="checkbox"/>	Manicure Set
<input type="checkbox"/>	Cotton Swabs
<b>WOMEN</b>	
<input type="checkbox"/>	Female Hygiene Products
<b>INFANTS / TODDLERS</b>	
<input type="checkbox"/>	Diapers
<input type="checkbox"/>	Wipes
<input type="checkbox"/>	Burp Cloth
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

QTY	ENTERTAINMENT
<input type="checkbox"/>	Book / Games
<input type="checkbox"/>	Scriptures
<b>INFANT/TODDLER</b>	
<input type="checkbox"/>	Teething Ring / Pacifier
<input type="checkbox"/>	Stuffed Animal / Comfort Toy
<b>OTHER</b>	
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

- At least every 6 months:
- Replenish used supplies
  - Replace fresh food/water
  - Ensure clothing fits and is seasonal
  - Recharge batteries

- At least every year:
- Replace vitamins/medications
  - Replace non-rechargeable batteries
  - Replace contact solution
  - Replace Duct Tape and Wet-Ones

- At least every 3 years:
- Replace tissues & toilet paper
  - Replace medical / first aid items
  - Replace prescription glasses / contacts