

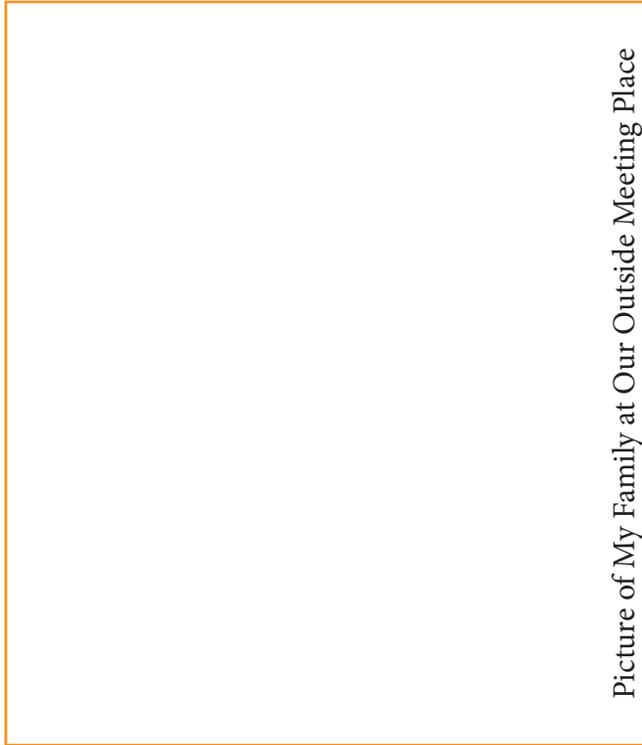
Congratulations!

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



Picture of My Family at Our Outside Meeting Place

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 2 minutes.

Month _____ Date _____ We got outside in less than 2 minutes!

Month _____ Date _____ We got outside in less than 2 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 on the _____ day of each month.

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

