This form shall be used to document any fire safety education interaction with the public as a result of the fire department’s response to a home or business. Fill out form completely and forward to the fire marshal.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of persons receiving public safety education message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of program (enter hours or minutes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of fire department personnel involved in the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident type:

 (1) Fire  (2) Overp/Rupt.  (3) EMS  (4) Haz. Cond  (5) Service

 (6) Good Intent  (7) False alarm  (8) Weather  (9) Other

Occupancy Type:  1 or 2-family  Multifamily  Assisted Living  Commercial

**For all residential:**

Was at least one smoke alarm present?  Yes  No

Was/were the smoke alarm(s) tested by the fire department?  Yes  No

Did all smoke alarm(s) work when tested?  Yes  No

Did the fire department install any smoke alarms?  Yes  No

If smoke alarms were installed, how many were installed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fire Safety Education Behaviors Discussed (check appropriate behavior(s):**

 General housekeeping/storage \_\_\_\_ Safe grilling/BBQ practices \_\_\_\_

 Safe cooking practices \_\_\_\_ Storage/use flammable liquids \_\_\_\_

 Safe smoking practices \_\_\_\_ Safe use of extension cords \_\_\_\_

 Use of portable heating devices \_\_\_\_ Portable fire extinguishers \_\_\_\_

 Use of fireplaces/wood stoves \_\_\_\_ Home fire escape plan \_\_\_\_

 Safe dryer operation: \_\_\_\_ Computers/electronics: \_\_\_\_

 Safe use of candles \_\_\_\_ Juvenile firesetting \_\_\_\_

 Safe use of combustible decorations \_\_\_\_ Fireworks \_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print name of fire department member Signature of fire department member