



FIRE SAFETY SERVICE

Residential Fire Safety self-inspection

General Information

Last name :		First name:	
Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Representative <input type="checkbox"/>		Telephone :	
Address :		Apt. # :	
City :	Postal code :	Civic number is visible <input type="checkbox"/>	

A Smoke detector

Basement

Do you have a smoke detector in the basement? How many? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	<input type="checkbox"/> The house has no basement
Where is it located?	<input type="checkbox"/> Corridor	<input type="checkbox"/> In a room	<input type="checkbox"/> Around the stairs	How close to the wall or ceiling is it fixed? _____
What kind do you have?	<input type="checkbox"/> Battery	<input type="checkbox"/> Electric	<input type="checkbox"/> Wired to the security system	<input type="checkbox"/> No idea
Press the test button to check batteries. Does-it work? (except wired to the security system)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	Do you often test? <input type="checkbox"/> Yes <input type="checkbox"/> No

Ground floor

Do you have a smoke detector on the ground floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	<input type="checkbox"/> Do you have more than one smoke detector?
Where is it located?	<input type="checkbox"/> Corridor	<input type="checkbox"/> In a room	<input type="checkbox"/> Around the stairs	How close to the wall or ceiling is it fixed? _____
What kind do you have?	<input type="checkbox"/> Battery	<input type="checkbox"/> Electric	<input type="checkbox"/> Wired to the security system	<input type="checkbox"/> No idea
Press the test button to check batteries. Does-it work? (except wired to the security system)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	Do you often test? <input type="checkbox"/> Yes <input type="checkbox"/> No

Upper floor

Do you have a smoke detector on the upper floor? How many? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	<input type="checkbox"/> The house has no upper floor
Where is it located?	<input type="checkbox"/> Corridor	<input type="checkbox"/> In a room	<input type="checkbox"/> Around the stairs	How close to the wall or ceiling is it fixed? _____
What kind do you have?	<input type="checkbox"/> Battery	<input type="checkbox"/> Electric	<input type="checkbox"/> Wired to the security system	<input type="checkbox"/> No idea
Press the test button to check batteries. Does-it work? (except wired to the security system)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea	Do you often test? <input type="checkbox"/> Yes <input type="checkbox"/> No

B Carbon Monoxide Detector

Do you have a carbon monoxide detector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea
What kind do you have?	<input type="checkbox"/> Batterie	<input type="checkbox"/> Electric	<input type="checkbox"/> Combined
What is the alarm?	<input type="checkbox"/> Visual	<input type="checkbox"/> Audible	<input type="checkbox"/> No idea
Can you find those logo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea
Where is it located?	<input type="checkbox"/> Near bedrooms	<input type="checkbox"/> On every floor	<input type="checkbox"/> Near the attach garage to your home

C Electricity			
What type of electrical panel do you have?	<input type="checkbox"/> Fuses	<input type="checkbox"/> Circuit breakers	<input type="checkbox"/> No idea
What is the clearance to open the panel ?	<input type="checkbox"/> 1 meter	<input type="checkbox"/> Less than 1 meter	<input type="checkbox"/> More than 1 meter
Open the panel, are the circuits identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea
Put your hand near the panel, does the panel generate heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea
Do you see carbonization color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No idea
What do you use to plug your electric appliance?	<input type="checkbox"/> Extension cord	<input type="checkbox"/> Multi-socket	<input type="checkbox"/> Powerbar surge protector

D Heating					
What is your main heating system ?	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Dual energy	<input type="checkbox"/> Other
What is your secondary heating system ?	<input type="checkbox"/> Wood	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Pellet	<input type="checkbox"/> Other
What is the equipement?	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Woodstove	<input type="checkbox"/> Furnace	<input type="checkbox"/> Other	
When do you do the chimney sweeping? Last sweeping done on : _____	<input type="checkbox"/> Every autumn	<input type="checkbox"/> Every autumn and spring	<input type="checkbox"/> Every second year	<input type="checkbox"/> We did it few times	

E Extinguisher			
Do you have a fire extinguisher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> ABC <input type="checkbox"/> BC Other:
How many do you have?	<input type="checkbox"/> One	<input type="checkbox"/> On every floor	<input type="checkbox"/> No idea
What is the date written below the extinguisher?	Date : _____		What is the quantity ? : _____ lbs
When do you verify the recharge? Do you know how to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Once a year	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

F Evacuation plan			
Do you have an evacuation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When did you make it? Date : _____
Where is your gathering point? _____	When do you make fire drills?		<input type="checkbox"/> Occasionally <input type="checkbox"/> Never
When do you verify if your windows can open correctly?	<input type="checkbox"/> When snowfalls		<input type="checkbox"/> Occasionally <input type="checkbox"/> Never

G Divers			
Do you have an outdoor fireplace :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a propane tank for your cooking appliances or heating systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is it located? : _____ <input type="checkbox"/> Upright <input type="checkbox"/> Lying down	
Where does your BBQ is located?	<input type="checkbox"/> In a closed area	<input type="checkbox"/> Outside	Do you make fried foods? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature : _____

Date : _____