

# S.A.F.E. Family Data Collection Form

Fire Department \_\_\_\_\_

Date:

Address:

Owner's Name:

Occupant's Name:

Smoke alarm check/installation conducted by:

**CRITERIA: Using your BEST judgment install ONE per level and outside sleeping areas.**

## INITIAL Inspection:

How many WORKING smoke alarms were ALREADY INSTALLED in the home?

\_\_\_\_\_

How many smoke alarms didn't work?

\_\_\_\_\_

Why weren't they working?

\_\_\_\_\_

## INSTALL:

Where did YOU install smoke alarms? How many in each area?

\_\_\_\_\_ Basement  
\_\_\_\_\_ First floor  
\_\_\_\_\_ Second floor  
\_\_\_\_\_ Other (specify)  
\_\_\_\_\_

Outside sleeping areas?

- Yes  
 No

## AFTER your Inspection:

What fire safety information did you leave?

\_\_\_\_\_

What safety plans did you discuss/go through?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Please KEEP this form for your records and send a COPY to:**

Office of the Fire Commissioner Attn: Leanne Erlendson

1601 Van Horne Ave East Brandon, MB R7A 7K2

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OR Fax to 1-204-726-6847

