OSFM
NC DEPT OF INSURANCE
STATE FIRE MARSHAL

BRIAN TAYLOR
STATE FIRE MARSHAL

SMOKE ALARM SURVEY

Installer Information

First Name: _____ Last Name: _____

Occupant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of Residence (Check one)

☐ One Family ☐ Two Family (Duplex) ☐ Apartment ☐ Manufactured Home (Mobile Home)

Number of levels in the home: _____

Number of people under the age of 17 living in the home: _____

Number of people over the age of 65 living in the home: _____

Alarm Information

Number of smoke alarms in the home before installing new alarms: _____

Was there an alarm outside each sleeping area? ☐ Yes ☐ No

How many alarms were tested? _____

How many alarms did not work? _____

How many alarms were installed? _____

Safety Information

What safety information did you leave with the home's occupant? (Check all that apply)

☐ Cooking Safety Tips ☐ Electrical Safety Tips ☐ Smoke Alarm Safety at Home

☐ Smoke Alarms for People Deaf or Hard-of-Hearing ☐ Heating Safety ☐ Oxygen Safety

☐ Candle Safety ☐ Escape Planning ☐ Other _____

Did you help occupant find two ways out of every room? ☐ Yes ☐ No

Did you help occupant select an outside meeting place? ☐ Yes ☐ No

Did you have occupant sign a waiver? ☐ Yes ☐ No

Additional Notes: _____

_____

_____

_____