

**CITY OF MONTGOMERY
QUESTIONNAIRE FOR EMERGENCY MANAGEMENT**

EQUIPMENT

This questionnaire is being sent to you to determine a preliminary inventory of emergency equipment owned by residents of Montgomery and who have emergency management experience and are willing to volunteer their time and equipment.

	YES	NO
1. Do you have a working chain saw?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a portable generator? Size _____ KW	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a welder? Stick _____ Mig _____ 110 ACV ____ 220 ACV _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have an acetylene/oxygen torch rig or plasma cutter?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a gasoline powered cutoff saw?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a pickup truck, SUV with cargo space? Model _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a flat bed trailer?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a motor home? Make _____ Length _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a pontoon or deck boat? Make _____ Length _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a 30 HP or larger tractor?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have 24 inch or larger bolt cutters?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a power stabilizer or UPS on your computer power input?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a 2 horse power (5 CFM) or larger air compressor? Electric ____ Gas _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have air tools such as ratchet, cut off wheel, die grinder?	<input type="checkbox"/>	<input type="checkbox"/>
15. Please list any other tools you have which you think might be needed in an emergency.		

TRAINING

1. Have you ever been trained as an emergency service provider? EMS __ Fire __ Police ____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you taken a Red Cross first aid ____ or CPR ____ course in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you be willing to devote your time to help restore the basic needs, assist with evacuations or other needs of the City of Montgomery in the event the City experiences a catastrophic event?	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATON

Name(s) _____ Address _____

Telephone # _____ Cell # _____

e-mail address _____

Emergency contact name _____ **Telephone #** _____

Does your family use life sustaining equipment requiring emergency power?

Thank you for taking time to respond to this questionnaire. This information will be consolidated and those of you who have listed equipment and/or have volunteered will be contacted. This information is considered confidential and is made available only on a need to know basis.