

# Resident Evacuation Preparation Checklist

**Resident:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Item	Properly marked	Discharge QTY	Re-Admit QTY	Notes
Three days of Clothing				
Hearing Aides				
Dentures				
Glasses				
Rings				
Earrings				
Watch				
Purse/Wallet				
Cell Phone				
ID Bracelet				
Wanderguard Bracelet/Anklet				
E-reader/iPad				
Music Player/Headphones				
Wheelchair				
Walker				
Cane				
Assist Device				
Oxygen				
Medications Sent with Resident		Discharge QTY	Re-Admit QTY	Notes

**Discharge Inventory Taken By:**

**Printed Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Re-Admission Inventory Taken By:**

**Printed Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_