Sound Off
Home Safety Visit Tracker

We recommend using this document to record information offline during a Home Safety Visit.

- **Please input noted data into Sound Off Online.** This data *must* be collected as part of our grant funding.
- **The rest is for your own record keeping**. If your state or FD already has its own record-keeping methods, please use that instead.

Name(s) of safety visit conductor(s):

_____

Name of occupant:

_____

Home phone: _____

Street address: _____

_____

Apt. #: _____

City, 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).

DATA TO INPUT INTO Soundoffonline.com
Home Safety Visit Tracker

Date of visit: _____

Number of working smoke alarms already on site:

_____

Number of smoke alarms installed: _____

Number of CO alarms installed: _____

Safety topics discussed (Check all that apply.)

☐ Smoke Alarms
☐ Child Fire Safety
☐ Electrical Safety
☐ CO Alarms
☐ Cooking Safety
☐ Smoking Safety
☐ Home Fire Escape Planning
☐ Heating Safety
☐ Candle Safety
☐ Other (describe): _____

Home fire drill

☐ Home fire drill observed
☐ Home fire drill NOT observed

Type of home

☐ Detached/single family house
☐ Mobile home
☐ Duplex
☐ Townhouse
☐ Multifamily
☐ Apartment
☐ Other

Alarm Make/Model:

_____
_____
_____
_____

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

☐ No one home
☐ Only minor at home
☐ Occupant refused entry (Why? Fill in.)
☐ Vacant home/lot
☐ Language barrier

_____

☐ Other (Fill in.) _____

_____

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