

**TOWN OF HEATH
EMERGENCY MANAGEMENT QUESTIONNAIRE (September 2026)**

The Heath Emergency Management Team in conjunction with the Heath Board of Health are sending out this voluntary survey to learn more about our community: who needs our help the most, and how we can help them. We are also trying to learn who may be able and willing to help us in a major event and what kind of resources they can offer. YOUR RESPONSES TO THIS SURVEY ARE CONFIDENTIAL. They are only available to emergency personnel and will not be shared with the public. Although this survey is voluntary, we respectfully urge you to give complete and accurate answers to these questions so that our first responders are better able to assist everyone. If the space here is too limited to answer a particular question, please attach a sheet with further information.

As we learned from natural disasters and other unforeseen events, things we can take for granted change quickly and can disrupt electricity and telecommunications for long periods of time, damage roads, cut off access to supplies and have a number of other consequences. We also know disaster situations bring out the best in people in terms of volunteerism and helping one another out. The impact of a weather-related disaster often depends on the resources people have available. If you have a generator and wood heat, a prolonged outage is not as likely to be a major threat. On the other hand, if you are totally reliant on the grid and only have an oil furnace for heat (which requires electricity), losing power is a bigger problem. Medical conditions can also become an issue in a disaster. **That said, we can only help with a problem, or use your help, if we know about it!**

PART I: GENERAL INFORMATION

Name or person filling out this form _____

Address _____ Phone Number _____

Alternate Number: _____ E-mail _____

Is email a good way to contact you? _____ Number of people in your household _____

Who should we contact if we cannot reach you or anyone in your household? Name and contact number:

Do you have a generator? YES _____ NO _____

Can you heat your house without having electricity? YES _____ NO _____

Do you have a woodstove? YES _____ NO _____

Do you have a landline? YES _____ NO _____ Do you have a cell phone? YES _____ NO _____

Do you have reliable cellular service where you live? YES _____ NO _____

Do you have phone service when the power is off? YES _____ NO _____

Do you have a backup Uninterrupted Power Supply (UPS for broadband modem)? YES _____ NO _____

Do you have running water when the power is off (gravity fed)? YES _____ NO _____

Do you have enough food and supplies (including any medication) to last a week? YES _____ NO _____

Do you have a battery powered or hand crank radio receiver? YES _____ NO _____

Is there a place you and your family can stay if your home is damaged? YES _____ NO _____

Do you need transportation in an emergency (ie cannot drive or lack vehicle) YES _____ NO _____

Do you need assistance getting out of your home in an emergency (ie cannot walk) YES _____ NO _____

Do you have a service animal or pet you'd need to bring to an emergency shelter? YES _____ NO _____

Does anyone in your household not speak or read English? YES _____ NO _____

Please list any medical conditions, special needs, or medications we should know about. If responding for your household, please be sure to note whom the information applies to.

Primary Doctor's name: _____ Phone Number: _____

Preferred hospital: _____

Does anyone in your household have a Health Care Proxy, MOLST form, DNR, etc? Please describe further:

PART II: VOLUNTEER PORTION

Would you be willing to volunteer to help the Town out in an emergency? YES _____ NO _____

If yes, please check off the boxes below that apply:

_____ I would be willing to check on neighbors

_____ I can operate a chainsaw

_____ I could assist at the Emergency Operations Center

_____ C.D.L. Class: _____

_____ Amateur radio license: Class: _____

_____ Hoister's License

_____ Medical background (EMT/Paramedic/Doctor) - please specify: _____

_____ I have equipment (ex. Tractor, ATV, Snowmobile, Trailer, Chainsaw, Backhoe, Radio Equipment) that I would be willing to use to assist in an emergency response. Please list equipment you might make available.

Please return this completed form to Board of Health P.O. Box 35 Heath, MA 01346 or place in the secure drop box at Jacobs Road Municipal Center, 18 Jacobs Road, or at the Post office at Sawyer Hall.

Thank you!