

# Congratulations!

You are a member of the Sound Off Home Fire Safety Patrol.

You have learned and practiced important safety rules to help keep you safe from a home fire.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Teacher/Firefighter Signatures

**SOUND OFF**  
with the  
**HOME FIRE**  
**SAFETY**  
**PATROL**



## Home Fire Safety Planner

Have a family fire drill twice a year to practice your home fire escape map. Ask a grown-up to write in the dates when your family will practice. Check the box to show that everyone got outside in less than 3 minutes.

Month \_\_\_\_\_ Date \_\_\_\_\_  We got outside in less than 3 minutes!

Month \_\_\_\_\_ Date \_\_\_\_\_  We got outside in less than 3 minutes!



Test your smoke alarms every month. Ask a grown-up to write in the date when you will test your smoke alarms each month. Put a checkmark in the right box after you finish testing your smoke alarms each month.



We test all our smoke alarms every month on the \_\_\_\_\_ date

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Family at Our Outside Meeting Place

