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: