

Upstate New York
**Personal Emergency
Action Planner**

Please complete the following sections to prepare for a power outage.

Emergency Phone Numbers

Dial **911** if service is available in your area.

_____ Local Fire Department

_____ Ambulance Service

_____ Medical Equipment Supplier

_____ Physician

**Automated Outage
Reporting Service
800-867-5222**

**Customer Service
800-642-4272**

**National Grid Website
www1.nationalgridus.com**

Other Phone Numbers

_____ American Red Cross Chapter

_____ Taxi Service

_____ Hospital or Healthcare Facility

Name and telephone number of persons to contact
in the event of an emergency:

Other Important Numbers: _____

Preparing for a Power Outage Emergency

- I have enough canned food, a manual can opener and bottled water always on hand.
- I have another source for heating my home during cool or cold weather.
- I have another source for cooling my home during hot weather.
- If I have an electrically operated garage door, I know how to open it manually.
- If I lose phone service, I have a hard-wired or cellular (not cordless) phone for backup.
- If I have been provided with backup equipment, I have been properly instructed on its operation.
- I have asked my medical equipment supplier about emergency services and know what those services are.
- I have conducted an emergency drill in my home.
- I have a battery-operated radio, a flashlight and batteries always available.

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Coping with a Power Outage

Stay Informed

For information about the expected length of a power outage:

- Call our automated ONCall Outage Line at **800-867-5222**.
- Call our Customer Service at **800-642-4272** to speak to a representative.
- Visit our website at **www1.nationalgridus.com**.
- Listen to your local radio station for outage information and updates, including estimates on when your power will be restored.

Leaving Your Home

Determine whether you will leave your home based on your situation and the expected length of the outage. Consider the following guidelines to help make the proper arrangements.

If I choose to leave my home, I will go to:

- | | |
|---|--|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Healthcare Facility |
| <input type="checkbox"/> Local Shelter (when available) | <input type="checkbox"/> Other |

Destination

Address

Telephone Number

Name and Number of Transportation Provider

Before leaving, I have:

- Packed appropriate clothing and personal care items.
- Packed prescriptions and other medical necessities.
- Packed personal identification and medical insurance cards.
- Contacted family or friends as needed.
- Closed windows and doors, disconnected equipment or appliances and locked my home.

**If you need help completing
your Personal Emergency
Action Planner, call
800-642-4272**