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 ___________________________
### 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?**

### 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)
   □ African American □ Native American □ Asian Pacific Islander
   □ Hispanic/Latino □ White □ Other ____________

Time home safety visit ended: ________________________________

Signed: __________________________________________________

Date: ______________________________________________________

Program representative/witness: ________________________________