

Commuter Emergency Plan

Make sure you have a plan for traveling between work and home, and other commonly visited locations, in case of an emergency. Before an emergency happens, list your normal and some alternative routes you can use to get to your destinations. Keep a copy of this plan in your Go Bag, or another safe place where you can access it in the event of a disaster. Print out maps of your route or purchase paper maps to keep with this plan. If any of your routes require a fare or toll, add small bills and exact change. To ensure you have all the resources you need when you need them, keep this plan in your Go Bag along with a change of clothes and sturdy pair of shoes.

| Public transportation | mode (bus | s train ferry | v etc). |
|------------------------------|-------------|-----------------|------------|
| i abiic tialisbol tation | THOUGH (DU) | 3, tiaiii, itii | V, C (C./. |

| Tablic transportation | i iliode (bas, traili, lett y, etc. | , . | |
|------------------------|-------------------------------------|---------------------------|----------------|
| MODE: | LINE: | STOP: | FARE: \$ |
| MODE: | LINE: | STOP: | FARE: \$ |
| MODE: | LINE: | STOP: | FARE: \$ |
| MODE: | LINE: | STOP: | FARE: \$ |
| | | | TOTAL FARE: \$ |
| Daily driving directio | ns and alternative routes to | and from work or other lo | cation: |
| DAILY ROUTE | | | |
| TO: | | | |
| | | | |
| FROM: | | | |
| | | | |
| ALTERNATIVE ROUTE | | | |
| TO: | | | |
| | | | |
| FROM: | | | |
| | | | |
| ALTERNATIVE ROUTE | | | |
| TO: | | | |
| | | | |
| FROM: | | | |
| | | | |
| Other transportation | options: | | |
| LOCAL TAXI COMPANY: | · | PHONE NUMBER | NOTES |
| COMMUTER RAIL: | | | |
| LOCAL BUS LINE: | | | |
| OTHER: | | | |
| OTHER: | | | |
| OTITEN: | | | |

Visit http://www.fhwa.dot.gov/trafficinfo/511.htm to see if your jurisdiction participates in the Department of Transportation's traveler information program.

OUT OF STATE CONTACT INFORMATION

| NAME | PHONE NUMBER |
|------|--------------|
| NAME | PHONE NUMBER |
| NAME | PHONE NUMBER |