

We're Out to Alarm Texas

Smoke Alarm Installation Survey/Tracking Form Fire Department

Alarm Request Called In: Date: _____ Time: _____

Resident's Name: _____

Resident's Street Address: _____ City: _____ Zip: _____

Resident's Phone Number: _____ Best Time to Call: _____

- New Customer Senior citizen over 65
 Detector replacement needed Within the City Limits

1. Type of Residence: single-family multi-family apartment other (specify): _____

2. Number of levels in home (including basement): one two three four or more

3. How many smoke alarms are in the home? (If "zero," skip to question 12.) zero one two three or more

4. Is placement of existing alarm(s) within room(s) correct? yes no

5. Is there at least one smoke alarm on every level of the home? yes no

6. If "no," which level(s) did **not** have a smoke alarm? basement first floor second floor other (specify): _____

7. How many smoke alarms did you test? zero one two three or more

8. How many alarms did not work? zero one two three or more

9. If smoke alarms did not work, please indicate how many alarms had the following problems: battery was disconnected _____
 battery was dead _____
 battery was missing _____
 other (specify) _____

10. How many smoke alarms were more than 10 years old? zero one two three or more

11. How many batteries did you replace? zero one two three or more

12. How many new smoke alarms did you install? _____

13. Did you leave fire prevention educational handouts? yes no

FIRST ALERT SMOKE ALARM MODEL SA350B INSTALLATION WAIVER

The _____ Fire Department, upon request by the occupant, has installed and tested one or more new First Alert Smoke Alarms Model SA350B and/or batteries according to the manufacturer's recommendations. The alarms were tested in the presence of the occupant using the test button in the alarm to ensure they were in working order before the installer left the premises.

Street Address City Zip

In consideration for providing and installing the smoke alarm(s) in my home, I, for myself, my personal representatives, estate, heirs, next of kin, executors, administrators or successors, agree to RELEASE, INDEMNIFY, AND HOLD HARMLESS the program participants, the fire department, the municipality, the Insurance Council of Texas, and the Texas Department of Insurance, its officers, employees or representatives from any and all claims and causes of action and all damages of any kind, to person or property, resulting from the installation and failure of the smoke alarms and/or batteries.

By signing this document, I, the occupant, certify that the smoke alarms were tested in my presence and are in good working order. I, the occupant, have received information from the installer regarding proper smoke alarm maintenance, and I agree to maintain the alarms properly by testing them once a month and to replace the batteries if needed. I, the occupant, further agree to notify the owner immediately if the unit is not working properly. I, the owner, agree to replace the entire unit upon notification that it is not working properly and after ten (10) years from the date of its manufacture. (See back of smoke alarm for manufacture date.)

I acknowledge having read, understood and agreed to the above waiver, release, and indemnity.

Occupant (print name) Signature Date

Witness (print name) Signature Date

Property Owner (print name) Signature Date

Installer's Name
(If other than
above Witness): _____ Employee Number: _____

Please Return Completed Form To:

**Fire Prevention and Outreach
State Fire Marshal's Office
P.O. Box 149221, MC: 112 FM
Austin, TX 78714-9221
Phone: (512) 676-6800 Fax: (512) 490-1063**

Thank you