

S.A.F.E. Family Installation Form

Date of installation: _____

Fire department: _____

Homeowners name: _____

Address of installation: _____

City/town: _____ Postal code: _____

Smoke alarm check/installation conducted by: _____

Criteria: Fire Department will install ONE smoke alarm per level (maximum two alarms per home)

Household demographics (check all that apply):

- Older adults
- Home with young children
- New Manitobans
- People with disabilities
- Low-income family
- Other

Initial inspection:

How many working smoke alarms were previously installed in the home? _____

How many smoke alarms didn't work? _____

Installation:

- Basement
 - Second Floor
 - First Floor
 - Other _____
- Total number of alarms installed: _____

After your inspection:

What fire safety information did you leave with the occupant?

What safety plans did you discuss/review?

Please submit the completed form by email or fax to Manitoba Municipal Relations
c/o the Office of the Fire Commissioner:
firesafety@gov.mb.ca • 204-726-6847

