BE ALARMED!
SMOKE ALARM INSTALLATION SURVEY

Date of Installation:  /  /  

ADDRESS OF INSTALLATION

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt./Unit #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State: Illinois</td>
</tr>
</tbody>
</table>

ASSESSMENT

<table>
<thead>
<tr>
<th>Total Number of People Living in Home:</th>
<th>Total Number of Youth Under the Age of 5:</th>
<th>Total Number of Adults 65+ Years of Age:</th>
<th>Total Individuals with Disability/Functional Need:</th>
</tr>
</thead>
</table>

Type of Residence:

- [ ] One Family
- [ ] 2-Family (duplex)
- [ ] Condominium
- [ ] Manufactured (mobile)

Number of Levels in the Home (including basement):

- [ ] One
- [ ] Two
- [ ] Three
- [ ] Four or more

How many pre-existing smoke alarms did the home already have?:

If the Pre-Existing Smoke Alarms Did Not Work (*expired alarms should be considered not working), Indicate the Number of Alarms That Had the Following Problem(s):

<table>
<thead>
<tr>
<th>Battery was Missing (qty.)</th>
<th>Battery was Dead (qty.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarm was Expired (qty.)</td>
<td>Other (specify) (qty.)</td>
</tr>
</tbody>
</table>

SERVICES PROVIDED

Number of 10-Year Battery Smoke Alarms Installed & Tested:

Did You Discuss the Following:

<table>
<thead>
<tr>
<th>Smoke Alarm Maintenance</th>
<th>Yes</th>
<th>No</th>
<th>Home Fire Safety Checklist</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Escape Planning</td>
<td>Yes</td>
<td>No</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  
426 W. Northwest Highway, Mount Prospect, IL 60056  
(847) 390-0911  |  www.IFSA.org

Office of the Illinois State Fire Marshal  
1035 Stevenson Drive, Springfield, IL 62704  
(217) 558-6743  |  www.sfm.illinois.gov