

【様式2】 To the Mayor

# Evacuee Card

Evacuation Shelter Name		Registry Number											
Date Recorded		(year) / (month) / (date)											
Furigana		Cell Phone Number (or Landline if no Cell Phone)											
Household Representative's Name		( ) -											
Address on Certificate of Residence		Gifu-ken -shi -cho -mura											
Type of Home	<input type="checkbox"/> Owned Home	Home Condition	<input type="checkbox"/> Totally Destroyed <input type="checkbox"/> Half Destroyed										
	<input type="checkbox"/> Rented Home		<input type="checkbox"/> Partially Destroyed/Damaged <input type="checkbox"/> Flooding Above Floor										
	<input type="checkbox"/> Other ( )		<input type="checkbox"/> Flooding Below Floor <input type="checkbox"/> Water Outage										
		Is your home in livable condition?	<input type="checkbox"/> Electrical Outage <input type="checkbox"/> Gas Outage										
			<input type="checkbox"/> Yes (Livable) <input type="checkbox"/> No (Not Livable)										
Car	Car Model:	Plate Number:	Do you have any pets with you? <input type="checkbox"/> Yes (Type: _____) <input type="checkbox"/> No *List pets in the Pet Registry.										
	Color:	Parking Location:											
Manner/Location of Shelter (Multiple Answers Possible)		<input type="checkbox"/> Evacuation Shelter <input type="checkbox"/> At Home <input type="checkbox"/> Inside of Car											
		<input type="checkbox"/> Outdoor Tent (Location: ) <input type="checkbox"/> Other ( )											
May we confirm your safety/ whereabouts to inquiring relatives?*		<input type="checkbox"/> Yes <input type="checkbox"/> No	*Check Yes or No only after obtaining the agreement of all family members. Those who do not wish to publicize their information due to domestic violence etc. must report this.										
May we put information about your well-being on public municipal websites?*		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Family Details	Special Circumstances (Add details about checked items below)												
	Name	Sex	Age	Expectant & New Mothers	Care Required	Disabilities					Allergies	Medications	Other
						Physical	Mental	Intellectual	Developmental	Other			
	Household Representative	<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Checked Items Detailed Information													
Ways You Can Contribute to Evacuation Shelter Operations (Qualifications/Licenses/Skills)													
Fill in at Time of Departure	Departure Date	(year) / (month) / (date)		Contact Info									
	Post-Departure Address	to/do fu/-ken		-shi/-ku -cho,-machi/-mura,-son									

\*Please note that the above information will be used to make a Disaster Victim Ledger in accordance with Disaster Countermeasure Basic Act Provision 90 Section 3, and to provide information to the Evacuation Shelter Administration Committee and administrative teams in order to operate the evacuation shelter (e.g., provide food and resources, respond adequately to special circumstances, etc.).

# Rules for Life in the Evacuation Shelter

**We hereby set the following rules for life in this evacuation shelter.**

**We ask all persons living in this shelter to follow these rules.**

.....(shi/cho/mura).....**Area Evacuation Shelter  
Administration Committee**

1. This evacuation shelter is the base of disaster management and damage mitigation in this region. Persons using this shelter (evacuees) are asked to independently participate in the administration of this evacuation shelter by contributing to various necessary duties.
2. In order to operate this evacuation shelter, we will organize an Evacuation Shelter Administration Committee (henceforth “the Committee”) made up of a representative from the evacuees, as well as a number of evacuees who will manage most of the shelter operations, the municipal employees (in charge of evacuation shelter aid), and the managers of this facility.
  - The Committee will have regular meetings every day at .....AM and .....PM.
  - The Committee will include the following administration teams, made up of evacuees: the General Affairs Team, the Evacuee Information Management Team, the Information Distribution Team, the Food & Resource Team, the Living Support Team, and the Hygiene Team.
3. When essential utilities such as electricity and water lines are restored, and living spaces are secured for evacuees, the operations of this evacuation shelter will first be reduced and then the shelter will be closed.
4. Evacuees must fill out and submit Evacuee Cards. One card should be made out and submitted per family unit.
  - When departing the evacuation shelter, please contact the Committee or the Evacuee Information Management Team.
5. Areas other than those which have been permitted by the facility managers cannot be used as shelter space. In addition, the shelter space will be regularly reviewed.
  - Outdoor shoes cannot be worn inside the facilities (inside the rooms).
  - Pets may only be kept in the designated area, and may not be brought into the shelter space.
6. Food and living supplies will be distributed at the Supply Distribution Space at .....AM and PM.
  - If there are not enough food/living supplies to ensure everyone gets a share, then generally distribution will be halted.However, there may be instances when persons with special circumstances, having explained said circumstances to other evacuees, may receive supplies.
  - Requests for baby formula, diapers, feminine products, etc. should be made to the Food & Resource Team or the Living Support Team.
7. Lights-out will be at .....PM. Lights in the living space will be turned off at this time.
  - To prevent crime, lights will remain on in the halls, around the toilets, and at the administrative headquarters.
  - After lights-out, please refrain from conversations or cell phone usage in the living space.
8. When the facility receives phone calls for evacuees, reception will take down messages only between the hours of .....AM and .....PM, and will then communicate the content of the messages via broadcast.
  - During busy or crowded times, the public telephone will only be available for emergency usage.
9. Toilets will be cleaned at .....AM, .....PM, and .....PM. Evacuees will take turns cleaning the toilets.
  - When using flush toilets, only use the water in the buckets to flush solid waste.
10. For public health reasons, always be sure to wash your hands, gargle, and disinfect your fingers with alcohol disinfectant when entering and leaving the evacuation shelter, and make an effort to wear a mask.
  - Inform the Hygiene Team if you have diarrhea, a fever, etc.
11. The drinking of alcohol inside the evacuation shelter is not permitted and neither is smoking outside of the designated smoking areas.
12. As a general rule, fire is forbidden on the facility premises. When using heaters or cookware, first get the approval of the facility managers, and exercise appropriate caution.

※下線部を記入のうえ、避難者の目の届くところに掲示します。

なお、内容はあくまで例示のため、状況に応じ修正してください。

## Regarding Use of the Toilets

- At present, flushing paper (such as toilet paper or flushable tissue) could block the toilet.
- Please do not flush paper down the toilet. It should be thrown away in the trash bin provided. Please ensure that you close the lid on the trash afterwards.
- When you use the toilet, use the provided toilet flushing water (in the bucket or plastic bottle) to flush. Everyone must share this water, so please use it sparingly. If you notice that the toilet flushing water is running low and will run out soon, please cooperate and help by fetching more water.
- Because the toilet flushing water is taken from the pool, do not use it to wash your hands. Use the water provided by the sink (hand washing water) to wash your hands.
- Everyone has to share the toilets, so please keep them clean and help by tidying up if you get them dirty.
- All evacuees in the evacuation shelter will take turns cleaning the toilet. Please check when your turn is on the duties chart, and cooperate with everyone to get the cleaning done.

## 岐阜県避難所運営ガイドライン様式集(英語)

P	日本語	英語
7 1	衛生的な手洗い	Hygienic Handwashing
	1 流水で手を洗う	1. Rinse your hands with water.
	2 洗剤を手にとる	2. Take some soap in your hands.
	3 手のひら、指の腹面を洗う	3. Wash the palms of your hands and front of your fingers.
	4 手の甲、指の背を洗う	4. Wash the backs of your hands and fingers.
	5 指の間（側面）、股（付け根）を洗う	5. Wash between your fingers and the base of your fingers.
	6 親指と親指の付け根のふくらんだ部分を洗う	6. Wash your thumb and the skin between your thumb and your palm.
	7 指先を洗う	7. Wash your fingertips.
	8 手首を洗う（内側・側面・外側）	8. Wash your wrists (inner side, outer side, sides).
	9 洗剤を十分な流水でよく洗い流す	9. Rinse off soap with a sufficient amount of water.
	10 手をふき乾燥させる	10. Wipe your hands to dry them.
11 アルコールによる消毒	11. Disinfect your hands with alcohol.	
7 4	エコノミークラス症候群予防のために心掛けると良いこと	Good Things to Keep in Mind for Preventing Economy-Class Syndrome (Deep Vein Thrombosis)
	予防のためには、 ①ときどき、軽い体操やストレッチ運動を行う ②十分にこまめに水分を取る ③アルコールを控える。できれば禁煙する ④ゆったりとした服装をし、ベルトをきつく締めない ⑤かかとの上げ下ろし運動をしたりふくらはぎを軽くもんだりする ⑥眠るときは足をあげる などを行いましょう。	In order to prevent economy-class syndrome, 1) occasionally do light exercises and stretches. 2) make sure to drink lots of fluids and stay hydrated 3) avoid alcohol. If possible, don't smoke. 4) wear loose, comfortable clothing and do not fasten your seatbelt too tightly. 5) raise your heels up and down and lightly massage your calves. 6) raise your legs when sleeping.
	予防のための足の運動	Leg Exercises to Prevent Economy-Class Syndrome (Deep Vein Thrombosis)

	<p>①足の指でグーをつくる</p> <p>②足の指をひらく</p> <p>③足を上下につま先立ちする</p> <p>④つま先を引き上げる</p> <p>⑤ひざを両手で抱え、足の力を抜いて足首を回す</p> <p>⑥ふくらはぎを軽くもむ</p>	<p>1) Clench your toes as if making a fist with your feet.</p> <p>2) Spread out your toes.</p> <p>3) Raise your heels up as you would if you were standing on your toes.</p> <p>4) Stretch your toes up while keeping your heels on the ground.</p> <p>5) Hold your knee with both hands, relax your leg, and rotate your ankle.</p> <p>6) Lightly massage your calves.</p>
7 6	<p>受付</p> <ul style="list-style-type: none"> <li>・避難所利用者名簿に世帯全員の氏名を記入してください。受付後は、避難者カードを世帯ごとに記入し、ご提出ください。</li> <li>・避難所を退所されるときは、お申出ください。</li> </ul>	<p>Reception</p> <ul style="list-style-type: none"> <li>・ Write the name of every member of your household on the Evacuee Registry. After registration, fill in and submit one Evacuee Card per household.</li> <li>・ Please report when you depart from the evacuation shelter.</li> </ul>
7 7	避難室	Shelter Room
	名称	Name
	号室	Room Number
	対象地区	Area
	禁煙・火気厳禁・盗難注意	No Smoking / Fire Strictly Forbidden / Beware of Theft
7 8	トイレ	Toilet
	男性用・女性用	Men's Room / Women's Room
	使用可・使用不可	Available for Use / Not Available for Use
7 9	更衣室	Changing Room
	男性用・女性用	Men's Room / Women's Room
	※必ず入室前にノックをしてください！	* Always knock before entering the room!
8 0	授乳室	Breast-Feeding Room
	※必ず入室前にノックをしてください！	* Always knock before entering the room!
8 1	消毒	Disinfectant
	必ず消毒してください。	Always use the disinfectant.
8 2	ゴミ	Garbage
	分別区分	Sorting Categories
	可燃・不燃・( )	Flammable / Inflammable /
	回収時間	Collection Time(s)

83	立入禁止	No Entry
	のため立入禁止とします。	Entry forbidden for the reason listed above.
84	女性専用	Women Only
85	喫煙所	Smoking Area
86	土足厳禁	No Outside Shoes Permitted
	※靴は靴箱へ片付けましょう。	* Please put your shoes away in the shoe box.
87	運営本部	Administrative Headquarters
	※関係者以外立入禁止	* Authorized Personnel Only
88	キッズスペース	Kids Space
	(子どもの遊び場)	(Play area for children)
89	おむつ交換所	Diaper Changing Space
90	掲示板	Billboard