



**BRIAN TAYLOR**  
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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_