



Residential Fire Safety Survey

Name: _____ Telephone: _____ Date: _____

Address: _____ Inspected by: _____

1. Smoke and CO Alarms

	Good	Needs Improvement	N/A
At least one smoke alarm on every level	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms functioning	<input type="checkbox"/>	<input type="checkbox"/>	
At least one CO alarm in the home	<input type="checkbox"/>	<input type="checkbox"/>	

Suggestions: _____

2. Kitchen and Cooking Hazards

	Good	Needs Improvement	N/A
No combustibles within 3' of stove	<input type="checkbox"/>	<input type="checkbox"/>	
Stove and oven maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust hood maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No appliance cords visibly worn or frayed	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning products safely stored from kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions: _____

3. Bedroom Fire Safety

	Good	Needs Improvement	N/A
Working smoke alarm in every bedroom	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and screens easily opened	<input type="checkbox"/>	<input type="checkbox"/>	
At least 2 accessible emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	

Suggestions: _____

4. Garage and Storage Area Safety

	Good	Needs Improvement	N/A
Solid core door between home and garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable liquids safely stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals locked inside cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oily rags stored in closed metal containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage near furnace or heater	<input type="checkbox"/>	<input type="checkbox"/>	

Suggestions: _____

5. Fireplace Safety

	Good	Needs Improvement	N/A
Screen in place to prevent sparks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage of combustibles near fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions: _____

Other remarks: _____

6. Electrical Safety

	Good	Needs Improvement	N/A
Outlets contain child resistant plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical cords in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
No electrical outlets overloaded	<input type="checkbox"/>	<input type="checkbox"/>	
No electrical cords underneath rugs	<input type="checkbox"/>	<input type="checkbox"/>	
All light switches/outlets have covers	<input type="checkbox"/>	<input type="checkbox"/>	
Major appliances plugged directly into wall	<input type="checkbox"/>	<input type="checkbox"/>	
No usage of extension cords	<input type="checkbox"/>	<input type="checkbox"/>	

Suggestions: _____

7. All Household Areas

	Good	Needs Improvement	N/A
No accessible matches or lighters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House number visible from street	<input type="checkbox"/>	<input type="checkbox"/>	
Space heaters 3' from combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/water heater closet free of storage	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate airspace around television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candles at least 3' from combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC fire extinguisher accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge to operate fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive clutter	<input type="checkbox"/>	<input type="checkbox"/>	
No makeshift or overflow ashtrays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions: _____

8. Fire Escape

	Good	Needs Improvement	N/A
Written fire escape plan prepared	<input type="checkbox"/>	<input type="checkbox"/>	
Family can identify 2 exits from all rooms	<input type="checkbox"/>	<input type="checkbox"/>	
Stairwells/hallways/exits free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
Identified outdoor family "meeting place"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions: _____