

Practical Preppers Client Consultation

Client: _____

What are you prepping for? Ex) Economic, EMP, Natural Disaster, etc,

Your Location:

State _____

Urban _____ Suburban _____ Rural _____

House _____ Apartment _____ Condo _____

How much land Lot _____ Acreage _____ (How many acres) _____

Size of Group or family Adults _____ Teenagers _____ Children _____

Water:

What is your primary water source? Municipal water _____ Well _____ Spring _____
Rain water collection system _____

Alternative water sources in close proximity of house or retreat location

Check the ones that you could be using:

Source:	Distance from your house or retreat:
• Lake _____	_____
• Stream _____	_____
• Pond _____	_____
• Spring _____	_____
• Others (list) _____	_____

What do you have to purify/disinfect alternative water sources? _____

How many gallons of water can you treat and with what method? _____

If the grid goes down how will you get your water to your home (what method/pump)? _____

How many gallons of water do you have stored presently? _____

Food:

How much food do you have per person in months based on 2200 calories per day if you

could not resupply your group? _____

What do you have to augment your stored food for your group?

Source:

Number or Size (square feet):

- Orchard _____
- Garden _____
- Greenhouse _____
- Aquaponics _____
- Rabbits _____
- Chickens _____
- Cows _____
- Goats _____
- Sheep _____
- Others _____

Do you have heirloom or non hybrid seeds put back and how much of each? _____

Food Preservation Methods and equipment:

- Canning _____
- Dehydration _____
- Freezing _____
- Root Cellar _____
- Smokehouse _____

NBC Protection (Nuclear, Biological, Chemical)

(List the amount you have)

- Protective masks _____
- Protective Suits _____
- Radiation Detection devices _____
- Biological Detection devices _____
- Chemical Detection devices _____

Alternative heating plan for your house:

Woodstove _____ How much wood do you have stored? _____

Propane heater _____ How much propane do you have stored? _____

Other sources of heat _____

Communication plan: (Not including cell phones or land lines)

- Ham radio _____
- CB radio _____
- FMRS or GMRS _____
- Field Phones _____

Alternative cooking plan:

Method:	Amount of fuel stored (Gals, bags)
• Wood cook stove_____	_____
• Propane or Coleman fuel cook stove _____	_____
• Charcoal stove_____	_____
• Solar oven_____	_____
• Other cooking devises_____	_____

Alternative Energy:

Backup generator_____ Watt output_____

Solar system_____ Watt output_____

Other power system_____ Watt output_____

Fuel storage plan:

Diesel_____ Stored Gals_____

Gas_____ Stored Gals_____

Other_____

Barter Items:

List items you are stocking as a alternative form of commerce.
Ex) Gold, silver, ammunication, common household items, etc.

Medical Supplies:

Do you have a basic first aid kit?_____

Other than the basic first aid kit do you have anything else medically that would be vital to have in an emergency where you are the only medical provider?

Are you on any life sustaining medications that are necessary to sustain life?_____

Fitness Level:

Are you at an acceptable fitness level to handle the stresses of a crisis situation? _____
If not what are you doing to prepare physically? Ex) Crossfit, P90X, running, etc.

Evacuation Plan:

Do you have a Bug out location(BOL)? _____

How far from home base? _____

Do you have a bug out vehicle? _____

Explain what makes it a bug out vehicle. _____

Is your BOL stocked? _____

Is occupied? _____

Is kept secure? _____

Networking:

Do you have a group of people you can count on? _____

Situation awareness or Rules of engagement:

How will you handle situations when people come to you and your location for charity or for harm? _____

Security

Have you done anything to enhance your security at your home or retreat to make it more easily to protect and defend?

Do you have the necessary items to provide for your own protection when there is no outside help?

Items	Amount
• Firearms_____	_____
• Ammunition_____	_____
• Bullet resistance vests_____	_____
• Night Vision devices_____	_____

Other weapons to include non lethal items:

What level of firearms or tactical training have you received?

Do you have a library of self help or how to manuals that will help you deal with a emergency situation?

Do you have any special training or experience that you think would help you in a emergency that you think we are facing?

Military training:

Where you ever in any of the armed services?_____

What branch of service?_____

How long were you in the service?_____

What was your military occupational skill while serving?_____

Do you have any other skill set beneficial to prepping? Electrician, Plumber, Seamstress, Doctor, etc. _____

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