



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 (Circle 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

How many smoke alarms were in the home before you installed new alarms? _____

Was there an alarm outside each sleeping area? _____

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? (Circle 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: _____
