

# This is "WEEK #16 of the first 18 weeks" Emergency Prep List – Soup/Fish/Beans & Sanitation

| <u>WEEK #14</u>                                                                                |                                               | <u>WEEK #15</u>          |  |  <u>WEEK #16</u>             |  | <u>WEEK #17</u> |  | <u>WEEK #18</u> |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|--|---------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------------|--|
| ↓                                                                                              |                                               | ↓                        |  | ↓                                                                                                             |  | ↓               |  | ↓               |  |
| <b>STEP #1&gt;&gt;&gt; PURCHASE LIST FOR YOUR 3-MONTH FOOD STORAGE PROGRAM</b>                 |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| Canned Beans & Chili 14 x 15oz                                                                 |                                               | Tuna or Salmon 12 x 5 oz |  |  Soups, Condensed 10 x 10 oz |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>STEP #2 &gt;&gt;&gt;&gt; Your EMERGENCY DRINKING WATER</b>                                  |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
|                | Maintain 14 gallons per person/ 2 week supply |                          |  |                                                                                                               |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>STEP #3 &gt; Your FINANCIAL RESERVE/EMERGENCY FUND</b>                                      |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| \$2.00 +/- per person                                                                          |                                               | \$2.00 +/- per person    |  |  \$2.00 +/- per person       |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>STEP #4 &gt;Your LONG TERM FOOD STORAGE PROGRAM (20-30 YR. Shelf Life, 12 month supply)</b> |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| n/a                                                                                            |                                               | n/a                      |  |  n/a                         |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>&gt;&gt;&gt;HOME STORAGE (1-month supply)</b>                                               |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| .Disinfectant Cleaner                                                                          |                                               | Disinfectant wipes       |  |  Baby wipes                 |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>&gt;&gt;PREPAREDNESS GOALS</b>                                                              |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| Plan or Plant Garden                                                                           |                                               | Handwashing station      |  |  Emergency hygiene         |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>&gt;&gt;EQUIPMENT GOALS</b>                                                                 |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| Rubber Gloves                                                                                  |                                               | 5-gallon water cooler    |  |  Portable Toilet & tablets |  |                 |  |                 |  |
| ////////////////////////////////////                                                           |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| <b>&gt;&gt;WEEKLY INVENTORY</b>                                                                |                                               |                          |  |                                                                                                               |  |                 |  |                 |  |
| Fuel & Light                                                                                   |                                               | Beverages                |  |  Cleaning supplies         |  |                 |  |                 |  |

1. This list is for 1 adult. Choose things that you can afford to-do or have time to do each week
2. Multiply amounts by the number of family members, and adjust for children, medical needs and allergies
3. Watch for sales and gather supplies and equipment a week at a time to gradually build up your supplies
4. Do stem 4 after you complete Steps 1, 2 and 3
5. Choose what works best for your circumstances. Every step forward is a stem forward you CAN do it

Adapted from the  
[LDSFamily.blogspot.com](http://LDSFamily.blogspot.com)

