# Emergency Preparedness

My Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Peer Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I’m Ready:***

|  |  |  |
| --- | --- | --- |
| To Do | Completed | Date |
| Survival Kit - Home |  |  |
| Survival Kit – To Go |  |  |
| Survival Kit - Vehicle |  |  |
| Health Information |  |  |
| Transportation Plan |  |  |
| *Who Ya Gonna Call* |  |  |
|  |  |  |
| Service Animal (Pet) Kit |  |  |

PREPARING YOUR EMERGENCY

SURVIVAL and EVACUATION KIT

Power and Communication Preparation

It is important to remember that many utilities that we are accustomed to may be interrupted during an emergency. Power and communication are impacted often so preparing for loss of power and difficulties with communication are critical steps in your preparation. Power outages can effect opening the garage door, heating your home, getting information from radio or television, purchasing gasoline, shopping for food, withdrawing money from an automated tell machine, purchasing medication from a pharmacy and sometimes municipal water systems.

1. Make sure your cell phone is charged at all times. Keep your home and auto cell phone charger handy. There are several inexpensive cell phones available for emergency use only (911) and available through charitable organizations.
2. If you have a voice mail option with your cell phone, consider changing your message to inform callers of your situation. Especially if you have to leave your home and move to a shelter. This will allow you to turn off your phone to conserve battery life and still provide important information.
3. Remember cell phone systems can and do become overloaded during emergencies. Have a back-up plan using a person living outside the area affected by the emergency to relay information to family and friends.
4. If you have “land line” phone service, be sure you have a standard telephone connected to your system. Portable phones connected to your home system have an electrically powered base station. Portable phones may not work during power outages.
5. Post the emergency contact phone number for your electric power provider in a prominent place (refrigerator or by the phone). DO NOT call 911 if your power goes out, they will only refer you to the electric power company. It is important to report loss of power even if your neighborhood is affected. Your call established a date and time of power loss and can be useful if the power company offers refunds for interrupted service. The same is true for phone.
6. If you lose power, it is good practice to turn off computers, televisions and electronic devices. Occasionally power is turned back on suddenly and restoration can be accompanied by a “spike” that can damage sensitive electronic equipment.
7. Remember, elevators, automatic garage doors, automatic doors and sump pumps will not work in a power outage unless they are connected to emergency generators or battery back-up. You may have to rely on assistance to exit multi-story buildings and manual operation of garage and exit doors. Have a plan!
8. Other preparations will be covered in the next section.

**Preparing Your Kit**

The accompanying list of emergency preparedness items are basic necessities for “At Home” and “Evacuation” preparation. You will need a large back pack or small duffel bag to hold the items for a 3 to 5 day period. You must also remember to include items for you specific needs including medication, materials to administer medication (syringes, inhalers etc.), extra glasses / contact lenses and solution, drinking straws, magnifiers, pill crushers and other items you use or take daily.

**Kit Items**

**Food** – edible without preparation, no frozen foods that might spoil when thawed. Select canned products that have the pull tab openers whenever possible (soups, beef stew, beans, peanut butter). Tuna in packets (some are pre-seasoned), breakfast cereals, dried fruits and nuts.

**Water** – an average of one (1) gallon per day per person. This will be your heaviest item (24 pounds for 3 gallons).

**Light** – flash light with extra batteries and bulb, candles and matches for home and car and light sticks (camping supply stores) for temporary illumination.

**First Aid Kit** – be sure you have alcohol or disinfectant wipes, bandages, scissors, gauze and antiseptic. Pharmacies have pre-packaged First Aid Kits for home and car. Check to make sure items in your kit have not expired.

**Radio / TV** – portable (battery operated) radio or TV will help you keep informed on conditions and what to do. Be sure and check the batteries, have spares.

**Cell Phone** and re-charger – cell phones can be a lifeline in an emergency. If you don’t have a re-charger for use in a car, invest in one. Even if you don’t have your own car, you can get a charge from someone who does.

**Whistle** or Signal Device – if you are trapped and need to let rescuers know where you are, a signal device is important. Some key-chains alarms provide a loud piercing noise.

**Toothbrush** and Paste, Washcloth, Hand Soap, sanitizer, towelettes – keeping all these items in a plastic zip-lock bag is always good practice. Dental floss can be used to tie things in an emergency.

**Toilet paper** and hygiene supplies, make sure you have enough for 3 to 5 days.

**Clothing** – Pack clothing that is light weight but warm and dries easily. Wool sweaters are great for warmth until they get wet and they can be heavy. Other fabrics may be better suited the wear and have as extra.

**Kitchen Supplies** – consider only what you will need to eat and drink with as well as a way to heat food or water if possible. Army surplus mess kits are ideal (boy scouts are a good source). Remember you may have to open what you are going to eat. Unbreakable is the rule.

**Musts:**

**Pocket Knife** – if you have limited function in your hands and fingers, this item can be a problem.

**Warm blanket** / Sleeping bag – Army surplus or camping stores are good sources for this item. Buying a bag rated to zero (0) degrees or below can save your life if stranded in a car.

**Paper and Pencil** or Pen – You may need to leave a message if you leave you home or automobile.

**Waterproof Pouch** – A large zip lock bag to hold your birth certificate, social security card, bank information and other critical documents that you don’t want to leave behind if you must evacuate. See the Personal Documents section of the Kit. Don’t forget your Health Information Sheet.

**Extra Items** – Spare glasses and/or contact lenses, hearing aid batteries, folding cane and other items wheelchair cushion. Take only what is essential.

**Personal Documents** – these items go in your waterproof pouch. Include any legal items that you might keep in a home safe of personal file (will, deed, bonds, etc.). If you home is destroyed, these may be irreplaceable.

**Miscellaneous** – some of these items will be useful if you are stranded at home. Vendor contact information and a list of medical equipment and serial numbers (pictures) should go with your personal documents in case you need to replace these items through an insurance claim.

**Children’s and Service Animals** – Emergency shelters must accept children and service animals. Children will need the same consideration for food water, sanitary supplies and clothing as adults. Service animals will need food and water, their favorite blanket and toy. Be sure to bring their medical records (rabies tag) and any certificate that identifies them as a service animal. A picture of you with the animal is very important to include in your personal documents pouch.

**Vehicle Only Items** – these are items to help you remain in your car if stranded and until rescued. Assuming you have your cell phone to alert authorities, the items will help you keep warm and safe for several hours. This is not a replacement for your Survival and Evacuation Kit. It is only a vehicle kit for short term survival.

**NOTE:** - Emergency shelters are NOT supermarkets, pharmacies or stores. Their role is to provide a safe environment to sleep and eat. If you leave an item behind, you may have to do without. Bring a good book or portable games; you may be there for a while.

EMERGENCY SURVIVAL AND EVACUATION KIT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM | AT HOME | | TO GO | | VEHICLE | |
| Food – 3 day supply of in cans and boxes  edible without preparation/non-perishable |  | |  | | (See vehicle list) | |
| Water – 3 day supply of bottled water  (1 gallon per person per day) |  | |  | | (See vehicle list) | |
| Light – Flashlight and batteries –  matches and candles |  | |  | | (See vehicle list) | |
| First Aid Kit and instruction manual |  | |  | |  | |
| Communication: portable radio / TV,  batteries and recharger |  | |  | | XXXXXX  XXXXXX | |
| Cell Phone and recharger (auto and AC) |  | |  | | XXXXXX | |
| Whistle (signal for help) |  | |  | |  | |
| **Sanitary Supplies:** |  | |  | |  | |
| Toothbrush and paste |  | |  | | XXXXXX | |
| Washcloth |  | |  | |  | |
| Hand soap |  | |  | |  | |
| Hand sanitizer |  | |  | |  | |
| Moist towelettes |  | |  | |  | |
| Toilet paper |  | |  | |  | |
| Bowel and Bladder Supplies  (Diapers, bags) |  | |  | | XXXXXX  XXXXXX | |
|  | | | | | |
| **ITEM** | | **AT HOME** | **TO GO** | **VEHICLE** | |
| **Clothing:** |  | |  | |  | |
| Underwear (one to three complete changes) |  | |  | |  | |
| Long sleeve sweater |  | |  | |  | |
| Extra Socks |  | |  | |  | |
| Jacket or Coat |  | |  | |  | |
| Shoes or Boots |  | |  | |  | |
| Rain wear |  | |  | |  | |
| **Kitchen Supplies:** |  | |  | |  | |
| Manual can opener |  | |  | |  | |
| Eating Utensils (unbreakable) |  | |  | |  | |
| Cups |  | |  | |  | |
| Plates |  | |  | |  | |
| Bowls |  | |  | |  | |
| Small pot for heating food (soup, water) |  | | XXXXX | |  | |
| **Must Have:** |  | |  | |  | |
| Pocket / utility knife (Swiss Army type) |  | |  | |  | |
| Warm blanket or sleeping bag |  | |  | |  | |
| Paper and Pencil |  | |  | |  | |
| Waterproof pouch for personal documents |  | |  | | XXXXXXXX | |
| **Extra Personal Items and Documents:** | |  |  |  | | |
| Wheelchair Cushion (and extra if available) | |  |  |  | | |
| Pair of glasses | |  |  |  | | |
| Contact lens cleaning solution | |  |  |  | | |
| Hearing aid batteries | |  |  |  | | |
| Folding cane | |  |  |  | | |
| Syringes / Bronchial inhaler | |  |  |  | | |
| **Personal Documents (to go in pouch)** | |  |  |  | | |
| Copies of credit and ID cards (license) | |  |  |  | | |
| Copies of insurance policies, account numbers | |  |  |  | | |
| Birth certificate, social security card, will | |  |  | XXXXXX | | |
| Cash and coins ($ 100 in bills $ 10 in coin) | |  |  |  | | |
| Allergy ID bracelet or tags | |  |  |  | | |
| Extra house and car keys | |  |  |  | | |
| **Miscellaneous:** | |  |  |  | | |
| Charger for scooter or power wheelchair | |  |  | XXXXXX | | |
| Medical equipment serial numbers & pictures | |  |  |  | | |
| Vendor contact information for DME. | |  |  |  | | |
| Pliers or wrench (to shut off gas utility) | |  | XXXXX |  | | |
| Screw driver (slotted and Phillips head) | |  | XXXXX |  | | |
| Fire Extinguisher | |  | XXXXX |  | | |
| Duct Tape | |  |  |  | | |
| Plastic trash bags (33 gallon) | |  |  |  | | |

**CHILDREN’S NEEDS - Children will need supplies similar to those for an adult. In addition consider easily packed entertainment items like playing cards, coloring books, puzzles. If you have an infant, include contact information for pediatrician, additional clothing, formula, pacifiers, bottles and diapers.**

**SERVICE ANIMAL NEEDS (and PETS)**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | AT HOME | TO GO | VEHICLE |
| Food – 3 day supply |  |  |  |
| Water – 3 day supply |  |  |  |
| Food and water dish |  |  |  |
| Identification papers (service animal) |  |  |  |
| Extra leash |  |  |  |
| Medicines (if being treated) – First Aid Kit |  |  |  |
| Warm blanket or bed |  |  |  |
| Name and phone of veterinarian |  |  |  |
| Picture of you and your service animal |  |  |  |
| Favorite toy |  |  |  |
| Plastic bags and paper towels for cleanup |  |  |  |

**Survival if stranded in your Vehicle.**

**In addition to the items on your survival kit list, the following additional items should be in your vehicle if you are caught in a storm or stranded.**

|  |  |  |
| --- | --- | --- |
| VEHICLE ONLY ITEMS | HAVE | NEED |
| Work Gloves (to protect hands) |  |  |
| Safety Glasses |  |  |
| Emergency flares |  |  |
| First Aid Kit and instruction manual |  |  |
| Emergency signal flag |  |  |
| Windshield washer fluid (1 extra gallon) |  |  |
| Metal can with candle (heat and light) |  |  |
| Matches (waterproof container) |  |  |
| Compass (know how to use) |  |  |
| Tire repair kit (fix a flat) |  |  |
| Booster / jumper cables |  |  |
| Air pump |  |  |
| Old rug |  |  |
| Light sticks (for illumination) |  |  |
| **Food** |  |  |
| Water (half fill bottles in case of freezing) |  |  |
| Nutra bars or granola bars |  |  |
| Cereal (individual serving boxes) |  |  |
| Hard candy or honey |  |  |
| Beef jerky or Protein Bar |  |  |

Be sure you have your Emergency Health Information Form completed and on your person, in your kit and in your vehicle.

One final note regarding Medication:

It is a good idea to keep a list of medications and dosages in your wallet. Also renew your prescriptions when you have a 5 day supply remaining. If you take medication that cannot be interrupted without serious consequences, make sure it is stated clearly on your Emergency Health Information Form and include the:

Name of the prescription medication and the Dosage and times taken.

When first prescribed, how long you have been taking and possible side effects.

Name of physician and contact information and the same for pharmacy.

For more information about Emergency Preparedness go to [www.ready.gov](http://www.ready.gov)

<http://preparewny.org/plan.asp> <http://preparewny.org/kit.asp>

<http://www.buffaloredcross.org/Home/ProgramsServices/HealthSafety>

Emergency Health Information Form

**Instructions for completing your Emergency Health Information Form.**

Ultimately it is YOUR responsibility to prepare for your own care and safety during emergency situations. You have a choice of what and how much information you disclose about yourself on this form. Determine your own need for privacy and what information others will need to render assistance.

In the event of a local disaster emergency due to weather conditions, industrial accidents or terrorist activity, you may need to remain in your home or evacuate to a shelter. In either situation, it is important to have your personal health information recorded and readily available to give to emergency responders or shelter staff so that they can assist you with appropriate care.

The attached form will help you record basic Emergency Health Information. It is good practice to have more than one copy of this form available. A copy on your person, a copy in your survival kit and a copy on display at home in an obvious place (taped to the refrigerator).

If you have important additional health or medical information that is not included in the form, add additional pages as necessary. Remember, emergency responders don’t need your entire medical record or history, only the information relevant to providing assistance in the event of a disaster or evacuation. Information important to your survival for 3 to 5 days until normal conditions are restored.

**Form Instructions:**

Date Completed and Updated – Up to date health information is critical to your safety. Be sure to record the date you first complete this form and any date you add information to it. Your **SSN:** social security number is important for identification and retrieving information. You may choose to keep it confidential and carry it with you.

Name, First, Last – Nick Name – Some of your contacts may know you by a shortened version of your name. Richard may be knows as Rich, Christine, as Chris. To avoid confusion when emergency responders are communicating with your family, friends or other contacts, it is important to know your “nick name”.

Address Information – Be sure to indicate your residence. Mailing addresses and post office boxes are not always the place you live. Also indicate whether you live on the ground floor or an upper level apartment and the apartment number.

Phone Numbers – Emergency situation often impact communication systems. Include as many ways you have available to receive and send information.

**Note:** For ALL phone numbers include the area code.

Out of Town Contact – It may be necessary to communicate with family, friends and contacts through a third party outside the effected disaster area (someone in another city/state). This should be a person you can trust with your medical information and can be a reliable source of information and communication between you and other people concerned about your health and safety. Out of town relatives or long time family friends are typical out of town contacts. Include their name, phone number (with area code) and E-Mail address. Be sure to share this information with your immediate family as well.

Emergency Contact – The name and phone number of the person you want contacted if you are unable to communicate for yourself.

Insurance Provider – If you require medical treatment during an emergency situation, the facility treating you may not have you medical records and information. They will need to know that you have insurance coverage and if possible, access your treatment records while you are under their care. Be sure you have your health insurance identification card on your person and a copy of the card in your kit.

Health Care Provider – You may have a primary care physician or receive medical care through a clinic. Be sure to include enough information for an emergency responder to talk to someone about your health situation and needs.

Personal Care Aid – If you have a personal care aid / attendant who help you with activities of daily living it will be necessary to contact them if you have to leave your home and move to an emergency shelter.

Disability Information – Use everyday language when describing your disability. Remember the people who are helping you may not know about the different effects of different disabilities and they make erroneous assumptions about you.

An example: Nature of Disability – “I had a head injury.” Limitations – “I get dizzy occasionally and I have poor short term memory.” Accommodations – “I sometimes need help getting up from lying down and I need to carry a reminder note book to help remember things.”

Allergies/ Medications and Immunizations – If there is not enough room on the page to list your information, make an additional copy and attach it. You may consider listing only the allergies and immunizations that are most relevant to evacuation to a shelter (soap allergies or latex, certain foods). Under medications, be sure to note if there are special instructions for dosage and handling as well as the need for refrigeration and storage.

EMERGENCY HEALTH INFORMATION

**Contact Information**

|  |  |  |
| --- | --- | --- |
| Date Completed | Date Updated | SSN: |
| **Name (First)** | Last | Nick Name |
| **Address (Number / Street)** | City/State | Zip |
| **Cell Phone** | Home Phone | Work Phone |
| **Out of Town Contact – Name** | Out of Town Contact - Phone | Out of Town Contact – Email |
| **Emergency Contact – Name** | Relationship | Phone |
| **Insurance Provider - Name** | ID # | Phone |
| **Health Care Provider – Name** | Address | Phone |
| **Personal Care Aid – Name** | Address | Phone |

**Disability Information**

|  |  |  |
| --- | --- | --- |
| Nature of Disability | Limitations | Accommodations |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

See Reverse for Additional Information

**Allergies / Medications / Immunizations –** (Make additional copies if needed)

|  |  |  |
| --- | --- | --- |
| Allergy Name - | Medical/Chemical/Environmental | Treatment or Medication |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| Condition Name | Medication and Precautions | Prescriber  Name | Pharmacy Contact Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Immunizations**

|  |  |
| --- | --- |
| Immunization Name | Date of Last Immunization |
|  |  |
|  |  |
|  |  |
|  |  |

**Emergency Health Information** (optional additional data)

In case of emergency (legal, medical or psychiatric), please refer to my Advance Directive (a copy is on file with :)

Hospital:  City: State: Phone: Fax: ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | name | phone number | cell phone number | address or other info: |
| **Emergency contact** |  |  |  |  |
| **Health care proxy** |  |  |  |  |
| **Advocate** |  |  |  |  |
| **Psych E.R.** |  |  |  |  |
| **Family member 1** |  |  |  |  |
| **Family member 2** |  |  |  |  |
| **Apartment care \*** |  |  |  |  |
| **Agency / clinic** |  |  |  |  |
| **Psychiatrist** |  |  |  |  |
| **Counselor** |  |  |  |  |
| **Landlord** |  |  |  |  |
| **Housing specialist** |  |  |  |  |
| **Attorney** |  |  |  |  |
| **Employer** |  |  |  |  |
| **Crisis Services** | 716-834-3131 |  |  |  |
| **Peer Line** | 716-834-7337 |  |  |  |

* Apartment care contact has house keys and in the event of an emergency is willing to assist with mail, writing out checks, plants, pets, cleanliness & safety concerns.

Emergency Evacuation Transportation

**In an emergency when it is necessary to evacuate to a safe location, your best option is to rely on family or friends to assist you. Public transportation including para-transit may not be available. Private transportation will be overburdened and difficult to arrange on short notice.**

**Transportation Preparation:**

**If you require private transportation to assist you in evacuating to a shelter or other safe location be sure to have $ 100 cash available to pay for transportation. This money is in addition to the cash in your Survival Kit. Don’t forget to get a receipt. Drivers will not take personal checks. The following list of providers will help you secure transportation in your area to the location you are going. It might be helpful to program a couple of these phone numbers in your cell phone call list.**

**Wheel Chair Accessible Transportation Services**

Aries Transportation Services, Inc.

(716) 362-9701 Buffalo and local suburbs, Niagara Falls and Lewiston

Carrier Coach, Inc.

(716) 632-8756 Buffalo

(716) 532-2600 or (716) 337-0200 Gowanda

First Call, Inc.

(716) 871-1500 - Primarily Southtown service however will transport cash customers if space available for Erie and Niagara County.

Liberty Cab (they have 2 wheel chair accessible vehicles)

(716) 877-7111 - All of Erie and Niagara County

Southtowns Wheelchair Van Service

(716) 675-2505 – See First Call, Inc.

We Care Transportation

(716) 838-0349 - All of Erie and Niagara County

WNY Independent Living, Inc.

(716) 836-0822 ext. 150 or 183 - All of Erie and Niagara County

ERIE COUNTY TAXIS

[**AP Towne Taxi - Buffalo NY**](http://www.yellowpages.com/info-IY246462881/AP-Towne-Taxi-Buffalo-NY)[**Buffalo Transportation Inc.**](http://www.yellowpages.com/info-IY245055861/Buffalo-Transportation-Inc)

**Serving the Buffalo Area Buffalo, NY 14207**

**(716) 444-2739 (716) 877-5600**

[**A Boulevard Amherst Cab Taxi Inc**](http://www.yellowpages.com/info-LMS58580871/A-Boulevard-Amherst-Cab-Taxi-Inc)[**Action Taxi & Tour Service**](http://www.yellowpages.com/info-LMS58982912/Action-Taxi-Tour-Service)

**5459 Main Street 1571 Eggert Rd   
Buffalo, NY 14221 Buffalo, NY 14226**

**(716) 631-3535 (716) 446-1580**

[**Airport Taxi Service**](http://www.yellowpages.com/info-LMS73419458/Airport-Taxi-Service)[**Amherst Taxi Dispatch Service**](http://www.yellowpages.com/info-LMS59584378/Amherst-Taxi-Dispatch-Service)

**Buffalo International Airport 253 Ontario St   
Buffalo, NY 14225 Buffalo, NY 14207**

**(716) 633-8294 (716) 875-1900**

[**Best Cab & Taxivan of Wny**](http://www.yellowpages.com/info-LMS58464695/Best-Cab-Taxivan-of-Wny)[**Boulevard Taxi**](http://www.yellowpages.com/info-LMS59285270/Boulevard-Taxi)

**Buffalo, NY 14201 3612 Main Street**

**(716) 870-7770 Buffalo, NY 14226**

**(716) 861-1269**

[**Broadway Taxicab Company**](http://www.yellowpages.com/info-LMS59281286/Broadway-Taxicab-Company)[**Buffalo Taxi Cab**](http://www.yellowpages.com/info-LMS73419910/Buffalo-Taxi-Cab)

**1717 Fillmore Ave 176 Geary St   
Buffalo, NY 14211 Buffalo, NY 14210**

**(716) 896-4600 (716) 822-3030**

[**Cold Spring Taxi**](http://www.yellowpages.com/info-LMS59118724/Cold-Spring-Taxi)[**D & L Taxi Tours**](http://www.yellowpages.com/info-LMS74182669/D-L-Taxi-Tours)

**371 Northampton St 56 Linda Dr   
Buffalo, NY 14208 Buffalo, NY 14225**

**(716) 886-4900 (877) 829-4772**

[**Kenmore Cab**](http://www.yellowpages.com/info-LMS59323974/Kenmore-Cab)[**Liberty Cab & Dispatch Servcie**](http://www.yellowpages.com/info-LMS59187503/Liberty-Cab-Dispatch-Svce)

**440 Ontario St 1524 Kenmore Ave  
Buffalo, NY 14207 Buffalo, NY 14216**

**(716) 876-3030 (716) 877-7111**

[**McLaughlin Car Taxi Limo Dispatch Service**](http://www.yellowpages.com/info-LMS74257259/McLaughlin-Car-Taxi-Limo-Dispatch-Service)[**Orchard Park Taxi**](http://www.yellowpages.com/info-LMS58984863/Orchard-Park-Taxi)

**41 Mumford Street Buffalo, NY 14201   
Buffalo, NY 14220 (716) 674-4000**

**(877) 334-8294**

[**Quaker Taxi Incorporated**](http://www.yellowpages.com/info-LMS73935805/Quaker-Taxi-Incorporated)[**Raj Taxi Service**](http://www.yellowpages.com/info-LMS85708294/Raj-Taxi-Service)

**1711 Union Rd 169 Virgil Ave   
Buffalo, NY 14224 Buffalo, NY 14216**

**(716) 674-3900 (716) 316-8419**

[**Southtowns Taxi**](http://www.yellowpages.com/info-LMS59039925/Southtowns-Taxi)[**Star Cab**](http://www.yellowpages.com/info-LMS59535101/Star-Cab)

**738 Ridge Rd 1454 Niagara St   
Buffalo, NY 14218 Buffalo, NY 14213**

**(716) 827-0200 (716) 888-9999**

[**Suburban Cab**](http://www.yellowpages.com/info-LMS58545536/Suburban-Cab)[**University Taxi Dispatch Incorporated**](http://www.yellowpages.com/info-LMS59200126/University-Taxi-Dispatch-Incorporated)

**440 Ontario Street 140 Chandler St   
Buffalo, NY 14207 Buffalo, NY 14207**

**(716) 688-2222 (800) 640-0628**

[**West Seneca Town Taxi**](http://www.yellowpages.com/info-LMS59227979/West-Seneca-Town-Taxi)[**Yellow Cab**](http://www.yellowpages.com/info-LMS59598621/Yellow-Cab)

**90 Tampa Dr 1524 Kenmore Ave   
Buffalo, NY 14220 Buffalo, NY 14216**

**(716) 824-7000 (716) 877-5400**

**NIAGARA COUNTY TAXIS**

[**A 1 Taxi**](http://www.yellowpages.com/info-LMS59243600/A-1-Taxi)[**Blue United Taxi**](http://www.yellowpages.com/info-LMS59057206/Blue-United-Taxi)

**900 Ferry Ave 1898 Buffalo Ave   
Niagara Falls, NY 14301 Niagara Falls, NY 14303**

**(716) 282-1111 (716) 285-3333**

[**Lasalle Cab Dispatch Svce**](http://www.yellowpages.com/info-LMS59681118/Lasalle-Cab-Dispatch-Svce)[**Mikes Taxi**](http://www.yellowpages.com/info-LMS82347802/Mikes-Taxi)

**2330 Niagara St 1011 91st St   
Niagara Falls, NY 14303 Niagara Falls, NY 14304**

**(716) 284-8833 (716) 298-3547**

[**Mikes Taxi**](http://www.yellowpages.com/info-LMS59702456/Mikes-Taxi)[**C & B Taxi Cab**](http://www.yellowpages.com/info-LMS59281699/C-B-Taxi-Cab)

**9890 Niagara Falls Blvd Lot 6 98 Wheatfield St  
Niagara Falls, NY 14304 North Tonawanda, NY 14120**

**(716) 298-3547 (716) 692-1800**

[**Star Cab**](http://www.yellowpages.com/info-LMS59535101/Star-Cab)[**Grand Island Transit Corp Pendltn**](http://www.yellowpages.com/info-LMS79617841/Grand-Island-Transit-Corp-Pendltn)

**1454 Niagara St 5355 Lockport Junction Rd   
Buffalo, NY 14213 Lockport, NY 14094**

**(716) 888-9999 (716) 433-1353**

[**Grand Island Transit Corp Toll Free**](http://www.yellowpages.com/info-LMS79617029/Grand-Island-Transit-Corp-Toll-Free-Dial-1-Then)[**Ridge Road Express**](http://www.yellowpages.com/info-LMS58546266/Ridge-Road-Express)

**5355 Lockport Junction Rd 5355 Lockport Junction Rd   
Lockport, NY 14094 Lockport, NY 14094**

**(800) 847-4887 (716) 433-6777**

**SERVING NIAGARA COUNTY**

[**Amherst Taxi Dispatch Service**](http://www.yellowpages.com/info-LMS59584378/Amherst-Taxi-Dispatch-Service)[**Buffalo Transportation Incorporated**](http://www.yellowpages.com/info-LMS73702238/Buffalo-Transportation-Incorporated)

**253 Ontario St 71 Military Rd   
Buffalo, NY 14207 Buffalo, NY 14207**

**(716) 875-1900 (716) 877-5600**

[**Kenmore Cab**](http://www.yellowpages.com/info-LMS59323974/Kenmore-Cab)[**Liberty Cab & Dispatch Service**](http://www.yellowpages.com/info-LMS59187503/Liberty-Cab-Dispatch-Svce)

**440 Ontario St 1524 Kenmore Ave  
Buffalo, NY 14207 Buffalo, NY 14216**

**(716) 876-3030 (716) 877-7111**

[**Suburban Cab**](http://www.yellowpages.com/info-LMS58545536/Suburban-Cab)[**Yellow Cab**](http://www.yellowpages.com/info-LMS59598621/Yellow-Cab)

**440 Ontario St 1524 Kenmore Ave  
Buffalo, NY 14207 Buffalo, NY 14216**

**(716) 688-2222 (716) 877-5400**

# Emergency Preparedness

# My Plan

***WHO YA GONNA CALL:***

|  |  |  |  |
| --- | --- | --- | --- |
| Police | Local | State | Emergency - 911 |
| Fire | Local | Other | Emergency - 911 |
| Rescue | Local | Other | Emergency - 911 |
| Ambulance | Primary | Backup |  |
|  |  |  |  |
| Contacts |  |  |  |
| Family | Immediate | Relatives |  |
| Out of Town | Phone | Address | City/State/Zip |
| Neighbor | Phone | Address |  |
| Friend | Phone | Address |  |
|  |  |  |  |
| Transportation |  |  |  |
| Family/Friend | Primary | Backup |  |
| Van Service | Primary | Backup |  |
| Taxi Service | Primary | Backup |  |
|  |  |  |  |
| Pharmacy | Primary | Backup |  |
| Physician | Primary | Backup |  |
| Shelter | Primary | Backup |  |
| Vet | Primary | Backup |  |

|  |  |  |
| --- | --- | --- |
| Utilities |  |  |
| **Electric** | Customer Service | Emergency |
| **Gas / Oil - Heat** | Customer Service | Emergency |
| **Telephone** | Customer Service | Emergency |
| **Cell Phone** | Customer Service | Emergency |