**Date of visit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time home safety visit starts**: \_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **#:** \_\_\_\_\_\_\_\_\_\_\_\_

**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.)

Minor only

Language barrier  Other

Vacant home/lot

**3.** **Names of fire department representatives making the visit**:

**4.** **Positions of fire department representatives making the visit   
(check all that apply)**

Firefighter  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 smoke alarms (excluding private system)**

**7.** **# of non-working smoke alarms (excluding private system)**

**INSTALLATIONS**

**8.** **# of alarm(s) installed (fill in the quantity)**

First Alert Ionization Lithium

LifeTone Bedside 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 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)**:

Smoke alarms  Heating safety  Cooking safety

Escape planning  CO safety  Residential sprinklers

Smoking safety  Candle safety  No instruction provided

Child fire safety  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

**16**. **Occupant given written materials on**:

Smoke alarms  Heating safety  Cooking safety

Escape planning  CO safety  Residential sprinklers

Smoking safety  Candle safety  No written materials left

Child fire safety  Other

**DEMOGRAPHICS**

Ask occupant:

**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 are physically or   
mentally challenged, e.g., deaf, hard of hearing, blind,   
vision impaired, mobility impaired, or other physical or   
mental challenges?**

**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)**

American Indian or Alaska Native  Asian

Black or African American  Hispanic or Latino

Native Hawaiian or Other Pacific Islander  White

Other

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

The Kitsap Smoke Alarm Project, (funded by a FEMA-AFG awarded to the Kitsap County Fire Chiefs Association), is providing alarms at no cost to the residents of Kitsap County. In recognition of this, the Kitsap Smoke Alarm Project is not making any warranties as to the effectiveness of the equipment provided or installed. The only warranties applicable are those of the manufacturer. I, the undersigned, understand that I am voluntarily participating in this service. By signing this disclaimer, I agree that my spouse, heirs, and assigns will also be bound by the terms of the disclaimer. In recognition of the facts, I agree to hold harmless, the Kitsap Smoke Alarm Project, the Kitsap County Fire Chiefs Association, its agents, and all Fire Departments within Kitsap County, for any negligence in the installation of and/or providing of alarm(s).

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

**Program representative/witness**: