



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: 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?: (qty.)
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):
Battery was Missing (qty.) Battery was Dead (qty.)
Alarm was Expired (qty.) Other (specify) (qty.)

SERVICES PROVIDED
Number of Standard Smoke Alarms Installed & Tested: (qty.)
Number of Bedshaker Alarms Installed & Tested: (qty.)
Did You Discuss the Following:
Smoke Alarm Maintenance Yes No Home Fire Safety Checklist Yes No
Fire Escape Planning Yes No Other (specify)

Submit installation data via the Be Alarmed! Web Portal at alarms.ifsa.org

Camp I Am Me by 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 62703
(217) 785-1030 | www.sfm.illinois.gov