



Greenville Fire Department

Residential Smoke Detector Inspection Form



HOME ADDRESS

ADDRESS:	APT./UNIT #:	Mark N/A if Not Applicable
CITY: Greenville	STATE: Ohio	ZIP: 45331
PHONE #:	EMAIL:	

SERVICES PROVIDED

Number of 10-year smoke alarms installed and tested.		Did the resident(s) create a fire escape plan? YES NO
Number of 9-volt smoke alarms installed and tested.		Did the resident(s) review the Home Fire Safety Checklist? YES NO
Number of bedside alarms installed and tested for people who are deaf or hard hearing.		Did the resident(s) learn about a local hazard? YES NO
Number of batteries replaced.		If yes, what hazard?
Number of carbon monoxide (CO) alarms installed and tested.		

I am the resident of the home listed as the address above. Today, I received the services indicated on this form. I also received instructions about how to use and maintain smoke detectors/alarms. It is my responsibility to maintain the smoke detector(s) per the manufacturer's recommendations and to test the detector(s) monthly. It is also my responsibility to make sure I have the appropriate type of smoke detectors in my home. Different types of detectors, ionization and photoelectric, detect fires differently and experts recommend having both types. It is additionally my responsibility to make sure that I have the appropriate number of smoke detectors and that the detectors are in appropriate locations. The Greenville Fire Department and its partners are not responsible for determining the appropriate type, number, or location of smoke detectors. I authorized and give the Greenville Fire Department permission to install smoke detectors and/or carbon monoxide detectors in my home. I understand that this installation will include the need to drill holes in my ceiling and/or walls. In addition, I hereby release and will defend, indemnify, and hold the Greenville Fire Department harmless from any claim for damage(s) or loss that may occur as a result of the installation, operation, maintenance, and use of the installed smoke and/or carbon monoxide detector(s).

My signature indicates that I have read the information above and that I agree with its contents.

_____ Resident's Printed Name	_____ GFD Installer's Printed Name	_____ Employee #	_____ Platoon
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_____ Resident's Signature	_____ GFD Installer's Signature	_____ Date
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INITIAL ASSESSMENT UPON VISIT

How many people live in residence?		How many pre-existing smoke detectors does the residence already have?	
How many youths ages 17 and under live in residence?		How many pre-existing smoke detectors are working?	
How many adults age 65 and older live in residence?		Is a bedside alarm needed for people who are deaf or hard hearing?	
How many individuals with a disability, or an access or functional need, live in residence?		Is this a rental property?	
How many veterans, military members, or military family members live in residence?			