



Home Fire and Life Safety Survey

Owner name and Address:

Conducted by: _____

Conducted on: _____



**Trent Lakes Fire Rescue
Home Fire and Life Safety Survey**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there working smoke alarms and CO alarms on every level, are they in date and not expired, and are they installed according to manufacturers instructions?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any overloaded outlets?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there cracked and uncovered outlets?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Electrical cords are in good shape?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Extension cords used appropriately?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Family has and practices an exit plan?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	House numbers and 911 blades are visible from the street and unobstructed?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Windows are easily opened?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wastepaper properly disposed of?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household chemicals are stored away from children?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Matches and lighters out of reach of children?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Large / clean ashtrays in every smoking room?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Combustibles are removed from heating areas?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fuses and or breakers are properly used?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Clothes dryer lint collector clean?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Basement door closed?
Comments:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Combustibles are removed from cooking areas?
Comments:		



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Home Fire and Life Safety Survey**

Yes No Small appliances are unplugged when not in use?

Comments:

Yes No Kitchen hood vent is clean and maintained?

Comments:

Yes No Fireplace has proper screen and hearth?

Comments:

Yes No Fireplace ashes are properly disposed of?

Comments:

Yes No Attic is clear of all combustable material?

Comments:

Yes No Solid core door between garage and home with self closing device?

Comments:

Yes No Power equipment properly stored?

Comments:

Yes No Flammable liquids properly stored?

Comments:

Yes No LP Gas grill properly stored outdoors?

Comments:

Yes No Empty LP containers are stored outside?

Comments:

Yes No Does home have a fire extiguisher?

Comments:

Comments:

With your consent, the undersigned Trent Lakes Fire Rescue personnel have conducted a fire safety survey of your home. They have checked above, those conditions that might start a fire and have left instructions on how to correct these fire hazards. **YOU ARE URGED TO CORRECT THEM IMMEDIATLEY - Thank you.**

Date: _____ Signature: _____