

DOOR-TO-DOOR SMOKE ALARM ACTION FORM

Introduce your team and your purpose. Example: “Hello, we are with _____ fire department.

We are checking with you today to see if your home has working smoke alarms. A working smoke alarm can alert you and your family to a fire and save your life. Would you like us to test your smoke alarms? We will replace those alarms not working at no charge to you.” Use the Action Form below to record answers to questions about the home and resident(s):

STREET ADDRESS OF HOME: _____

QUESTION	CIRCLE ANSWER		WRITE RESPONSE
Type of Home	Single Family	Duplex	Other:
Do you rent or own?	Rent	Own	Other:
Number of stories	1	2	Other:
How many smoke alarms do you have?	1	2	Other:
Do you know how old the alarms are?	Yes	No	Age of alarm:
Is there an alarm on each floor?	Yes	No	
In each bedroom?	Yes	No	
How often do test your smoke alarms?	Weekly	Monthly	Other:
How many smoke alarms are working? Would you like us to check them for you?	Yes	No	
If yes, how many alarms were working?	1	2	Other:
How many alarms did the team install?	1	2	Other:
Did the team leave fire safety information?	Yes	No	
If children were in the home, did the team alert the parent that many children sleep through a beeping smoke alarm?	Yes	No	
If the resident was not home, did the team leave a door hangar?	Yes	No	

Completed by _____ Date _____

The following information is need for landlord/owner reimbursement:

Name of Building Owner: _____ Mailing Address: _____ State: _____

Phone: _____ City: _____ Zip: _____