### Home Assessment Tool

**DATE:** / /  
**ASSESSOR:**  
**NAME:**  
**ADDRESS:**  
**ZIP:**  
**PHONE:** ( )  
**GENDER:** M F  
**DATE OF BIRTH:** / /  
**ETHNICITY:** (Circle one)  
- African American  
- Asian/Pacific Islander  
- Hispanic  
- Native American  
- Non-Hispanic White  
- Other:  

**Look for smoke alarms:**  
- On every level of the home  
- Directly outside of every sleeping area

#### Alarm Status

- **AM** (alarm missing)  
- **NLB** (non-lithium or unknown battery)  
- **NWL** (nonworking lithium alarm)  
- **>10** (working lithium alarm more than 10 years old)  
- **<10** (working lithium alarm less than 10 years old)

**Outside of sleeping area #1**  
*Indicate level of home:*  

**Outside of sleeping area #2**  
*Indicate level of home:*  

**Outside of sleeping area #3**  
*Indicate level of home:*  

**Additional level of home without a sleeping area**  
*Indicate level of home:*  

**Additional level of home without a sleeping area**  
*Indicate level of home:*  

**Other area:**  

**Total # of new alarms needed:**

(AM + NLB + NWL + >10):  

**Escape barriers observed:**  
- Windows nailed or painted shut  
- Furniture or boxes blocking exit doors  
- Security bars on doors and/or windows  
- Clutter hindering escape route  
- Other:  

**Home ownership status:**  
- Resident owns home  
- Resident lives in home occupied by owner or owned by family member  
- Resident rents home

**Number of people living in home:**  

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*U.S. Fire Administration*
LOOK FOR SMOKE ALARMS IN THE FOLLOWING LOCATIONS:
• On every level of the home, including the basement
• Directly outside of every sleeping area

THE FOLLOWING ALARMS SHOULD BE REPLACED:
• Non-lithium battery alarms
• Alarms with unknown battery types
• Nonworking lithium alarms
• Alarms more than 10 years old

Action Needed: □ Smoke alarm installation

CONSENT/WAIVER FORM SIGNED BY CLIENT: _____ / _____ / _______

DATE ALARM(S) INSTALLED: _____ / _____ / _______

FIRE DEPARTMENT (IF APPLICABLE): _____________________________________________

DATE ALARM(S) TESTED: _____ / _____ / _______

ALARM(S) TESTED BY: ___________________________________________________________