

Recommended	Household daily use	Total needed for 14 days
<b>Ready to eat canned/bottled food</b>	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Meat		
Fish		
Juice		
Soup		
Pasta sauce		
<b>Dried and long life food</b>	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Ready to eat meals		
Breakfast cereals		
Flour/bread		
Milk powder/UHT milk		
Soup mix		
Dried vegetables		
Rice and pasta		
Long life cheeses		
Tea/coffee/drinking chocolate		
Sugar/sweetener		
Cooking oil		
<b>Snack food</b>	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Dried fruits		
Nuts		
Biscuits		
Spreads		
Crackers		
Snack bars		

Recommended	Household daily use	Total needed for 14 days
<b>Drinks</b>	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Juices (long life)		
Bottled water (3 L/person per day)*		
Water steriising tablets*		
Other drinks		
<b>Baby supplies</b>	Enter quantity (number of pieces, oz, or fl. oz)	This will be your 14-day supply
Baby food		
Baby formula		
Wipes		
Diapers		
<b>Pet food</b>	Enter quantity (number of packets, oz, or fl. oz, etc)	This will be your 14-day supply
Pet food (canned/dry)		
Flea/worm treatments		
<b>Personal care/cleaning products</b>	Enter quantity (number of pieces, oz, or fl. oz, etc)	This will be your 14-day supply
Toilet paper		
Soap		
Shampoo		
Feminine hygiene products		
Garbage bags		
Tissues & paper towels		
<b>House/laundry cleaning/disinfectant products:</b>		
<b>Emergency power backup</b>		Check off whether you have these
Batteries		<input type="checkbox"/>
Torch, candles & matches		<input type="checkbox"/>
Manual can opener		<input type="checkbox"/>
Portable radio		<input type="checkbox"/>

Recommended	Household daily use	Total needed for 14 days
<b>Health supplies</b>		Check off whether you have these
First aid kit (stocked)		<input type="checkbox"/>
Adult & children pain killers		<input type="checkbox"/>
Face masks		<input type="checkbox"/>
Protective gloves		<input type="checkbox"/>
Thermometer		<input type="checkbox"/>
Alcohol based handwash/gels/wipes		<input type="checkbox"/>
<b>Other items</b>		Check off whether you have these
Prescribed medications		<input type="checkbox"/>
Other preferred supplies		