

Emergency Preparedness Supplies Inventory

Date: [Insert Date]

Prepared by: [Your Name]

Contact Information: [Your Contact Information]

Inventory List

Item Description	Quantity	Condition	Location	Notes
First Aid Kit	5	New	Storage Room A	Check expiration dates annually
Flashlights	10	Good	Emergency Kit	Test every 6 months
Bottled Water (1 gallon)	20	New	Pantry	Replace every 6 months
Canned Food	30	Good	Kitchen Shelf	Check expiration dates quarterly
Emergency Blanket	15	New	Storage Room B	Keep in original packaging

Action Items

- Review inventory every 3 months
- Restock items that are low in quantity
- Conduct training on emergency preparedness with all staff

For any questions or further information, please contact me at [Your Email Address].