



RESIDENTIAL HOME FIRE SAFETY CHECK LIST

Homeowner Name: _____ Phone: _____

Street Address: _____ Email: _____

Type of Home : _____ (Ranch, Tri, Colonial) Number of Bedrooms: _____

Garage / attached: _____ Number of Floors: _____ (incl. basement)

Approximate square feet per level: _____

I would like to schedule a home fire safety inspection to be conducted by representatives of the Bloomfield Township Fire Department. Yes* _____ No _____

* If yes, please complete the top of this form and return to the Bloomfield Township Fire Department at 4200 Telegraph Road, PO Box 489, Bloomfield Hills, MI 4830 or fax to 248 433 7787.

(A) - GENERAL FIRE SAFETY AND EQUIPMENT

(1) Do you have functioning battery, hard-wired, wireless, or inter-connected smoke detectors?
 Yes No

(2) Have you tested your smoke detectors while family members are asleep to determine if they can hear the audible warning?
 Yes No

(3) Have you replaced the batteries in your smoke detectors annually?
 Yes No

(4) Have you replaced your smoke detectors after 10 years of use?
 Yes No

(5) Do you have a Carbon Monoxide Detector(s) and test annually?
 Yes No

(6) Do you have a monitored fire alarm system? (By an outside agency)
 Yes No NA

(7) Has the fire alarm system been tested and serviced by a licensed/qualified technician?
 Yes No NA

(8) Have you developed a Home Fire Escape Plan for yourself and/or family?
 Yes No

(9) Do you practice or review the plan annually?
 Yes No

(10) Do you have Fire Escape Ladder(s)? (Multiple story homes)

Yes No

(11) Do you have a Fire Extinguisher(s)? (Located properly, correct type, familiar with use)

Yes No

(B) - EXTERIOR SURVEY

(1) Are the house numbers (address) plainly visible from the street?

Yes No

(2) Is your driveway accessible by emergency vehicles? (Gates, trees, surface, obstructions)

Yes No

(3) Are all exits, doors, and windows free from obstructions or combustible storage?
(Equipment, trash cans, firewood, or snow, etc.)

Yes No

(4) Does the home have a backup generator that is properly used and operational?

Yes No N/A

(5) Are all exterior lights free from animal nesting material?

Yes No N/A

(6) Are fire hydrants located on the property free from any obstructions and visible?

Yes No N/A

(7) Is firewood kept outside and away from ignition sources?

Yes No N/A

(8) Are security bars used around windows or doors? If so, can they be opened from the inside?

Yes No N/A

(9) Are gasoline, flammable liquids, and hazardous materials stored in the garage and away from ignition sources?

Yes No N/A

(10) Do you have a residential Knox Box (key lock box) and proper keys installed?

Yes No N/A

(C) - INTERIOR SURVEY

(1) Are all exits, exit pathways, and secondary window exits clear and unobstructed?

Yes No

(2) Are all smoking materials disposed of properly and candles extinguished before leaving the room(s)?

Yes No N/A

(3) Do you leave un-attended materials cooking on the stovetop or in the oven?

Yes No - * Most common cause of residential fires

(4) Is all storage kept in a neat and orderly manner away from heat sources such as light fixtures, heating appliances, fireplaces, wood stoves, and electrical supply panels?

Yes No

(5) Has your gas operated heating equipment been inspected annually by a qualified technician to prevent carbon monoxide build-up by cracked heat exchangers, leaking fittings, or vents?

Yes No

(6) Have your dryer vents been cleaned and free of lint build up?

Yes No

(7) Are extension cords used to provide power to equipment?

Yes No - * If yes, extension cords should not be used as a replacement for properly installed outlets. UL approved multi-plug power strips are permitted for use when additional outlets are needed.

(8) Are all power and extension cords free from fraying, crimping, properly grounded, and kept from under rugs, furniture, and carpeting?

Yes No

(9) Are there cover plates on all electrical light switches, outlets, and service panels?

Yes No

(10) Are all outlets and switches free of play? (Loose in wall)

Yes No

(11) Are the circuit breakers or fuses in your service panel labeled for location?

Yes No

(12) Has your fireplace chimney been cleaned and inspected within the last year if used?

Yes No N/A

(13) Do you dispose of fireplace ashes in a metal covered container kept outside away from any combustibles?

Yes No N/A

(14) Do you burn only seasoned dry wood in your fireplace or wood stove?

Yes No N/A

(15) Are there any openings in ceilings or walls that could allow for fire spread into the attic or walls?

Yes No

(16) Are seasonal decorations kept away from ignition sources like fireplaces, candles, stoves or heating appliances?

Yes No

Deficiency Number(s): _____

Corrections Made by Homeowner:
