



# Smoke Alarm Installation Tracking Sheet

## Initial and Follow-Up Visits

One of these sheets should be completed for each home that is visited for smoke alarm installation. Enter information for the first visit, then at least 2 months after the first visit, conduct a follow-up visit and complete the rest of the form.

**Resident's Name and Address:** \_\_\_\_\_

**Home ID#** \_\_\_\_\_  
(optional)

**Child(s) Name:** \_\_\_\_\_

**GPS Coordinates:** N \_\_\_° \_\_.\_\_\_\_ W \_\_\_° \_\_.\_\_\_\_' (optional)

Test the smoke alarms* in the home and circle the following:				
	<b>Initial Home Visit</b>		<b>Follow Up Home Visit</b>	
	<b>Initial Visit Date:</b>		<b>Follow Up Visit Date:</b>	
	___ / ___ / ___		___ / ___ / ___	
Does home have <b>at least one</b> working smoke alarm, tested during this visit?	Yes	No	Yes	No
Are <u>any</u> smoke alarms in the home <b>not working</b> ?	Yes	No	Yes	No
Number of batteries installed during visit				
Number of Smoke Alarms installed by Sleep Safe program during this visit:	<b>Number Installed during initial visit:</b>		<b>Number Installed during follow-up visit:</b>	

\*Depress the "test" button on each smoke alarm to test it.

Date reviewed by Sleep Safe Coordinator: \_\_\_\_\_ Coordinator's Initials: \_\_\_\_\_

Homeowner declines smoke alarm installation: \_\_\_\_\_