Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time home safety visit starts:

Name of occupant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone:

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #:

City and state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:

□**←REVISIT?** Check if this is a revisit to a home for which a form was previously submitted (e.g., when no one was home at first).

**PLEASE DO NOT LEAVE ANY QUESTIONS BLANK.**   
**IF THE ANSWER TO A QUESTION IS “0” OR “NONE”, ENTER “0”.**

**1.** Type of home

Detached house  Mobile home  Duplex

Multifamily  Townhouse  Other

**2.** If entry to residence was not possible, why not? (primary reason only)

No one home  Occupant refused entry (Why? Fill in.)

Only minor at home

Language barrier  Other

Vacant home/lot

**3.** Names of those conducting safety visit:

**4.** Positions of fire department representatives making the visit   
(check all that apply)

Firefighter (not in prevention bureau)

Social worker  Health care worker

Prevention Bureau  Community volunteer

Other

**PRIVATE FIRE ALARM SYSTEM**

**5.** Was a private fire alarm system present? **(do not test)**  Yes  No

*If Yes:*

5a. Did the private fire alarm system appear to be working?  Yes  No

5b. # of smoke alarms in the private fire alarm system

**NUMBER OF SMOKE ALARMS ON ARRIVAL**

**6.** # of working (sounds when tested) smoke alarms (exclude private fire alarm system)

**7.** # of non-working smoke alarms (excluding private fire alarm system)

**INSTALLATIONS**

**8.** # of alarm(s) installed (fill in the quantity)

ionization lithium battery

ionization alkaline battery

photoelectric lithium battery

photoelectric alkaline battery \_\_\_\_

Lifetone bedshaker

Gentex strobe alarm \_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** Total number of alarms installed

9a. If no alarms were installed, why?

**REPLACEMENTS**

**10.** # of working smoke alarms replaced (e.g., because of age)

**11.** # of non-working smoke alarms whose batteries were replaced

**12.** Total number of working smoke alarms at end of visit

**CODE REQUIREMENTS**

**13.** Did the home end up with the number of   
working smoke alarms required by local code?  Yes  No

*If No:*

13a. Why not?

Not enough time during visit

Not enough smoke alarms

Occupant refused (Why? Fill in.)

13b. Was the occupant advised of the number of   
smoke alarms required to meet code?  Yes  No

**EDUCATION PROVIDED**

**14.** Occupant instructed on (check all that apply):

Smoke alarms  Heating safety  Cooking safety

Escape planning  CO safety  Residential sprinklers

Smoking safety  Candle safety  No instruction provided

Child fire safety  Other

**15.** Ask occupant: Do you have a fire escape plan?  Yes  No

*If Yes:*

15a. Was the fire escape plan practiced in the last year?  Yes  No

15b. Where is your meeting place?  Credible site  Not credible site

**16**. Occupant given written materials on:

Smoke alarms  Heating safety  Cooking safety

Escape planning  CO safety  Residential sprinklers

Smoking safety  Candle safety  No written materials left

Child fire safety  Other

**DEMOGRAPHICS**

Assure occupants the following information is to help improve the Sound Off program. Their name and address will be kept private. Ask:

**17.** Do you own or rent your home?  Own  Rent

**18**. How many people live in your home?

**19.** How many children in the home are under age 5?

**20.** How many people in the home are over age 65?

**21**. How many people in the home have a disability e.g., hearing, sight,   
mobility, or other physical or mental?

**22**. How many people in the home are smokers?

**23**. What is the race or ethnic group of the people in this household?   
(can check more than one: e.g., White and Hispanic)

African American  Native American  Asian Pacific Islander

Hispanic/Latino  White  Other \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time home safety visit ended:

Sound Off Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of visit team member:

Program representative/witness: