

# West Pierce CRR Home Safety Visit Questionnaire

## FEMA Assistance to Firefighters Grant Program, FY 2012

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

Name of occupant: \_\_\_\_\_ Home phone: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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 \_\_\_\_\_

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## 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 fire alarm system) \_\_\_\_\_

7. # of non-working smoke alarms (excluding private fire alarm system) \_\_\_\_\_

## INSTALLATIONS

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

First Alert ionization lithium \_\_\_\_\_

Kidde photo electric lithium \_\_\_\_\_

Lifetone bedshaker \_\_\_\_\_

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 \_\_\_\_\_

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## 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)

African American       Native American       Asian Pacific Islander

Hispanic/Latino       White       Other \_\_\_\_\_

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Program representative/witness: \_\_\_\_\_