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

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:
  ___________

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)

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: ________
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:  __________________________________________________________