



EARTHQUAKE

7 SAFETY STEPS

Prepare | Survive | Recover

1



Secure Your Space

Identify hazards and secure movable items.



Drop. Cover. Hold On.

Practice earthquake safety actions so you're ready to respond when it matters most.

5

2



Plan to be Safe

Create your emergency plan and decide how you will communicate with loved ones.



Improve Safety

Stay alert after an earthquake—assess for injuries, assist others, and reduce your risks from any hazard.

6

3



Organize Emergency Supplies

Ensure kits are in convenient locations.

* Sample emergency kit list on reverse side



Reconnect and Restore

Reunite, repair, and recover—together.

7

4



Minimize Financial Hardship

Keep important documents secure, consider insurance coverage, and protect your property from damage.



Resources:

- [Earthquake Warning California](#)
- [Ready.acgov.org](#)
- [Alameda County Social Services Agency](#)

[Disaster Preparedness & Emergency Management \(DPEM\)](#)

Alerts:

- [Listos CA/Alerts](#)
- [MyShake Mobile App](#):
 - [Apple Store](#) or [Google Play Store \(Android\)](#)
- [AC Alert](#)
- [Nixle - Text Zip Code to 888777](#)



Emergency Kit Essentials

Get emergency supplies together before a disaster happens. During a disaster, you and your family will need specific items, including cash and supplies. Your emergency kit will be unique to you. Consider items your family may need such as durable medical equipment, medications and infant supplies, and remember to pack for your pet!

* Make sure you have enough items to last several days

- | | |
|--|--|
| ☐ Water | ☐ Dust mask to help filter contaminated air |
| ☐ Non-perishable food | ☐ Moist wipes, garbage bags, and plastic ties |
| ☐ Cash | ☐ Wrench or pliers to turn off utilities |
| ☐ Battery-powered or hand crank radio | ☐ Pet needs |
| ☐ Flashlight and extra batteries | ☐ _____ |
| ☐ Non-electric can opener | ☐ _____ |
| ☐ Whistle | ☐ _____ |
| ☐ Prescription Meds | |
| ☐ Personal hygiene items | |



Emergency Contact Card (Sample):

IN CASE OF EMERGENCY CALL: 911 - POLICE / FIRE / MEDICAL



Name:

Primary Phone:

Address:

Local Non-Emergency

Police :

Fire:

Medical:

Family/Friend Contact

Name:

Phone

Out-of-Area Contact

Name:

Phone

Other Important Contact

Name:

Phone:

