

CRR Home Safety Visit Questionnaire

FEMA Assistance to Firefighters Grant Program

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.) _____
 Only minor at home _____
 Language barrier Other _____
 Vacant home/lot

3. Names of those conducting safety visit:

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

- Firefighter (not in prevention bureau)
 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 (sounds when tested) smoke alarms (exclude 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)

ionization lithium battery _____

ionization alkaline battery _____

photoelectric lithium battery _____

photoelectric alkaline battery _____

Lifetone bedshaker _____

Gentex strobe 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 _____

CRR Home Safety Visit Questionnaire

FEMA Assistance to Firefighters Grant Program

CODE REQUIREMENTS

13. Did the home end up with the number of working smoke alarms required by local 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):

- | | | |
|--|---|--|
| <input type="checkbox"/> Smoke alarms | <input type="checkbox"/> Heating safety | <input type="checkbox"/> Cooking safety |
| <input type="checkbox"/> Escape planning | <input type="checkbox"/> CO safety | <input type="checkbox"/> Residential sprinklers |
| <input type="checkbox"/> Smoking safety | <input type="checkbox"/> Candle safety | <input type="checkbox"/> No instruction provided |
| <input type="checkbox"/> Child fire safety | <input type="checkbox"/> 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Smoke alarms | <input type="checkbox"/> Heating safety | <input type="checkbox"/> Cooking safety |
| <input type="checkbox"/> Escape planning | <input type="checkbox"/> CO safety | <input type="checkbox"/> Residential sprinklers |
| <input type="checkbox"/> Smoking safety | <input type="checkbox"/> Candle safety | <input type="checkbox"/> No written materials left |
| <input type="checkbox"/> Child fire safety | <input type="checkbox"/> 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)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

Time home safety visit ended: _____

Signature of visit team member: _____

Date: _____

Program representative/witness: _____