

**FIRE Act Grant
Smoke Alarm Installation Survey Form**

<p>1. Date:</p>	<p>11. Was there a smoke alarm outside each sleeping area? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>2. Installer's Name:</p>	<p>12. How many smoke alarms did you test? <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>
<p>3. Occupant's Name:</p>	<p>13. How many alarms did not work? <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>
<p>4. Street Address:</p>	<p>14. If smoke alarms did not work, please indicate how many alarms had the following problem(s): <input type="checkbox"/>battery was disconnected_____ <input type="checkbox"/>battery was dead_____ <input type="checkbox"/>battery was missing_____ <input type="checkbox"/>other (specify)_____</p>
<p>5. Town:</p>	<p>15. How many smoke alarms were more than 10 years old? <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>
<p>6. Type of Residence: <input type="checkbox"/>one family <input type="checkbox"/>2-family (duplex) <input type="checkbox"/>apartment <input type="checkbox"/>manufactured home (mobile home)</p>	<p>16. How many batteries did you replace? <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>
<p>7. Number of levels in the home: <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>	<p>17. How many new smoke alarms did you install? <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>
<p>8. How many smoke alarms were in the home before you installed new alarms? (If zero, please skip to Question 16.) <input type="checkbox"/>zero <input type="checkbox"/>one <input type="checkbox"/>two <input type="checkbox"/>three or more How many ____</p>	<p>18. What safety information did you leave with the home's occupant? Please specify:_____ _____ _____</p>
<p>9. Was there at least one smoke alarm on every level of the home? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>19. Did you help occupant find two ways out of every room? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>10. If "no", which level(s) did not have a smoke alarm? <input type="checkbox"/>basement <input type="checkbox"/>first floor <input type="checkbox"/>second floor <input type="checkbox"/>other (specify)_____</p>	<p>20. Did you help occupant select an outside meeting place? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>



West Valley Fire-Rescue

Yakima County Fire District 12

At my request, the West Valley Fire Department has voluntarily installed smoke alarms in my home located at _____.

In consideration for voluntarily providing and installing those battery-powered smoke alarm(s) in my home, I, for myself, my heirs, executors, administrators or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational participants in the above referenced program, including but not limited to the West Valley Fire Department, the municipality and the officers, agents or employees growing out of or resulting from the installation and/or failure of the smoke alarm and/or batteries, and I further agree to hold harmless any and all organizational and individual participants in the above referenced program from and against all damages of any kind, to persons or property, growing out of or resulting from the installation and failure of such smoke alarms and/or batteries in my referenced home.

By signing this document, I certify that the smoke alarms were tested in my presence and are in good working order. Furthermore, I acknowledge that I have received information from the installer regarding proper smoke alarm maintenance, and understand that the maintenance is my responsibility.

I acknowledge having read, understood, and agreed to the above waiver, release, and indemnity.

Print name

Signature

Date

Print name

Signature

Date

(Fire Department Representative/ Installer)

The West Valley Fire Department Safety Checklist!



Questions the installer and residents will go over together!

Do you test your smoke alarms regularly? yes no

Is there a smoke alarm in or near every place where people sleep?
 yes no

Are space heaters at least three feet (one meter) away from walls and anything that can burn? yes no

Do you have a screen on your fireplace? yes no

Are paints, gasoline and other flammable liquids stores away from flames and sparks outside the home in a shed or garage?
 yes no

Are all the exits from your home clear- no trash, toys, clutter?
 yes no

Is your home clear of any and all trip/fall hazards? (rugs, unmarked steps, liquids on floor, etc.) Especially important for homes with senior citizens. yes no

Is your stove top clean of clutter? yes no

Here are a few questions you and your family should go over to see if your home is fire safe!

Has your heating system been serviced professionally in the past 12 months? yes no

Has your chimney been inspected or cleaned in the past 12 months?
 yes no

If anyone smokes in your home, do you have large, deep, non-top ashtrays? yes no

Are your counter-top appliances in good repair (cords too)?
 yes no

Are matches and lighters locked away up high out of reach of children?
 yes no

Do you have adequate electrical circuits for heat-producing appliances such as ranges, dryers, microwaves, etc.? yes no

Do you know the sound of your smoke alarms and are they loud enough and/or in a position to wake you up? yes no

If you answered "no" to any of these questions, you should take action to make sure your family is as safe as possible from fire in your home!