**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**: