WATER & RESUPPLY

Plan for drinking, cooking and essential hygiene; record additional household and pet needs.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Unopened commercially bottled drinking water	_____	_____
☐ Food-grade refillable water containers with secure lids	_____	_____
☐ Smaller carry containers each household member can lift	_____	_____
☐ Dedicated clean pouring spout or dispensing pump	_____	_____
☐ Container cleaning supplies and manufacturer instructions	_____	_____
☐ Measuring jug and labels marked DRINKING WATER	_____	_____
☐ Permanent marker and fill/rotation date labels	_____	_____
☐ Initial three-day water reserve for every person	_____	_____
☐ Additional water reserve for pets and special needs	_____	_____
☐ Water for cooking dry foods and rehydrating meals	_____	_____
☐ A separate, clearly labeled non-drinking water supply	_____	_____
☐ Collection/transport containers for a safe resupply source	_____	_____
☐ Treatment equipment matched to the source and contaminants	_____	_____
☐ Replacement filter elements, seals and required spare parts	_____	_____
☐ Printed treatment instructions appropriate to your equipment	_____	_____
☐ Backup access to an independently verified safe water source	_____	_____
☐ Well-pump power plan checked for voltage and starting demand	_____	_____
☐ Written daily water allowance and 90-day resupply calculation	_____	_____
☐ Cool, protected storage with suitable support and access	_____	_____
☐ Local utility and health-department advisory information	_____	_____

Planning note: CDC starts at 1 gallon per person per day for at least 3 days. At that same rate, 90 days is 90 gallons per person before extras. Build storage plus a realistic safe-resupply plan; a filter cannot make every source safe. Replace home-filled water every 6 months.

FOOD & PRACTICAL COOKING

Choose familiar food, realistic portions and meals that fit your water and fuel supplies.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Written 90-day menu and household portion inventory	_____	_____
☐ Ready-to-eat meals for periods with no cooking available	_____	_____
☐ Canned meat, fish, beans or other familiar protein foods	_____	_____
☐ Canned vegetables your household eats	_____	_____
☐ Canned fruit or other shelf-stable fruit	_____	_____
☐ Rice, oats, pasta or other familiar grains	_____	_____
☐ Beans/lentils with cooking time and fuel needs accounted for	_____	_____
☐ Shelf-stable complete meals and pantry soups	_____	_____
☐ Cooking oil/fats in quantities you can rotate	_____	_____
☐ Salt, seasonings and familiar condiments	_____	_____
☐ Household dietary/allergy-specific foods	_____	_____
☐ Infant food/formula supplies and safe preparation plan, if needed	_____	_____
☐ Pet food and feeding supplies for the planning period	_____	_____
☐ Manual can opener and a spare	_____	_____
☐ Food-grade pest-resistant storage containers	_____	_____
☐ Date labels and an oldest-first rotation record	_____	_____
☐ Pots, lids, utensils and a simple manual preparation kit	_____	_____
☐ Cooking appliance used only in its approved location	_____	_____
☐ Compatible cooking fuel within lawful safe storage limits	_____	_____
☐ Ignition supplies and manufacturer operating instructions	_____	_____
☐ Food thermometer plus refrigerator/freezer thermometers	_____	_____
☐ Dishwashing supplies and allocated washing water	_____	_____

Planning note: Calculate meals per day x people x 90; count actual portions rather than cans alone. Record cooking water, fuel use and food dates. Dry food is useful only if you can prepare it. Never use an outdoor camping stove, grill or charcoal cooker indoors.

POWER, LIGHT & EQUIPMENT

Size the backup around essential loads and test realistic runtime before depending on it.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Written priority-load list with watts and hours per day	_____	_____
☐ Battery power station or other suitable battery backup	_____	_____
☐ Compatible chargers, cables and adapters	_____	_____
☐ USB power banks for phones and essential small devices	_____	_____
☐ Solar panels/charging equipment compatible with the battery	_____	_____
☐ Solar placement and poor-weather charging contingency	_____	_____
☐ LED flashlight for each person	_____	_____
☐ Hands-free LED headlamps	_____	_____
☐ Battery-powered LED room lanterns	_____	_____
☐ Correct spare batteries and a rotation record	_____	_____
☐ Approved battery charger if using rechargeable cells	_____	_____
☐ Battery or battery-backup carbon-monoxide alarms	_____	_____
☐ Working smoke alarms and replacement batteries	_____	_____
☐ Appropriate accessible fire extinguisher	_____	_____
☐ Portable generator, only if suitable for your plan	_____	_____
☐ Outdoor generator location and exhaust direction plan	_____	_____
☐ Properly rated outdoor cords and protected connections	_____	_____
☐ Electrician-installed code-compliant home connection, if used	_____	_____
☐ Approved fuel containers within local storage/fire rules	_____	_____
☐ Generator maintenance oil, filters and required service parts	_____	_____
☐ Load/runtime test log and maintenance instructions	_____	_____
☐ Printed shut-down and emergency disconnect instructions	_____	_____

Planning note: A charged battery is a finite reserve, not a 90-day power supply. Estimate daily watt-hours and recharge needs, including losses and weather. Run portable generators outdoors at least 20 feet from the home and openings, exhaust away. Never backfeed a wall outlet or improvise house wiring.

WARMTH, SHELTER & SANITATION

Keep the house livable and set clear conditions for leaving before supplies or safe warmth fail.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Warm layered clothing for every household member	_____	_____
☐ Wool/synthetic socks, hats and gloves	_____	_____
☐ Weather-appropriate footwear and rain protection	_____	_____
☐ Extra blankets and suitable sleeping bags	_____	_____
☐ One-room warmth plan with safe ventilation maintained	_____	_____
☐ Code-compliant heat source approved for indoor use, if available	_____	_____
☐ Heating fuel/firewood stored safely and legally	_____	_____
☐ Chimney/vent inspection and appliance instructions, if applicable	_____	_____
☐ Weatherstripping, repair tape and draft-reduction materials	_____	_____
☐ Thermometer to track indoor conditions	_____	_____
☐ Alternate heated lodging and transportation plan	_____	_____
☐ Toilet plan suitable for your water/septic/sewer situation	_____	_____
☐ Purpose-made emergency toilet or collection system, if needed	_____	_____
☐ Compatible liners and a local lawful waste-disposal plan	_____	_____
☐ Toilet paper and personal hygiene supplies	_____	_____
☐ Soap, handwashing container and allocated washing water	_____	_____
☐ Hand sanitizer as a supplement to handwashing	_____	_____
☐ Menstrual care, diapers and household-specific hygiene items	_____	_____
☐ Trash bags, covered refuse containers and cleaning gloves	_____	_____
☐ Laundry supplies and a practical manual washing/drying plan	_____	_____
☐ Pet waste bags/litter and cleaning tools	_____	_____
☐ Cleaning products kept labeled and separate from food/water	_____	_____

Planning note: Never heat a home with a gas oven, grill or outdoor heater. Follow indoor-heater instructions and keep vents clear. If safe heat, sanitation or water cannot be maintained, relocate early. Ask the utility/local authority how to handle sanitation during a service interruption.

HEALTH, FIRST AID & DAILY NEEDS

Plan with your clinician, pharmacist and equipment provider for needs that cannot be interrupted.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Household first-aid kit and printed instructions	_____	_____
☐ Adhesive bandages in several sizes	_____	_____
☐ Sterile gauze pads and rolled gauze	_____	_____
☐ Medical tape and non-adherent dressings	_____	_____
☐ Disposable nitrile gloves	_____	_____
☐ First-aid scissors and tweezers	_____	_____
☐ Digital thermometer and spare battery	_____	_____
☐ Basic wound-cleaning supplies appropriate to your kit	_____	_____
☐ Current first-aid/CPR training and reference information	_____	_____
☐ Current medication list with dose instructions from your provider	_____	_____
☐ Provider/pharmacist-approved prescription refill plan	_____	_____
☐ Original medication containers and dispensing records	_____	_____
☐ Medication-specific storage/refrigeration instructions	_____	_____
☐ Backup power for essential medical equipment, if needed	_____	_____
☐ Medical-device spare consumables and charging equipment	_____	_____
☐ Device runtime test and relocation plan with equipment provider	_____	_____
☐ Eyeglasses/contact-lens supplies and backup vision correction	_____	_____
☐ Hearing-aid batteries/chargers and other assistive supplies	_____	_____
☐ Dental hygiene supplies	_____	_____
☐ Insurance information, allergies and emergency contact card	_____	_____

Planning note: Do not change doses or assume every prescription can be stockpiled for 90 days. Ask your provider/pharmacist about lawful supply, storage and alternatives. Set an early relocation trigger for loss of essential treatment, refrigeration or medical-device power.

COMMUNICATIONS, TOOLS & MOBILITY

Keep information, repairs, documents and a safe exit available when normal systems are interrupted.

Household: _____ People: _____ Pets: _____ Review date: _____

CHECK / ITEM OR CAPABILITY	HAVE	NEED
☐ Battery-powered or hand-crank broadcast/weather radio	_____	_____
☐ Printed station frequencies and local alert instructions	_____	_____
☐ Phones, charging cords and protected spare power	_____	_____
☐ Paper family contacts and an out-of-area contact	_____	_____
☐ Licensed/authorized two-way radios if part of your plan	_____	_____
☐ Radio batteries, charger and agreed check-in schedule	_____	_____
☐ Paper road maps with primary and alternate routes	_____	_____
☐ Copies of IDs, insurance and key household documents	_____	_____
☐ Water-resistant document pouch and spare keys	_____	_____
☐ Cash in small denominations within your household budget	_____	_____
☐ Basic hand tools and work gloves	_____	_____
☐ Headlamp, eye protection and appropriate repair supplies	_____	_____
☐ Manufacturer-specific spare fuses/parts for essential equipment	_____	_____
☐ Duct/repair tape, cordage and suitable temporary weather cover	_____	_____
☐ Vehicle fuel, service, battery and tire checks	_____	_____
☐ Tire gauge, inflator and vehicle-specific roadside kit	_____	_____
☐ Portable go-bags with water, food, clothing and essentials	_____	_____
☐ Pet carriers, leashes, identification and travel supplies	_____	_____
☐ Accessible evacuation transport for every household member	_____	_____
☐ Trusted-neighbor check-in and lawful household security plan	_____	_____
☐ Clear exit routes, working locks and basic outdoor lighting	_____	_____
☐ Planned destination, departure triggers and a reunification point	_____	_____

Planning note: Do not assume phones, internet, fuel pumps or card payments will work normally. Coordinate with trusted people before an outage. A household plan includes leaving when needed; staying home is not the goal if essential conditions become unsafe.

TURN SUPPLIES INTO A PLAN

90 days is a civilian planning goal proposed by The Idaho Prepper, not an official household requirement.

WATER: storage plus safe resupply

People ____ x gallons/person/day ____ x 90 = ____ gallons; add pets and other needs ____

Stored now ____ gallons | Safe resupply source _____ | Transport/treatment _____

FOOD: portions you can prepare

People ____ x meals/day ____ x 90 = ____ meal portions; dietary and pet extras _____

Portions on hand ____ | Shortfall ____ | Cooking water/fuel allowance _____

POWER: essential loads and replenishment

Device / watts / hours per day / daily watt-hours: _____

_____

Daily total ____ Wh | Tested usable backup ____ Wh | Recharge/fuel plan _____

Account for starting demand, conversion losses, weather and safe fuel limits.

ACTION: build capability in stages

First 3 days: _____ Next 2 weeks: _____

30-day capability: _____ 60-day gap: _____

90-day plan/resupply gap: _____

This week's purchase/test: _____ Budget: _____

LEAVE EARLY IF ESSENTIAL NEEDS CANNOT BE MET

Our departure triggers: _____

Destination / contact / transport: _____

SOURCES & COMPANION REPORT

Official Army/Pentagon announcement - October 2, 2026

Fox News - October 25

Air & Space Forces: energy resilience - October 20, 2026

CDC: emergency water storage

CDC: power-outage safety

U.S. DOE/PNNL: backup generators and safe connections