



MIKE CAUSEY
INSURANCE COMMISSIONER & STATE FIRE MARSHAL

BRIAN TAYLOR, CHIEF STATE FIRE MARSHAL

SMOKE ALARM SURVEY

Installer Information

First Name: _____ Last Name: _____

Occupant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Residence (Check one)

One Family Two Family (Duplex) Apartment Manufactured Home (Mobile Home)

Number of levels in the home: _____

Number of people under the age of 17 living in the home: _____

Number of people over the age of 65 living in the home: _____

Alarm Information

Number of smoke alarms in the home before installing new alarms: _____

Was there an alarm outside each sleeping area? Yes No

How many alarms were tested? _____

How many alarms did not work? _____

How many alarms were installed? _____

Safety Information

What safety information did you leave with the home's occupant? (Check all that apply)

Cooking Safety Tips Electrical Safety Tips Smoke Alarm Safety at Home
 Smoke Alarms for People Deaf or Hard-of-Hearing Heating Safety Oxygen Safety
 Candle Safety Escape Planning Other _____

Did you help occupant find two ways out of every room? Yes No

Did you help occupant select an outside meeting place? Yes No

Did you have occupant sign a waiver? Yes No

Additional Notes: _____

