



# Home Safety Survey

Address:

Resident Name:

## OUTSIDE THE HOME

Yes  No  N/A

Are house numbers visible from the street?

Yes  No  N/A

Are combustible materials and overgrown vegetation kept away from the house?

## SMOKE ALARMS and CARBON MONOXIDE DETECTORS

Yes  No  N/A

Are smoke alarms installed on every level, including the basement? In each sleeping room, and outside of sleeping rooms? (Smoke alarms should not be installed within 3 feet of air diffusers, or within 20 feet of cooking or steam producing areas. (See the manufacturer's instructions)

Yes  No  N/A

Are smoke alarms installed and maintained properly? (Batteries replaced at least annually and/or when device is "Chirping", and are they vacuumed regularly?)(Smoke alarms should be replaced with new ones if they are more than 10 years old)

Yes  No  N/A

Are carbon monoxide detectors installed in the house near gas-fueled appliances?

## HEATING

Yes  No  N/A

Are combustible materials and bedding kept at least 3 feet away from portable space heaters?

Yes  No  N/A

Are combustibles, curtains, and furnishings kept at least one foot away from baseboard heat?

Yes  No  N/A

Are furnace filters kept clean or replaced regularly? Is combustible storage kept away?

Yes  No  N/A

Does the fireplace have a metal screen?

Yes  No  N/A

Has the chimney been inspected or cleaned regularly?

## KITCHEN

Yes  No  N/A

Are stove tops and counter tops free of combustibles and clutter?

Yes  No  N/A

Do you and your family know how to control a fire in the microwave? (Keep the door closed and turn off the heat)

Yes  No  N/A

Do you and your family know how to control a fire in the oven? (Keep the door closed and turn off the heat)

Yes  No  N/A

When cooking, do you always stay in the kitchen and not leave food on the stove unattended? (The number one cause of residential fires is unattended cooking)

Yes  No  N/A

Do you and your family know how to control a grease fire on the stove? (Put a lid on it, and turn off the heat)( Keep oven mitts or pot holders nearby)

## ELECTRICAL

Yes  No  N/A

Are electrical outlets used appropriately without overloaded conditions?

Yes  No  N/A

Are electrical cords maintained free of frayed or worn areas?

Yes  No  N/A

Are extension cords used appropriately? (Cords don't extend under rugs, or through doors?)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Electrical panel – Are circuit breakers adequately labeled?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Electrical fuse box – Are pennies or tape used to complete the circuit?

### SMOKING

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are ash trays emptied into a metal container?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household have house rules of not smoking in bed or when lying down?

### HOUSEKEEPING

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are candles used safely? (Lit candles should not be left unattended)(Suggest battery type)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are fireplace and barbeque ashes disposed of in a metal container?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the clothes dryer lint screen and exhaust vent free of lint accumulation?

### GARAGE

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is there a solid core door between the garage and the residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are fueled power tools and equipment stored properly?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are flammable and combustible liquids stored properly?

### ESCAPE PLAN and DRILLS

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household have an escape plan and practice their evacuation regularly?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household have two ways out of every room and a meeting place outside?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are escape windows easily opened from the inside? (A sill height not more than 44 inches and a net clear opening of 5.7 sq. ft.)(Clear opening height = 24 in. & Clear opening width = 20 in.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all exits free of furnishings, toys, or clutter?

### FALL PREVENTION

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the house have throw rugs? Are they secured to the floor to prevent slippage?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the house have adequate handrails at stairs, decks, or uneven surfaces?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the house have a clear floor area to walk around without tripping?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the house know how to stand slowly after sitting to avoid dizziness?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are night lights used or does your household leave lights on to improve visibility?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household wear safe shoes in the home? (Non-slip soles, or those with better support)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are items kept most frequently in the mid-zone to prevent from bending over?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are step stools used to reach things that are out of reach?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are bath mats used in the bathrooms to prevent slipping in the tub?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the resident have grab bars in the bathroom or toilet area to prevent falls?

### EMERGENCY PREPARDNESS

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does each household member have an out of state contact?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household know what to do during an earthquake? (Drop, cover, and hold)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does your household have emergency supplies stored? (Food, water, etc. for at least 3 days)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is any extra medication on hand for in case of an emergency?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are heavy items secured or moved them from high places to prevent injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the hot water heater secured / strapped to the wall?

The items checked **“No”** may cause a fire or be hazardous to you and your family. You are urged to correct these items promptly for your own safety. If all items have been checked **“Yes”**, you are to be complimented on your personal fire prevention practices.

If you wish to discuss any hazard, or have any questions, please call us at (425) 670-5350.

[In case of an emergency, Call 911](#)