

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? _____	_____ _____
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INSTALL:

Where did YOU install smoke alarms? How many in each area? Outside sleeping areas?	_____ _____ _____ _____ _____ _____ <input type="radio"/> Yes <input type="radio"/> No
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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