

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.) _____
 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? _____

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 _____

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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):

- | | | |
|--|---|--|
| <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: _____

Signed: _____

Date: _____

Program representative/witness: _____