Duke Severe Weather Staff Member Checklist

☐ Reviewed policy and departmental Preparedness Plan with my supervisor.

☐ Reviewed and understand severe weather/emergency conditions job category assignment. (check one)

- **Essential Service:** In Severe Weather/Emergency Conditions/State of Emergency,
  - report to or remain at work; and
  - transportation services provided as necessary

- **Reserve Service:** In Severe Weather/Emergency Conditions/State of Emergency,
  - category assigned at time of each event

- **Delayed Service:** In Severe Weather/Emergency Conditions/State of Emergency,
  - do not report to or remain at work; and
  - no transportation services provided

☐ Received an updated list of department staff members' telephone numbers, pagers and cellular telephone numbers from my supervisor.

☐ Know where to obtain information about weather-related/emergency conditions information, including website and telephone numbers.

- **Duke University and Medical Center**
  - 684-INFO (4636)
  - [www.duke.edu/today](http://www.duke.edu/today)

- **Duke University Hospital**
  - 681-SNOW (7669)

- **Durham Regional Hospital**
  - 470-SNOW (7669)

- **Duke Raleigh Hospital**
  - 954-3003

My Department's Contact Numbers:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My Supervisor's Contact Numbers:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Essential Service Category Only

☐ Reviewed specific needs of all categories with my supervisor. Staff members assigned to the Essential Service category may need to plan to potentially spend several days on-site. Preparation kit needs include:

- Lightweight clothing for three days
- Toiletries
- Extra shoes
- Flashlight
- Prescribed medications
- Battery Alarm Clock
- Entertainment (books, games)
- Coins, calling card
- Back-up glasses
- Small radio and batteries

☐ Registered and arranged for transportation from and to home.

- Self:
- Child/Children:

☐ Registered and arranged for childcare at work.

☐ Obtained meal tickets and made sleeping accommodations with my supervisor.

☐ Identified special needs for equipment or supplies with my supervisor.