ACTION PLAN - DANGER DATE:____

| ASSESS | | |
|----------------------------|------------------------------------|-----------------------------|
| What is the situation? | FACTS ONLY! | Be Honest. |
| Need to protect: | Health? | What are immediate dangers? |
| Need to locate and secure: | Children | |
| | Spouse | |
| | Other Dependents | |
| CONSOLIDATE | | |
| People | Pull yourself together. | |
| | Pull your family together. | |
| | Reach out to those needing help. | |
| | Reach out to those looking for | direction. |
| | Anyone need first aid? | |
| Material | | |
| | Immediate needs. | |
| | Keep track of LGO bag. | |
| TACTICS | | |
| | Do what you can with what you | have where you are. |
| | Focus on tasks that directly drive | you to SAFE. |
| IMPROVISE | | |
| | Use whatever you have access to | in order to achieve SAFE |
| OBSERVE | | |
| | Gather data. | |
| | Monitor your family. | |
| NAVIGATE | | |
| | Pace yourself. | |
| | Keep moving forward. | |
| | Focus on safe. | |
| | | |
| | | |

NOTES: Use the back of this sheet for additional notes.