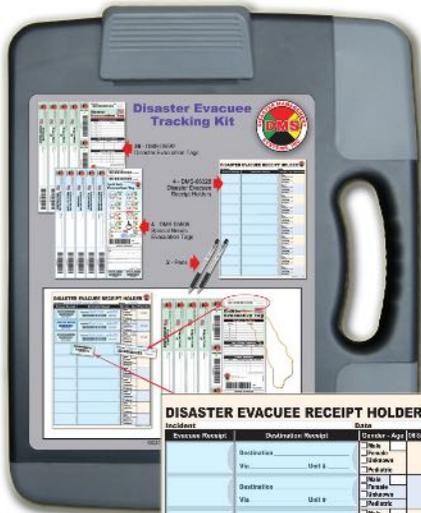


Evacuee Tracking

ACCEPT
NOTHING LESS
THAN DMS!

Disaster Evacuee Tracking Kit from DMS



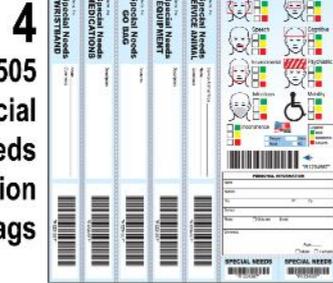
1
Large
Storage
Clipboard



36
DMS-05582
Disaster
Evacuation
Tags



4
DMS-06328
Disaster
Evacuee
Receipt
Holders



4
DMS-05505
Special
Needs
Evacuation
Tags



2
Pens

Key Features:

- ▶ Tracks 40 Evacuees
- ▶ Weatherproof/Waterproof Forms
- ▶ Simple and Concise Documentation System

Kit Contents:

- Large Storage Clipboard with Handle
- 4 Disaster Evacuee Receipt Holders (DMS-06328)
- 36 Disaster Evacuation Tags (DMS-05582)
- 4 Special Needs Evacuation Tags (DMS-05505)
- 2 Pens

DMS-06327

Disaster Evacuee Tracking Kit

Effectively track evacuees and/or special needs evacuation victims with the Disaster Evacuee Tracking System from DMS. Reconcile your evacuee's category receipts and destination receipts for a clear managerial picture of the incident. Included receipt holders and tags are printed on weatherproof/waterproof synthetic paper.



Scan to Request
Sample Packet

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1-877-287-9715
penncare.net

Destination _____ Via _____
 R1234567

Disaster Evacuation Tag 

Bag/Item Summary	
Bag/Item	Contents
of _____	
of _____	
of _____	
of _____	
of _____	
of _____	

Out of Area Contacts		
Name	Phone 1	Phone 2

Family Members				
Name	Relation	Age	Sex	Ref. Number

See Reverse Side for Additional Family Members, Pets & Livestock

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 Disaster Management Systems, Inc.
 USA
 Ttags.com

285C-SMD

PERSONAL INFORMATION

Name _____
 Address _____
 City _____ ST _____ Zip _____
 Contact _____
 Phone _____ OK to text E-mail _____
 Comments _____
 Age _____
 Male Female

EVACUEE **EVACUEE**

R1234567

Images not to scale.



Scan to Request Sample Packet

DMS-05505 Special Needs Evacuation Tag

Destination _____ Via _____
 R1234567

Special Needs Evacuation Tag 

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 Ttags.com + rev 9-20-22
 040-0002

SPECIAL NEEDS

 Hearing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Visual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Speech <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Cognitive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Environmental <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Psychiatric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Infectious <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incontinence	 Legend <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Oxygen _____ Liters
 Mask _____ NC

PERSONAL INFORMATION

Name _____
 Address _____
 City _____ ST _____ Zip _____
 Contact _____
 Phone _____ OK to text E-mail _____
 Comments _____
 Age _____
 Male Female

SPECIAL NEEDS **SPECIAL NEEDS**

R1234567

DMS-05582 Disaster Evacuation Tag

Service Animal Type _____
 Name _____
 Comments _____

Name	Description	Contents	Description

R1234567

