HOMEOWNERS EMERGENCY REFERENCE

Provided by the Symphony Village Community Emergency Response Team (CERT)

This document contains items that may be useful in times of emergency and/or to prepare for an emergency. For more extensive information, visit the SV CERT webpage, http://sv-info.org/cert-files/members.html.

Included are:

- 1. Emergency numbers for police and fire
- 2. A reference guide of additional emergency numbers
- 3. A listing of SV CERT members, addresses, and phone numbers
- 4. A list of SV resident skills and equipment
- 5. A blank Family Emergency Plan
- 6. Example emergency evacuation kit items
- 7. A blank File of Life for you to fill out and post on your refrigerator
- 8. A blank SV Emergency Information Form to fill out and return to the Clubhouse

EMERGENCY/POLICE/FIRE



Emergency (any) 911



Centreville Town Police

412 N Commerce St (410) 758-0080



QAC Sheriff

(410) 758-0770



QAC Department of Emergency Services

(410) 758-4500



Goodwill Fire Company

212 Broadway (410) 758-1422

Medical

Anne Arundel Medical Center (AAMC)	2001 Medical Pkwy Annapolis, MD	443-481-1000
AAMC Health Services	1630 Main St. Chester, MD 21619	410-604-2173
Chester River Hospital	100 Brown St. Chestertown, MD	410-778-3300
East Coast Ambulance & Wheelchair Service	Baltimore, College Park, Elkton, Dover, and Salisbury	410-663-2012
Memorial Hospital	219 S Washington St. Easton, MD	410-822-1000
Poison Control	National	1-800-222-1222
QAC Health Department	Centreville	410-758-0720

Emergency

Animal Control	Centreville	410-758-2393
FBI	Maryland	410-265-8080
QAC Emergency Management	Centreville	410-758-4500, x1105
QAC Emergency Operations Center	Centreville	410-758-0222 emergency 410-758-0223 non-emergency
QAC Government	Centreville	410-758-4098
Red Cross	Delmarva	800-777-6620
Hopkins, Debra	QAC Emergency Planner	410-758-4500, x1119
State Police QAC	Centreville	410-758-1101
SV Neighbor-to-Neighbor	Symphony Village	http://symphonyvillage.net/neig hbor-to-neighbor
Terrorism Hotline MD	Maryland (only)	1-800-492-8477
Terrorism Task Force	National	1-866-258-5883

Utilities

Callahan's Propane	Centreville	410-758-1144
Delmarva Power	MD Eastern Shore	800-898-8045
Sharp Propane	Easton	888-742-7740
Suburban Propane	Easton	410-822-3112
Tri-Gas & Oil	Grasonville	800-787-6514
Water and Sewer	Centreville	410-758-2998

Symphony Village CERT Members

Last	First	Email	Address	Phone	Status
Baumann	Tegan	tbaumann317@gmail.com	164 Orchestra Place	443-253-5810	Α
Butler	Dale	lsbutler9@hotmail.com	173 Orchestra Place	410-507-1424	Α
Butler	Linda	lsbutler9@hotmail.com	173 Orchestra Place	410-507-3829	Α
Fellows	Brenda	sptea@hotmail.com	215 Overture Way	443-694-1800	Р
Landen	Amy	AmyLanden1953@gmail.com	125 Symphony Way	301-651-9423	Α
Landen	Jay	jlanden68@gmail.com	125 Symphony Way	301-518-1098	Α
Nelson	Steve	sjnelson56@gmail.com	210 Concerto Avenue	781-428-0982	Р
Olson	Cathy	shop.5678@icloud.com	105 Symphony Way	443 262-8458	Α
Olson	John	shop.1234@icloud.com	105 Symphony Way	443 262-8458	Α
Peed	Carol	carolapeed@gmail.com	211 Concerto Avenue	443-223-0359	Р
Peed	Douglas	redskinsdvp@gmail.com	211 Concerto Avenue	703-901-0888	Р
Quigley	Steve	srquigley@yahoo.com	509 Symphony Way	410-758-6775	Α
Rowley	Eileen	Eileen@rowley.org	138 Opera Court	410-758-0385	Α
Saltiel	Carol	cesaltiel@gmail.com	822 Harmony Way	860-559-2058	Р
Wells	Deborah	debwells2011@gmail.com	138 Symphony Way	443-262-8248	Α

Active 10
Potential 5 **Total 15**

SYMPHONY VILLAGE COMMUNITY EMERGENCY RESPONSE TEAM RESIDENT SKILLS & EQUIPMENT – as of October 2021

NAME	SKILLS &/OR EQUIPMENT	ADDRESS	PHONE	EMAIL
Anderson, Charles	- 4 wheel drive pick-up truck	346 Overture Way	443.262.8883	cnanderson07@gmail.com
Burton, Tom	- 4-Wheel Drive - Former fireman	102 Overture Way	443.262.8376 (H) 301.437.3503 (C)	Burtonssfd19@AtlanticBB.net
Cheyne, Sandy	- 2000 Portable Generator - 4-Wheel Drive	242 Concerto	732.616.0540	Cheyne489@gmail.com
Labs, Roy and Lois	- 4-Wheel Drive	814 Harmony Way	410.262.8134	36FireWalker@AtlanticBB.net
Lock, John	-6000-watt portable generator	806 Harmony Way	443.262.6892	locke806@gmail.com
McClatchy, Dave	- 4-Wheel Drive	111 Overture Way	443-553-4446	DCM217@yahoo.com
Meringolo, Tom	- Gas generator	145 Symphony Way	410.739.0982	tmeringolo71@gmail.com
Norris, Mike	Heavy weight capacity generator; 4 guys could get it into a pickup truck or a ramp to roll it to another resident	110 Concerto	410-428-5282 (C) 443-262-8840 (H)	michaeln214@gmail.com
McManus, Kathy & Tom	Kathy – RN Tom – 4-wheel drive	131 Symphony Way	443-262-8034	KPMcManus317@yahoo.com
Offerman, Bob	- 4-Wheel Truck/Tacoma	205 Orchestra Place	410-758-2841	bofferman@fastmail.net
Rowley, Bill	Small portable generator that can be moved.	138 Opera Court	410-758-0358	wrowley@mac.com
Shenkle, Courtney & Elaine	Whole house generator	626 Harmony Way	410-279-5243 (C) 443-262-8709 (H)	rpcaconf@aol.com
Totten, Hal	- 4-Wheel Drive Pick-up	615 Harmony Way	443.262.8870	Tallc360@ATT.net



Family Emergency Plan





Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

veignborhood wieeting Place:	Pnone:
Out-of-Neighborhood Meeting Place:	Phone:
Out-of-Town Meeting Place:	Phone:
Fill out the following information for each fami	ly member and keep it up to date.
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Work Location One Address: Phone: Evacuation Location:	School Location One Address: Phone: Evacuation Location:
Work Location Two	School Location Two
Address:	Address:
Phone:	Phone:
Evacuation Location:	Evacuation Location:
Work Location Three	School Location Three
Address: Phone:	Address: Phone:
Evacuation Location:	Evacuation Location:
Other place you frequent Address:	Other place you frequent Address:
Phone:	Phone:
Evacuation Location:	Evacuation Location:
Nama	Talankana Niwakan
Name	Telephone Number Policy Number

Name	Telephone Number	Policy Number



Family Emergency Plan

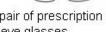




Prepare. Plan. Stay Informed.

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Family Emergency Plan EMERGENCY CONTACT NAME: TELEPHONE: OUT-OF-TOWN CONTACT NAME: TELEPHONE: NEIGHBORHOOD MEETING PLACE: TELEPHONE: OTHER IMPORTANT INFORMATION: DIAL 911 FOR EMERGENCIES	Ready		Family Emergency Plan EMERGENCY CONTACT NAME: TELEPHONE: OUT-OF-TOWN CONTACT NAME: TELEPHONE: NEIGHBORHOOD MEETING PLACE: TELEPHONE: OTHER IMPORTANT INFORMATION: DIAL 911 FOR EMERGENCIES	Ready
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OTHER IMPORTANT INFORMATION: DIAL 911 FOR EMERGENCIES	Ready。		OTHER IMPORTANT INFORMATION: DIAL 911 FOR EMERGENCIES	Ready

Emergency Evacuation Kit Batteries Flash Light Keep a local map so you can First Aid Kit for medical Battery powered Multi purpose follow evacuation routes Emergencies Radio, Light, TV Swiss army knife Matches or Lighter in a Manual can waterproof bag opener 2 Gallons of water Canned & non perishable food items for whole family per person per day Manual cell phone charger & car charger Bread Cereals Cookies & Crackers Coins for calls & use in vending machines Cash for emergency if **Energy Bars** credit cards don't work Baby Milk Items Water Purification Tablets



Extra pair of prescription eye glasses



Clothes, towels, blankets, shoes, hats, undergarments etc











Waste Bags

Duct Tape

Thermometer

Permanent markers, Pen & Paper

documents in a waterproof box Medicine & Prescription for Refill



Insect Repellent











Leather or Vinyl Gloves identification purpose

Emergency Tel. Numbers

This is a suggested list. While choosing the contents of your emergency kit, please consider the needs of all your family members.

KEEP INFO <u>Review</u> At MEDICAL DATA	Least Ever	y Six Mo	nths! MOYR.
Name:			Sex: M F
Address:			
Doctor:	F	hone #:	
Doctor:		hone #:	
	GENCY C		'S
Name:	F	hone #:	
Address:			
Name:	P	hone #:	
Address:			
	IEDICAL D		
Use penci	I for ease in r	naking cha	nges.
Special Conditions/Rem	arks:		
Medical Problems	Medication	Dosage	Frequency
Pharmacy:	P	hone:	
Date of Birth:	Soc Sec	#:	
Blood Type:	Religion:		
Health Care Proxy on f	ile at:		
Living Will on file at:			
® FILE OF LIFE	SEE BACK OF CA	RD FOR ADDITIO	NAL INFORMATION

Use Pencil for ease in n Recent Surgery:	Date:
Do you have an EMS-NO CPR DYES NO Where is	it located ?
Check all tha	at exist
() Abnormal EKG	() Hemodialysis () Hemolytic Anemia () Hepatitis-Type () () Hypertension () Hypoglycemia () Laryngectomy () Leukemia () Lymphomas () Memory Impaired () Myasthenla Gravis () Pacemaker () Renal Failure () Seizure Disorder () Sickle Cell Anemia () Stroke () Tuberculosis () Vision Impaired
ALLERG	IES
() Aspirin () Insect Sting () Barbiturate () Latex () Codeine () Lidocaine () Demerol () Morphine () Horse Serum () Novocaine () Environmental:	s () Penicillin () Sulfa () Tetracycline () X-Rays Dyes () No Known Allergies
MEDICAL INSU	IRANCE
Med Ins Co:	
Policy #:	
Other Med Ins Co:	
Policy #:	
Medicaid #: Med	licare #:



SYMPHONY VILLAGE EMERGENCY INFORMATION FORM

In the event of severe weather problems, power failures, other possible disaster situations, or personal emergencies, the Symphony Village Community Emergency Response Team (CERT) members could be your first responders prior to the arrival of professional emergency response personnel. To help us as first responders, we are asking that you voluntarily complete this confidential Emergency Information Form and return it to the SV Management Office. A group of your Symphony Village neighbors have completed classes and are certified by Queen Anne's County as members of CERT

IN AN EMERGENCY DIAL 911 FIRST.

All information given on this form will be held in strict confidence and will be used for emergencies only.

	Print Last Name:
Print Street Address:	
Please voluntarily complete this form and	d return it to the clubhouse office.
Names of all Occupants in your home:	
Home Phone:	Garage Door Keypad Code:
	Cell Phone #2:
Email Address:	
Who has key access to your home in cas	e of emergency?
Neighbor:	Phone:
	Phone:
Do you or any of the occupants of your h	ome have any of the following disabilities?
Vision: Hearing: Respirator	ry (oxygen): Mobility (walker, wheelchair):
Other: Please specify:	
If evacuation is necessary, do you require	
Do you have any pets in the home?	(yes or no & type)
	of Life Emergency Information undated and

Please remember to keep the *File of Life* Emergency Information updated and on your refrigerator.

What is CERT?

CERT training promotes a partnering effort between emergency services and the people that they serve. The goal is for emergency personnel to train members of neighborhoods, community organizations, or workplaces in basic response skills. CERT members are then integrated into the emergency response capability for their area.

If a disastrous event overwhelms or delays the community's professional response, CERT members can assist others by applying the basic response and organizational skills that they learned during training. These skills can help save and sustain lives following a disaster until help arrives. CERT skills also apply to daily emergencies.

Symphony Village CERT Mission Statement

The mission of the Symphony Village Community Emergency Response Team (CERT) is two-fold:

- 1. To prepare, protect, and assist our families, friends, and neighbors within Symphony Village in the event of a minor or major disaster before official emergency personnel can arrive
- 2. To assist the Queen Anne's County Emergency Management organization, as requested

Revised October 2015. InfoFormgrd2Update2015.indd