

- Apr – Jun '05
- Jul – Sep '05
- Oct – Dec '05
- Jan – Mar '06



**HOME FIRE  
SAFETY**

**IS UP TO YOU!**

**Oregon Life Safety Team (OLST) Quarterly Campaign Evaluation**

We would be grateful if you could take the time to fill in this evaluation form. It will help us to understand whether the *Home Fire Safety is Up to You Campaign 2005* has been a success and how we might improve future planning.

*Please return this completed form to: OLST c/o OSFM ▪ Fax: 503-373-1825  
Or, mail to: OLST c/o OSFM, 4760 Portland Rd. NE, Salem, Oregon 97305*

**Please indicate your county:** \_\_\_\_\_

**Do you believe this campaign increased awareness of residential fire risks?**

- Not at all       Somewhat       Yes, very much

**Did you receive campaign information in a timely and effective manner?**

- Not at all       Somewhat       Yes, quite timely

**Did you order the campaign materials?**

- |                       |                              |                         |                             |
|-----------------------|------------------------------|-------------------------|-----------------------------|
| Banner                | <input type="checkbox"/> Yes | If yes, how many: _____ | <input type="checkbox"/> No |
| Poster & Safety Cards | <input type="checkbox"/> Yes | If yes, how many: _____ | <input type="checkbox"/> No |

**If YES, where and how were they distributed or displayed?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your approach to media and any media coverage you received (attach photocopies of printed media (ads, feature articles, worthy mentions, etc.))** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which additional fire cause(s) would you like to see showcased in the future of this campaign?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How useful were the following items?**

Overall Campaign Toolkit & CD	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
Model Proclamation	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
Model New Release	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
Print Ads	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
Safety Cards	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
Posters	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful

**How would you describe the support you received from the Oregon Life Safety Team members?**

Your regional representative	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful
The Office of State Fire Marshal	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Extremely helpful

**Please rate the overall effectiveness of this campaign.**  Not effective  Somewhat effective  Extremely effective

**What was the most useful part of this campaign? Why?** \_\_\_\_\_

\_\_\_\_\_

**What was the least useful part of this campaign? Why?** \_\_\_\_\_

\_\_\_\_\_

**What suggestions do you have for improving the campaign for future use?** \_\_\_\_\_

\_\_\_\_\_

**When reviewing the availability of materials, campaign effectiveness, and the campaign overall, please describe: What went well? What did not go well? What would you add, remove, or change?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following information is optional. If the Oregon Life Safety Team may contact you with questions please complete:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_