



Iowa State Fire Marshal
SMOKE DETECTOR PROJECT
"Smoke Detectors Save Lives"

Date of Installation: _____
Time of Arrival: _____ a.m. p.m.
Time of Departure: _____ a.m. p.m.

SMOKE DETECTOR INSTALLATION REPORT

PLEASE: PRINT, and complete one copy of this form for each home in which you install a smoke detector

Occupant Information

Last Name: _____ First Name: _____ Middle Initial: _____
Street: _____ City: _____ Zip: _____
Mailing Address: _____ E-Mail Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Number of occupants in home: _____
Preferred Method of contact: Letter E-Mail Phone: Home Work Cell

Home Information

Type of home:

- One family Multi-family
 Apartment Mobile home

Number of smoke detectors currently in the home:

- 0 1 2 3+

Was there at least one smoke detector on every level of the home?

- Yes No

If no, which level(s) did not have a smoke detector?

- Basement 1st floor
 2nd floor 3rd floor
 Other: _____

Was there at least one smoke detector near all sleeping areas?

- Yes No

If no, which area(s) did not have a smoke detector? Please specify:

Number of smoke detectors tested:

- 0 1 2 3+ Declined

Number of smoke detectors that did not work:

- 0 1 2 3+ N/A

Number of smoke detectors more than 10 years old:

- 0 1 2 3+ Unknown

If smoke detectors did not work, indicate how many detectors had the following problems:

- Disconnected battery: _____
 Dead battery: _____
 Missing battery: _____
 Other: _____

Did you help occupant find two ways out of every room?

- Yes Discussed Declined

Did you help occupant select an outside meeting place?

- Yes Discussed Declined

Installer Information

Name (1): _____ Signature: _____
Driver Was a private car used? Yes No

Name (2): _____ Signature: _____

Recipient Signature: _____ Date: _____