

CRR Home Safety Visit Questionnaire

FEMA Assistance to Firefighters Grant Program

← **REVISIT?** Check box if this is a revisit to a home for which a form was previously submitted (e.g., when no one was home at first).

Date of visit: _____ Time home safety visit starts: _____

Name of occupant: _____ Home phone: _____

Street address: _____ Apt. #: _____

City and state: _____ ZIP: _____

*** LEASE 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/townhouse
 Multifamily Other _____

2. If entry to residence was not possible, why not? (check 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 _____

SITUATION FOUND

5. # of *working* smoke alarms (excluding private fire alarm system) _____

6. # of *non-working* smoke alarms (excluding private fire alarm system) _____

7. Was a private fire alarm system present? (**do not test**) Yes No

If Yes:

7a. # of smoke alarms in the private fire alarm system _____

7b. Did the private fire alarm system appear to be working? Yes No

INSTALLATIONS MADE

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

First Alert Photoelectric Smoke Alarm _____

Kidde Ionization Smoke Alarms _____

Gentex Smoke Alarm and Strobe _____

LifeTone Bedside Alarm/Clock/Bedshaker _____

Other (specify) _____

9. Total number of alarms installed _____

9a. If zero alarms were installed, why? _____

10. # of *working* smoke alarms replaced due to age _____

11. # of *non-working* smoke alarms whose batteries were replaced (if any) _____

12. # of *working* smoke alarms whose batteries were replaced (if any) _____

13. Total number of *working* smoke alarms at the end of the visit _____

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14. Did the home end up with the number of working smoke alarms required by code? Yes No

If No:

14a. Why not?

- Not enough time during visit
 Not enough smoke alarms
 Occupant refused (Why? Fill in.) _____

14b. Was the occupant advised of the number of smoke alarms required to meet code? Yes No

EDUCATION PROVIDED

15. Occupant instructed on (check all that apply):

- No instruction provided Heating safety Candle safety
 Residential sprinklers CO safety Smoke alarms
 Cooking safety Smoking safety Escape planning
 Other _____

16. Ask occupant: Do you have a fire escape plan? Yes No

If Yes:

16a. Was the fire escape plan practiced in the last year? Yes No

16b. Where is your meeting place? Credible site Not credible site

17. Occupant given written materials on:

- No written materials left Heating safety Candle safety
 Residential sprinklers CO safety Smoke alarms
 Cooking safety Smoking safety Escape planning
 Other _____

DEMOGRAPHICS (ask resident)

18. Do you own or rent your home? Own Rent

19. How many people live in your home? _____

20. How many children living in your home are under age 5? _____

21. How many people living in your home are over age 65? _____

22. How many people living in your home are physically or mentally challenged, e.g., deaf, hard of hearing, blind, vision impaired, mobility impaired, or other physical or mental challenges not listed? _____

23. How many people living in your home are smokers? _____

24. 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: _____