



Rural Community Risk Reduction Program

File #

LEVEL 2 Form

Home Fire Safety Visit ~ Service Acknowledgment Form

SECTION 1

This Rural Community Risk Reduction Program is designed as a free public service in the interest of promoting home fire safety in rural Vermont. In addition to providing fire safety education, the purpose of this form is for program service record keeping. Information gathered on this form will not be released to the media, insurance agents, or any other commercial concerns.

Please Note the Type of Visit

Regular Scheduled Appointment Emergency COVID Front Porch Visit

FIRE DEPARTMENT / TEAM Making the Visit

Department / Team:

Date of Visit:

Team Members Names

START Time of visit:

END time of visit

If entry to residence not possible, why not?

- No one home Language barrier Minor only Vacant home/lot COVID-19 issue Entry refused, Why?

CONTACT Information

Resident's Name: Owner Renter Other

Home 9-1-1 Address:

Apartment or Mobile Home # Town/City: State Zip

Contact Person(s): Phone: Home Cell

Mailing Address: Email:

Other Contact Information (i.e. via care provider, social media, etc.)

would you like a copy of this completed report e-mailed or mailed to you yes

HOMEOWNER AGREEMENT WAIVER and RELEASE OF LIABILITY

At my request, I to grant access to my home by fire personnel or their associates as part of the State of Vermont Division of Fire Safety Fire Safe 802 Rural Community Risk Reduction Program for the purpose of the installation of Smoke/CO alarms, providing fire safety information and to conduct a home fire safety survey in the interest of encouraging fire safety and helping to prevent the loss of life and property.

In consideration for voluntarily providing and installing alarm(s) in my home, I, for myself, my heirs, executors, administrators or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational participants in the above referenced program, including but not limited to the fire department, the municipality and the officers, agents or employees growing out of or resulting from the installation and/or failure of the smoke alarms and/or batteries. Program representatives will also provide safety education and may offer suggestions for correction of noted safety issues.

I further agree that the smoke / co alarms provided by this program are for my safety and should be maintained in working order per the manufacturer's instructions. The sponsors or installers are not dealers of this type of goods and make no warranty on the smoke co or bedside alarms. I agree to allow program representatives to follow up and verify the function of the alarms or corrections of safety issues later.

I acknowledge having read, understood, and agreed to the above waiver, and release.

Signed by Owner/ Resident(s): Date:

Program Representatives/witness: Date:

Agency / Team Date:



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SECTION 2

BUILDING / RESIDENTS Information

Type of Home:

- House
 Duplex/Townhouse
 Mobile home
 Multifamily*
 Apartment*
 Rental property*
 Other _____ * Refer to Div. of Fire Safety office for code requirements
 Year Built _____

Number of Stories in home including basement _____ How many **Bedrooms** _____

Basic Property Condition
 Poor
 Good
 Excellent

Other High-Risk Factors

Location
 in city
 in a village
 in rural area
 High Historical Fire Incident rate or fire death

- Older Adults / Age Factors Smoking, Alcohol / Drug use
 Old building Low Income level
 High Social Vulnerability index High ARC home fire risk

Furnace/Heating type
 Oil
 Gas
 Wood
 Other _____ Condition _____
 Clearances OK _____

Other Appliances / HVAC/ Gas Dryer / Generator

1. Type _____
 Fuel Source _____ Condition _____
 Clearances OK _____
 2. Type _____
 Fuel Source _____ Condition _____
 Clearances OK _____

2nd Heating type
 Oil
 Gas
 Wood
 NA
 Other _____ Condition _____
 Clearances OK _____

How many people live here?

How many youths under 17 and live here?

How many adults 65 and older live here?

How many individuals with a disability, or an access or functional need live here?

ALARMS and SAFETY DEVICES

DEVICE	EXISTING BEFORE TEAM VISIT / INSTALL	TEAM INSTALLED AMMOUNT	Notes
Smoke alarms on every level of the home.			
Smoke alarms outside each sleeping area.			
Smoke alarm inside each sleeping room.			
Existing Smoke alarms tested and are less than 10 years old.			Removed?
CO alarm outside each sleeping area.			
CO alarm on every level of the home.			
CO alarm in bedrooms that have any fuel powered heating appliances			
Existing CO alarms tested and are less than 7 years old.			Removed?
Safe Awake bed side alarms installed			
Any Batteries replaced			

Additional Actions Needed:

Non-working alarms due to:

- No batteries
 Dead batteries
 Outdated
 Malfunctioning
 Low batt chirp
 Disconnected due to Nuisance alarms
 Failed Test
 Other _____



HOME SAFETY SURVEY

This safety survey is provided only as a guide to help you evaluate your home to improve fire safety. It represents possible weaknesses in fire safety at your home. It provides no guarantee or representation that you will not have a fire or that your property is completely safe from fires. You should personally inspect your property for fire hazards. Items marked, as "needs attention" require your personal attention. Seek professional repairs or services when necessary. If items have been checked if you already meet the recommendations, you are to be commended on your safety efforts.

FIRE DEPARTMENT / TEAM

BUILDING / location:

NA	OK	Needs Attention	Safety Items
Outside the House			
			House numbers are visible from the street
			Firewood and other combustibles are not stored next to the house
			Grills are stored away from the house
			Grills and other cookers are not used on wood or plastic lumber decks
			Drive way accessible
			Gas and electric meter accessible, vents free from snow build up and bushes
Discussion items:			

NA	OK	Needs Attention	Safety Items
In the Garage			
			A limited number of flammables are stored
			Flammables are properly stored away from ignition sources
			Oily rags are disposed of properly
			LP tanks are stored away from heat and ignition sources
			Cars and other motors are not left running in the garage
			No openings and penetrations in garage firewall
Discussion items:			

NA	OK	Needs Attention	Safety Items
In the Kitchen			
			Stove/Oven area free of combustible materials & items that can catch fire
			Stove is in proper working order
			Small Appliances are unplugged when not in use
			Cooking is never left unattended
			Pot handles are turned in
			Childproof safety latches or locks on cabinets that contain cleaning materials and medications (if children present)
			Resident knows how to extinguish a grease fire
Discussion items:			

NA	OK	Needs Attention	Safety Items
Living / Family Room / Den			
			Chimney clean & inspected (according to owner)
			Fireplace ashes disposed of in metal air tight can away from home
			Candles are not left burning unattended Candles are used only on non-combustible surfaces
			Electrical cords are not run under carpets or pinched
			Outlets are not overloaded
			Maintain air space around electrical equipment (TV, DVD, etc.)
Discussion items:			

NA	OK	Needs Attention	Safety Items
Furnace / Laundry or Utility room			
			Combustibles removed from heating areas - furnace, water heater- 3 ft rule
			Filters on furnace clean and in good shape (according to owner)
			Furnace is inspected and cleaned annually.
			Chimney is inspected annually and cleaned as needed.
			Clean lint from clothes dryer and check for proper venting
			Metal dryer vent
Discussion items:			

NA	OK	Needs Attention	Safety Items
Bedrooms			
			Occupants sleep with door closed.
			2 ways out of room
			Working smoke alarm
			Window can be easily opened per owner.
			No smoking in bed, Smoking materials and candles are not used in this room.
			cell phone charges not used in bed
Discussion items:			

NA	OK	Needs Attention	Safety Items
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Electrical Safety			
			Limited use of extension cords
			Extension cords are not placed under rugs or tacked to walls
			Outlets are not overloaded
			All outlets and switches have box covers
			Fuse box accessible and labeled; metal door closed
			Lighting fixture canopies are fastened in place and fixture is in good condition.
Discussion items:			

Basement			
			Basement door kept closed and no tripping hazards on steps
			2 ways out and clear paths to exits
			Working smoke alarms
			Work shop area is clean of things that can burn.
			Hand rails on stairways
Discussion items:			

Heating Safety			
			Area around furnace and hot water heater is clear of combustibles
			Furnace filter is replaced twice a year or more Heating appliances are inspected annually
			Space heaters are at least 3 feet away from combustibles
			Extension cords are never used with space heaters.
			The chimney and stovepipe are checked frequently during the heating season for creosote buildup and are cleaned when necessary.
			Only proper fuel is used in the stove.
Discussion items:			

NA	OK	Needs Attention	Safety Items
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General Fire Safety and Awareness			
			Working smoke detectors in every sleeping area and on every level
			Smoke detectors are cleaned and tested monthly
			Smoke detector batteries are less than 6 months old
			There is a written fire escape plan with 2 ways out for each room
			The home has occupant(s) that require assistance to escape.
			All escape routes are clear and functional
			Escape plan is practiced
			Identify a safe meeting place outside (tree, mailbox, etc.)
			Everyone knows to Stop Drop and Roll if clothing catches fire
			All household members know how and when to call 911
			Lighters and Matches are stored out of the reach of children
			no open flame where Medical oxygen used
			Working multi-purpose fire extinguisher Fire extinguisher inspected annually
			Old paper, boxes, paint cans, and other materials are not stored around the house
Discussion items:			

Other Safety Issues or Additional Needs.

SAVE the FORM



SUBMIT the form



PRINT THE FORM

