

# 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 many 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                      | 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                       | 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                       | 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                      | 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                       | 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                      | 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"/> | _____                       |

| 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                      | 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

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

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| <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"/>  | _____                                   |
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| <input type="checkbox"/>  | Anti-Gas                                   |
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| <input type="checkbox"/> | _____                              |

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| <input type="checkbox"/>  | Lotion                  |
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| <b>WOMEN</b>              |                         |
| <input type="checkbox"/>  | Female Hygiene Products |
| <b>INFANTS / TODDLERS</b> |                         |
| <input type="checkbox"/>  | Diapers                 |
| <input type="checkbox"/>  | Wipes                   |
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| <b>OTHER</b>              |                         |
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|--------------------------|-----------------------------|
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| <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"/> | _____                 |
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| 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"/> | _____                        |

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