



Blue Rock NRG Neighborhood Response Group Questionnaire

Date _____

Block # _____

PLEASE PRINT ALL RESPONSES

ADDRESS _____ AID _____

HOME PHONE _____ PRIMARY EMAIL (main contact) _____

OUT-OF-AREA CONTACT (name/phone) _____

RESIDENTS (first & last names: ADULTS FIRST, please)

SCHOOL ATTENDING

FIRST & LAST NAME	BIRTH YR	CELL PHONE	OR WORK PHONE	PERSONAL EMAIL
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____

PETS (name, species & color or marks) _____

PERSON NAME: 1) _____ 2) _____ 3) _____ 4) _____

Professional Training: please indicate any details about specialized training or equipment

1 MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 SAR (Search & Rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Citizen Training:

22 CERT (date taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 GetReady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 First Aid/23 CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment:

4 Pickup truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Chain saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Tools / 8 Crowbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Emergency supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Wrench at gas turnoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special needs:

Please indicate the nature of the person's special needs: wheelchair, oxygen, blind, deaf, needs assistance walking, etc.

ADDITIONAL INFO/ INSTRUCTIONS _____

BELOW FOR BLOCK CAPTAIN(S) TO FILL OUT

Block Captain: _____

- | | |
|---|---|
| <input type="checkbox"/> Received OK/HELP sign? | <input type="checkbox"/> Reviewed water shutoff? |
| <input type="checkbox"/> Discussed where to DISPLAY sign? | <input type="checkbox"/> Address visible from street? |
| <input type="checkbox"/> Discussed safe location to STORE sign? | |

rev 9/21/2015

Thank you for filling out this form.

It will only be shared with your Block Captains and the Blue Rock NRG Control Team for use in an emergency.