



BE ALARMED! SMOKE ALARM INSTALLATION SURVEY



Date of Installation: / /

ADDRESS OF INSTALLATION			
Address:		Apt./Unit #:	
City:	State: Illinois	Zip Code:	County:

ASSESSMENT			
Total Number of People Living in Home:	Total Number of Youth Under the Age of 5:	Total Number of Adults 65+ Years of Age:	Total Individuals with Disability/Functional Need:
Type of Residence:			
<input type="checkbox"/> One Family	<input type="checkbox"/> 2-Family (duplex)	<input type="checkbox"/> Condominium	<input type="checkbox"/> Manufactured (<i>mobile</i>)
Number of Levels in the Home (including basement):			
<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four or more
How many pre-existing smoke alarms did the home already have?:			
If the Pre-Existing Smoke Alarms Did Not Work (<i>expired alarms should be considered not working</i>), Indicate the Number of Alarms That Had the Following Problem(s):			
Battery was Missing _____(qty.)	Battery was Dead _____(qty.)		
Alarm was Expired _____(qty.)	Other (specify) _____(qty.)	_____	

SERVICES PROVIDED	
Number of 10-Year Battery Smoke Alarms Installed & Tested:	
Did You Discuss the Following:	
Smoke Alarm Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Fire Safety Checklist <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Escape Planning <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify) _____

Submit installation data via the Be Alarmed! web portal at alarms.ifsa.org

Emailed, mailed, or faxed Installation Forms will no longer be accepted.

Illinois Fire Safety Alliance
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