



Fire Safe Seniors

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: _____



FEMA

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: _____