

# Sound Off Home Safety Visit Questionnaire

## Assistance to Firefighters Grant Program – Fire Prevention and Safety Grants

### Sound Off with the Home Safety Patrol, Michigan Public Health Institute

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) \_\_\_\_\_

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## 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):
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Smoke alarms      | <input type="checkbox"/> Heating safety | <input type="checkbox"/> Cooking safety          |
| <input type="checkbox"/> Escape planning   | <input type="checkbox"/> CO safety      | <input type="checkbox"/> Residential sprinklers  |
| <input type="checkbox"/> Smoking safety    | <input type="checkbox"/> Candle safety  | <input type="checkbox"/> No instruction provided |
| <input type="checkbox"/> Child fire safety | <input type="checkbox"/> 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

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## EDUCATION PROVIDED

16. Occupant given written materials on:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Smoke alarms      | <input type="checkbox"/> Heating safety | <input type="checkbox"/> Cooking safety            |
| <input type="checkbox"/> Escape planning   | <input type="checkbox"/> CO safety      | <input type="checkbox"/> Residential sprinklers    |
| <input type="checkbox"/> Smoking safety    | <input type="checkbox"/> Candle safety  | <input type="checkbox"/> No written materials left |
| <input type="checkbox"/> Child fire safety | <input type="checkbox"/> Other _____    |  |

## HOME FIRE DRILL OBSERVED

16a.  YES  NO

## 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> White           | <input type="checkbox"/> Other _____            |

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

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

Signature of visit team member: \_\_\_\_\_

Program representative/witness: \_\_\_\_\_